

1.18.9 Patient Experience

What do you consider to be user expectations of the service and how will you ensure that they are satisfied with the service?

(Maximum Word Count 750 words)

Words used = 750

1.18.9.1-User expectations

From long-standing delivery of multiple GP-OOH services including 8 years in Staffordshire and various reports (2019 CSU survey), we understand users expect local, accessible, responsive services that listen to their concerns, can diagnose/treat urgent healthcare needs and help them navigate a complex and confusing healthcare system. Access to timely care at antisocial hours and when practices are closed/unavailable is important. Patients want competent assessment and rapid treatment; if primary/urgent-care services are not responsive enough, they wait in busy EDs.

We have gained insights through hundreds of thousands of interactions with patients/families/carers. Every incident investigation, compliment/complaint and system-partner feedback presents opportunity to improve experience and understand expectations.

Expectations vary with geographical location, ED/WIC proximity and perceived local primary-care availability. Patients often attend ED for primary-care problems without contacting GPs/NHS-111 if nearby or have had trouble accessing primary care. Although widespread smartphone ownership means telephone/video consultations are broadly accepted, some patients are not reassured by remote consultations and seek further physical examinations e.g. parents of young children and older patients.

Pandemic: Covid-19 has changed expectations and views of service accessibility/availability. Pressure on practices/PCNs to manage backlogs of unmet serious healthcare needs and long-term conditions increases pressure on urgent/emergency-care services for acute problems. Patients have experienced more digital/tele-health consultations, with many seeing value from telephone triage and remote services while some feel needs are only met via physical examination. The pandemic has raised NHS-111's profile as an advice/navigation alternative.

Prisons: Despite less information on expectations (custody staff often coordinate care), we believe users lack knowledge about how the system works and lack confidence in parity of care with the community, especially confidentiality.

1.18.9.2-Ensuring service satisfaction

a)-Key roles

All staff will have patient-satisfaction responsibility, from Home-Visit Despatchers calling about access arrangements/timings, to Receptionists registering patients and clinicians providing care as per the NHS Outcomes Framework.

The Staffordshire Operational Director, with contract accountability, will be supported in monitoring/driving satisfaction by the contract leads (Operations Manager, Medical Lead and Clinical Services Manager). They will escalate patient-satisfaction concerns/deviations to the Head of Clinical Governance for resolution.

The Deputy Director of Nursing, Quality & Projects chairs our Patient Experience/Engagement Subcommittee, which oversees the Implementation Group that will assist the contract leads with satisfaction-improvement activities and implementing the Patient Experience annual plan.

b)-A patient-centric service that maximises satisfaction

Vocare will maximise satisfaction by co-designing services/pathways and involving patients in improvements.

We will use connections with community groups/organisations such as care homes, children's homes and hospices (e.g. links with Katharine House Hospice), especially those with less 'voice', to understand how best to meet expectations and what matters to them. Activities will include patient-clinician 15-step challenges, strong relationships with the Palliative-Care Forum on pathways and attendance at:

- Monthly cross-boundary forums with district nursing teams, palliative-care services, WMAS, hospices and CRIS teams.
- Forums with particular service experience, e.g. deaf/ethnic minorities/LGBTQ+.

Engagement with the deaf community highlighted communication problems with mask-wearing clinicians. A shared learning event, delivered by a representative from 'Deaf Link', for all team members provided an insight into adaptations to communication style when consulting with deaf people.

The Patient Experience/Engagement Subcommittee collates and shares patient stories to better understand patient perspectives/experience.

Such connections will help minimise expectation-specification gaps e.g. Centre locations/numbers/opening, home visits for ambulatory patients. Addressing prisoner confidentiality doubts may use established routes e.g. prisoner poster design on safeguarding information via GDPR processes and managing confidential information. PHE/NHSE campaign posters at Centres and work with urgent/primary-care facilities will publicise the service and NHS-111 access.

Staff welfare, support and training/development also affect satisfaction, better equipping them to deliver effective, compassionate care.

c)-Measuring satisfaction

We will monitor user expectations/satisfaction, especially where we introduce change, using performance data, complaints/compliments, surveys (FFT), HPF forms, incident investigation, audits/inspections and online feedback (e.g. NHS Choices/Care Opinion). Contract-level data analysis will include per Centre/clinician. We will collate regional data into monthly reports with themes and learning for the Patient-Experience Implementation Group.

d)-Actioning results

The contract leads will capture actions to improve/develop patient satisfaction in the contract quality-improvement action plan. The contract stakeholder map with local groups, forums, charities and organisations and our volunteer database will help identify people interested in improving satisfaction. Common themes will be discussed/actioned at the Patient-Experience Implementation Group. We will disseminate good practice across the team and to system partners and other Vocare contracts.

e)-Reporting satisfaction

We will report contract-level satisfaction monthly to the CCG, the Staffordshire Operations Director and the Patient-Experience Implementation Group which includes patient representatives. We will develop a section on our website to report experience-improvement actions.