Partners in Care

Working together in the South West

August 2012
Contents

Foreword ........................................................................................................... 2
1. Introduction ................................................................................................ 4
2. Product Methodology .................................................................................. 5
3. The Projects ................................................................................................ 5
4. Thematic Analysis of Project Recommendations ......................................... 7
5. Feedback ..................................................................................................... 15
6. Summary ..................................................................................................... 18
7. Conclusion .................................................................................................. 18
8. Looking forward ........................................................................................... 19
At the Patients Association we hear many uplifting accounts of excellent NHS and Social Care. Our much missed late President, Claire Rayner, received some truly exemplary care when she was looked after with genuine compassion and consideration. Unfortunately, however, all too often we hear distressing accounts on a daily basis through our Helpline that this does not always happen.

At a time when NHS and Social Care is undergoing significant change and reform we would like to thank the South West Strategic Health Authority for their leadership and foresight in focusing on patient experience and supporting us to work more closely with local communities and NHS trusts in the South West.

By actively involving patients and carers in influencing service improvements we have achieved some exciting results in a short space of time. We are now being approached by NHS Trusts across the country to do the same. By working more proactively with local Trusts this model of working as partners in care seems to be the way forward. Some common themes have emerged from the projects with learning which can be spread widely and this is the purpose of this report.

Katherine Murphy
Chief Executive of the Patients Association
I am delighted to see how the presence of the Patients Association in the South West is making a real impact locally.

Their work has given NHS Trusts across the area a new perspective on what patients and carers think about the services they use. Helping them to understand how and what patients and carers are experiencing has led to improvements in the way services are designed and delivered. For a patient experience to be very good and contribute to the best outcome for the patient it needs to be personal and compassionate as well as safe and technically proficient.

The results outlined in this report are impressive and I am pleased to hear that the work started by the Patients Association in the South West is of interest to others and is now being picked up in other parts of the country.

One of the domains of the new NHS Commissioning Board Outcomes Framework for Quality is patient experience. At a time when patient and public expectations are rising on the care they receive – particularly in how compassionately and safely it is provided - it is right that equal priority is given this element of quality alongside safety and the way resources are spent. The Patients Association has huge experience of seeing things from the patients and carers standpoint and I am grateful they agreed to test out their new localised approach here.

Liz Redfern CBE
Director of Nursing NHS South of England
1. Introduction

The Patients Association is a unique health and social care charity which campaigns for improvements in health and social care. For 50 years our willingness to “listen to patients and speak up for change” has always informed our work, research and campaigns. Our Helpline, which answers thousands of calls, letters and emails each year provides us with a valuable insight into what is of current concern to patients.

The Patients Association believes that patients and carers should be at the heart of the health and social care system, and that all patients and carers should be given the opportunity to be actively involved in decisions about their healthcare. We believe in reducing the bureaucratic burden on the NHS and improving communication between staff and patients, so that care is truly patient centred.

On 4th May 2011 the Patients Association South West Project was officially launched. Projects across the South West were set up in partnership with local NHS Trusts to help improve patient experience. In order to maximise the impact of the projects it was agreed at an early stage that all projects should fit the following criteria:

- Sustainability – that they should be sustainable in some way beyond the lifetime of the Patients Association South West Project;
- Replicable – it should be possible to replicate the projects elsewhere with similar results;
- Improve the patients experience – the projects should make a real difference to the experience of patients;
- Leave a legacy – projects should result in permanent improvements in the patients experience and increased knowledge about best practice.

Supported by the South West Strategic Health Authority, the Patients Association has been able to set up a number of small projects to influence service improvements in the region. A detailed evaluation of how the projects were set up, success criteria and outcomes can be found in the South West Regional Project Evaluation Report1.

This report is intended to highlight the key themes from the findings and recommendations to ensure widespread learning.

The elements which were considered critical to patients’ experience of the NHS are outlined in the NHS Patient Experience Framework:

- respect for patient-centred values, preferences and expressed needs;
- access to care;
- co-ordination and integration of care;
- information, communication and education;
- physical comfort;
- emotional support;
- welcoming involvement of family and friends;
- transition and continuity.

1 South West Regional Project Evaluation Report, July 2012, Patients Association
Again, all these topics are raised and addressed in these projects.

The work carried out to date across the South West does not pay lip service to these popular buzz words, but has generated grounded recommendations and solutions to improve the health and social care services for those served by it and those serving in it.

