A background of a grid of colored squares in various shades including green, blue, purple, orange, yellow, and red.

**Haringey Clinical
Commissioning Group (CCG)
Insight and Learning
Programme**

January 2014

Haringey CCG Insight and Learning Programme

1. Introduction

Haringey CCG is committed to being a listening and learning organisation. Patients' experience is a key way in which we will know about the quality of healthcare services we commission. It supports us to drive improvements within the provider services and helps us to inform our commissioning decisions. This paper lays out the ways in which we will listen, consider and act upon the important insights which anyone who lives and/or works in Haringey have of local healthcare provision.

2. Background

High quality patient, carer and family experience is a key component of high quality care (Darzi 2008, *High Quality Care for All: NHS Next Stage Review*). It is a right under the NHS Constitution for England and is a central organising principle of the NHS. 'Ensuring that people have a positive experience of care' is one of the five domains of the *NHS Outcomes Framework 13/14* and *Putting Patients First, The NHS England business plan for 2013-14 to 2015-16* identifies 'satisfied patients' as priority one for the NHS, stating that 'our touchstones of success, above all others, will be if patients would recommend their local NHS care and if individual NHS staff members have faith in the service they are contributing toward.'

The Francis Report¹ further highlighted the need to have a clear understanding of the experiences of patients, triangulated with other quality related information. It emphasized that patient experience information has the potential to act as an early warning for possible concerns. The report also underlined the responsibility of commissioners to listen to and act upon patient feedback in order support improvements in the quality of care in the organisations it commissions.

Listening to patients and learning from their experiences is a core aim and central to the values of HCCG². We will engage with a broad range of patients, carers, partners, local community organisations as well as local healthcare providers. We will use their insights to drive the quality of healthcare services for all our Haringey residents and inform our commissioning decisions so that Haringey residents receive the most effective and efficient services with the best possible outcomes. We will ensure that we are talking to people about what we are learning and how we are using what we hear to learn and make commissioning decisions.

3. The Insight and Learning Programme

Diagram 1 is a representation of the overarching Insight and Learning Programme. Diagram 2 is a worked example of how the programme works in reality using a real example from the past six months.

¹ Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Robert Francis QC

² For more information on HCCG Vision, aims and values see <http://www.haringeyccg.nhs.uk/about-us/vision-and-values.htm>

