

NHS Scotland Person-Centred Health and Care Collaborative Summary Report

1. Introduction

The National Person-Centred Health and Care Collaborative was launched in November 2012 and is a key strategic priority for NHS Scotland. The programme challenges all parts of the Scottish health and care systems to put the person at the centre of services.

The aim of the programme is that, by 2015, health and care services are more person-centred as demonstrated by improvements in three work-streams; care experience; staff experience and in co-production underpinned by a fourth work-stream of leadership at all levels. The programme is seeking to actively use quality improvement science, methodologies, approaches used successfully by the Scottish Patient Safety Programme.

2. Recommendation

The Board Quality and Performance Committee is asked to note and agree:

- The position to date in progressing this improvement collaborative across a range of 30 clinical teams
- To agree to receiving regular reports on the progress of this improvement collaborative

Recommendation: Q and P review and discuss and approve the proposed local approach to Person Centredness

PERSON CENTRED HEALTH AND CARE FRAMEWORK:

IMPROVING THE PATIENT EXPERIENCE AND PROVIDING CARE WHICH IS SAFE, CLINICALLY AND COST EFFECTIVE

1. PURPOSE

This paper sets out the proposed framework to deliver person centred health and care across NHS Greater Glasgow and Clyde in the context of the NHS Scotland approach.

The approach in this paper has been developed by the Quality Policy Development Group following wide consultation across the Board and detailed discussions with Directors.

Following approval by the Q and P Committee the approach will be launched with:-

- An extensive programme of communication and a simplified version available to all staff.
- Local badging and processes for local implementation which will include engaging PPFs, patient panels and MCNs.
- Integration with the “Our patients” theme of Facing the Future Together programme.
- A series of key messages for staff to ensure that we strike the balance between posing the improvement challenge; recognising the pressure many staff feel under; encouraging engagement and feedback; acknowledging the many examples of very good practise; and encouraging staff to tell us what makes their job hard.

2. INTRODUCTION

2.1 The national Quality Strategy and 20:20 Vision set a clear direction to ensure the NHS in Scotland provides the best care to patients. The national approach to patient centred care further reinforces that commitment to quality.

2.2 NHS Greater Glasgow and Clyde is committed to delivering improved care to patients and has an extensive range of activity across the organisation to improve quality in a whole range of dimensions. We know our staff set out every day to deliver care which is high quality and effective for patients.

2.3 These proposals bring together into a single framework the four key dimensions which we believe we can use to further improve care, in an integrated approach to make our services more patients centred. These areas are patient experience; safety; clinical effectiveness and cost effectiveness. This Framework will ensure we bring together a series of different issues and initiatives into a comprehensive and coordinated approach with a focus on what really makes a difference in these four dimensions.

2.4 Development of the Framework has included engagement with patient interests, advisory structures and across the management team.

2.5 In addition to providing a framework for each Partnership and Directorate to use to assess and describe their current activity, the Framework sets out a series of additional change programmes to improve what we do for patients. We are committing to deliver these across the organisation. Each Directorate and Partnership will shape their key strands of activity into this Framework and develop their local engagement process.

2.6 The Framework is not intended to set out a long and comprehensive list of activity. We know that local focus, local teams and frontline staff will make the difference to patients.

2.7 Critically, this approach will avoid a series of disconnected initiatives which run the risk of increasing bureaucracy and overwhelming front line staff with the effect of reducing the time available to care for patients having the effect of reducing quality. At the heart of delivering improvement is that staff take personal responsibility for improving care and are empowered to identify and make change.

2.8 The change programmes within this Framework will provide the basis for a patient focus in our corporate reporting and performance management in addition to HEAT targets and existing indicators of quality. We recognise that for a number of the areas of activity we have work to do to ensure we are clear on the outcomes to be achieved and how these can be measured with the overall approach being to use information we already collect not creating additional burdens of reporting. The corporate performance team is working on this approach.

2.9 The values which underpin this Framework are set out in our Facing the Future Together programme which has the purpose of ensuring we deliver better care for patients and recognises that this must be underpinned by better engagement and support for our staff. The Framework will be launched through FTFT as a further means of ensuring we improve care for patients and linked to the FTFT themes of:

- **Our Patients:** we want to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and identifying and responding better to vulnerable people.
- **Our People:** our aim is to develop a workforce which feels positive about being part of NHS Greater Glasgow and Clyde; feels listened to and valued; and where all staff take responsibility to identify and address issues in their area of work in terms of quality, efficiency and effectiveness, with a real focus on improving the care we deliver to patients.
- **Our Leaders:** all our managers should also be effective leaders. Leadership is management plus. It is more than managing transactions, it is managing with vision and with imagination, with a drive for positive change and with a real focus on engaging staff and patients. We also want people across the organisation to feel able to exercise leadership in their area of work, to improve services to patients, to make the team they are part of more effective and to encourage and value leadership across the professions.
- **Our Resources:** we know that we need to reduce our costs over the next five years. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.
- **Our Culture:** to meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that. We need more

listening; more reflection; and better working together as individuals, in our own teams and with other teams.

