

1.22.4 Service User Involvement

To what extent do you monitor, analyse and report on patients/services users in terms of who is accessing the service (or those who are not) and their experiences?

(Maximum Word Count 500 words + Attachments)

Words used = 499 (+ 3 attachments included in this file for ease of use)

The Clinical Services Manager will lead on capturing user experience for the contract and engaging users in service change/development.

The Staffordshire Governance Manager will ensure data is analysed with feedback and that themes/trends are reported/responded to via local action plans. These plans will be reviewed at Quality/Performance Meetings and form part of the Patient Experience/Engagement Quarterly Report. Recommendations from across the North Region will feed into the divisional Patient Experience/Engagement report. Attachment-1 illustrates our user-involvement structures.

1.22.4.1-Strategy

Our revised Patient Experience/Engagement Strategy (Q2 2021/22 launch) lays out a coordinated, proactive and intentional response to involving patients and empowering staff to put patient experience at the heart of every encounter. It details how we will arrange engagement activities patients/staff/stakeholders and demonstrates commitment to delivering high-quality care/services.

1.22.4.2-Monitoring/analysing/reporting on who accesses the service

Data collection on ethnicity, sexual orientation and language will come from the front-end provider at the point of access, inline with the IUC specification.

We will use that data to monitor provision of an inclusive, appropriate response to patients. Telephony-system data is used for heat mapping that identifies areas where the service is not being used, supporting discussions on targeting under-represented communities.

Vocare will work with WMAS to ensure clinical data on its Adastra is accessible for monitoring service users and gaining meaningful insight on the GP-OOH service.

Data will be reviewed at contract/area/region/divisional level to track demographics and facilitate work with underrepresented communities/groups. It will also identify potential for training e.g. learning disabilities and non-verbal cue training.

1.22.4.3-Monitoring/analysing/reporting service-user experiences

We collect experiences from FFT/service surveys (extending to use of text messaging on this contract), complaints/compliments and health-professional feedback, NHS Choices and patient stories. Information is shared with the CCG monthly for numbers and quarterly for themes/trends and with staff via monthly newsletters and patients via posters. We report internally through the area/region/division structures and those in Attachment-1.

We expect at least three user-involvement activities every quarter connecting with groups/services on the contract's stakeholder map, monitored via the Attachment-1 structures.

Non-service users will be invited to share service expectations through our attendance at community groups, liaising with other services (e.g. prisons/foodbanks) and their attendance at patient-involvement groups/activities.

Data will be analysed/actioned in contract-specific monthly performance meetings, comparing to previous months/years and using Area/Region reports to compare to other GP-OOH contracts. Actions may include forming new connections with local groups regarding needs of particular groups or to extend the reach of our user involvement e.g. veterans/elderly/homeless/dementia/carers/disabled.






To maximise the breadth of patients/carers participating in engagement, activities will range from 'bite-sized' one-off participation to regular and long-standing activities e.g. 15-step challenges to understand user perspectives of face-to-face services including home visits (Attachment-3).

Examples of existing user involvement includes:

- Opportunities for cross-service training/development for frontline staff with Katharine House Hospice.
- Engagement with the deaf community highlighted communication problems with face-to-face interactions with clinicians wearing masks. A shared learning event, delivered by a representative from 'Deaf Link' for all team members provided insight into communication-style adaptations when consulting with deaf people.