Diagram 1: Insight and Learning Programme

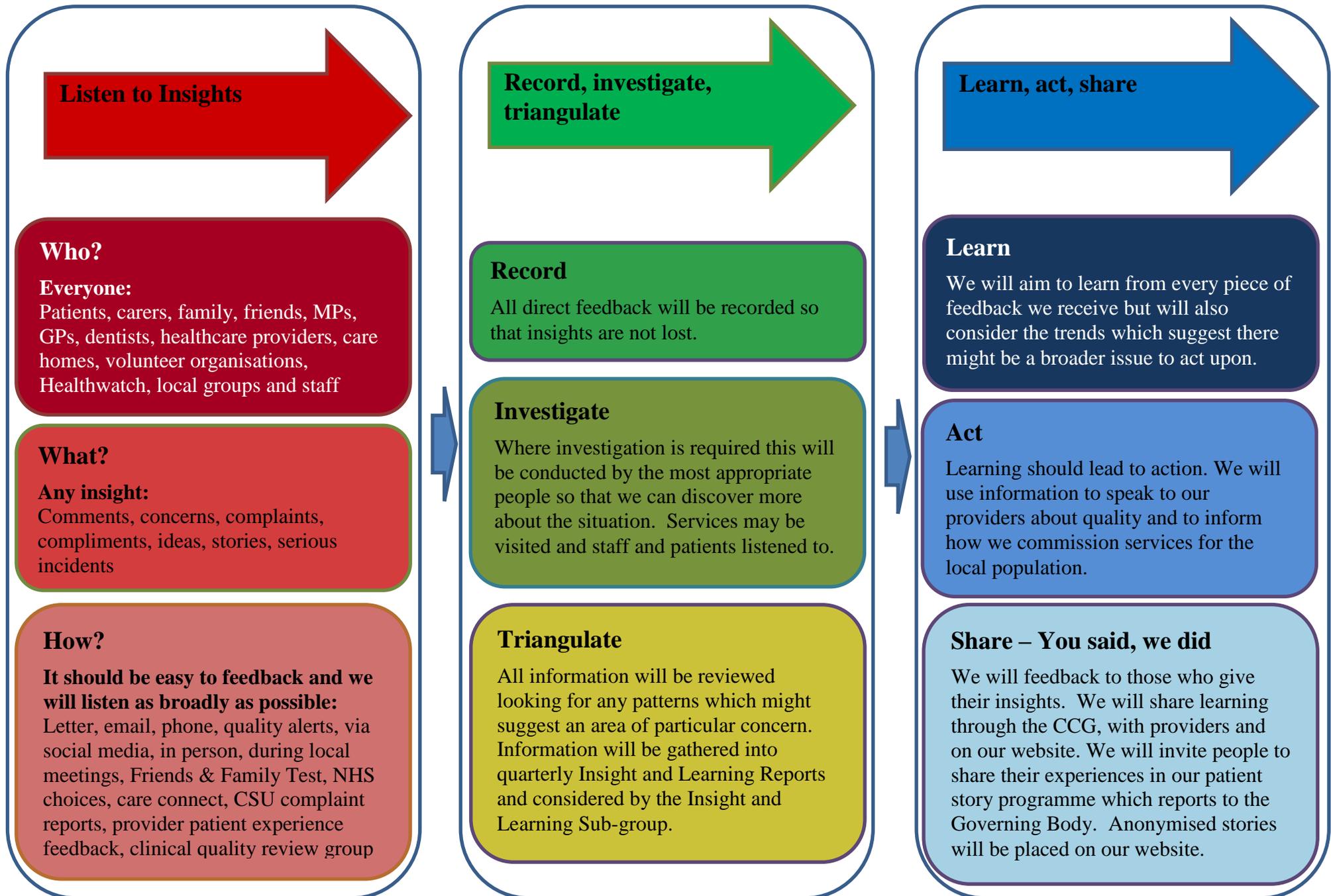
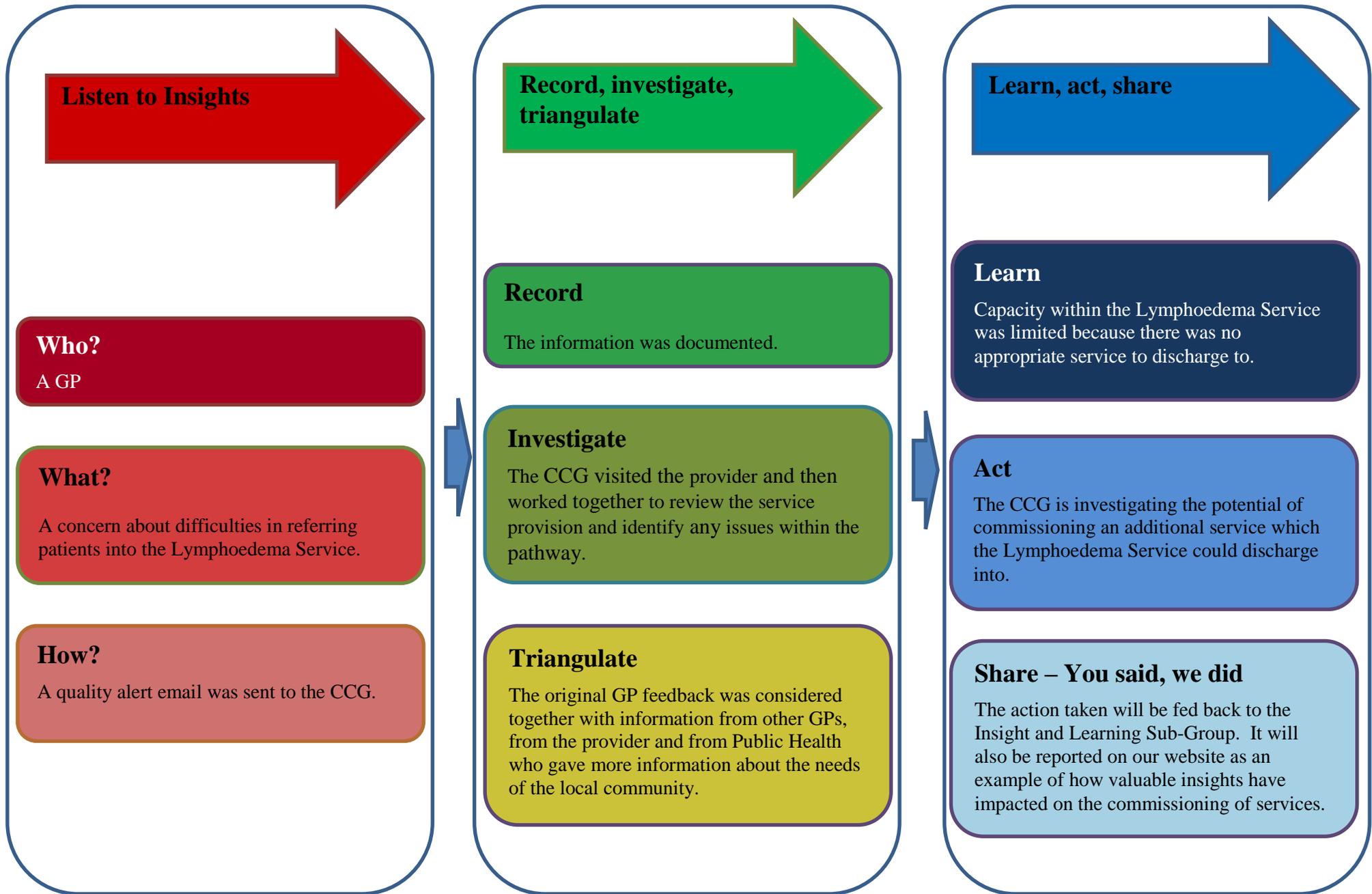


