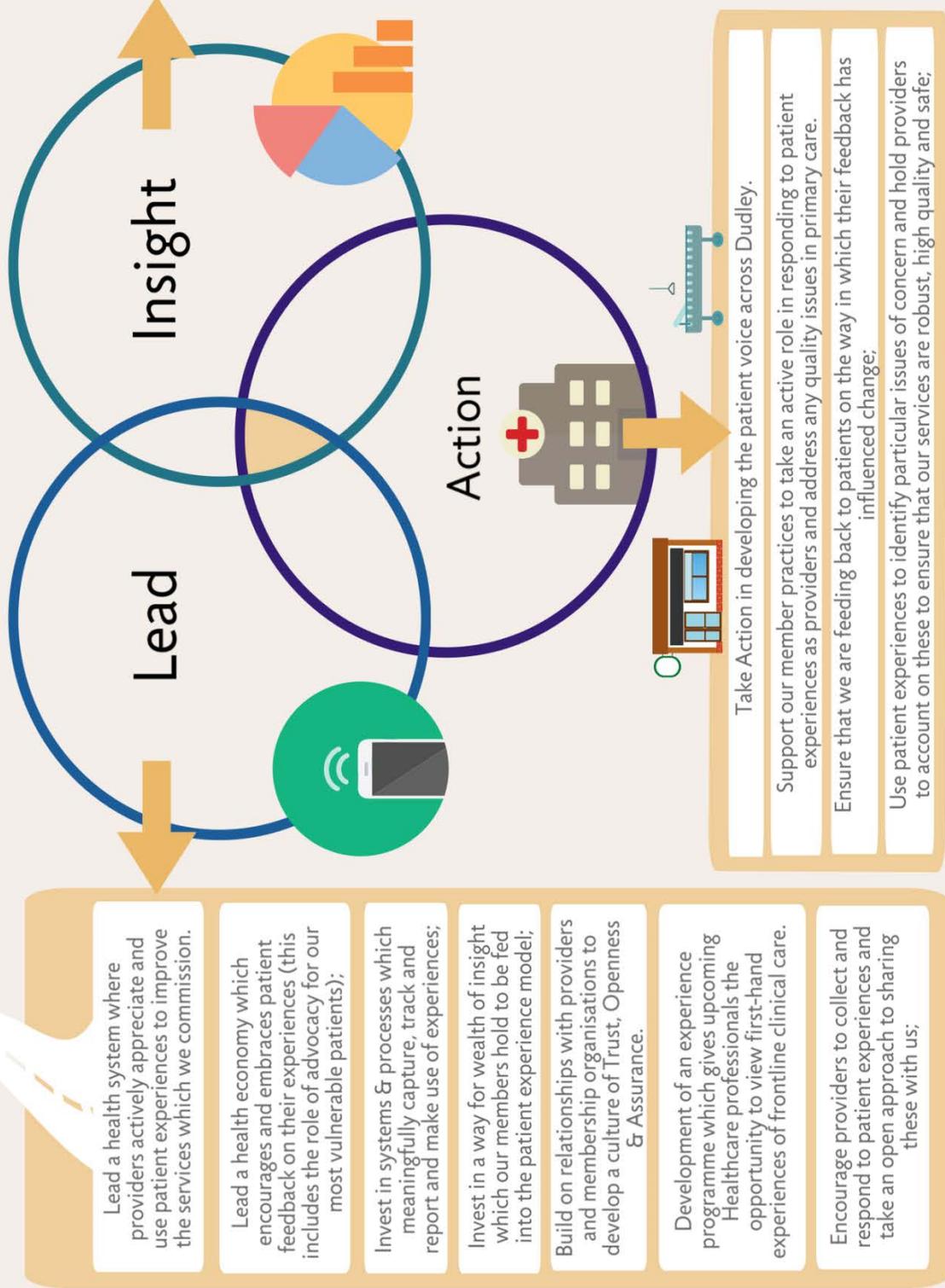


Trust ↔ Openness ↔ Assurance

INSIGHT INTO ACTION



A vision for Patient Experience



INSIGHT INTO ACTION – A VISION FOR PATIENT EXPERIENCE

Building a culture of Trust, Openness and Assurance.

