Listening, learning and responding

{Smart Guides} to ENGAGEMENT

For better commissioning
Listening, learning and responding

Part of the **Smart Guides to Engagement** series, this guide helps clinical commissioning groups (CCGs) get full value from listening and responding to patients and communities on what matters to them. The guide covers listening to and harnessing this data to make commissioning decisions that address health inequalities and help achieve quality, innovation, productivity and improvement (QIPP) changes.

Commissioners and providers need good listening ears to match the stronger voices that patients, carers and communities are developing. Without users and the public on board, QIPP changes will be harder to achieve. CCGs won’t be able to improve and change services unless they bring the public with them. Shared decisions bring greater legitimacy to the process. CCGs can’t go it alone – they will face public backlash and possibly judicial review unless they get this right.
Why listen?

A CCG without effective means to engage, listen to, learn from and respond to its users and community risks frustration and failure. Here are some compelling examples of benefits to CCGs with a good listening ear:

Engaging communities to identify health needs

- Joint working with the local authority on the JSNA (joint strategic needs assessment) and health and wellbeing strategy that flows from it
- Partnership working with the health and wellbeing board
- Intelligence gathering from community partners eg LINk, PALS (patient advice and liaison service), complaints data from providers, views of third sector organisations and findings from local authority scrutiny of health and social care
- Community development workers in contact with poorly heard groups
- Public engagement exercises
- Patient participation groups in CCGs’ constituent practices.
Engaging communities to identify commissioning priorities and strategies

- Prioritising transparent and shared decision-making processes, changes in services and long-term commissioning strategies
- Outcomes from needs assessment and community aspirations work feed into strategic planning and decisions about priorities
- Lay representatives on advisory or partnership boards are only one source of expertise. They do not rubberstamp decisions taken without time to consult or debate widely
- Recommendations stemming from local people and organisations must be clearly identified in strategy outcomes so they can be monitored by LINk/local HealthWatch and the council’s scrutiny process.

In Lewisham, south-east London, goals and initiatives were presented to the public simply and with enough information and time to allow meaningful debate on priority areas, followed by table discussions and keypad voting on where money should be spent. This was followed by a challenge session asking participants to justify to each other why they had made certain choices. An expert panel of doctors and strategy planners then answered questions. A final round of voting determined priorities for health investment.

This process provides essential underpinning for the work of the CCG in engaging patients in service design and improvement.
Listen to what?

You do not have to start from scratch. Much intelligence about what matters to people is already available – the challenge is to make good use of it.

Existing information suggests patients care most about:

- **Fast access to reliable health advice**
- **Effective and safe treatment delivered by trusted professionals**
- **Involvement in decisions and respect for preferences**
- **Clear, comprehensible information and support for self-care**
- **Attention to physical and environmental needs**
- **Emotional support, empathy and respect**
- **Involvement of, and support for, families and carers**
- **Continuity of care and smooth transitions.**

Information also exists on what particular patient groups, such as those with cancer, say they want from their services. Websites such as Patient Opinion and HealthTalkOnline offer direct access to what matters to patients.
Positive and negative – all views matter

One of the simplest way of aggregating what is on patients and carers’ minds locally is to ensure that patient advice and liaison services (PALS) feeds data regularly to the CCG.

The process could reflect good practice developed in Lewisham CCG, where all PALS data goes into the LINk/HealthWatch database and then generates summaries of patient and citizen feedback. More than 3,500 comments have been collected and put to use in reports on individual GP practices. These are shared with the practice managers who discuss them with staff and members of patient participation groups. The comments are totalled under known areas of user interest such as attitude of staff or service accessibility. The data is correlated with the national patient survey. The CCG is using this database to inform its review of hospital services and has decided to investigate issues of communication and shared decision-making brought up by the database and corroborated by the patient survey.

If every CCG had a model of this type, they would be well on the way to understanding what mattered to their users, carers and communities.

Complaints data from practices and trust providers is another invaluable source of data to mix into the CCG’s understanding.
**Electronic noticeboards**
NHS Choices and Patient Opinion are well known for enabling users to place their opinions of a service online. Responsive trusts and CCGs will encourage patients to use these services, which also allow them to engage in online discussions to explain and debate. CCGs can arrange to receive opinions automatically by contacting NHS Choices and/or Patient Opinion.

**Conversations**
NHS staff receive comments from patients about the service they have received. Staff add them to the LINk/HealthWatch database, or somewhere else where they can be accumulated and searched.

**Community development**
The benefits of engagement through community development are discussed in another guide in this series.

**Patient participation groups (PPGs)**
Individual PPGs and PPG networks offer a well-known and effective way for practices to listen to their patients. This is discussed in another guide in this series.