Diagram 2: How it works in practice



3 Listening to Insights

3.1 Who?

We are committed to being a listening organisation and believe that everyone in Haringey has a valuable perspective that we can learn from. This includes: patients, relatives, carers, independent providers (GPs, dentists, ophthalmologists, pharmacists), secondary care providers, local authority staff, MPs, friends and patient groups.

It is also important that every member of Haringey CCG staff is focused on quality and knows the avenues available to raise their concerns, highlight issues or champion good practice.

3.2 What?

Insight can be gained from every experience whether it is relayed as an idea, a complaint, concern, comment or compliment. Information will also be obtained from when serious incidents occur.

3.3 How?

We understand that some people find it easier to provide feedback than others and therefore we will engage with those who live and work in Haringey in various ways, including email, letter, in person, via social media, on websites, such as NHS Choices, Care Connect and listening to focus groups that represent various particular communities. The HCCG Communication and Engagement strategy provides more information about how we will achieve this³.

We want to learn from people who provide health services to patients or who work with local service users. A **Quality Alerts system** (see Appendix 1) has been developed which gives independent providers (such as local GPs and dentists), acute providers, community services, care homes, the local authority and other organisations an easy way to offer their insights. A simple alert form can be filled in or an email sent to a dedicated email address: qualityalerts@haringeyccg.nhs.uk.

Insight will also be gained from provider complaint reports, intelligence learned at monthly Clinical Quality Review Groups (CQRGs are meetings held with provider organisations which review various quality metrics to gain assurance of the quality of a service). Reports provided by the North and East London Commissioning Support Unit around complaints and serious incidents will also be used to gain valuable insights.

4.0 Record, investigate and triangulate

4.1 Record

All feedback will be recorded in a local database to ensure that we remember and take appropriate action. This record will be managed and overseen by the Quality Team.