The Department of Health's definition of patient experience was developed after extensive research involving patients, the public and NHS staff and appeared in *Building on the Best: Choice, Responsiveness and Equity in the NHS* (DH, 2003).

We want an NHS that meets not only our physical needs but our emotional needs too.

This means:

- Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way;
- Having information to make choices, to feel confident and to feel in control; and
- Being talked to and listened to as an equal; being treated with honesty, respect and dignity.

Put even more simply, patients want the NHS to do the following:

- Do not harm me;
- Care for me, making me better where possible; and
- Listen to me.

1. INTRODUCTION;

This report sets the scene as to where patient experience sits within Dudley health economy. The report introduces the proposed Patient Experience Model that will enable us to turn patient experience into improved services and experiences for patients.

It takes stock of the current patient experience landscape for Dudley CCG and makes recommendations on how improvements can be made to ensure that the organisation and wider health economy is making best use of the wealth of patient experience and insight that exists.

The challenge for the CCG is to support an open culture of information sharing about the experience of patients in order that patients, carers and the public can have confidence in the services that are provided. This will require the development of mature relationships with partners based on integrity, openness and transparency.

The alignment of patient information strategies will avoid the duplication of data collection by stakeholders ensuring, as far as possible, that patients and the public are not asked the same questions about their patient experience. Consequently, there is much to be done to bring together the information which is already collected by organisations which would provide evidence of good or excellent practice and themes for further enquiry.

2. NATIONAL SCENE SETTING

The Health and Social Care Act 2012 has brought about the most radical changes to the NHS since its inception in 1948 and was implemented against the backdrop of the biggest financial challenge in its history. Our nation remains unwavering to a commitment of universal healthcare, irrespective of age, health, race, social status or ability to pay. **To high quality care for all.**

The values we hold haven't changed, but our world has. So the NHS needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. But it also needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making. These changes mean that we need to take a longer view - a Five-Year Forward View – to consider the possible futures on offer, and the choices that we face.

The Forward View sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health. This forward view has clear ambitions on quality, quality making up three key aspects: **patient safety, clinical effectiveness and patient experience**. A high quality health service exhibits all three. However, achieving all three ultimately happens when a caring culture, professional commitment and strong **leadership** are combined to serve patients.

In order to develop experience the forward view discusses an information revolution expanding a set of NHS accredited **health apps** that patients will use to organise and manage their own health and care. Technological developments including smartphones are and will be a great leveller and, contrary to some perceptions will support many older people use the internet.

Ensuring people have a positive experience of care is a key priority to the CCG; we are committed to demonstrating what action has been taken as a result of patient feedback.

Service users today have higher expectations of the NHS than ever before in its history. The **NHS Constitution**, updated in March 2013, establishes the principles and values of the NHS providing service users and the public with a 'rule book' that stakeholders must follow. The Constitution sets out the:

- **Rights** to which patients and the public are entitled;
- **Pledges** which the NHS is committed to achieve; and
- **Responsibilities** which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The **Francis Report** highlighted the inadequacies of public and patient involvement that contributed towards the failings at Mid Staffordshire NHS Foundation Trust. The mechanisms in place had failed. The report set out a total of 290 recommendations. The following are particularly pertinent to the patients experience agenda,

40: It is important that greater attention is paid to the narrative contained in, for instance, complaints data, as well as to the numbers.

111: Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation.

112: Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.

120: Commissioners should require access to all complaints information as and when complaints are made, and should receive complaints and their outcomes on as near a real-time basis as possible. This means commissioners should be required by the NHS Commissioning Board (now NHS England) to undertake the support and oversight role of GPs in this area, and be given the resources to do so.