ATTACHMENT-1

Vocare structures for involving service users

	STRUCTURES	PURPOSE	ACTIVITIES & RESOURCES
REPORT & GUIDE	<p>Patient Experience & Engagement Sub Committee</p>  <p>Chair: Deputy Director of Nursing Quality & Projects</p> <p>Members: Heads of Clinical Governance & patient representatives for NHS-111, GP-OOH & UTC services</p>	<p>Report to the Quality & Safety Committee</p> <p>Evaluate divisional information</p> <p>Plan divisional actions & priorities</p> <p>Organise & structure external feedback</p> <p>Recommend re-design engagement activity</p> <p>Thanks all those involved formally</p>	<p>Strategy • Statutory & regulatory monitoring • Quality assurance response • Policy • Funding • Reward • Ownership of the volunteer database</p>  <p>Vocare database of people interested in involvement e.g. audits, policy input, service design</p>
RESPOND	<p>Patient Experience & Engagement Implementation Group</p>  <p>Chair: Head of Clinical Governance</p> <p>Members: Area Governance Managers & patient representatives for NHS-111, GP-OOH & UTC services</p>	<p>Review feedback</p> <p>Establish patient expectation</p> <p>Secure involvement in strategy</p> <p>Prioritise assurance</p> <p>Organise, support & plan</p> <p>Note statutory duties</p> <p>Delivery recognition & reward</p>	<p>Processes • Tools e.g. 15-step challenge • Awards • Healthwatch/OSC • Reporting • Contract activity monitoring • Staff engagement • Action planning</p>
LEADS	<p>Contract Patient Engagement Lead</p>  <p>Contract Team, Service Users & the local community</p>	<p>Liaise with local patient groups & forums</p> <p>Engage on policy & procedure</p> <p>Ask patients, families & carers for service feedback</p> <p>Develop local activities e.g. patient & staff stories</p> <p>Support & build patient experience/engagement agenda</p>	<p>Networking • Relationship building • Awards • Policy/procedure involvement • Contract level inspections & auditing • Local education sessions • Celebrate success • Local activities</p> <p>Contract database of local stakeholders & groups interested in involvement e.g. veterans, homeless, parent & baby groups, condition support groups, faith groups, mental health, learning disabilities, sensory impairment, LGBTQ+</p>  <p>STAFFS</p>

ATTACHMENT-2

Aims of Vocare's Patient Experience and Engagement Strategy

(Vocare is one of 2 businesses comprising the urgent-care divisional of Totally plc)

The five key aims in support of our Patient Experience and Engagement Strategy are:

Individual care and treatment	We will ensure our patients and their carers' are treated with empathy, dignity and respect and are involved in decisions about their healthcare.
Service delivery and transformation	We will actively seek to engage with our patients, staff and stakeholders, in the design and delivery of services.
Strategy and planning	Patients, staff and stakeholders will be engaged with and have a greater opportunity to inform how we plan and develop our services in the future.
Assurance	The Divisional Board will seek evidence that the division is listening to, learning from and acting upon the views of patients, staff and stakeholders.
Statutory and Regulatory requirements	these obligations will be met by involving patients, staff and stakeholders in sharing their experiences to assist us to meet our obligations.

ATTACHMENT-3

Patient engagement activities

Vocare is currently finalising the Patient Experience and Engagement Strategy which holds the annual plan for 2021/22 within our 3-year plan. The plan below identifies some of the actions in this year's implementation plan, which will be finalised in 2021 – Q2 for implementation. As the incumbent provider will be able to implement activities from contract award.

Our plans have developed from our strategy to involve patients at all levels from their individual care (measured through responses to questions on involvement in decision-making) through service delivery and development to strategy and planning. A key aspect will be ensuring we can maintain patient interest in engagement by demonstrating that we use/implement (where practicable) their input and explain why when that is not possible. We will use a range of communication channels from social media and email to telephone and face-to-face meetings.

Range of activities

To maximise the likelihood of attracting a wide range of patients and carers to participate in our engagement activities, we have designed a range of activities from 'bite-sized' one-off participation through to regular and also long-standing activities. This planning included involvement of a patient representative. We have also considered how to maximise inclusion of 'seldom-heard' groups and that we have due regard for the need to eliminate discrimination and foster good relations with people who have protected characteristics (Equality Act, 2010).

Activity categorisation

We have chosen to categorise our activities using the approach taken by NHSE (Working with our PPV Partners – Reimbursing expenses and paying involvement payments (v2)), where we have opportunities at four levels (as below) with each belonging to one of three categories of financial support (A-C):

- Level 1: Open access engagement opportunities, e.g. responding to online surveys, volunteering activities (as we do in our UTCs). Expenses Category A (no financial support or expenses).
- Level 2: PPV Partners invited to attend workshops, events, focus groups, inspections on a 'one-off' basis. Expenses Category B (out-of-pocket expenses are covered or reimbursed).
- Level 3: PPV Partner is a member of regular working group meetings e.g. clinical-governance groups. Expenses Category B.
- Level 4: PPV partners are in senior PPV Expert Advisor roles that demonstrate strategic and accountable leadership and decision making activity. Expenses Category C (out-of-pocket expenses are covered/reimbursed and an involvement payment is offered).


This element of the planning is subject to final divisional approval.