2.10 The programmes outlined in the later sections of this paper reflect:

- feedback from patients on issues which concern them;
 - best practice both current and emerging;
 - feedback from staff about how they can improve care;
 - initiatives which we know make a real difference to patient outcomes;
 - changes to ensure we meet the requirements of the Patients Rights Act.

3. PATIENT EXPERIENCE

3.1 The headline areas we want to address with the programmes outlined in this section are:

- treating people with respect and dignity;
- taking account of individual circumstances and making sure we don't discriminate;
- communicating effectively with patients;
- involving patients and carers in decisions;
- effective co-ordination between the different professionals and departments involved in care;
- actively seeking patient feedback;
- taking responsibility to resolve issues raised by patients.

3.2 **Access:** there are a series of different dimensions to the issue of access for patients. Alongside the ongoing improvements in waiting times across all services, the additional changes we intend to deliver are:

- Improving visiting times so that they work better for patients and their families without undermining good patient care.
- Implementing a new approach to dealing with GP referrals which improves access for patients by enabling a more patient centred way of organising appointments.
- Using feedback about GP appointments to identify and address access issues with practices.
- Reducing delays for patients to access post hospital care.
- Ensuring that for those where English is not their first language, effective interpreting support is available.
- Looking at whether there are problems with access to advocacy services.
- Checking we are involving carers in planning hospital discharge.

3.3 Older People's Services: older people are major users of all of our services and we have made a commitment to improve their experience. We ran a major event to map out a programme of change for older people's services based on what was important to patients. We will:

- Test the implementation of changes from our work with older people including looking at how the Partnerships reshaping of older peoples care is making a difference. At the core of this work will be the requirements of the updated national dementia strategy and the national standards for older people.
- Implement a partnership with a third sector organisation to combine engaging with patients and providing objective feedback on our progress.

3.4 Patient Feedback: we already have a wide range of mechanisms through which we receive and action feedback from patients and through which we proactively seek patient views. The changes we intend to deliver are:

- Continue to develop our programme of patient stories.
- Our staff and their friends and families use the NHS every day; we want to use the feedback staff can offer on those experiences to improve what we do and highlight positive experiences. We will create a structured way for staff to feedback their experiences as a core part of this overall programme.
- We will establish a systematic way for patients to provide feedback on services through our website and ensure that this information is visible and can be collated.
- Ensure we use the opinion web site feedback.
- For each complaint received we will have completed with the response a short pro forma on any action taken on the basis of the complaint and we will collate that information across the organisation.
- Each Directorate and Partnership will have an appropriate system, set out in their development plan, to ensure they act on feedback from patients.
- We will expect each service to establish and monitor clear areas for improvement based on our Better Together results. This will be incorporated into our Board wide performance monitoring processes.
- We will work with our PPF to look at how we involve patients in the selection process of our senior managers.

3.5 Whole System Experience Reporting: we will look to develop a simple patient experience questionnaire which can be completed across our services and automatically collated to enable us to have detailed comparative and close to real time information on patient experience. This will enable peer and temporal comparison.

3.6 Clear Quality Standards: we will develop a standards guide for all patients which sets out what they can expect including:

- communication,
- second opinions;

- introductions to the staff who deal with them;
- treatment with dignity, kindness, compassion, courtesy, respect, understanding and honesty;
- individualised care;
- support to understand relevant treatment options, including benefits, risks and potential consequences;
- active involvement in shared decision making; including opportunities for self directed care;
- the right to choose, accept or decline treatment;
- to have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety;
- coordinated care with clear and accurate information exchange between relevant health and social care professionals;
- continuity of care delivered, whenever possible, by the same healthcare team throughout a single episode of care;
- clear information on how they can tell us about their experiences;
- Information on how to support and enhance their own recovery.

This guide will include the key elements of the Charter of Patients Rights.

