Patient-centred care

Roundtable seminar with Neil Churchill, National Director of Patient Experience, NHS England

Reform, 45 Great Peter Street, London SW1P 3LT
Tuesday 8 July 2013
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The roundtable seminar was financially supported by Novo Nordisk.
Patient-centred care has long been an ambition of health reform. However international comparisons have consistently shown that the NHS has performed poorly on scores of patient experience and responsiveness. In July 2013 Reform partnered with Novo Nordisk to explore how true patient-centred care can become a reality. The seminar was led by Neil Churchill, National Director of Patient Experience at NHS England.

NHS England has made improving patients’ experience of care a key priority and in recent years there have been a number of initiatives to make the NHS more customer focused. The introduction of the Friends and Family Test is seen as a major opportunity to harness the voice of the customer. A number of providers are adopting techniques commonly used in the private sector to improve customer service. Reforms to make the system more decentralised and expand choice and competition will mean that providers respond to patient expectations and put the customer first. However there are still major challenges such as dealing with complaints and acting on feedback. Improving the experience of primary care, which still remains a cottage industry of small providers, and the experience of the whole patient journey, are seen as particular priorities.

However improving the customer experience cannot simply become a bolt on to existing NHS services. As the seminar revealed, the NHS needs to empower patients as consumers of healthcare and not simply make the NHS more customer focused. While providers have started to adopt tools to harness patient voice and make services more customer friendly unless there is widespread cultural change in the service these improvements will only have limited benefit. Too many NHS leaders still do not prioritise “what patients want” and changing this mindset will only occur if patients demand it.

Measuring patient perceptions of healthcare is not just to make the NHS understand patients but help patients understand the NHS.

Patient-centred care can also harness the contribution of consumers to improve their care. If services can be improved they have to work for the patients that need them. For example, rather than joining up services to make the patient pathway more joined up, patients should be given the tools and confidence to make the transitions between services. Yet in other sectors of the economy consumers have had to develop the confidence to take a more active role and become more demanding. By contrast the NHS too often fails to mobilise the patient perspective or understand the values and motivations that guide patient behaviour. Uncovering and understanding these drivers, and where necessary segmenting the patient population, will be a big first step to being a consumer driven service.
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Attendees

Dr Charles Alessi
Chair, National Association of Primary Care

Dr Neil Bacon
Founder, iWantGreatCare.org

Jessica Bush
Head of Patient and Public Involvement, King’s College Hospital NHS Foundation Trust

Thomas Cawston
Research Director, Reform

Sir Cyril Chantler
Chair, UCL Partners

Neil Churchill
National Director of Patient Experience, NHS England

Rachel Cummings
Government Affairs and Communications, Manager, Novo Nordisk

John Grumitt
Vice President, Diabetes UK

Brenda Hennessy
Director of Patient Experience and Public Engagement, Cambridge University Hospitals NHS Foundation Trust

Dr Katrina Herren
Medical Director, Bupa Health and Wellbeing

Stephen Hill
Senior Expert, McKinsey & Company

Erica Jobson
Senior Advocate, Which?

Paulette Johnson
Delivery Support Manager, NHS England

Charles MacKinnon
General Manager, Atlantis Healthcare

Andrew Macpherson
Director of Strategic Projects and Delivery (Designate), NHS England

Chris Morley
Deputy Chief Nurse, Sheffield Teaching Hospitals NHS Foundation Trust

Luke O’Shea
Head of Patient Participation, NHS England

Sir Nick Partridge
Chief Executive, Terence Higgins Trust

Don Redding
Director of Policy, National Voices

Dimitri Rodzianko
Market Access Director, Novo Nordisk

Amanda Simonds
Strategic Alliances Manager, Novo Nordisk

Luke Willbourn
Strategy and Development Analyst, BMI Healthcare
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Edited transcript

Neil Churchill, National Director of Patient Experience, NHS England, opened the seminar by arguing that while the NHS ranks highly for clinical effectiveness and patient safety, when it comes to patient-centred care “it’s an area where we need to do quite a lot of catch-up”. He highlighted that too often the NHS fails to consider the preferences of patients and ensure the patient journey through the NHS is joined up.