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Service User Involvement

Objective/Action	Lead and participants	Approach	Output/Success Criteria	Timescale
<p>Build contacts in existing patient groups/forums e.g. acute Trusts, CCG, Healthwatch, disability groups (physical, sensory and learning), condition groups, parent groups</p> <p>Level 1 role</p>	Clinical Services Manager	Use stakeholder mapping to collect information on local active patient groups that we can approach to offer opportunities to participate in reviewing and developing our services to better meet patient needs.	Contact-specific documents all following a common template of local services/organisations and patient groups that Operations and Clinical Services Managers can contact to source patients to participate in activities and that we can use to more effectively signpost patients to relevant support.	Ongoing from Day 1 building on draft bid stakeholder information
<p>Arrange patient walk throughs with clinicians and receptionists (15-Step Challenges).</p> <p>Level 2 role</p>	Clinical Services Manager and Operations Manager	We will use the 'The 15 Steps Challenge' (2017) suite of toolkits that explore different healthcare settings through the eyes of patients and relatives. These resources support staff to listen to patients and carers and understand improvements that we can make. We will Community Toolkit for home visits and the outpatient version (Centres) for joint patient-Vocare teams to review the patient journey.	<p>Reports to the Area Operations Director and inclusion in quarterly patient-engagement reports, will actions being developed and implemented at site, contract and organisational levels.</p> <p>Minimum: 1 walkthrough per service per year.</p>	Ongoing from 6 months after contract award

Objective/Action	Lead and participants	Approach	Output/Success Criteria	Timescale
Patient volunteer/representative database	Deputy Director of Quality & Nursing	<p>We will hold a database of people who have expressed interest in participating in review/development activities, indicating their areas of interest from Level 1 e.g. volunteering in our UTCs through to Level 4 activities and geographical location.</p> <p>For those people who would like to volunteer for various roles, we are committed to providing relevant training and support, which may include and initial face-to-face informal chat to listen to their interests and experiences so that we find the right involvement opportunity.</p> <p>Where appropriate (e.g. with patient contact) we will ensure suitable checks are made (e.g. DBS).</p>	Centrally held database, cleansed annually to ensure people wish to remain on it.	March 2022
<p>Reviews and then co-design of written materials.</p> <p>Level 2 role</p>	Head of Clinical Governance	For patient information and other written communications, we will invite registered patient representatives from our database who have expressed an interest to review items remotely. Where further development is required, we may convene workshops to which they will be invited	Materials that incorporate patients views and ideas	Ongoing from creation of the database of interested people

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Policy/process reviews (including safeguarding), Level 2 role	Deputy Director of Quality & Nursing	As above.	Policies and processes that incorporate patients views and ideas	Ongoing from creation of the database of interested people
Website update to include ways to get involved and register interest	Deputy Director of Quality and Nursing	<p>Including information on the kinds of ways patients can be involved, including likely time commitments and what will happen as a result of their participation. Will include ways to contact us and some material aimed at encouraging children's & young people's involvement (e.g. participation certificates).</p> 	Website contains information on routes to involvement and types of activities offered.	May 2022

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Objective/Action	Lead and participants	Approach	Output/Success Criteria	Timescale
Disability-confidence training	Head of Clinical Workforce Development	To increase awareness of ways to effectively offer assistance to people with visible and hidden disabilities, all non-clinical staff will undertake an in-house 'disability confidence' training module that covers e.g. guiding visually impaired people, words to use to offer assistance, ensuring respect and dignity, involving carers, impact of non-verbal communication.	Development of the course material. Non-clinical staff undertaking the course	December 2022
Use of social media to promote involvement opportunities	Head of Clinical Governance	Twitter feed used to direct people to the website information and to promote specific tasks/project asking for people to register interest	Quarterly reviews of tweets	Ongoing from when website has been updated
Responses to feedback on websites (e.g. Care Opinion, NHS Choices)	Head of Clinical Governance	Ensuring we monitor these websites and respond to comments/feedback.	Inclusion of numbers posted and numbers responded to in quarterly patient-engagement report.	Apr-June 2022
Creation of a single template for Homeless Resource Packs to be completed by each service with local information	Clinical Services Manager and Operations Manager	Our services use Homeless Resource Packs However, they are not to a consistent format. The Heads of Clinical Governance will work together to agree a common format based on the best examples and in collaboration with representatives from e.g. Crisis.	Homeless resource pack template. All services with a pack following the new template.	Apr-Sept 2022