3. OUR VISION

We are committed to commissioning high quality services and ensuring that patient experiences are captured, evidenced and improved as a result of the processes we put in place. As a commissioning organisation we should be in a position where we can raise an issue with our providers and be assured that they are aware of it and give us further context and clarity.

As part of our vision we plan on developing infrastructure where we can present a richer and more comprehensive picture of the quality of patient experience and assist with putting the mechanisms in place to create a culture of openness and transparency across the services that we commission.

Openness and transparency can only happen with trust, in order to develop trust we must create a culture of mutualism across provider organisations that benefit both organisations but also enhance experiences of patients who access the service.

Historically, it often appeared that there was a lot of reliance placed on the assurance from providers rather than accessing first-hand information from patients and/or carers. Good complaints recognition and handling is vital in ensuring a culture in the NHS where patients are listened too and organisations learn from suggestions and mistakes.



However, this is not the only measure of patient experience. There is a need to ensure continual improvements in patient experience. Understanding patients' experience of their care is essential for us at Dudley CCG in order that they can enable us to drive commissioning decisions and effectively monitor the quality of healthcare provided.

To do this we have three high level aims:

1. Lead a health system where providers actively appreciate and use patient experiences to improve the services which we commission.

- Lead a health economy which encourages and embraces patient feedback on their experiences (this includes the role of advocacy for our most vulnerable patients);
- Invest in systems & processes which meaningfully capture, track and report and make use of experiences;
- Invest in a way for wealth of insight which our members hold to be fed into the patient experience model;
- Build on relationships with providers and membership organisations to develop a culture of Trust, Openness & Assurance.
- Development of an experience programme which gives upcoming Healthcare professionals the opportunity to view first-hand the experiences of patients in the acute setting.
- Encourage providers to collect and respond to patient experiences and take an open approach to sharing these with us;

2. To utilise the patient **Insight alongside patient/ public engagement in the commissioning cycle. Ensuring that future service delivery is reflective of these and ultimately use this feedback to transform services based on patient needs and preferences.**

- Encourage an open dialogue with providers and partners about patient experiences in the Borough to ensure that shared learning is embedded in the culture of the local health economy;
- Work with our network of PPGs to share findings and work with them to improve the experiences patients have in our membership practices.
- Work to find a sustainable solution to the patient experience model that is inclusive of the widest range of feedback and is shared with all stakeholders;
- Work with various committees within the CCG / DGFT to share information in a format that is simple to understand.

3. Take **Action** in developing the patient voice across Dudley.

- Support our member practices to take an active role in responding to patient experiences as providers and address any quality issues in primary care.
- Ensure that we are feeding back to patients on the way in which their feedback has influenced change;
- Use patient experiences to identify particular issues of concern and hold providers to account on these to ensure that our services are robust, high quality and safe;

4. NAVIGATING THE SYSTEM;

The wealth of information collected in house and available via national websites has the potential to give a real insight to commissioners on the services they commission. The key is getting the right balance between feedback collected at national, regional and local levels, ensuring patient feedback appropriately informs commissioning decisions and captures views at the right point of a patient journey.

Beginning to map out the system is complex and establishing a clear understanding of the level of feedback recorded continues to develop as more data sources become available. The following brief gives an initial insight into the levels of data that DGFT currently record and how through closer working relationships and better infrastructure the insight we can display into the future will support a sustainable culture of openness and transparency. Detailed below are the current information streams;

- **FRIENDS AND FAMILY TEST (FFT)**

FFT follows a strictly set national guideline that requests that patients who have accessed the service rate the system on how likely there are to recommend the service to their friends and family. This criterion allows for both a national and local comparison on how various trusts are performing. An area of FFT that has really encouraged a wealth of feedback is the comments that are recorded at the same time as the FFT score. These comments are categorised across a number of varying categories that does give a level of detail however does not allow for any form of overarching analysis. FFT will be widely made available across a number of both private and public sector organisations and will require GP practices to make their results available nationally by January 2015.

