

**BETTER  
TOGETHER  
NEWSLETTER**

JANUARY 2011

**Better  
Together**

Scotland's Patient Experience Programme

**HAPPY NEW YEAR!****INSIDE THIS ISSUE:****MAKING AN  
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& INPATIENT  
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Tell us how you've  
improved patient  
experiences!****Contact details on  
the back page.**

2010 was an important year for the Better Together Programme, seeing the implementation of the first Scottish Patient Experience Surveys and the commitment to improving patient experience reinforced through the publication of the Quality Strategy for NHS Scotland. In our first Newsletter for 2011, we reflect on some of the main achievements of the past year and share our plans for moving forward in the months ahead.

**MAKING AN IMPACT****Highlights from the implementation of the first Scottish Patient Experience Surveys**

The results of the Scottish GP and Inpatient Patient Experience surveys were released in 2010.

For the first time, people in Scotland had the opportunity to comment systematically on their experience of healthcare, providing results at national and local level.

The surveys covered:

- Admission/ access to services
- Hospital and ward / GP practice environment
- Care and treatment
- Staff
- Leaving hospital
- Medicines

Some of the achievements and findings are highlighted here:

**GP Survey**

485 380 patients received a questionnaire with 185 989 returned (38%)

Reports were produced for each GP practice (over 1000 reports) and a national report

Online reporting tool developed for NHS boards, CHPs and GP practices

90% patients rated the overall care provided by their GP surgery as good or excellent

Older patients were more likely to report a positive experience

Patients at practices with a smaller list size were more likely to report a positive experience

**Inpatient Survey**

62 308 sample, 30 880 responded 50% response

Results made available to 15 NHS Boards, 95 hospitals + 64 sub-sites

On-line reporting tool for NHS boards with ability to compare by hospital type

Overall, patients in Scotland reported positive experiences

Areas with high levels of positive feedback related to medicines, privacy, pain relief, cleanliness, staff hand hygiene, and waiting times

Areas with the lowest levels of positive feedback were information on wait in A&E, noise, knowing who was in charge of ward, religious and spiritual needs, food and drink and discharge home, notably transport, wait and arranging help at home

Significant differences were found in certain patient groups e.g. age, gender, equalities groups

## MAKING AN IMPACT (CONTINUED)

Since the release of results, we know that organisations, teams and individuals are now responding to this information in a very robust and meaningful manner and there is already evidence that improvements are being made based on what patients have identified as areas for improvement.

Examples include:

NHS Greater Glasgow and Clyde have already embedded their results into a co-ordinated action plan describing the links to existing change programmes such as the Scottish Patient Safety Programme, the Senior Charge Nurse (SCN) Review and Releasing Time to Care.

Other NHS boards have been able to target particular directorates within hospitals where the results have been less favourable and use the findings to inform specific improvements.

NHS Tayside and NHS Lothian have analysed the GP survey results for their local practices with Lothian using their practice review programme to take forward improvements and NHS Tayside's Director of Primary Care is leading work being taken forward by local patient groups.

Using the GP survey results, additional analysis has been undertaken to identify GP practices which are performing less well around access to GP services. This has gone to NHS Board Chief Executives and Board Primary Care leads and is being used to support improvement in practices where access is an issue.

Colleagues within the Scottish Government, the NHS and partner organisations genuinely regard patient experience as a driver for change and a key measure of quality. Work is underway to ensure that the information produced through the national surveys feeds into the quality strategy. By ensuring that patient experience is one of the national measures for quality, we can be certain that the voices of the people who use our NHS can be heard.

***The implementation of the first Scottish patient experience surveys has been a considerable achievement for NHS Scotland. The success of the surveys would not have been possible without the contribution and investment of a range of partners and stakeholders. With the results now published, there is considerable evidence that NHS boards are using the findings from year one to feed into local improvements. The Better Together programme will continue to work with partners to ensure that this approach is consistent across NHS Scotland.***

Rory Farrelly

Chair of the Better Together Executive Leads  
Nurse Director - NHS Greater Glasgow and Clyde

## GOING FORWARD

To make maximum use of the survey data, a range of *Topic Reports* on equalities, long-term conditions and the qualitative comments from both surveys will be published this year. A reduced GP access survey ran in 2010 and a further GP patient experience survey is also being planned. The inpatient survey is being repeated this year with surveys going out from mid January. For more information visit: [http://www.bettertogetherscotland.com/bettertogetherscotland/CCC\\_FirstPage.jsp](http://www.bettertogetherscotland.com/bettertogetherscotland/CCC_FirstPage.jsp)

## MIND THE GAP

The Better Together Gaps Group was set up to ensure that the experiences of population groups excluded from or under represented within the GP and inpatient surveys are heard.

### EQUALITIES REPORTING

Under representation has however proved not to be an issue, with responses to both surveys supporting national reporting across all equality strands. A commitment has been given by NHS Boards to act on areas identified for improvement.

The National Inpatient Report, published in September 2010 included statistically significant

differences by gender, age, self-reported health status, health problem or disability and sexual orientation, while the National GP Report provided a breakdown of results by age, gender, urban/rural and patient deprivation classification.

A more detailed breakdown will be provided in the forthcoming *Equalities Topic Report*, which will also report by ethnicity.

Moving forward, we are holding discussions with Health Scotland to look at ways of maximising the value and impact of the topic report and ensuring that the findings are acted upon appropriately.

### SURVEY EXCLUSIONS

In terms of survey exclusions, the agreed priorities are:

- Experiences of adult mental health inpatients
- Children's experiences (inpatient & GP)
- Experiences of death and dying in hospital
- Inpatient experiences of people with learning difficulties
- Carers experiences (inpatient & GP)

Here the decision was taken not to embark on any further national data collection exercises. Instead our efforts have focused on identifying proven approaches for systematically collecting the experiences of each of these groups with a view to improvement and then making the methods available for local discretionary use by NHS Boards.