3.7 Staff: FTFT provides a clear commitment to supporting staff including a major focus on team work which we know is at the heart of delivering better patient care. Improving the way we deal with and engage staff will improve services. We will:

- Ask all team leaders to use this Framework in dialogue with their teams linked to the existing FTFT programme of work on teams.
- For the first year we will have a programme across the organisation to assess and reduce the non clinical burden on nursing staff. We will look to extend this approach to wider groups of clinical staff.
- Within each Partnership and Directorate we will encourage Directors to drive the development of the “ I could do my job better if...” approach to asking staff what we could do to enable them to do their jobs better so that they are liberated to do more for patients.
- We have develop learning and education sub group to review our approach to recruitment, training and personal development to ensure there is a positive focus on the skills and attributes, and behaviours needed to deliver person centred care.
- Through FTFT we will develop a process to use exit interviews with staff leaving to get feedback we can use to improve services.
- Getting the right culture is a key part of this Framework and already embedded within FTFT, we need to further develop and strengthen the focus on the importance of attitudes and behaviours and a climate where staff challenge poor behaviours

and attitudes. The focus needs to be on individuals as well as teams and have strong clinical engagement.

3.8 Service Redesign: we will build into our service redesign systems an assessment of the impact on patient experience using a standard tool kit similar to our approach to EQIAs. .

3.9 Coproduction: this is a term which is increasingly being used to refer to active input by the people who use services, as well as - or instead of - those who have traditionally provided them; so it contrasts with approaches that treat people as passive recipients of services designed and delivered by someone else. It emphasises that the people who use services have assets which can help to improve those services, rather than simply needs which must be met. There are lots of examples of how this approach has been applied to developing and delivering changes to improve patient care but we will develop a more consistent and comprehensive approach to make this way of working more visible and accessible to staff. This work will link to the national process and work underway by the Long Term Conditions Alliance.

4. SAFE

4.1 We have a wide range of patient safety activity which makes a major contribution to the objectives outlined in this Framework, details are at the web address below.

http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/SPSP/Pages/Clinical%20Governance_Scottish%20Patient%20Safety%20programme_IM_19-11-07.aspx

We will build on the extent and visibility of this work and explore opportunities for wider use of the SPS methodology.

5. CLINICALLY EFFECTIVE

5.1 Clinical effectiveness is about using the best available research evidence, together with clinical expertise and patient involvement, in order to provide the best possible care for patients. Clinical effectiveness refers to a broad range of activity, which allows us to measure, monitor and improve the quality of care. It is a key component of the broader clinical governance agenda.

5.2 Clinical Governance: we will collate routinely collected information from our clinical governance processes to assess our performance in delivering interventions and models which we know deliver best clinical care. The standards for dementia care will be more visible in future.

5.3 Appropriate Wards: we will identify our baseline for key areas and set targets to increase the numbers of patients in wards which are the right specialty.

5.4 Place of Death: at the end of life, we know patients prefer to die at home or in a homely setting and we want to change services to enable more people to die at home. We will identify and deliver changes to enable patients to die where they wish.

6. COST EFFECTIVE

- 6.1 Ensuring that the care which we deliver is cost effective is an important part of delivering high quality care to all of the patients we care for. Our approach within this dimension includes programmes of work on the following.
- 6.2 **Releasing Time to Care:** this will increase the time nursing and allied health professions staff have to spend time with patients across a range of services and we are looking to roll out this approach more widely.
- 6.3 **Reducing Variation:** this will be led by the Nursing and Medical Directors to identify and reduce inappropriate variation in the way we deliver care.
- 6.4 **Improving Information Technology:** a series of investments in information technology will provide a platform to improve patient care. We will review and take action to address areas where information technology can increase clinical staff time with patients and improve care. We will also look at how staff engage in shaping technology and the cross organisation culture change to 21st Century working practises which are required.
- 6.5 **Focusing Staff on Resources Use:** encouraging staff to develop their ideas to save money and reduce waste was a core FTFT component we need to agree what further action is required to lift profile and increase engagement.

7. SHARING GOOD PRACTISE

- 7.1 A cross cutting key aim of our approach is to ensure we share good practise so a further element of this Framework is to develop the quality portal which we have established on our patient facing website which complements the staff sharing good practise showcase which has been established as part of the FTFT site and which we want to develop much further.

8. CONCLUSION

- 8.1 The implementation of the Framework will be assessed through our corporate performance processes with reporting at a series of different levels including to Board level. We will ensure there is a simple set of measures available at each level so that team leaders and managers can assess there progress and relative performance.
- 8.2 The progress and development of the Framework will be overseen by the Quality Policy Development Group as a core element of our overall approach to quality. A key area for further review is to ensure we fully consider and respond to the requirements of the Patients Rights Act and the related guidance.
- 8.3 This Framework is not intended to serve as a communication with patients, it is aimed at managers and team leaders and will be summarised and focussed for communication with staff. For patients it is the effect of the changes which we intend to achieve which should be most important and visible.

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