**Serious and untoward incidents (SUIs)**
These need to be brought to the attention of the CCG rapidly, so that any patterns or trends can be identified and dealt with. Every provider of a commissioned service must keep a record of SUIs, whether NHS or private sector including social enterprises. The CCG board should ensure its practices do the same. SUIs must be rapidly and accurately investigated so their causes can be understood and steps taken to avoid recurrences. The CCG board must lead this process and learn from SUIs.
Be smart – share and collaborate

The intelligence sources to be collated and mastered by the CCG are varied and spread between hard and soft data. To achieve coherence, the CCG must draw on the community and collaborate with key people and local organisations with experience in patient and public engagement (PPE) to ensure the data’s context and content are understood and used.

These include:
- The council’s scrutiny panels,
- The council as a whole
- Local voluntary agencies (third sector)
- LINk/local HealthWatch.

By harnessing their skills and sharing intelligence, CCGs will be able to listen more effectively and get more done. The local authority carries out a range of consultations and collects health-related activity data. Voluntary agencies have deep insight into the needs of particular groups and may have done work on groups that are hard to identify and access. CCGs miss or misunderstand those insights at their peril.

To make sure the CCG doesn’t leave anything out, ask and answer four questions:

1. Do we have the data we need to make intelligent commissioning decisions?
2. Do we understand what the data is telling us?
3. What are the implications of using this as intelligence in commissioning?
4. Do we have mechanisms in place now to ensure we can change commissioning decisions in response to the intelligence?
Harnessing patient and carer experience for commissioning

Listening is the first step – using that intelligence to inform (and probably alter) commissioning decisions. Here are some things to consider in that process.

A place where listening can be turned into responding
CCGs need to ensure there is a mechanism for receiving patient intelligence and turning it into commissioning action. It may be most efficient to have one group to which all patient information is channeled for analysis for use across the CCG, including board level. This group needs to have the power to change commissioning decisions.

Turn key findings into a quality issues dashboard that the whole CCG can use and which is shared with providers. The LINk can be part of this by producing a summary of key issues on the front page of its website. An example of Lewisham LINk doing this is in the references below.

Putting the data to use – governance and pathway redesign
Working with patients who use the existing pathways is essential to their redesign. Do this by:

- Looking at existing evidence eg through organisations such as Picker Institute Europe or The King’s Fund
- Viewing good examples of work done elsewhere (see references below)
- Every redesign group having users (and carers where relevant) involved
- No business cases being agreed without clear involvement of pathway users
- Users identifying blockages and problems
- Users identifying standards
- The same users can suggest solutions with clinicians for those problems. Although some solutions will be clinical, many will not. Users may already have worked out how to meet specific challenges
- Experience-based design is an excellent and proven technique.
Putting the data to use – patient-derived outcome measures in contracts with providers

Contracts with providers should include outcome measures that matter to patients. Some could be local, but many could be national and generic. Providers of commissioned services must reflect these user needs in the way they research and report the user experience back to commissioners.

This feedback should be included in all contracts and service level agreements. Providers, as part of the contract, should be expected not only to monitor them but also to improve these outcomes year on year.

Knowing if it worked

Using patient-centred intelligence for monitoring and performance management of the services is essential when using patient-derived intelligence in commissioning those services.

That means working systematically with local providers to gather and use patient-derived data concerning outcomes and experience, not just relying on what providers say about it. How this happens should be specified in the contract/SLA. Patient-recorded outcome measures (PROMs) are one means to do this.
Top tips to transform the CCG’s responsiveness

- Embrace the idea of listening first – but the CCG must understand and respond to what it has heard.

- Gather patient and citizen feedback data from a wide range of existing sources: PALS, SUIs, patient surveys.

- Work with other organisations to help each other and save time and energy: the local authority, the third sector, LINKs/HealthWatch.

- Explore a LINk/HealthWatch database.

- Consider deep, proactive approaches to gathering recommendations from local people and changing services as a result – for instance, community development.

- Ensure there is a committee that can take the data from patients, carers and citizens and transform that into commissioning intelligence that changes what the CCG does as a commissioning body.

- Monitor changes from a patient viewpoint and widely disseminate what you learn from this.
Get Smarter – find out more

NHS Institute for Innovation and Improvement


Lewisham LINk quality database example: http://bit.ly/IPwUsp


HealthTalkOnline: www.healthtalkonline.org
Patient Opinion: www.patientopinion.org.uk
HELP (Health Empowerment Leverage Project): www.healthempowermentgroup.org.uk
Turning Point: www.turning-point.co.uk

For information about the other guides in this series: www.networks.nhs.uk/nhs-networks/smart-guides

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