A *Recommendations Report* will be published in February.



## THE LONG TERM CONDITIONS WORK STREAM

This third short-life work stream has sought to identify ways to better understand and improve the care experience of people living with long term conditions. It has been taken forward in partnership with the Long Term Conditions Collaborative (LTCC) and the Long Term Conditions Alliance Scotland (LTCAS) using a three-pronged approach:

- Distilling the key principles and learning messages from the previous work streams and identifying which are applicable irrespective of care setting and can be usefully applied in the context of improving the care experience of people living with long term conditions

## LONG TERM CONDITIONS WORK STREAM (CONTINUED)

- Carrying out a stock take of current experience-based improvement activity around long term conditions, notably the work of MCNs and, in conjunction with LTCAS, recognising the significant contribution of the voluntary sector
- Working with LTCC to build the capacity and capability of local care teams in experience-based improvement activity, testing and refining different approaches in the areas such as condition management, care management and anticipatory care planning using the established Model for Improvement and small tests of change cycles.

A *Sharing the Learning Report* summarising this work will be published early in March.

As the forthcoming topic report will provide highly valuable information about people with long term conditions' experiences of inpatient and GP services, we have concentrated on care outside of these two settings, focusing particularly on the community, where 'patient experience' intelligence is still in its infancy.

### SELF-MANAGEMENT: BEYOND 'PATIENT' EXPERIENCE

It's also recognised however that most people with long term conditions lead full and active lives, with only occasional contact with care services, providing much of the care themselves or with support from families and their local communities. As self-management will be becoming increasingly important as people live longer, many with more than one condition, understanding and improving the experience of support for self-management is crucial.

Here we have benefitted from the opportunity to learn from the findings of the interim evaluation of the Scottish Government's Self-Management Fund, managed by LTCAS. A series of Special Reports on the Fund are being published and the first, produced in partnership with Better Together, addresses the '*Value of People's Experience*'. This report looks beyond the experience of care and support to learn from the lived experience and expertise of people with long term conditions and includes some inspiring case studies.

The first Special Report developed following the interim evaluation of the Self-Management Fund '*Valuing Experience*' is now available at:

[http://www.ltcas.org.uk/self\\_basics.html#firstspecialreport](http://www.ltcas.org.uk/self_basics.html#firstspecialreport)



## EXPERIENCE BASED DESIGN CANCER PILOTS

Work is progressing well with the experience-based design (EBD) cancer pilots, which are using and adapting the EBD methodology across different cancer services in Lothian, Grampian and across the West of Scotland. A reflective learning workshop involving all three pilots is planned for 28<sup>th</sup> February, from which the key transferrable learning messages will be pulled together and shared in an interim report.

The workshop will cover the pros and cons of using different data collection methods, together with what has worked well and less well regarding the identification and prioritisation of issues.

The majority of care experiences shared by cancer patients, their families and other supporters have been positive and the session will also consider different ways of appreciating the aspects of service that work particularly well and understanding why, with a view to replication and spread. Other topics to be covered include action planning, effecting and maintaining change, staff learning and sustainability.

For more information about the cancer pilots please contact:

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NHS Lothian	Scott Taylor	scott.taylor@nhslothian.scot.nhs.uk

## UNDERSTANDING EXPERIENCE: QUALITATIVE METHODS

Throughout 2010 we worked with educators, facilitators and local care teams to support the use of different qualitative methods in understanding and improving the experience of patients, holding a series of training workshops in story facilitation, story analysis, putting stories to work and digital storytelling. Encouragingly, there has been huge interest in emerging practical ways of eliciting and learning from stories and in November we ran a Masterclass in the use of '*Emotional Touch Points*' in conjunction with Edinburgh Napier University and NHS Lothian's Leadership in Compassionate Care Programme.

This year it's time to pull the training and learning materials together and make them available in an accessible way by developing the following four related publications:

- *A Question of Purpose*: Gathering Patient Experiences Using Qualitative Methods
- *From Finding Things to Fix to Picking Out Patterns*: Analytical Use of Patient Stories
- *A Different Way of Knowing*: Using Patient Stories as an Educational Resource
- *Just Listening*: Using Story to Improve the Individual Care Experience

The third listed publication is available at:

<http://www.knowledge.scot.nhs.uk/making-a-difference/resources-library/resource-detail.aspx?id=1003612>

The others will be published throughout February and March this year.

## PATIENT OPINION

A one year pilot started at the beginning of the year with a web-based feedback company called Patient Opinion aimed at raising awareness and confidence in the use of web-based feedback. We will be working closely with them and participating NHS Boards in developing the skill and confidence to make best use of this type of feedback. We will be evaluating the pilot and participating staff will receive support and training during the course of the year via a Scottish Support Officer (<http://www.patientopinion.org.uk/info/jobs>). Find out if your Board is participating in the pilot and how you might get involved.

Patient Opinion provides a platform for people to tell others what happened to them, as well as being able to read what others think about their experiences of the NHS. People tell us that the most important thing for them is that their story is used to make services better for other people and Patient Opinion will always try to send postings to just the right manager, so that they see what people think. We know that they listen because NHS trusts in England already post replies saying how they have improved a particular service.

To do this, *Patient Opinion* must earn the trust of both patients and the NHS, so:

*Patient Opinion* has been set up as a not-for-profit social enterprise

- It is open and transparent about how it works and what it does
- It is run as a sustainable and financially independent business
- Any surplus will be used to support further work with patients throughout the NHS

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