- **PATIENT, ADVICE & LIASON SERVICE (PALS)**

At present PALS information is presented on a quarterly basis across 14 nationally specified categories, at present we do not know the level of information that is recorded when a PALS concern comes in apart from the category it falls into and the number received that quarter.

- **REAL TIME SURVEYS**

Real time surveys are an additional element of Patient feedback that DGFT have taken on as part of their Patient Experience Strategy. The survey comprises of approximately 30 questions which are asked to various inpatients within the hospital to assess how they are finding their stay.

- **PATIENT OPINION (PO) / NHS CHOICES (NC)**

Patient Opinion and NHS Choices are both nationally available webpages which host patient generated stories about the services they access. The relevant pages applicable to DGFT are reported into the PEG committee on a basis of if they are a positive/negative story, where about in the hospital the story is focused I.e. Ward C4 followed by the issue.

While this data is available online through the nationally available websites, if this information could be shared on a monthly basis, it would guarantee that DGFT are comfortable with how the comment has been categorised.

- **COMPLAINTS DGFT**

DGFT on average receive less than 100 complaints a quarter, the information is presented into a table on a monthly basis. If we can have access to this information on a monthly basis it will give us further insight into how patients feel about the service they area accessing.

- **COMPLAINTS DCCG**

DCCG on average receive less than 50 complaints a quarter however this number is thought to rise when we take on co-commissioning.

- **FEET ON THE STREET**

The CCG actively seeks experiences through indicatives such as 'Feet on the Street' where the communications & engagement team go out and ask people about their views on health services. This is a good start that can be added to in the future with, for example, more in depth case studies, semi- structured interviewing, and collection of detailed stories and narratives. These stories are then shared at the beginning of each CCG Board Meeting held in public and via the website.

5. ESTABLISHING INFRASTRUCTURE FOR SUSTAINABLE RELATIONSHIPS

To ensure that patient experience is central to driving patient centred change and service improvement it is proposed that the model is piloted in partnership with our main acute service provider organisation. A policy of openness and transparency can quite easily be perceived as a risk, the information being shared with the commissioning body gives more influence and information on specific areas of the hospital where performance and patient experience is low. Assisting this initial transparency requires a good level of relationships between senior management within differing organisations and locally the incentive of transitional funding which influences this free flow of data.

Historically in Dudley there has been a good relationship between Communications colleagues in the area. These relationships will initially allow for these conversations to take

place and through the successful development of mutualistic aims and objectives to data reporting and sharing within DGFT will lead to the progression of this new style of reporting.

In supporting and assisting this change DGFT have been allocated £4 million overall as part of the transitional funding with an element of criteria being focused around encouraging openness and transparency between organisations. This funding has allowed DCCG to become a member of an integral patient experience group that is chaired by the chief executive of DGFT.

DGFT's transitional funding in partnership with strong relationships will hopefully establish a strong foundation for allowing a smooth and easily transitional data flow between organisations. This transitional funding ends in March 2015 however as part of an on-going development of infrastructure for enhancing patient experience, we will be embedding clear Information requirements into the contract on the levels of data that we require.

This style and development of data reporting will then create a template which can be applicable across multiple provider organisations.

6. DEVELOPING A MODEL FOR EXPERIENCE

It will be necessary to identify the methodology required by the CCG and provider organisation to enable patient experience to be used to achieve effective change and sustainable improvement. By aligning the model to the broader quality and safety agenda, it will also support early detection of risk / deterioration of services when integrated with patient safety and clinical effectiveness data. It will also support contract management and inform strategic commissioning priorities.

