NHS
Buckinghamshire
Clinical Commissioning Group

Outcomes Framework Responses to Consultation

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1.0 Introduction

Volunteer members of the public living in Buckinghamshire were asked for their views on the way healthcare services our managed in our community and what aspects of this are important to them.

These preferred experiences or 'outcomes' were then developed into a framework.

In the past, contracts for healthcare services often focused on activities rather than their consequences. In the future, contracts will put more emphasis on outcomes.

Consequently, these outcomes will be used to help design services in the future and be used to measure how well service providers do their work, and the community will have a big say in judging that.

The Outcomes Framework has been written by a small team of patient and public volunteers with relevant experience.

Having reached their final stage, the proposed outcomes were placed on Let's Talk Health Bucks with the CCG asking for feedback on them.

Four responses were received from members of the public including one form Healthwatch Bucks.

2.0 Feedback

2.1 Response 1

Healthwatch Bucks were pleased to see that the outcomes had been developed with members of the public as well as stating that there are some valuable statements within the document.

Their detailed comments are:

- **Patients and Public -** If, as stated, this outcomes framework will be used to measure how well service providers do their work, it would help to understand why there are statements about how patients and the public should act. For example:

  "We will seek to make only reasonable demands of the health service"

- **Outcome definition and measurement** - an outcome is the result of an action or intervention. The statements we see here are statements of intent:

"The health system will reflect the needs of those providing as well as those receiving care"

"All those who provide treatment, wherever they are based, must be committed to long term teamwork and continuity in the patient's best interest."

- Or in some cases general statements of principle:

  "Being well is more than simply not being well"

  "Staying well is the favourite option"

  We don't believe that people will disagree with the statements. However, these statements do not constitute measurable outcomes. If they are to be used as a basis for measuring how well service providers do, further explanation needs to be provided as to how they are going to be translated into practical qualitative or quantitative measurements that service providers can use to improve their services and be held to account against.

- **Existing standards -** The document replicates the NICE Quality Statements on patient experience https://www.nice.org.uk/guidance/cg138/chapter/Quality-statements
- **Health and Social Care** – this is a health focussed document in the context of the Integrated Care System – it would be interesting to understand how this reads across to social care.
- **Our feedback** - based on feedback that Healthwatch Bucks receives, when patients think about their care and what they want to happen, the focus is often practical. For example, timely access to appointments; prompt access to diagnostic testing; a clear, jointly agreed care plan; and getting back to normal life.
- **Specifics**

  Several mentions are made of Carers – and whilst this is an important community to support there are other communities of users who could also be highlighted in this way, such as those with learning difficulties and those with mental health conditions. It would be helpful to have an explanation as to why carers have been highlighted in particular

  Access to patient records – "immediate, authorised access to patient records" – the way this is currently worded would we believe raise concerns about patient confidentiality and consent.

The conclusion of HWB was:

- Continue to work with the local community to develop an understanding of patient outcomes.
- Review the purpose of this document to see how the content can be used. At the moment it combines elements of:
    - A patient/provider contract
    - A set of mission statements
    - Value statements
    - Outcomes framework
    - High level principles

All of these are important and worthwhile – but their combination into a single document risks undermining the intent of this work, which is to use outcomes to measure how well service providers do their work.

- Review the NICE Quality Statements to see how they relate to the work being done here and how progress against these or a similar set of locally produced statements can be measured. And review whether there is best practice from elsewhere in this area based on work of other groups in the context of the Shared Commitment to Quality from the National Quality Board https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf
- Look at the potential to expand the scope of these to social care in the context of the Integrated Care System.

Healthwatch Bucks is very happy to work with the Clinical Commissioning Group to support them in this work.

2.2 Response 2

This respondent felt the final draft was not fit for purpose outlining that the domains identified were not outcomes but experiences of services and as such are different things. This respondent felt that outcomes are the results or consequences of an episode of care or treatment.

A good experience as described in the draft document will/may result in good outcomes but the outcomes are different to the experience.

The respondent felt that if you asked patients what they wanted as a result of their treatment they are unlikely to say any of the things in the draft document. It is more likely that they

would say that they want to be pain free, or able to do the everyday activities they did before needing healthcare.

This respondent has put forward this view before and during the process of developing patient outcomes and would like to take this opportunity to repeat the view that the ideas below would be a better way to measure patient outcomes, believing they are measurable with existing technology:

- Access to Primary Care
- Prompt access to investigations, a timetable, results with explanation
- A differential diagnosis
- Timely access to therapy services, with timetable
- An agreed assessment of all needs: medical, financial, social etc.
- Referral to secondary care for an opinion
    - or explicit clarification if no referral due to CCG barriers to referrals or other reasons.
- Timely access to secondary care
- Diagnosis - with explanation & prognosis
    - Or an explanation of why no diagnosis is possible.
- Care plan – mutually planned and agreed
- Seamless transfers of care
- Care plan carried out
- Functional outcomes e.g.
    - Return to normal life
    - Walk up stairs
    - Speech improved
    - Weight loss
    - Walk to shops
    - Back to work
    - Cured
    - End of life care

2.3 Response 3

This respondent felt:

- The Title was not self-explanatory and will not inform the average patient.
- Aspirations for a new local health care system would be a better title.
- In the fairness and dignity area the “WE” is undefined. Is the “we” the patient and family, the provider or both?
- There is no indication as to the reasons for having this document. Does it really need until May 2019 to collate this info?
- How will this be used? The aspirations are good but the respondent was left feeling that they are no more than aspirations. When and how will they inform or change the system?

2.4 Response 4

This respondent was unsure how this set of outcomes differs from the commitment enshrined in the NHS Constitution.

They had a number of queries about the outcomes:

- In detail, how would complex medical needs be managed under the new system compared to the current one?
- Who will coordinate my care and how does this relate to my GP's traditional responsibility? How will I receive truly holistic care?
- Who has legal responsibility for my care?
- Will hospital care funding continue at sufficient level to provide current services at anticipated level bearing in mind the rising number of patients with complex health needs?
- Will certain medical treatments be prioritised differently under the new system and what voice will the public have in setting priorities?
- What will be the role of private providers?
- If the new arrangements include current services provided by social care, will the CCG get that money and be accountable for those services?
- Where has this new system been tried and what were the results?
- Are all parts of the country making the same change?

They felt that outcomes should include:

- Functional outcomes such as being cured, returning to work, being able to walk up the stairs etc.
- Prompt and easy access to good quality primary and secondary care including tests, results and treatment.

To conclude, they stated:

- Any changes which lead to further cuts, closures and privatisation of the health service must be stopped.
- Distance to services matters.

- Smaller GP surgeries shouldn't be closed as this leads to stripping away of independence and can result in patients delaying treatment.
- Care should be closer to home e.g. community hospital beds should be reopened.

3.0 Conclusion

The four responses felt that more work was required on these outcomes to make them measurable. In addition, it needs to be clearer for the general public as well as considering how it fits with the integrated care system and specifically social care.

Finally, reference was made by two respondents about including aspects that are important to patients ie timely appointments, getting back to normal life etc.