Patient and Public Involvement

Strategy

2013 – 2016

“No decision about me without me”

Andrew Lansley – Secretary of State for Health
Equity and Excellence: Liberating the NHS (2010)
1.0 INTRODUCTION

Dorset County Hospital NHS Foundation Trust (DCHFT) is committed to developing services that genuinely reflect the needs, priorities and aspirations of the local population. In order to achieve this, DCHFT will engage and involve patients, carers and members of the public throughout the organization. In doing so DCHFT will ensure that its involvement processes are as inclusive as possible, to embrace a diverse population and the least advantaged groups in the local community.

2.0 AIM OF THE STRATEGY

This strategy is intended to ensure patient and public involvement is approached in a considered and meaningful way and is based on the exchanging of information and mutual listening.

It will explain how DCHFT will meet its responsibility to involve the patients and public and identify the responsibilities of staff within DCHFT to ensure this happens.

The strategy will provide agreed objectives, measurable indicators, evaluation and an annual improvement plan to reflect the patients' experience of care in future service developments.

DCHFT recognises that this will evolve over time and requires long term commitment, resources and investment.

3.0 DEFINITION - WHAT IS PATIENT AND PUBLIC INVOLVEMENT (PPI)?

In this document the term ‘patients and public' includes patients, carers, service users, their representatives, individuals, groups and communities. PPI is defined as the active participation of patients and public in the development of health services and as partners in their own health care. This includes the commissioning, planning, designing, delivery, evaluation and improvement of health services as well as the empowerment of individuals and carers to make informed decisions about their personal health care.

4.0 THE BENEFITS OF PATIENT AND PUBLIC INVOLVEMENT

Good public and patient engagement can:

- Improve the patient and carer experience and satisfaction with health services.
- Create local ownership and confidence by raising public understanding of the developments and use of resources in health services.
- Develop services that promote dignity and independence.
- Facilitate better clinical and economic outcomes in health care.
- Promote staff understanding and make services more responsive to the local population.
- Provide early warning of potential problems.
- Inform the setting of performance standards relevant to public needs.
- Promote innovation, creativity, openness and accountability.
5.0 LEGISLATIVE AND REGULATORY CONTEXT

Our NHS Foundation Trust status means that we are accountable to the local community through our Council of Governors, the majority of who are elected by our members. The principle of public accountability and community involvement is a vital expression of our status as a membership organization. Being a NHS Foundation Trust also offers us opportunities to further define our partnership with the local health and social care community and the people we serve.

A focus on patient and public involvement is fundamental to the publications found at Appendix A:

6.0 CURRENT SITUATION

As a NHS Foundation Trust, DCHFT has governors and members. They are instrumental in helping the hospital shape its services and ensure that DCHFT keeps the patient firmly at the centre when planning and carrying out its activities. DCHFT is required to take into account PPI in the policies and legal frameworks identified in Appendix A of this document.

The DCHFT has a ‘Learning from Patient's Experience Group’ which meets on a quarterly basis to review patient experience, including compliments and complaints, to ensure that good practice is shared and lessons are learnt to prevent further negative feedback.

Local and national patient surveys enable the DCHFT to gain feedback, benchmark against other providers and take action to improve services.

The Patient and Public Experience (PPE) Department provides information related to patient and service user issues and concerns.

The PPE Lead on behalf of the DCHFT works in partnership with local and national community groups.

The DCHFT self assesses against the Care Quality Commission Essential Standards.

7.0 OBJECTIVES 2013-2016

The Patient and Public Involvement Strategy 2012-2015 will support the DCHFT Strategic Direction 2012-2015 for Delivering Compassionate and Safe Healthcare in its mission statement to ‘improve the patient experience’ and ‘learn from our experiences in order to improve services’ and to achieve the goal of being a ‘compassionate and patient centered organization – ‘The hospital of choice’.

The PPE Department will ensure that there are mechanisms throughout the Trust for patients and public to give feedback and standard questions relating to the DCHFT core values are included in all surveys.

DCHFT will ensure that patient information is of good quality, standardized, suitable and accessible. To enable this the PPE Department will support teams and services in attaining The Information Standard for all locally produced patient and carer information.
DCHFT will actively seek out, respond positively and improve services in line with patient feedback. This includes acting on complaints, patient comments, local and national surveys and results from “real time” data techniques.

The PPE Department will support services and teams to engage in a range of mechanisms to ascertain patient experience using the experience based design approach (NHS Institute for Innovation and Improvement).

The PPE Department will support services and teams to use the experience based design approach as a tool to respond to complaints.

8.0 KEY PERFORMANCE INDICATORS (KPIs)

The national Friends and Family Test. Trusts are required by the government to report the outcomes of a single question “How likely are you to recommend our (service) to friends and family if they needed similar care or treatment”. There is an expectation to ask follow up questions and organizational results will be made public.

There will be an annual reduction in the number of patients dissatisfied with the DCHFT response to complaints and subsequent ‘bounce backs’ (complaints about the complaint response) and referrals to the Parliamentary and Health Service Ombudsman.

The KPIs will be reported through the quarterly patient experience report presented to DCHFT Board.

PPE Department will engage with community groups to help sustain local engagement, particularly with older age groups as Dorset has a significantly higher population at retirement age than the national average.

Learning from Patient’s Experience Group will monitor and support the development of innovative and robust systems to enable feedback from patients and public to be heard, actioned and good practice shared or lessons learnt. This supports the strategic direction for DCHFT to deliver high quality safe services that meet or exceed our patients’ expectations and be prepared to do things differently.

9.0 MONITORING, EVALUATING, REPORTING AND REVIEW PROCESS

This strategy will be led by the Learning from Patient’s Experience Group. Its membership will include lay members, governors and senior staff.

The DCHFT Board and the Learning from Patient’s Experience Group will receive regular reports from the PPE Department to facilitate this process.

The Patient and Public Involvement Strategy will be reviewed every three years.

Sarah Silverton (Patient & Public Experience Lead)

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APPENDIX A

The NHS Plan (2000) – Department of Health (DH) paper with the vision of a health service designed around the patient.


Section 242 of the National Health Service Act 2006 – government legislation which requires that DCHFT and Strategic Health Authorities involve patients and the public in service planning and operation.

The Local Government and Public Involvement in Health Act 2007 emphasized PPI involvement requirements and put in place a duty to report.


High Quality Care for All NHS Next Stage Review: Final Report (2008) – DH paper a nationwide process – the core of the NHS next stage review emphasizing change to be locally-led, patient-centered and clinically driven.

Equity and Excellence: Liberating the NHS (2010) – government white paper states “we will put patients at the heart of the NHS through an information revolution and greater choice and control”.

NHS Constitution for England (2009) - government publication detailing the patients’ rights to be directly involved or through representatives in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided and the decisions to be made affecting the provision of those services.

Acute Services Contract 2011-2012 - Schedule 3 Part 5 Reporting on patient, carer and staff surveys as mandated.