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Hello my name is...	All	Inclusion in induction for all clinical and non-clinical staff.	Noted in patient-led inspections/observations	From Day 1
Training in use and response to Learning-Disability and Carers' Passports	Head of Clinical Workforce and Development	Training session on the types of passports in local use, what their purpose is and how staff should respond (e.g. ensuring patients special notes include reference, use of the name the passport says is the patient's preference).	Staff have completed training	From Day 1
Creation of easy-read surveys and patient information. Level 2 role	Clinical Services Manager and Operations Manager	Following on from our development of a children's patient-satisfaction survey and a children's FFT format, we will collaborate with local learning disabilities groups to develop easy-read patient-satisfaction surveys and patient information (e.g. People First)	Easy read materials available (including from approved websites e.g. RCN)	Oct-Dec 2022 onwards
Joint workshops with primary care for target groups e.g. young parents. Level 2 role	Clinical Services Manager and Operations Manager	A programme of 1-hour workshops in collaboration with parents identified by the service targeting parents with young children who were frequent attenders at GP-OOH and A&E, to work with local GP Federations/PCNs and patient representatives to create targeted workshops	Workshops developed. Workshops start being delivered.	Jan-Mar 2022 Apr-June 2022

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Objective/Action	Lead and participants	Approach	Output/Success Criteria	Timescale
Volunteering strategy building Level 1 roles	Head of Clinical Governance	Explore the possibility of a volunteering team to source volunteers to work in the GP-OOH Centre undertaking e.g. meet/greet, wayfinding and generally keeping patients in waiting areas up to date with service-related information.	Named volunteers at our sites	From Day 1
Complaint response reviews. Level 2 role.	Deputy Director of Nursing, Quality & Projects	Patients from our database will review a selection of anonymised complaints and responses for tone of response and their opinion of whether we have addressed the complaint being made.	At least 10 complaint responses reviewed per year	Ongoing from establishment of our database
Patient engagement & experience to be a standing agenda item at monthly contract performance meetings	Area Operational Director	Every meeting will discuss current patient-engagement activity and identify potential opportunities.	Evidenced from agendas	From Day 1
Guest speakers at team meetings – “what matters to me”. Level 2 role	Clinical Services Manager and Operations Manager	Using the connections made with local third-sector organisations and service providers (e.g. Brighter Futures, Yasha), invite representatives to talk at our meetings about what matters to patients and how GP-OOH services can help.	Evidenced from agendas – minimum one speaker per quarter	From Day 1

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Patient stories at Executive Team meetings. Level 2 role	Head of Clinical Governance	During education and redirection interactions with patients, we will identify those who could share their urgent-care experiences, in person or by video, with the Executive Team as patient stories.	Target sampling for this contract will be 4 per year	From Day 1
FFT surveys. Level 1 role	Clinical Services Manager and Operations Manager	This existing activity will continue including launch of text messaging	Each site has a monthly target feedback rate (per total attendances).	From Day 1
Involvement in quality-improvement projects. Level 2 role	Head of Clinical Governance	Where the contract teams identify quality-improvement projects that need development, the Clinical Service Manager will invite a patient from our database to participate in the project.	Named patients in the project reports.	From establishment of the database
Patient-related posters	Head of Clinical Governance	Following on from the success of installing patient pathway graphics in our existing services, we will work with patient groups to identify other types of waiting room/reception information e.g. posters on accessible information options.	Posters identified and designed	Within Year 1

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Objective/Action	Lead and participants	Approach	Output/Success Criteria	Timescale
Quarterly patient engagement reports will be available to the Patient Experience and Engagement SubCommittee	Head of Clinical Governance	These reports will be built up month on month, using engagement data and be shared with commissioners on a monthly basis. Key themes will be identified and actioned locally as well as across the division.	Reports submitted	Current
Inclusion of stories in staff training	Head of Clinical Governance	Inclusion in induction and ongoing staff training, thus ensuring staff exposure to a variety of positive and negative stories.	Inclusion in training	From contract award
Promotion of the GoodSAM app for first aid trained public	All	We will promote its use to our clinicians and other first aid trained staff	Understanding of who has joined the database	From contract award
Monitoring of the amount of feedback received	Head of Clinical Governance	The quarterly patient-engagement reports will include statistics on the amount of feedback items received so we can ensure we have sufficient routes to feedback and that patients/carers can and are using them	Data on numbers received from surveys, FFT , complaints, website and social media comments, verbal feedback, compliments	Current