The model reflects a 4 stage methodology, with a particular focus on:

- **Capturing patient & staff experience** - Working with the Trust to establish a system where an individual's journey can be measured and individual feedback can be used to establish the overarching issues but also provide the actions by having the ability to go right back to the individual story. We will do a stocktake of current work, reports, data collection and data storage. Looking at improvements in data input, data export & enhancements in feedback channels. We will develop a smart phone app to capture more real time patient experiences, initially in the hospital but then in all healthcare settings in Dudley.
- **Understanding the patient & staff experience** - We will develop a clear understanding of what the themes are and priorities for action supporting this development through mutually aligned targets and measures for the services we commission.
- **Improvement and implementation** – Encourage partnership working across multiple organisations to make patient experience learning transferable between organisations and encourage other providers to be more open through the sharing of infrastructure and experience reporting templates. We will develop the infrastructure in general practice so that friends and family test and other information provide real insight to our members, of the experiences of patients in

their practice. With this information we will support our members along with our network of PPGs to reflect on these experiences and look at how both on a practice level but also locality and borough wide improvements can be made in Patient experience.

- **Measure, evaluate, feedback and sustain improvement** – We will work with our PPGs to develop effective indicators of patient experience in primary care, measure these and develop action plans to enhance performance. We will work with Dudley Healthwatch and Dudley MBC to develop a local indicator of patient experience as part of our Better Care Fund performance measures.

These four areas allow a systematic and evidence based approach to improvement activities and is captured in such a way that demonstrates how the experiences of patients and staff have driven improvement priorities and commissioning decisions.

Improving patients' experience of using healthcare services is a key element of quality improvement. Patient experience is closely related to and influences clinical effectiveness and safety.

7. MANAGING TARGETS & ENHANCING EXPERIENCE

2014/15 TARGETS

Previous years targets have always been financially aligned towards the friends and family test scoring and response rate system. In 2014/15 £700,000 was made available to DGFT as part of a national CQUIN to improve the response rate within different areas of the trust in addition to also bringing the scheme online to additional services such as outpatients. These CQUINS significantly encouraged the levels of feedback that the trust received over the year in a number of different areas.

2015/16 DGFT TARGETS

The risk for 15/16 is that while patient experience is high on the agenda historically it is unlikely for NHS England to repeat previous CQUINs. This could lead to stagnant or reduction in response rate across the trust but also other providers. At this stage the national contracts have not been introduced and therefore cannot plan for next year's CQUINs. If these CQUINs are not in place we can introduce quality requirements for DGFT as part of their contract which could have an emphasis on a reasonable increase in response rate on last year which would have a potential value of 1% of their overall contract. This increase will also be supported by the development of an app.

The data flow between organisations for 14/15 will allow us to see areas of the hospital where patient experience requires improvement and there is a downward trend in experience. To support with enhancing patient experience for 15/16 within DGFT we plan on following an information schedule which will enable us to get the right information at the right time.

2015/16 TARGETS FOR PRIMARY CARE

As of April 2015 as CCG we will become one of the first CCG's in the country to co-commission primary care services and therefore responsible reporting on the experiences of patients that access these services. As of January 2015 all GP practices will also be required to submit and display their Friends and Family test data.

Without having seen the initial findings from the planned January submission it will difficult to identify the level of response rate by practice along with scoring in place. A clear CCG objective however should be to develop and embed a system into general practice that allows for the systemised upload of all FFT data including comments into a system that is accessible by the CCG. We could then make sure that all data from all practices within the CCG is nationally shared and uploaded to Unify rather than every practice having to do this.

In addition to the previous point with FFT going live in general practice there could quite well be a national target put in place for encouraging feedback however if this is not the case, it could be put in place that practices are required to meet at percentage response rate of GP appointments. Our Members see patient's everyday with over 30,000 consultations every week in primary care¹ if only 5% of those left feedback we would have around 9000 pieces of feedback a week.

2015/16 OTHER PROVIDERS

At this stage we are unaware of the level of feedback that is captured in DWMHT & BCFPT however going forward we will work closely with the providers to encourage openness and transparency.

8. BEHIND EVERY NUMBER IS A STORY

Data is usually recorded and presented in a format where feedback is attributed to categories and the numbers don't get joined up. This style of reporting often doesn't allow for organisation to see the entire picture with information being displayed in way that lists how many comments there have been about a specific ward, what issues have been raised and a whole variety of other information but these pieces of information don't historically appear together, they are presented in different tables. This style of reporting may give an overarching theme but doesn't always tell us what happening on a specific ward and importantly an individual's experience.

