

NATIONAL HEALTH SERVICE VISIT

LONDON

MARCH 2006

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Background

The Department of Health UK has an Office of Public and Patient Involvement. Its role is to 'make' the NHS patient centred. In a meeting with Harry Cayton, Director Patient and Public Involvement, it was noted that rhetoric had to be followed by action. So the role of the Department of Health UK was to set overarching standards, goals and strategies to ensure compliance at a local level

Modelled on the Australian National Resource Centre for Consumer Participation in Health care, UK is about to establish such a facility at University of Warwick. Office of Public and Patient Engagement is keen to talk with the community about uncertainty in medicine and at the same time evidence-based health care. Office of Public and Patient Involvement have good working relationships with Health Charity Sector. Office of Public and Patient Involvement has developed a People Bank of consumer representatives/expert patients. Involves the Health Charities in recruitment and support – does this make them more patient/consumer focused? When appointing consumer representatives/expert patients to committees, working groups, taskforce etc, Office of Public and Patient Involvement obtains pretty specific job description and requests the Health Charity to find someone suitable.

With consent, the Expert Patient then becomes part of a People Bank that reviews patient information and participates in a range of consumer activities in National Health Service. Some projects recently commenced include:

- Priorities for health and medical research
- Development of Electronic Care Record
- Data sharing and confidentiality.

It was suggested that some new work from the Picker Institute, Oxford might be helpful. 'The impact of patient/public involvement: the evidence for policy making.'

The learning

- § Should we involve the NGO health sector in selecting consumer representatives?
- § Should we seek more specific information from committees seeking consumer perspective?
- § Should we align disease specific consumers to particular committee?
- § Is our database of interested consumers a kind of de facto People Bank?

Guy Young Homerton Hospital – Director of Nursing discussion about engaging with communities served by hospital and primary health services.

Characteristics of population:

- § High rates teenage pregnancy
- § High rate HIV in men (African, late presenters)0
- § Tuberculosis high rate
- § Malaria

Community with 136 different languages in a population of 250,000 served by hospital.

New community of Turkish people and Hasidic Jews (for whom food, discharge and hospital activity big issues). Hasidic community leaders met with hospital staff to sort out concerns. Hospital very aware of the community it serves. Involvement of ward housekeepers with community groups. The ward housekeepers assist with linen, general cleaning, help the patients, assist with menus, make sure patients are dry, clean, comfortable while in hospital. Also Homerton has a range of active nurse practitioners who diagnose treat, discharge, do minor procedures 'we stream our patients instead of triage.'

The learning

- Would any of the CAC in metro area know about new communities of patients accessing the hospital?
- Would CAC know how to find out?
- When CAC finds out, what are some suggestions to gain insight into the experience of hospital from this new group of patients?

Recommendation

That Health Consumers' Council make this knowledge available to all CACs for the CACs to action.

Peter Mansell, National Patient Safety Agency

'You cannot understand errors and harm in health unless you talk to everyone.'
Peter has a strong view about interviewing family members when adverse events occur. NPSA have developed an incident decision tree. NPSA includes National Reporting and Learning Systems.

Risk managers undertake Roots Cause Analysis – chief executives keen to improve safety and quality – Bristol Royal Infirmary Inquiry and Alderhaye Hospital Inquiry have focused the minds of hospitals and health services. The National Patient Safety Agency:

1. Gathers evidence/receives data about adverse events

2. Feeds information back to the service
3. Helps the service make the improvements.

Now have appointment of patient safety managers, emphasis on facilitating process to find solutions. Involvement of patients in improvement process. Access through the Health Charities – very specific criteria – patients from disease based groups. There is no one way of patient involvement. Key findings:

- How harm occurred
- Who harm affected

‘We were about learning, not about accountability.’

Recommendation

That the Office of Safety and Quality require that patients and their families are part of Root Cause Analysis as standard part of Adverse Event investigation.