2. Project Methodology

The success of the projects completed across the South West is attributable to the way in which they continue to be designed and managed by the people involved, with the emphasis on simplicity, lack of bureaucracy, speed of set up and senior management sign up. The key to a successful project is planning around timeframes and outcomes using an effective collection of tools. With the invaluable resource of local Trust volunteers and Patients Association Ambassadors, we are able to plan and create projects that were effective in listening to patients and carers, then outline the changes required in a set of recommendations agreed with the Trusts and therefore speak up for change. The practical aspects of managing projects are carried out to simplified PRINCE 2 project management guidelines, taking the project as a process and working logically through to ensure deliverable outcomes in a short space of time.

The partnerships between the Patients Association, NHS Trusts and other third sector organisations have been a real asset as well as allowing us to share expertise and experience to deliver the best outcomes.

3. The Projects

The South West projects developed from meetings with the Directors of Nursing and/or Heads of Patient Experience across all the 18 acute trusts the South West. Projects include:

- Improving Dementia Care – Royal Cornwall Hospitals NHS Trust;
- Introduction of Patient Experience Tracker – Northern Devon Healthcare NHS Trust;
- Patient and Carer Perspective of Intentional Rounding – Taunton and Somerset NHS Foundation Trust;
- Carers Survey – Plymouth Hospitals NHS Trust;
- Carers Awareness Training – Yeovil District Hospital NHS Foundation Trust;
- Meeting Patients Needs at Mealtimes – Royal United Hospital Bath NHS Trust;
- An Investigation into Noise at Night – North Bristol NHS Trust;
- Patient Information Review – Poole Hospital NHS Foundation Trust;
- Identifying Carers Needs – Plymouth Hospitals NHS Trust;
• Improving Medication Information – Devon Partnership NHS Trust and University Hospitals Bristol NHS Foundation Trust;
• Improving Customer Care – Dorset County Hospital NHS Foundation Trust;
• Improving Patient Information – Salisbury NHS Foundation Trust;
• Assistance with set up of new Patients Council – Weston Area Health NHS Trust
• Understanding patient experience - QUIS the quality of interaction between staff and patients – Gloucester Hospitals NHS Foundation Trust.

New projects in development include:

• Mystery “shoppers” in Northern Devon Healthcare NHS Trust as a new method of feedback
• Observation audit in Accident and Emergency in Great Western Hospitals NHS Foundation Trust;
• Shared decision making in medical training and use of students as Ambassadors – Peninsula Medical School;
• Audit of the CARE campaign – Royal Cornwall Hospitals NHS Trust;
• Libraries and health – improving information in Weston Super Mare.

These are just some of the projects where the Patients Association has made a difference to patients and carers experience. The full impact of these projects has been evaluated in the South West Regional Project Evaluation Report which includes a summary of projects. The potential of the regional role is becoming clear. There are new projects being developed, and others continuing and rolling out more widely to other Trusts so that the tools developed and the learning is being shared. The South West is a hub of activity and shining example of how patients and carers can be involved in shaping improvements. By working with Trusts and local people the Patients Association is able to be much more responsive to local needs and work proactively with NHS and social care organisations to find solutions to the pressing issues of our time.
4. Thematic Analysis of Project Recommendations

Figure 1: A Wordle, generated from the text of the recommendations from the project reports listed previously.

There has been a lot of rhetoric around putting patients at the centre of care. The Patients Association South West Initiative is focussing on the patient and carer and producing positive results, as well as recommendations for change for the Trusts involved.

The work that the Patients Association has been doing in the South West is also very much in line with the wider principles of the NHS, facilitating the NHS in reaching its aims. The NHS Constitution, published in 2010, outlines the rights and responsibilities of patients, carers and staff, as well as the principles and values of the NHS and what it commits to provide in the way of services. The Patients Association is making a very considerable contribution by facilitating the fifth principle of the NHS Constitution:

The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
Furthermore, the Patients Association is facilitating the right that patients and carers have:

- to be involved, directly or through a representative, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

A right also exists for patients and carers:

- To give feedback – both positive and negative – about treatment and care they have received.

By giving patients and carers a voice through the surveys, interviews, questionnaires and focus groups, the Patients Association is able to provide feedback to Trusts which is independent, valid and has much greater impact and influence to see changes as a result.

In addition to the NHS Constitution, another document, produced by the Department of Health in July 2010, Equality and Excellence: Liberating the NHS states that

“Patients will be at the heart of everything we do”

The document also lays out the key themes for the NHS – themes which are closely mirrored in the recommendations reviewed here in the South West project work of the Patients Association.
What were the key themes?