As he argued, “I’m not proposing that we re-badge patients as customers, but it does seem to me that we have to understand patients as both being patients and being customers. Both of those insights are important. Patient-centred care I think particularly tends to resonate within the health service when professionals have got a patient in front of them and they are thinking around what does the patient want to achieve, how are we communicating, are we listening, are we providing emotional support, is their compassion there. And these things are absolutely vital and areas that we do need to improve. But some of the customer care dimensions are just as important too. So I’m thinking here about the ease of access that patients have, the convenience with which you can receive care, the coordination between different elements of care, the efficiency of transition points on an occasion like discharge; these are ones where the health professional may actually be less involved. They may see it’s going wrong. They may be just as frustrated that it’s going wrong. But there’s less ownership there, and it seems to be harder to fix.”

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Jessica Bush, Dimitri Rodzianko, Neil Churchill and Andrew Macpherson
Neil highlighted the recent developments in measuring the patient experience through innovations such as the Friends and Families Test. “We will soon be in a situation where all patients will be asked for feedback, and there is potential for trusts to act on that feedback and for it to be much more transparent about what has been done as a result….So where leadership exists within providers, clearly a focus on patient feedback makes a big difference and is a real motivator to staff because a lot of the feedback is very positive and it’s about how you can continuously improve the quality of care.”

However while there have been positive developments, there are a number of challenges in improving patient experience. Firstly, the focus has so far been on measurement rather than improvement. Secondly, there is a danger that providers will “comply” with the national emphasis on patient experience rather than “owning” the direction of travel to become “a listening organisation, a learning organisation centred on patients”. Thirdly, the experience of many is that the NHS “manages complaints” rather than using them as opportunity to learn. Fourthly, the NHS needs to find ways to focus on the experience of the most vulnerable patients who are also those who use the most resources. Finally, the NHS is good at “seeing individual services and improving services, but actually where patients say we fall down are in the joins between different services, particularly joins between different organisations. And if we were in the private sector or the voluntary sector, we would be looking really hard at those customer journeys and how we could improve those customer journeys and optimise them, and there has been less focus on that. And it’s harder to do within a fragmented NHS.”

To address these challenges Neil highlighted a number of themes for the discussion such as what the NHS can learn from other sectors and from best practice in healthcare. In particular Neil posed the question,
how can the NHS commission a better patient experience? “There are a lot of good examples now around how providers become patient-centred. There is less evidence about what works and what doesn’t work in relation to commissioning.”

Dimitri Rodzianko, Market Access Director at Novo Nordisk, responded by highlighting the challenge to improve the experience of care from the point of view of patients with diabetes. In particular, improving the patient journeys requires more effective collaboration between primary and secondary care and greater focus on patient education and support.

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But of equal concern was the importance of patient behaviours. According to the DAWN2™ survey – Diabetes Attitudes Wishes and Needs 2 – a survey of more than 15,000 people living with or caring for persons with diabetes in 17 countries, “there is fundamental disconnect between patients, their relatives, and the way they see they control diabetes versus the physician...they were just seeing it in completely different ways.” As Dimitri pointed out “If you want to change somebody’s movements, you have to understand why they’re moving in that direction in the first place which means you have to understand their drivers. Once you understand their drivers, then you can incentivise. It’s about the person and the environment. You understand what it is that they’ve got. What are their beliefs? What are their associations? What are their drivers and what is the environment telling them and moving towards? When you understand that, then you can set the objectives accordingly, and the objectives are set.”

A key part of the discussion was the lessons from the private sector. Dr Katrina Herren, Medical Director at Bupa Health and Wellbeing, highlighted the “sheer investment of money and time that an organisation like Bupa puts into understanding its customers’ needs and its customers’ experience in comparison to what is spent in the NHS”. In particular, there needs to be a “movement away from believing that the people who run the service know what is right and a movement towards actually looking at what customers are really saying to understand what they really want.”

Erica Jobson, a Senior Advocate at Which?, noted the difference in culture between other sectors and the paternalism in healthcare. “So what you need is a culture change, which is a notoriously slow process in the first instance, for people to be more demanding.” But policymakers also have to recognise where patients are more willing to use choice, as Erica described that in some services and some countries patient choice can actually be quite limited.