As part of the CCGs five year strategy a fundamental principle is creating an opportunity for active citizen empowerment and giving members of these communities a mechanism for engagement. The ways in which patients access a service and feed in their experiences to organisations is very much an individual experience but this isn't the way in which information is recorded or presented.

Locally we plan on changing that, we think it's important to give both the numbers but also the stories, we plan on using the information in a way so that bigger pictures can give us an overarching view but the stories give us that level of analysis and influence on how change

¹ 2013 Primary Care Foundation work conducted with Dudley CCG member practices.

can be enacted in specific areas. The following section builds on this but as CCG's develop and further data sources that we record and capture feed into the overall patient experience dashboard we would like to further develop unique identifiers. These identifiers will be established that allow for an individual's journey to be tracked through time and even find out in the space of a year if a specific user has had conflicting/similar experiences across differing providers and for what reasons.

9. PUTTING INSIGHT INTO ACTION

This section outlines how we plan on using the data in a way that evokes real insight and better experiences for our members of our community. We will continue to work closely with DGFT to develop a generic and transferable categorisation system that allows for any information to be continued to be recorded in its current format but allows for a significant overarching analysis via the generic categorisation system.

The process of generically categorising data and how it is shared relates back to the previous section on the individual experience. Current data export from the Trust is provided in the format stated above of Issue/number, we have requested as part of next information schedule 15/16 that information is provided as an individual sources of data as below;

This new style of export will allow us to see the bigger picture and using data analytics software allow us to analyse data right down the individual comment. So for example if we look at generic categories straight away we can look at the issues by ward, or by primary category in addition to all of the comments. This style of reporting will allow the data to becoming interactive and join up themes and areas which would not appear in individual data sets. This will then allow for the wider generic categories to become almost the primary indicator of what the bigger issue / reoccurring trends are with the individual and primary comments becoming the solution on how to address some of the bigger issues.

Supporting this new style of data analytics is presentation, in various committees and board meetings it isn't always viable to spend a large amount of time discussing analysis and highlighting trends through the use of analytical software. The presentation needs to highlight the biggest issues, trends over times but also where actions have been taken as a result which have made improvements. The approach we plan on moving forward with this is through the use of powerful informative Infographics (Appendix 1). Discussions with the trust have highlighted this style of reporting as a medium going forward in their patient experience group meetings that is chaired by the CEO of DGFT.

In order to ensure that style of reporting comfortably meets the needs of DGFT, it will go through a vigorous process of iterations through CEOs, Medical directors, Head of communications followed by final sign off at the patient experience group on this new style of reporting.

This style of reporting will then assist with the development of an action log, which will include issues which have been raised at PEG from the data. This log will allow the CCG to keep track and measure issues/trends to see if there has been any change while also tracking if the trust has put anything in place to try and improve the issue.

This action log and results taken accordingly would then be regularly presented at the CCG quality & safety committee to give assurance to the committee and organisation that actions are being taken to improve experiences in the trust. This style of reporting will successfully support a culture of assurance between the CCG and DGFT but eventually to other providers.

10. ENHANCING THE SYSTEM & DEVELOPING AN IDENTITY

As part of the CCG 5 year strategy Innovation and learning is one of the CCG's 5 key areas for developing the organisation. It is fundamental to develop systems that work better with technology to enhance an individual's care and create real innovation into how an individual can access the system.

One area of project innovation is the development of a feedback app, this app being one of the first in the country will have the potential to be a starting point for innovation and development. The organisation we are looking to appoint for the development of the app will be one that sits very closely with our organisation values and are willing to provide a service opposed to a product. As we progress through development iterations we need an organisation that is going to support us through the journey and give us the resource to measure our app so that we can make it a real success.