The issues which are the most prominent in the project recommendations all share the same target audience - patients, carers and staff.

Information for patients and carers

Holding accurate, reliable and valid information is very empowering for patients and carers. This can enable us to take responsibility for our own health, play an active part in the management of our condition and contribute to shared decisions about our care.

The importance of this is reflected in the inclusion of it in the NHS Constitution. For example, patients and carers have a right to be given information about proposed treatment in advance, a right to make choices about the type of NHS care and to be involved in decisions about this with information to support and enable these choices.

The Information Revolution, envisaged by the Department of Health and detailed in the Equality and Excellence: Liberating the NHS report, promotes shared decision making, but also recognises the need for access to information in order for patients and carers to make decisions about their own care.

Recommendations made in the Medicines Information project focused on giving patients access and the opportunity to obtain medication information. For example, being able to request visits from the Medicines Management Team to discuss their medication enables patients to ask those burning questions and determine what medication is best for that particular person and their lifestyle which is so often not taken into account.

Additionally providing patients with access to a dedicated pharmacy helpline enables patients to seek the information they need at the times when they need it – which is often not during the doctor’s rounds or appointments.

The format in which information is given to patients is also important – it must be accessible for patients and carers who need it to be easy to read or translated. One potential solution suggested in the Medication Information project was the use of a flowchart format showing the timeframes of medication side-effects, designed to supplement the manufacturer’s data sheet. For patients with dementia, written information is very valuable for family carers and friends, detailing admissions, medications, discharges and next stages which can be referenced to in the future.

For carers, information is equally important and empowering. The need for information for carers identified in the South West projects focused around not only information about the people they care for and specialist knowledge, but also the support available, assisting them in their valuable role.
Getting information to carers must be done in an effective way – information stands outside hospital areas was one way highlighted in the Identifying Carers Needs project as very successful, in addition to capitalising on the wide-spread publicity around the annual Carers Week. One of the 20 recommendations in this project was the need for improved information around the hospital with posters designed by carers, signposting them to appropriate facilities.

Tailoring information to all groups is important, including for parent carers. Websites and leaflets can also present an opportunity to share information. Information about staff and their roles was also picked up in several recommendations – posters detailing staff uniforms address a problem of confusion that is certainly not unique to the Trusts involved in the Identifying Carers Needs project. Promoting less well-known roles such as Learning Disability Liaison Nurses optimises the positive impact of these staff members by ensuring patients and carers know they exist and what is provided so they can ask for this service if they need it.

The timing of information is very important – at different stages through their health and social care journey, patients and family/careers need access to different types of information specific to that stage, and preparing them for future stages. Those identified during the Patient Information Review projects include preoperative assessment and admission. Because of the continual need for information, websites can offer a solution for a proportion of the population.

Better informing and involving patients, family and carers about aspects of the ward routine can in turn help those running the ward. For example, removing the confusion around protected mealtimes can encourage some carers to visit and provide assistance with mealtimes, which can help nursing staff on the wards. By involving carers and recognising their importance a huge amount of time and cost can also be saved.

The information that is provided for patients and carers must meet their needs. Therefore reviewing the leaflets and information sources with patients and carers is important to make sure it is easy to understand, jargon free and relevant to that person. So often we hear that people have either not had enough information, an information overload, or it is not at the right time or the right type of information for their requirements. In addition to giving people the opportunity to get involved in their health and social care, it optimises the services that are being delivered.
Information and education for staff

Informing staff about the needs of patients and carers often takes the form of education. The topics of the education are the main concerns of patients. For example, the Medication Information projects highlighted the concern of patients around medication side-effects, which was suggested as a main topic for staff education and awareness training. Targeting the staff that can make the most difference to the patient experience is also important – and focusing educational programmes to them. Again, using another example from the Medicines Information projects was the importance of educating the right staff at the right point in the patient journey. The Crisis Intervention Teams were identified as key players during discharge – the stage patients found most difficult – and so training could be focused on those staff members.

There were many good learning points around developing educational programmes. The importance of raising awareness of issues faced by carers, and to maximise the effectiveness of staff carer training sessions was very evident in the Carers Awareness Training project. This highlighted the power of carer stories and was used to great effect, with carers themselves delivering the training sessions. An important aspect of these sessions was facilitating free discussion, often dependant on the environment and atmosphere created within the training room.