4.2 Investigate

Where there is a formal complaint, a concern or a serious incident there will need to be an investigation into what happened, what should have happened, why it occurred and how to

³ For more information about this review Haringey CCG's Communication and Engagement Strategy http://www.haringeyccg.nhs.uk/Downloads/Strategies/PPE_strategy_v1_20130515.pdf

prevent a reoccurrence. Investigations will be completed by the person best placed to do so. For example, where an issue is raised about a provider they will be asked to investigate it themselves; where it concerns a commissioning decision, the CCG will investigate it directly.

Any comment or idea may need further investigation in order to find out more about the issue and identify whether a change may improve the care being provided to the Haringey population. Time will be taken to discover more so that it can usefully inform future decision making. One way in which further information will be sought is through **Insight Visits** (see appendix 2) into a particular service, speaking to patients and staff and looking at how other areas provide services.

Not all learning will be initiated by external information being provided. The CCG is always working to ensure that the services we commission are of a high quality and to evaluate whether we can improve the way that we commission services. For example, the regular programme of **Insight Visits** may identify areas where improvements or change might be considered. Other events have also been established to listen to feedback and learn. These include commissioning intentions workshops where stakeholders are asked to consider particular questions regarding, for example, urgent care so that the CCG can learn from the feedback and ideas. Work has also occurred within the last year to map patient pathways. Patients have attended events to explain the pathway that they have walked, for example in diabetes care. These workshops provide valuable feedback about how the pathway currently works and how it could be improved. The CCG's Patient and Public Engagement strategy also sets out other methods for gathering insight, including visits to community groups and via the CCG's engagement network⁴.

4.3 Triangulate

Individual feedback is always useful but it is also important to identify any emerging trends. Individual concerns may indicate a particular problem for one person; it might highlight an issue with a particular person in a service; or simply be a one off error. Where there is a repeated theme it is likely to be a broader concern for the community and likely to be happening more regularly. Identifying themes helps highlight priority issues of concern that need to be considered more urgently.

Triangulation will occur naturally as intelligence is gathered but will be formalised through the new Insight and Learning sub-group. The Insight and Learning sub-group will report into the Quality Committee. The sub-group will take time to consider the various streams of feedback being received including quality alerts, complaints themes etc. It will consider priorities for Insight visits and patient stories. It will also monitor how learning has been embedded and how insights have been used to impact commissioning decisions.

5.0 Learn, Act, Share

5.1 Learn and Act

As an organisation the CCG is committed to learning from the experience of patients and listening to those who represent them. We expect the services we commission to make improvements when issues are highlighted. We will also use learning to inform our commissioning decisions. The worked example in diagram two (on page four) exemplifies how this could occur.

Where changes are made in the provision of services it will be important to review those improvements. This may generate further a insight visit or a specific question to GPs to ensure that any changes meet the needs that have been identified as part of the process insight and learning process.

⁴ <http://www.haringeyccg.nhs.uk/about-us/the-ccg-network.htm>

5.2 Share

Sharing is important because:

- It is important that those who provide insights know how we have used their intelligence. We will feedback to individuals but also ensure that our learning is recorded on a new Haringey CCG 'You Said, We Did' webpage. This will enable the local community and other stakeholders to be aware of how feedback has resulted in us learning and acting.
- The CCG can support information sharing between providers where examples of good practice have been identified. For example, in recent months the CCG informed several local acute providers of on-going work in different organisations around improved pathways of care for people with learning disabilities who come to hospital. It is hoped this will facilitate joint learning and shared good practice.
- The CCG is developing a **patient story programme** (see appendix 3) as part of the Insight and Learning programme. Patient stories provide a three dimensional picture of patients' experiences and will help us as an organisation to learn and reflect. The stories will include not only the experience of the patient but also the further investigation and the learning from that programme that follows. Patient stories will be presented to the Quality Committee. This might in future also be presented at Governing Body and Commissioning Intentions events. Where appropriate they will also be shared on HCCG website.