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Don Redding, Policy Director at National Voices, discussed the potential role for patients in designing services. “There is an opportunity to think afresh, to bring the service users into that conversation about how are you going to redesign the service from the start as equals, with their experience and their own knowledge of their conditions and how services work valued in the design process.”

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Jessica Bush, Head of Patient and Public Involvement at King's College Hospital NHS Foundation Trust, discussed the work that her hospital had done with Tesco to develop their approach to patient experience and the importance of staff communication and buy-in.

Charles MacKinnon, General Manager of Atlantis Healthcare, argued that “it’s really about looking at giving people that self-confidence to be able to self-manage... if you look to the corollary of the banking sector 20 years ago, nobody managed their own accounts online. Now we’ve got the tools, we’ve kind of got the self-confidence, nobody thinks twice about complex transactions or interactions being done by themselves.” For vulnerable patients “to get the best outcome for that individual patient is to focus on the carer and give them the self-confidence and really look at the context of which that whole confidence and behaviours were being elicited.”

Sir Nick Partridge, Chief Executive of the Terrence Higgins Trust, suggested “there is a huge
amount of work that we as patients need to do with commissioners to see what the art of the possible is in how do you commission for really good transfers from one provider to another… how we manage that collaboration between providers and how do we incentivise that through commissioning is a really interesting question.” As Nick noted, managing transitions in private sector services such as banking and utilities is actually quite challenging.

Erica Jobson added that “there are tools that are needed to help that transition such as portable account numbers. So my challenge in a health context is what are those tools that would help people make that transition. And also it’s the assurance that you’ve got to trust your bank that they’re not going to fluff it up and your mortgage won’t get paid and you’re going to be in trouble or your pay is going to disappear into the wrong bank account. So you need to build tools that will practically help and trust so that people are prepared to take that step.”

In the new NHS Clinical Commissioning Groups would have a key role in driving better patient experience and Dr Charles Alessi, Chair of the National Association of Primary Care, offered some insights from the commissioners perspective. “We have a system which somehow feels that the few hours’ interaction between a healthcare professional and an individual changes their lives while the other 364 and a half days have no difference at all. I mean it is completely
nonsensical. We also have a feeling that just by concentrating on disease processes we can somehow manage this, and we can’t because this is about people, about a person. And a person has physical and mental and non-biomedical needs. And the quicker we get to understand that it’s a mixture of those three that will give us the solution, I think the quicker we’ll get there.”

However the ability of commissioners to coordinate these different activities is strained because the “currencies are based upon activity in secondary care, an attempt at population health in primary care”. Consequently, “actually marrying those two is equivalent to having a Bugatti in the back of a car and a Ford Prefect in the front of a car. It doesn’t go anywhere. It blows up regularly. And that doesn’t help at all.”

Brenda Hennessy, Director of Patient Experience and Public Engagement at Cambridge University Hospitals NHS Foundation Trust, agreed that more can be done to understand the experiences of patients outside the hospital. “I think the integrated care programme is going to be a significant benefit in helping us to break down some of those invisible boundaries that we probably put up ourselves by not communicating enough with GPs that we work with closely.”

Chris Morley, Deputy Chief Nurse at Sheffield Teaching Hospitals NHS Foundation Trust, discussed the “Right First Time” initiative in Sheffield. “We’ve got all the providers around the table with our commissioners, with our local authority, and we’re looking at the patient experience in the round.

“if you look to the corollary of the banking sector 20 years ago, nobody managed their own accounts online. Now we’ve got the tools, we’ve kind of got the self-confidence, nobody thinks twice about complex transactions or interactions being done by themselves.”
So trying to improve where people are getting treatment, making sure that they are treated in the right place, then trying to work through the maze in terms of the funding to do that.” However, there is also a risk that commissioning in silos creates more transition points, “in Sheffield we’ve found it has been helpful being quite a large but integrated organisation.”

Stephen Hill, Senior Expert from McKinsey & Company, described some of the developments in other countries: “If you look round the world and you look at providers who aggressively segment their populations, particularly in primary care, they come up with something that looks radically different from today…. they effectively go and steal those patients from other providers and they say you will manage the heck out of these patients because we have something that’s eminently suitable for them… I think part of the problem is that every organisation is trying to be all things to all people, and therefore jack of all trades and master of none.”