Another successful educational training model used in the Patient and Carer Perspective of Intentional Rounding project was celebration events, allowing staff to share learning experiences and raise together the profile of the issues, intentional rounding in the case of this project.

Hospital staff are often supported by an army of volunteers who provide an invaluable service within the NHS. It is important, and was recognised in a survey that formed part of the Identifying Carers Need project, that awareness training and education is extended to volunteers, enabling them to optimise the value of their time.

Recommendation:

Information should be created in conjunction with those it is aimed for, and actively promoted to its target audience.

Using real stories and experience can add impact to staff awareness training. Focussing resources on staff that play a key role in critical stages and on aspects of major concern for patients is likely to show the biggest benefits.
Creating a welcoming environment

Going into hospital as an outpatient or inpatient can be a very difficult time, for the patient, carer and family. The clinical outcomes of admissions and appointments can depend on the ability of the staff to work effectively. Therefore creating a suitable environment and atmosphere for patients, carers and staff is very important.

The key role of information is mentioned elsewhere, but clearly displaying that around the hospital is a frequently highlighted recommendation from the projects. As already mentioned, staff uniform guides can help reduce the disorientation and confusion people in hospitals often experience. Designated areas for carers and family to spend time during admissions were suggested in the Identifying Carers Needs project, as well as information about overnight accommodation and catering facilities for example.

A friendly smile and welcoming gestures can make all the difference and has no financial cost, yet so often we hear that this is what is missing. Even introducing patients to one another in a bay can be a big factor in helping a patient to relax and have a better experience, but is often forgotten. These simple steps can make people feel welcome in a hospital that is working hard to look after patients and their interests. The Identifying Carers Needs project showed how important aspects such as providing car-parking or meal tickets are to carers as well as specialist equipment for children with special needs for parent carers.

Particular attention is needed where patients with dementia are concerned, such as lighting and colour on wards needing to be considered. The clinical environment can impact positively on care and routines. Learning from the Improving Dementia Care project suggests that creating comfortable times for eating can have further benefits on patient experiences and facilitating going to the toilet with dignity is so important.

Recommendation

Consideration of patients and their needs as well as clinical staff routines can make the hospital environment work for all within it. A smile or friendly gesture is often all that is needed.
Choice, involvement and shared decision making

No-one would choose to be a patient, but for people who do find themselves as patients, having choice over little things can be very important when in situations out of their control. Choice can come in several ways: the choice to access further services for information on medications; choice of medication depending on side effects and their lifestyle; choice of administration routes; choice of food quantities offered at mealtimes; and choice of extra snacks and drinks if meals are missed.

This personalisation of care is very important, and can help control the distress of the situations patients and carers find themselves in.

Being involved in decisions about one’s own care was a key theme and both patients and carers said this did not always happen. With the emphasis on shared decision making, co-production and “nothing about us without us” - this is an area that needs to improve.

Recommendation

Choice in even the little things can make a real positive difference to patients and carers, but they need to be offered frequently, consistently and with compassion.

Patients and carers should always be involved in decisions about their care as an equal partner.

Personalised Care

Not all patients and carers are the same – but that extends beyond their illnesses. Understanding, perception, management, control and lifestyles all differ. These factors are very important when it comes to medications, as highlighted in the Medication Information projects. Personalised medication booklets with discharge can help support individuals in the most suitable way for them. Another example is the THIS IS ME document recommended for roll out from the Improving Dementia Care project. The effectiveness of personalised care depends on the staff seeing the patient as a person first with individual needs – something education can begin to address and is how we all would all like to be treated.

Recommendation

Personalised care is not just a buzz word, and should be the way of life for effective clinical teams. Sharing good practice and successful models needs to take place to integrate this way of working into every clinical routine and decision.
Role of Volunteers

The Localism Bill and the notion of the “Big Society” promote volunteer and community involvement. Within a resource limited NHS, the role of volunteers and their valuable contribution is becoming increasingly recognised.

In order to fulfil that potential, volunteers need adequate training and support – something highlighted in the recommendations of the Identifying Carers Needs project. Taking the expertise of volunteers in specific roles such as Carers Champions is also very important, alongside support at meal times, recognised in the Meeting Patients Needs at Mealtimes project. The important role volunteers can play was often not highlighted to patients and carers, such as the opportunity to assist with befriending, activities and at mealtimes. Giving local volunteers the chance to be trained and giving patients and carers a voice creates feedback and responses of real value and honesty.