6.0 Implementation

Various aspects of this programme have already been initiated. Patients are already invited to contact us with their stories through our website, complaints and concerns are already investigated and responded to and learning implemented. Feedback is already received from Healthwatch and NHS Choices is regularly reviewed. There are however other areas which are new. These are listed below with projected initiation dates. Communication will be established with key stakeholders to ensure that they are aware of the programme and the website will be updated to ensure that the local community have the opportunity to be actively engaged.

- **Quality Alerts** – the project initiation is explained in appendix .1 Its expected start date is December 1st 2013.
- **Social Media** – a paper is currently being prepared for the November Communications and Engagement Sub-committee and will be considered for initiation around January 2014
- **Insight and Learning (I&L) Sub-group** – it is anticipated that the first sub-group will be in January or February 2014.
- **Insight and Learning Reports** – it is projected that the first Insight and Learning Report will relate to data from Quarter 3 13-14 and be presented at the first I&L sub-group.
- **Insight Visits** – visits to local providers already occur however the full programme will be initiated in January 2014. See appendix 2 for more information.
- **Patient Story** – the first story will be presented to Quality Committee in January 2014. For more information see appendix 3.
- **You Said, We Did Webpage** – it is projected that the 'You said, We did' webpage will be posted by the end of January 2014.

7.0 Conclusion

This paper has described how Haringey CCG will listen to and learn from the experience of patients, carers and families and benefit from the insights of anyone who engages with healthcare

providers in Haringey. The aspiration is to establish and embed a system for listening to a broad range of people which will inform the CCG's decision making around commissioning and drive quality improvements in the local healthcare providers.

Cassie Williams
Head of Quality and Performance
Haringey CCG
January 2014

Appendix 1: Quality Alert Proposal

Introduction

Haringey Clinical Commissioning Group (HCCG) wants to make sure that Haringey residents consistently receive high quality care which is delivered in a respectful and courteous way. We want to know where systems are not working so well and when things go wrong so that we can learn and improve. We also want to know about excellent practice so that we can learn from these experiences also and recognise those who are already providing high quality care.

In order to do this we are dependent on the valuable intelligence which can be gleaned from local stakeholders. HCCG already has systems in place to consider and learn from direct patient feedback but we want to make it easier for independent contractors and other healthcare providers to tell us about their concerns as well as those services which are working well.

Insights

The Quality Alerts system is completely separate from complaints management which should be raised directly with the provider and should be about an individual concern. This process allows stakeholders to inform us of more general issues that have arisen or examples of good practice.

In addition it is proposed that Haringey's GPs will be asked a specific question on a quarterly basis where HCCG is looking for feedback. It might concern their experience of a specific service or provider; it might concern how a specific system is working. It will be important to be sensitive to how a question is asked so that the CCG is not seen to be highlighting a poorly performing provider.

Raising an alert

When a GP/care home/acute provider becomes aware of an issue that they would like to raise (for example a concern about access to a service, repeated concerns about the attitude of a particular staff group at a location or particularly good practice in a referral system) they will be asked to fill in the attached alert form and email it to our dedicated Quality Alerts email:

qualityalerts@haringeyccg.nhs.uk.