In order to support app deployment we will work closely with our communications colleagues in various organisations to create a successful identity branding for the app which will be transferable across all local services in Dudley. A potential area for app development could be that it is fronted as find your way around Dudley Healthcare services hosting key features such as way finder for DGFT along with patient leaflets with patient feedback currently sitting in the background. This shift could improve the experiences and accessibility for patients accessing localised services in Dudley. The initial app development specification can found in appendix 2.

11. UNDERSTANDING THE WIDER PICTURE

PRIMARY CARE

We would like to be in a position by Q2 of 15/16 where other providers in the local area share the same culture of openness and transparency that we are developing with the Trust. The introduction of FFT into general practice as of April 2015 will significantly increase the levels of experience that we are capturing as an organisation and mechanisms will need to be put into place to ensure that practices are actively encouraging feedback and that the systems of comment collection is securely managed and inputted into a central system viewable by the CCG.

We need to confidentially be in a position where information is readily made available through a system integral across all 47 of our GP practices, that stores and records Patient experience feedback initially from FFT Comment cards. The feedback from general practice will initially develop in a similar way to DGFT this will consist of;

- FFT Percentage recommended
- FFT Response rate

- FFT Comments

The comments will be broken down in a way that includes the date, the issue, staffing group, category and comment.

Other feedback sources for general practice include;

- Patient Opinion & NHS Choices
- Social Media
- Complaints

OTHER PROVIDERS

The development of a new style of data recording and data presentation would be useful to transfer across to our bigger locally commissioned trusts such as Dudley and Walsall mental Health partnership NHS Trust and Black country foundation partnership Trust. This will require significant relationship building across providers and working with the providers to encourage a policy of openness and transparency.

This stage of openness needs to be achieved by Q1/2 15/16.

PARTNERSHIP WORKING

As a commissioning organisation we need to be a position where information from key partners in the local area such as Healthwatch Dudley feed into the wider patient experience dashboard.

There is a real value in sharing with Patient Participation groups the experiences that patients are having who access the surgery. The information provided through FFT will allow PPGs to work with the practice to implement improvement plans to drive up the experiences of patients in surgery and the already developed infrastructure will make mapping of these changes relatively straight forward.

SOCIAL MEDIA

Websites such as Facebook and twitter host a vast wealth of feedback, however while being available online the information isn't entirely available. Facebook unfortunately does not have the functionality to search for specific search terms, there is a specific DGFT dedicated Facebook page;

<https://www.facebook.com/pages/Russells-Hall-Hospital/135476606483974#>

However comments on this are limited and the same applies for other providers. As technology adapts and further private sector organisations realise the potential value of social media, software to achieve this function will hopefully become available on the market.

Other social media channels such as Twitter do allow for searchable terms and moving forward it would be useful to agree a key terms we can then begin searching on a monthly

basis and add these comments to a system, however stories which are automatically tweeted from news organisation would need to be discredited.

12. PROJECTS GOING FORWARD

The potential for patient experience over the next 2 years is infinite, developing the infrastructure and systems in place across the system will allow for a continuing development in this area.

Real time data transparency will be critical in applying information to live performance dashboards. The app development will significantly support this development along with the integration of live websites and online feedback systems. Infrastructure can then be further developed in place so that the smooth upload of FFT comments and feedback is made available as quickly as possible.

The introduction of the feedback app will be integral into supporting a culture of home grown medical professional. The development of the experience programme will be building on existing partnerships with local colleges students will be equipped with IPADs going around the various parts of the hospital capturing first-hand experience of frontline clinical care while also speaking to patients who are comfortable to share their experiences and these being inputted into a live system. This system not only supports the agenda of bringing together intergenerational groups but also supports a localised vision at DGFT of keeping those who study in Dudley working in Dudley.

Friends and Family Test texting service, a number of people who use various services will have given consent for GPs to use their mobile phone number, as part of finding out the experiences of patients who access primary care services it is important to set up a texting service across GPs that can automatically push a text message asking for feedback when a patient visits a GP surgery. Ofcom states that as of Q1 2014 93% of all adults in the UK personally own or use a mobile phone with 61% owning a smartphone. The average number of SMS and MMS messages sent per person per month as of 2013 is 170.

