

NHS North West and the Health Foundation

‘Dignity in Care’ ‘How can measurement help staff to improve patient experience in a community setting?’

*‘Employees do more than deliver customer service – they personify the relationship between
customer and supplier’
(Institute of Customer Services 2008)*

PROPOSAL

1. This proposal outlines a collaborate process to:
 - test how clinical staff can use Help the Aged’s ‘Dignity in Care’ recommended indicators (Picker 2008) to improve the quality of care in a primary and community care setting in the North West, and
 - provide metrics for the Transforming Community Services (TCS) programme in two areas: End of Life and Long Term Conditions (LTC).
2. We will do this through a two phase approach. The first phase will take place between June and December 2009. It involves setting up and engaging the collaborative. 6 Primary Care Trusts have already agreed to come together to form the collaborative to explore how best to deliver and measure the impact of the 9 dignity domains for LTC and end of life care pathways in the North West. During the final months of Phase 1 a 3rd party will undertake an evaluation. The purpose of this evaluation is to:
 - understand the impact for patients, staff, carers and the organisation
 - build a description of what has been done so that it is replicable
 - understand which factors contributed to the success or failure of the pilot

The second phase will take place in 2010 and is to roll out our findings, using the group as champions, for community and primary care services.

3. By working directly with clinical staff we aim to understand the reality of service experience for both staff and patients. In so doing we aim to personalise the care patients receive and so fundamentally reshape the interaction and relationship between the patient and their clinician/s.

BACKGROUND

4. ‘High Quality Care For All’ June 2008, World Class Commissioning development and the recent ISPON MORI research have also signalled the need for greater understanding of ‘the nature of the relationship between user and provider and appreciate the relationship benefits which will deliver the best outcomes for both’. (Mori 2008). The NHS constitution and the development of Experience Based Design improvement methodologies provide an opportunity for staff to revisit their values and understand what matters to patients through more patient centre experience based methodologies.

5. In September 2008 NHS North West launched its two year programme 'Inspiration North West' to raise the profile of best practice, benchmark best practice and develop new and more meaningful patient experience measures. Together with our quality commitment 'Towards Healthier Horizons' (May 2009) these initiatives have signalled a new relationship in the North West between the NHS and the people it serves. Seeing the value of the service experience from the staff, public, patient and carer perspective requires a fundamental shift for both commissioners and providers of care. The collaborative aims to support staff and their managers to make the shift as part of their transition work, 'Transforming Community Service' (TCS) 2008.

DEFINING AND MEASURING WHAT MATTERS FOR PATIENTS AND STAFF

6. Care that is *fair, personalised, effective, safe and locally accountable* requires a strong emphasis not only a high standard of quality and safety but also a service that ensures the best possible experience.
7. The 9 Dignity indicators are based on what matters to patients and provide a framework for measuring a patient's experience. They can also be used to reflect organisational and professional values. Together with the Inspiration North West Vital Sign Care Cards, the PCTs will have a strong basis from which to understand and develop high quality service experience.
8. We assume that there is a desire to show compassion in the form of caring for others: healing and making a difference to lives. In fact this was the reason many came into the service to do the job they do – but is this the honest answer for all? Understanding what brings people to work in the NHS is important. Providing staff with the space to be excellent in all they do requires:

Confidence – from their leaders in their people and amongst staff in their capabilities – talking up ambitions, finding and building on what works, celebrating and rewarding success;

Curiosity – some individuals seem resistant to learning from others and as such mistakes are repeated. There is a lack of reliability in care and a premium is placed on coming up with new 'fixes'. Hence while guidance is a plenty on every conceivable topic, there is apathy in hearing what's being said. More curiosity, more questions, faster innovation, lower costs and more consistency;

Connectedness – 'if only the NHS knew what the NHS knows' – corporate memory that captures, stores, documents experience and skills and provides a vehicle for distributing insights and information; and

Compassion – the largest prize of all – the one that offers the biggest transformation in the shortest of time. It reinstates our values in terms of our compact and relationship with the public and patients.