Responding to alerts

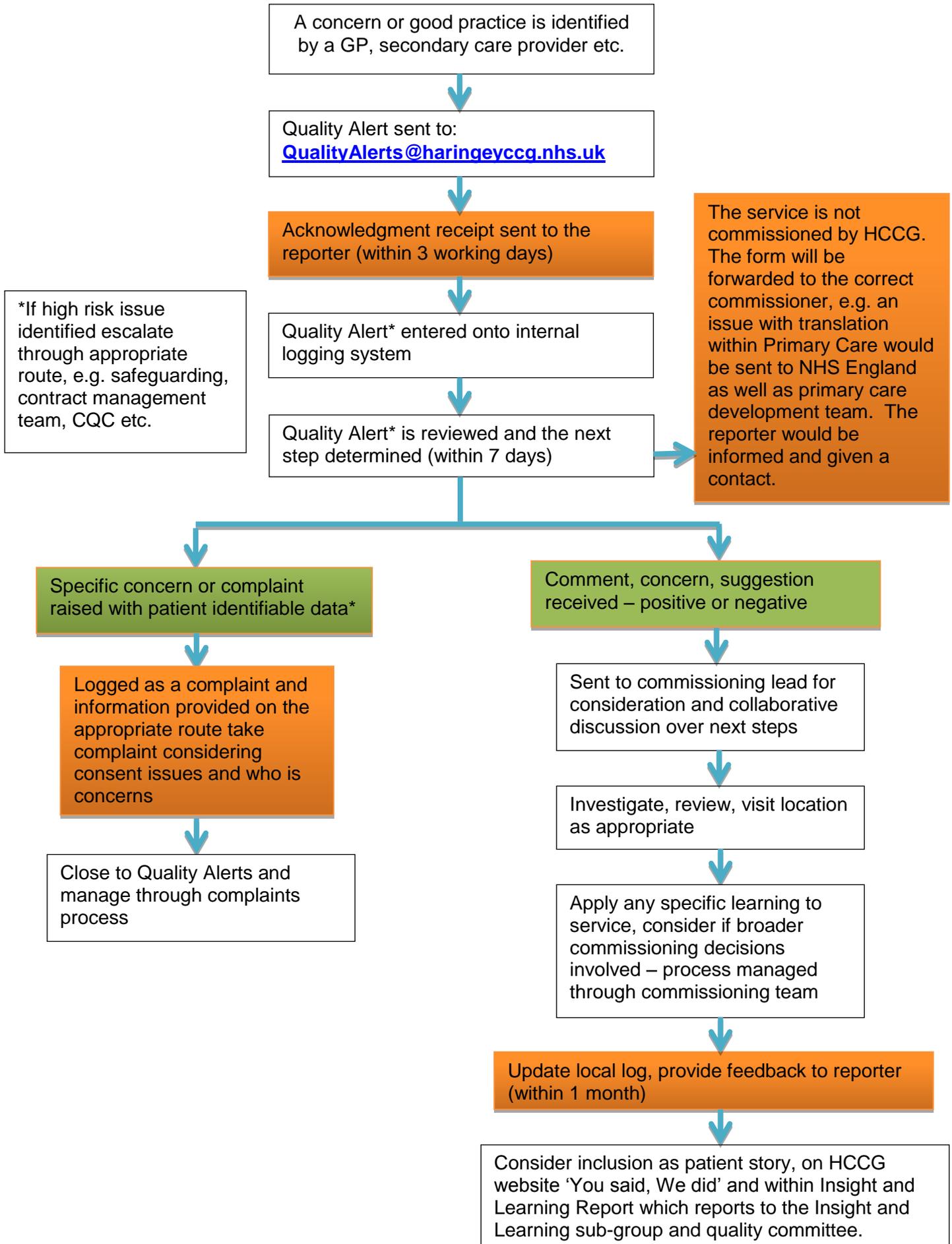
Any alert raised will be logged, triangulated with other information and further investigated as appropriate. If it is necessary, we will request the provider conduct an investigation. We may visit a location to understand more of what is happening. All learning will be used to improve systems and where appropriate will be used to inform commissioning decisions. The flow chart on the following page describes the process in more detail.

The CCG will always confirm that we have received the feedback and will let the person know what we are doing with it. In addition we will provide the main stakeholders with quarterly information about the insights we have received and what has happened as a result of that feedback. This information (where appropriate) will also be included on a new 'You Said, We Did' webpage on Haringey CCG website.

Implementation

An information letter and the quality alert form will be sent to all GPs, secondary care providers and any other appropriate bodies at the end of November 2013. The project will start when the letter is circulated. The first question in the quality alert programme will be sent to GPs within the first month to highlight its use.

Quality Alert Process



Appendix 2: Insight Visits

Introduction

Valuable insights can be gained from actually visiting a service and speaking to patients, carers, families and staff who are actively involved with that service. The goal is to arrange at least bi-monthly visits to a particular service commissioned by Haringey CCG. This should include acute, community and mental health services. The Insight Visits programme will be led by the Governing Body Nurse Member. Each visit will be clinically led and at least 80% will include a member of the local community⁵ who has been trained to participate in the visit.