Stephen Hill also noted that “90 per cent of the interaction is happening in primary care. And primary care is a cottage industry. So I would be thinking about how you support primary care to access the tools and the corporate guidance in understanding and responding to customer feedback.”

Amanda Simonds from Novo Nordisk highlighted the role of third sector organisations in making the NHS more patient-centred: “there is a really significant role, particularly around peer support. We know that people listen to people. We know it’s easier to instil behaviour rather than change it. And really if people get the right support when they’re diagnosed with a condition – so for diabetes for example – their outcomes will improve exponentially.”

It was recognised that a new kind of leadership was needed to create a
patient-centred NHS. Andrew Macpherson, Director of Strategic Projects and Delivery at NHS England, argued that the other side of consumerism is engaging patients in the limits of the NHS. “I think that big change is needed within the customer base not only in terms of creating responsibility to articulate and feed back to the system what is needed, what is a sensible way to do business, but ultimately to recognise…it cannot go on forever.”

Moreover, “this trawling from the independent sector and looking at the various strategies that can be deployed, it’s all well and good and it’s very commendable. But I think we’re not getting to the core of it. And what you’re looking at within these strategies is a different style of leadership…you’ve got to start letting go, recognise that people can lead the business for themselves. It isn’t a top-down drive.”

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On the question of leadership and empowerment, Neil Churchill described the role of NHS England. “How do we create a sufficient balance between channelling the local motivation to improve and ensuring actually a decent level of national ambition is set for improvement. Because what we will get will be that variety of people who get it and really drive it forward, those who improve partially but not otherwise, and those who really get stuck behind. So what’s the balance between the performance management approach and the local motivation to do better? How do we get that balance right at NHS England?”

Sir Cyril Chantler, Chair of the UCL Partners, argued that “healthcare systems that are patient-centred are decentralised.” In the case of the NHS “the whole purpose of the reforms was to decentralise the provision of healthcare. So that, it seems, is what we’ve got to build on. And the question I ask is whether you can actually make that effective without competition and whether you don’t need, at least at the primary care level, competition of some sort between integrated care providers which will encompass primary care but also social care as well.”

Dr Neil Bacon, Founder of IWantGreatCare, argued that too few leaders in the NHS were in favour of massive change and transformation. “Unfortunately they’re about 10 per cent of the leaders of the NHS, especially in secondary care, in my experience. So for the other 90 per cent, if you’re really going to get them to change, there has to be some massive external pressure on them, and that should come from commissioners, but most importantly it should come from the public directly.”

Neil argued that the Friends and Families Test would be transformative: “The whole point of the Friends and Family test was not to tell the NHS about patients. It was to tell patients about the NHS. And information was meaningful and relevant.” The key to success is to ensure that patients both use and understand the Friends and Families Test. “So why does Tripadvisor transform the hotel industry? Because the public get it. It took a few years – 12 years – and then finally it comes back. And if you’re a hotel or a bed and breakfast and you’re not listening to what Tripadvisor says, you’re dead – not because the hotel industry have spread those changes; public, public, public engagement. If we spent a fraction of the money advertising the Friends and Family test to the public as we spent on the five-a-day programme to the public, it would change incredibly quickly because once people know it’s as important to choose your hospital as it is to take five portions of fruit and veg a day, there will be huge, huge change.”

“90 per cent of the interaction is happening in primary care. And primary care is a cottage industry. So I would be thinking about how you support primary care to, despite being small businesses, access the tools and the corporate guidance in understanding and responding to customer feedback.”

Neil Churchill reflected that “we’ve got to start with what patients want”. As he described, “if you take primary care, there has been a bit of an assumption that what patients want is quick access, which patients do, but they also want access to expertise. And there is a trade-off, and we haven’t really explored that trade-off very much.”

Neil argued that choice would have a key role in driving patient-centred care. “Patients already assert it in choice of treatment. I think they will be interested in choice of care where there are different alternatives and those alternatives are more visible and it’s easier to gauge that. You do see that informally when you look at the patient discussion boards of people talking to each other about which is a good tertiary centre, which is not so good – the kinds of things people want to talk
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about. And I think competition has got a key part to play in that. I think we’ve seen a very polarised and political debate around competition rather than a meaningful one, but I’ve always thought that you need to have managed competition in order to speed the increase with which organisations are meeting patient expectations. I think again there are stepping stones towards this, and there are some sectors of healthcare which are much more competitive at the moment. It will be very interesting to see what happens in community trusts, for example, who seem to be right at the forefront of being quite entrepreneurial, changing their business model, experiencing much greater competition than others.”

