Conference, 8th December, 2009

How Patient Experiences should influence service delivery

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My presentation will cover

- Background drivers to service re-design
- Review of evidence of patient engagement
- Barriers to effective and MEANINGFUL patient engagement
- Tools available?
- NRAS members' and volunteers' experiences
- Current work we are doing to improve the situation

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Should patients' experiences influence service delivery?

Setting the Scene

- Musculoskeletal Framework - CATS
- Darzi agenda - quality care for all
  - patient centred services
  - care closer to home
- World Class Commissioning
- Budget Cuts - how to do more for less and maintain the quality

Current evidence - 1

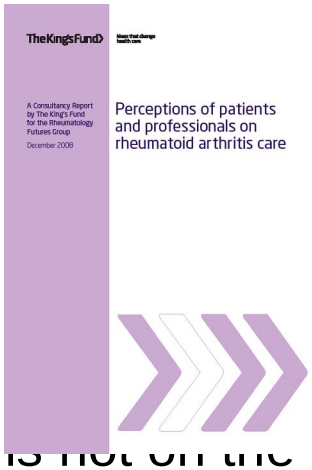
NRAS PCT Survey - APPG:

- 2006 – 35% of PCT's had not engaged with the voluntary sector, some did not know if they had or had not.
- 2007 – 38% had engaged, 23% had not and 39% did not know.
- 'Needs assessment' for IA population not being carried out

Some PCTs were doing a good job, but the picture is very variable and a significant proportion of PCTs are failing to put IA at the heart of their planning, commissioning funding and provision of healthcare services.

Current evidence - 2

January, 2009, publication of the Kings Fund Report – 'Perceptions of patients and professionals on RA care'



Found that:

- Broader support for patients needed at every step in their pathway
- Little evidence of consistent progress in care being shifted out of hospital settings
- The relatively low profile of RA, as several claimed 'it is not on the agenda'. An example of this is the low knowledge of the NHS Musculoskeletal Services Framework.