Recommendation

Volunteers should be considered a valuable resource, and that reflected in the support and training that they are given.

Using the expertise of the Patients Association Ambassadors influential stories and comments can be collected that can have a significant impact. Patients and carers also need to be aware of the existence and role volunteers can be play such as assisting with mealtimes or with activities.

Changing the attitudes, practice and routine of staff

Patients and carers experience very much depends on the particular staff delivering the care. It is no wonder then the routines, practices and attitudes of staff have been discussed in the recommendations of the work conducted so far in the South West.

The main issues with staff revolve around making themselves more readily available to patients, to review patients care, answer their questions and meet their needs. Availability of staff was highlighted in the Medications Information project, with suggestions for dedicated phone lines, 24 hour services and points of contact which can provide reassurance to patients and their families.

Redefining several roles was noted in several projects – focussing on key issues such as lead Board Members for Carers and Carer Champions. Redefining responsibilities was also suggested, with particular reference to volunteer roles at meal-times in the Meeting Patient Needs at Mealtimes project. Setting standards to include considerations from the reports can help sustain the positive work of these projects.
The most common recommendation was around the **attitude, practice and routine of staff**. Making it more patient-centric can be achieved through a range of recommendations from all the different projects.

Discussing issues between staff can help share good practice, as well as the feedback from patients – to further guide practice. Patient feedback in the form of stories can guide management and strategy decisions when included in Board meetings. Education comes in to this, by changing attitudes which is in turn reflected in improved practice.

Making “**getting to know patients**” more routine can help towards to the reality of personalised care – knowing who their contact families and carers are and their preferences; as well as co-workers involved in the case across disciplines can all help the admission run as smoothly as possible. Part of this was clearly identified in the Improving Dementia Care project where the dependency on the handover sheet instead of patient’s clinical records was suggested as the route of some confusion and poor care.

**Support and co-ordination across shifts** is important – another issue highlighted in the Improving Dementia Care project – and can be achieved with good communication and not necessarily the need for a named nurse system, which patients and carers did not think was the answer with so many shift changes.

The key issues around the interaction between staff and patient reflect the Patients Association CARE campaign focus: **compassionate communication; assistance with toileting, ensuring dignity; effective pain relief; and encouraging adequate nutrition**. The CARE campaign has had great reception, with over 80% of Trusts in England taking it up.

### 5. Feedback

The work completed in the South West in the first year of the initiative has met the four criteria of:

- Improving patient and carer experience;
- Sustainability;
- Being replicable;
- Leaving a legacy.

But the process of improvement is continual. A strong theme to maintain the improvement can be demonstrated in the commitment to collect feedback and revise surveys at future dates, so as to continue to deliver services in line with patients and carers needs and expectations. Trusts should be doing everything they can to find new and varied ways and means of collecting patient and carer feedback and not simply relying on questionnaires. All the projects recommended a follow up by the Patients Association which is an important part of the service improvement process. Indeed several of the projects were initiated in response to requests from Trusts to evaluate the effectiveness of schemes recently introduced as part of improvement programmes.
Acting on feedback, and using it to guide changes and practice is important. Translating feedback into improvements can often be challenging, but the success of some of the projects discussed here highlights the value of it.

The strength as highlighted by many patients, carers and Trusts was our independence and credibility. Patients and carers reported feeling more comfortable in talking to the Patients Association and feeding back their views and recommendations for improvements without fear of upsetting staff or having their care affected.

**Recommendation**

Collecting feedback is a variety of ways is important, but acting on it, and letting it influence future decisions is key. Trusts should consider the potential benefits of working with the Patients Association, who can collect independent feedback and provide guidance on improvement recommendations and implementation.

The feedback we have received from the staff at the Trusts we have worked with has been very positive and has helped us shape the way we work in the future. By working in partnership to facilitate projects for improvement clearly has some benefits and also ensures: “nothing about us without us!”

The opportunity to work in partnership with The Patients Association this year has enabled us to accelerate our delivery of the local dementia care standards. Their independence and professionalism has been very well received by service users, their carers and staff in our services. The work has been recognised as good practice across the region and without the regional support for the project such innovation and responsive reaction to the dementia care agenda would not be have been achieved to such a high standard.

Frazer Underwood - Associate Director of Nursing
Royal Cornwall Hospitals
NHS Trust
Our staff and volunteers at the RUH found this opportunity to work in close partnership with the Patients Association to be an extremely positive experience. We would like to thank the Patients Association for supporting staff to continue their improvements in the patient mealtime experience and we would welcome further opportunities to work in partnership.