[\(http://media.ofcom.org.uk/facts/\)](http://media.ofcom.org.uk/facts/)



Doctors
Surgery

Primary Care

May 2015 onwards
Reporting of patient
experience & FFT in
general practice begins.
Planned development
of recording system for
completion by Oct
2015.



Data Reporting

January 2015 Onwards

New style of reporting
agreed with Trust / CCG in
addition to a smooth data
transition embedded into
information schedule.



Other Providers

Oct 2015 onwards
The introduction patient
experience information
from other providers into
the wider patient
experience dashboard.

Trust
Openness
Assurance

Key Milestones

A vision for Patient
Experience

Sustainable Infrastructure

to support
change



App Development

2015 - 2016

Successful development &
usage of a Patient
experience app. Supported
by an efficient & effective
communications plan.



The Experience Programme

September 2015 onwards

Partnership approach
with local colleges to
give college students an
insight into an acute
setting.



Moving Forward

2016 Onwards

- Real time patient
experience information.
- Experience Targets.
- Primary Care FFT Targets
- Implementation of unique
identifiers.

13. IMPLEMENTATION & MILESTONES

December 2014

- First set of data received and shared from DGFT

January 2015

- Patient experience data recording template produced.
- New style of reporting agreed with DGFT Patient experience group along with their head of communications, medical directors & CEO.
- New style of reporting given assurance at quality and Safety committee.
- DGFT patient experience information schedule built into the 15/16 contract.
- Organisation appointed and approved at IT Strategy.

February 2015

- First new style of reporting taken to DCCG Q&S committee with actions & assurances.
- App Development specification agreed, design and build begins.

March 2015

- A new generic categorisation system agreed with DGFT patient experience group, Head of communications & DGFT CEO.
- Contract targets for 15-16 agreed if applicable.
- Conversations begin with other providers.

April 2015

- Iteration one of the feedback app complete, a soft launch of the system, ready for iteration two.
- First Patient Experience report using generic categorisation system.
- Further links developed with Healthwatch
- Implementation of local experience CQUINS for 15/16.

May 2015

- Introduction of complaints collated from both CCG & DGFT into the patient experience dashboard.
- Co-commissioning goes live April 15 begin reporting of FFT score / response rate in general practice as part of the patient experience dashboard.

June 2015

- Successful communication plan in place for app which will begin to outline a number of the new features ready for secondary product launch.
- Other providers patient experience information brought into the dashboard.

July 2015

- Iteration two, an App which better meets user needs.
- System developed for recording and submitting FFT information in general practice.
- Social media reporting brought online, this will be a phased approach seeking future investment from additional products available on the market.
- Bring patient experience information into a wider performance dashboard which can be attributed to other performances indicators.
- Other providers patient experience information brought into the dashboard.

September 2015

- Conversations with Colleges/Trust on the experience programme.
- Bring patient experience information into a wider performance dashboard which can be attributed to other performances indicators

October 2015

- Iteration 3 of the app launched including additional key features which have been outlined in the feedback from Iteration 1 & 2
- Primary Care information recording streamlined across all practices in the borough.

December 2015

- Information recording streamlined across general practice, the ability to begin sharing results with Patient Participation groups on how surgeries are performing in terms of experience with the borough, their locality down to their surgery.

2016/17 onwards

- Introduction of the experience programme for college students into an acute setting to assist with capturing real time data across the hospital.
- Real time patient experience information from a number of data sets.
- Additional avenues explored to improve FFT response rates such as texting service.
- Further iterations of the patient experience feedback app.
- Systems & Contracts put in place for improving the response rate in general practice.
- App made available for other providers in the borough increasing to be available in general practice.
- Implementation of unique identifiers.

14. RECOMMENDATIONS

- That the committee endorse the approach for Dudley CCG moving forward to Implement this model in partnership with key providers.
- Approve the vision for patient experience in Dudley.