Who to visit

Within the first year we would expect to visit the main providers at least once. In addition a number of smaller providers would also be visited:

Main acute providers:

- North Middlesex University Hospital
- Whittington Hospital

Main mental health provider:

- Barnet, Enfield and Haringey Mental Health Trust

Main community provider:

- Whittington Health

Examples of smaller providers who might receive a visit:

- Care homes
- Community Ophthalmology Service
- AQP (any qualified provider) Providers
- Community Diagnostics Service

There will be a number of potential drivers for deciding which location to visit. They are as follows:

- A number of concerns are raised over a particular service.
- A service is identified as demonstrating good practice.
- A potential priority area is considered as part of commissioning intentions.
- A new service which has been commissioned within the previous year.
- A service pathway identified for review as part of values based commissioning workstream.

How to visit

Visits will vary according to the service that is being visited, however each generic visit will aim to consider the visit categories of the 15 Step Challenge⁶. These are laid out below with a brief description of the sort of observation which might be used as part of the visit. A template will be developed for use during these visits. In every situation examples will be recorded on a visit log including examples of good practice as well as any areas of concern.

- **Welcoming**
 - Sense check – the feel, what can be seen, heard, smelled or tasted (if food given to patients)
- **Safe**
 - Safety concerns, is it clean, does equipment look well maintained, do infection control procedures appear to be in place?

⁵ Healthwatch will support the CCG in providing some of these participants

⁶ For more information on the 15 Step Challenge Programme see:

<http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html>

- **Caring and Involving**
 - Is privacy and dignity maintained? How are the interactions between staff and patients? What behaviours witnessed? How do patients, carers, family members experience the staff and the care provided? How do staff experience the location? Would they recommend the service to their friends or family if they needed similar treatment?
- **Well organised and Calm**
 - Is the location well organised? Is it uncluttered? Is there appropriate signage? Is patient information kept safe and in an organised fashion.

In addition to the overarching visit particular investigation and questions for patients and staff might focus on a particular area of care. For example: discharge planning or the experience with reception staff. These would vary according to the reason that the visit was initiated.

How the information is used

Following any visit those who have participated will join together to write a report which will be fed back to the provider and will be used to inform decision making. Attention will be given to ensure that strengths and weaknesses of the service have been identified. Where there are areas of improvement identified the service will be asked to develop an improvement action plan. This would be monitored by the CCG. During a visit a patient story might be identified which clearly describes the experience of patients of the service; this would be an opportunity to share the learning from the visit.

Appendix 3: Patient Story Programme

Introduction

Patient stories provide a three dimensional picture of patients' experiences and we help us as an organisation to learn and reflect. Stories help people to engage with the journey the patient has taken. They can also be used to showcase effective services and to describe how learning has been identified and embedded when something has gone wrong.

Identifying Stories

There will be various ways in which stories will be identified. These include:

- Through the Insight and Learning programme. Where an issue or concern has been identified the patient story programme can be used to further discover the experience of Haringey residents in a particular healthcare service.
- Key providers will be invited to present a story once a year. This might be to demonstrate how they have learned from something going wrong or might showcase a particularly innovative service.
- A small community group whose voice is seldom heard could be offered the opportunity to contribute to a patient story describing their experience of healthcare.
- Stories will also be identified around particular areas of priority for the CCG. These could include areas highlighted through QIPP programmes, commissioning intentions or strategic priorities.

Presentation of Stories

Stories can be presented by a patient directly. Where possible the appropriate provider would also be present as a relational link and to describe aspects of a particular service as appropriate. Stories may also use sound bites or video or be presented as a PowerPoint with quotes from a particular patient or patients.

Presentations would be 10 minutes in length with additional time for committee members to ask questions that are sparked by the presentation.

Publication of Stories

Where appropriate, and with consent, stories would be reported on the CCG website. This might encourage others to tell their story but also demonstrate how the CCG is actively listening and learning to the residents of Haringey.