A concern however was that national leadership could discourage providers from taking ownership of improving the patient experience. “We want to see improvement, and we want to raise expectations around what improvement is possible, but equally we don’t want this to become another exercise in managing a metric. And there is a danger that it could be that. And so talking to individual providers I’m getting mixed reports about those who are driving improvement and those who are managing a number.

“The whole point of the Friends and Family test was not to tell the NHS about patients. It was to tell patients about the NHS.”

And so we’ve got to get the right approach. And one of the things I’m quite interested in is how can commissioners, for example, determine that organisations are learning organisations and that they are listening to what patients actually say.”

Dimitri Rodzianko, Neil Churchill, Andrew Macpherson and Paulette Johnson
While the discussion had highlighted a number of useful tools and interventions to promote patient involvement, as Don Redding argued “they have been tried in the NHS as one-off interventions”. Consequently, “that limits their potential effectiveness because you bolt something on for three years – from a cynical commissioner’s point of view you bolt this thing on for three years, you can’t really tell what it’s done for you, and you don’t know whether it’s worth recommissioning because they’re bolted on to a system that hasn’t changed its culture and practice.”

Speaking from the perspective of clinical commissioners, Dr Charles Alessi argued that “commissioners cannot impose change around patient experience upon providers…the reality is that that can only happen as long as both sides agree to do this.”

With respect to primary care, Charles suggested that too many payment mechanisms are focused on incentivising bio-medical interventions but miss out other dimensions such as personalised care. “Moving primary care to a population health dimension whereby the payment is related to the people you don’t see as well the people you see is actually quite difficult but actually the way forward in terms of managing that inequality.”

Luke O’Shea, Head of Patient Participation at NHS England, took up the discussion on primary care and population health. “We need to be thinking about the population in five years’, ten years’ time. And of course you’ll see increasingly not only just a rise in long-term conditions which everyone talks about but much more of an explosion in multiple morbidities…the single disease medical model of primary care with people reacting to what comes up less and less appropriate for the
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Dimitri Rodzianko responded to the suggestion that policymakers have yet to focus on “what patients want”. “In my world you have to understand the customers’ needs first and foremost before anything, before you put in an objective or a solution. But the critical thing here is that if you don’t understand what the patients’ needs are and you don’t understand what the behaviours are that you want to get to, then you cannot incentivise them to achieve the outcome that you want because you’ll just be going left, right or upside and down.”

Looking ahead to the future Neil Churchill said the NHS both needs to identify how to improve in the short term but also achieve transformational change: “We’ve got the opportunity with the friends and family test. We’ve got the opportunity with local motivation, which is undoubtedly there. We’ve got a clear opportunity to do something about what we have learned from Francis and others. And I think the issue there will be to focus on some practical things that commissioners can use that providers already know work. And I agree a key part of that is to create the right environment for people to build the future.”

Thomas Cawston, Sir Nick Partridge, Charles MacKinnon and Chris Morley

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Dimitri Rodzianko

individual…So care planning, what we’re doing around personalised care planning within NHS England I see as absolutely fundamental and obviously that asks big questions about the future model of primary care and how we as a commissioner can commission for that.”

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John Grummit, Vice President at Diabetes UK, also felt that too often the debate on service change begins with the providers and does not grasp the point of view of the patient. Similarly, structural reforms will not deliver the innovation that is needed to ensure patient-centred care. “The conversation isn’t around the structure. It’s around the fact that there are no consequences. At the moment someone with a long-term condition has less than a 50-50 chance of being compliant with their regime in year one. That’s not a great outcome. It’s garbage. So if there is no consequence of actions, then nothing is going to happen…The conversations I have, there are people interested in accountable care organisations and doing things with a bit of innovation, but they are petrified of failure. And they get no support to encourage them to do it… if you want innovation to happen, it needs to be encouraged and enabled.”

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