Francesca Thompson, Director of Nursing, Royal United Hospital Bath

We have been fortunate as a hospital to work directly with the Patients Association. The joint project has enhanced our patient experience work; the regional manager role led on the development of the project and having both the regional manager and the Patients Association Ambassador in the hospital talking to and interviewing patients has added real value and given the work an openness and independence. This partnership has proved very successful and really helped us listen to our patients. As we roll out intentional rounding on all our wards, we have a much better understanding of what it is like from the patient’s viewpoint.

Martine Price – Head of Patient Experience, Taunton and Somerset NHS Foundation Trust

Thank you for all your support in conducting the interviews with patients. I think that the key added value for the Trust working in collaboration with the Patients Association is the ability to have an objective person who is seen by patients as independent to be able to ask set questions to collect data about areas which we want to understand in more detail to then improve - but equally important to be able to explore any other issues that they want to raise.

Carolyn Mills- Director of Nursing, Northern Devon Healthcare NHS Trust
6. Summary

One of things the Patients Association prides itself on is ‘listening to patients’, and that is very clear through the methodologies used in these projects. The dominant approach used to gather information was face-to-face interviews with patients and carers themselves. The qualitative and quantitative responses are a tribute to the independent status of the Patients Association being recognised by all involved in the projects. Some questionnaires were used, in addition to over the phone interviews and focus groups. The locally recruited volunteer Patients Association Ambassadors conducted many of the interviews and facilitated the sharing of patient stories. This leaves a legacy for Trusts to draw upon for future projects.

Being asked for one’s opinion, knowing that it is valued and will contribute to change can be empowering. There is a right for patients and carers to give feedback – both positive and negative – about treatment and care they have received, and this is enshrined in the NHS Constitution. The Patients Association is able to support patients and carers to exercise that right. Additionally, by conducting project work another right is supported: the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services. The extended answers given by many respondents and interviewees highlight the enthusiasm for participation and willingness to share their experiences to improve it for others.

7. Conclusion

The themes of the project recommendations are all current issues in health and social care. Their importance is reflected in the NHS Constitution and the Health and Social Care Act 2012. Numerous column inches are given to these topics in the press, both national and trade. Many people have many opinions on how to address these issues, and offer potential solutions. Above all of that rhetoric, the Patients Association is working with dedicated Trusts, helping to fulfil their promises and pledges to their populations and developing, implementing and reviewing improvement schemes. The full impact of these projects has been evaluated in a report published by the Patients Association, South West Regional Project Evaluation Report. It shows that the Patients Association’s work is relevant, in keeping with the main issues in health and social care, and proactively offering examples of good practice to share.
8. Looking Forward

Building on the experience and results of the South West Regional Initiative, the Patients Association is planning to share the benefits of this working in partnership model with other Trusts in regions across the country. Although there are many good examples of practice in the NHS across the UK, sharing and spreading good practice has been widely publicised as a weakness in our current health and social care system.

One of the benefits of our work has been the opportunity to share ideas, tools and best practice very easily across the South West Trusts resulting in a need to ensure change and see it quickly implemented. The Patients Association wants to share the experience and spread the benefits realised through the South West to the rest of the UK. Using the expertise gained in the South West, we will be working across the country with Trusts to meet the growing challenge of improving patient experience within the NHS. The details of this model of working with the Patients Association are outlined in the “Working with NHS Trusts” report. The Patients Association has recently added another valuable tool which is now available as an additional way of gathering people’s views. Based on a pilot we carried out in partnership with NHS North West and People’s Voice Media we have produced a joint report and two short films called Community Voices. This outlines a new model of gathering and analysing local people’s views on film and audio with stories from people in Salford about a whole range of issues reported around a Patient Experience Framework for use by Clinical Commissioning Groups but relevant for other organisations.

Based on the learning from this pilot the Patients Association can now produce short films and audio clips of patient stories which can complement the usual survey or written feedback. We now have trained Patients Association Ambassadors in the South West who are qualified Community Reporters. This method already has many applications in the work of the Patients Association and will contribute to and enhance our projects in the future.

For further information contact:

Heather Eardley, Director of National Projects (heather@patients-association.com)
The Patients Association
PO Box 935
Harrow
Middlesex
HA1 3YJ

Telephone: 020 8423 911
www.patients-association.com