9. Many believe that doctors and nurses who are too empathetic are at risk of burnout - it's safer to maintain emotional detachment. Yet recent research shows the opposite. The doctors who show the most empathy have the least risk of burnout (NZ Youngson 2008).
10. Learning to see the 'value' of an experience from both staff and user's eyes helps to defining 'what matters' and what should be measured as the basis of good service experience. Nationally, the DH and Health Care Commission have identified patient experience as an assessment competence for world class commissioning and also provider quality assurance and have commissioned and the forthcoming guidance on 'Improving patient experience' (2008) will provide a framework to support the capture of near real time patient feedback.

ESTABLISHING A CARE COLLABORATIVE: 'ON OUR OWN TERMS'

"When I talk of collaboration, I particularly have in mind that kind of activity which goes beyond a division of labour — which is how I would characterise cooperative learning — to one where people actively engage one another, challenge each other, the kind of team work which produces something new, a whole greater than the sum of the parts."

(Talk by Andy Blunden, for the Multimedia Education Unit's Lunchtime Seminar Series)

11. The NW Service Experience Board (SEB) is keen to pioneer with the Health Foundation action learning collaborative. The collaborative will explore how staff measurement can support a great care experience, rather than having measurement imposed. Staff will be encouraged to take personal responsibility and accountability for capturing, benchmarking and acting upon what matters to patients in a primary and community setting. Their progress will be reported to the NW Quality Board as part of the North West Quality Framework.
12. Principles of the collaborative are as follows:
 - a. Clear goals and outcomes will be articulated at the start of the collaborative. (The collaborative is currently in the process of defining these and will forward to you on completion)
 - b. Formal and informal contact between the participants will be used to facilitate the learning
 - c. An atmosphere of sharing and peer review of progress will be ongoing through out the programme
 - d. Active learning principles will be applied
 - e. The membership of the collaborative will represent a range of skills to facilitate constructive challenge and exchange of ideas
 - f. A reference panel will ensure that the collaborative has applied the Picker metrics properly and provide insight based on the members experience
13. Members of the collaborative commit to the following points:
 - Five half day action learning sessions will take place between May and October 2009, with representatives from the 6 PCTs and NW SHA.
 - Specific pilot programmes will be sponsored by each PCT. These pilots will be agreed by the collaborative to:
 - i. explore how staff measurement can support the provision of great care experiences using the 'Dignity in Care' indicators
 - ii. develop metrics for the TCS programme
 - These pilots will test i) and ii) in a range of ways including for specific pathways, across pathways and for specific groups.
 - PCTs will commit to the involvement of staff in the design and implementation of the pilot programmes
 - Members of the collaborative will proactively communicate learnings and outcomes to their organisations
 - Robust project management processes will be used to plan and monitor implementation of the pilot programmes

ANITICIPATED BENEFITS

14. To staff

- Protective time to identify what matters to them and their patients
- Personal challenge and growth
- Opportunity to explore and pilot tools and techniques and use Web 2.0 feedback on their developments
- Dedicated learning programme for the development of patient experience metrics as part of the Transforming Community Services programme

15. To NHS

- Understanding of what really matters to patients in a community and primary care setting
- Patient centred approach to facilitate more personalised NHS
- Delivers a more informed and owned set of metrics
- Advances the personalised care agenda
- Captures the staff as well as patient experience

16. To Members of the Collaborative

- Opportunity to share ideas and experiences from the pilots, which will spark innovation and best practice
- Peer coaching and monitoring of implementation of the pilots to support focus and timely completion
- Transfer of learnings to other settings and pathways for accelerated implementation

17. Other potential benefits

- The approach could be used in a variety health care settings and clinical pathways
- Links are already being established with National programmes and leaders to ensure consistency of thinking and shared learning