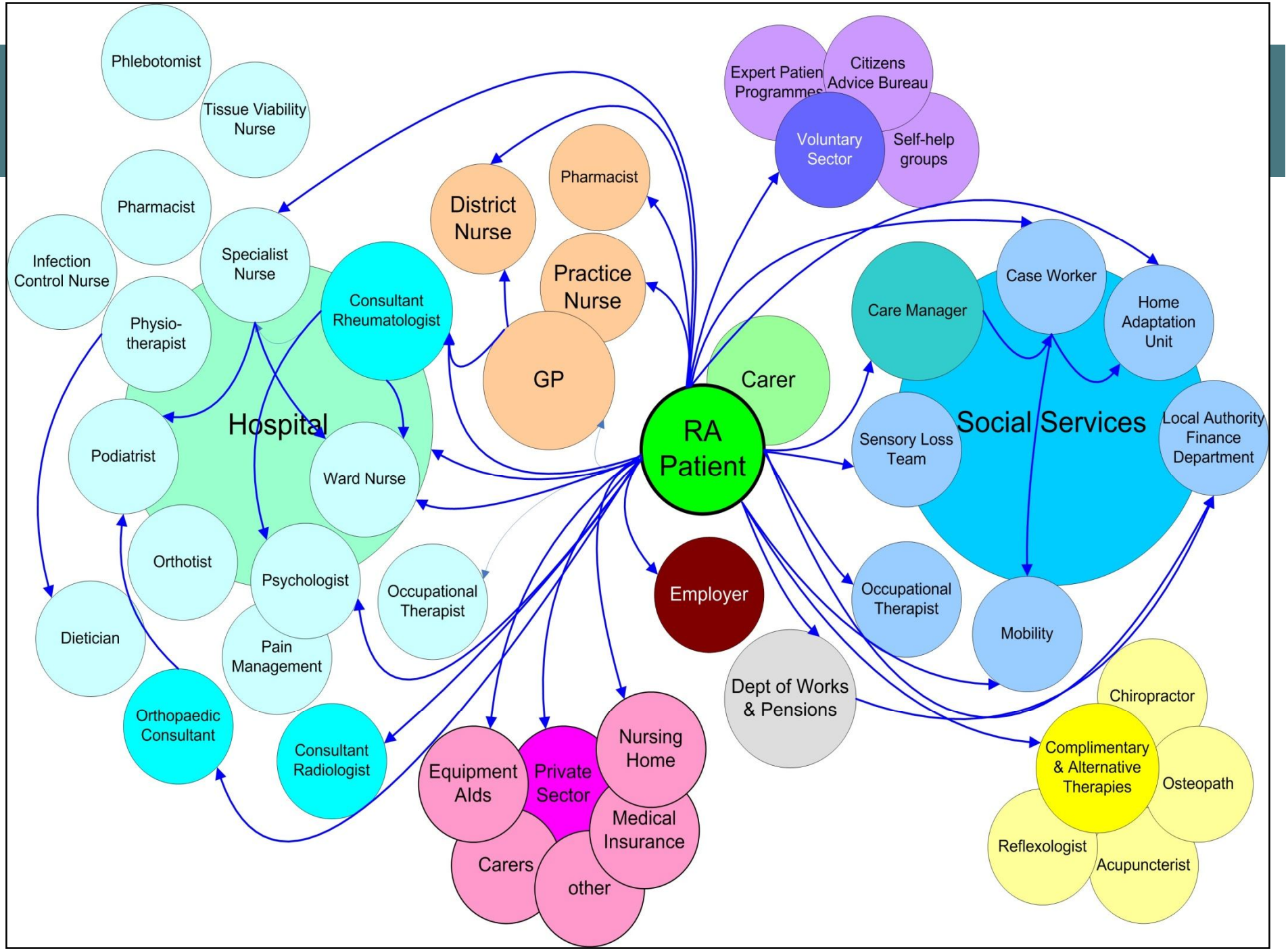
Current evidence - 3

July, 2009, publication of the NAO Report into RA found that:

- Despite move to shift services, only 12% of PCTS manage RA in a primary care setting
- There is a lack of coherence in the support and information available to help people with RA self-manage their condition
- The majority of PCTs lack epidemiological evidence to commission services for people with RA effectively
- Productivity gains and better integration and co-ordination of services could be achieved

Current issues & barriers to effective patient engagement

- Patients don't know what they don't know – lack of knowledge of what constitutes good quality care
- Variability of access to care across England – post code lottery of care!
- Neither patients nor PCTs knowing how to engage effectively with each other
- Lack of engagement by PCTs with front line clinical staff


Phlebotomist
Tissue Viability Nurse
Pharmacist
Infection Control Nurse
Specialist Nurse
Physio-therapist
Podiatrist
Orthotist
Dietician
Orthopaedic Consultant
Pain Management
Psychologist
Ward Nurse
Hospital
Consultant Rheumatologist
Consultant Radiologist
Occupational Therapist
District Nurse
Pharmacist
Practice Nurse
GP
Carer
RA Patient
Employer
Equipment AIds
Private Sector
Nursing Home
Medical Insurance
Carers
other
Expert Patien Programmes
Citizens Advice Bureau
Voluntary Sector
Self-help groups
Care Manager
Case Worker
Home Adaptation Unit
Sensory Loss Team
Social Services
Local Authority Finance Department
Occupational Therapist
Mobility
Dept of Works & Pensions
Chiropractor
Complimentary & Alternative Therapies
Osteopath
Reflexologist
Acupuncterist

Experience of NRAS members & volunteers

- NRAS has to provide individual training to enable patient participation with PCTs
- People find the process often alarming and incomprehensible
- Local politics can often get in way of proper communication
- NRAS have provided structured training sessions north and south in 2009

We believe PCTs must take on board these lessons and work collaboratively with us to provide adequate support to enable patients and public to engage.

What tools are now available to enable effective engagement re service delivery?

- Kings Fund Report
- NAO Report
- NICE Guidelines for Adults with RA
- IA Pathway for Commissioners
- Patient Pathway in development
- Public awareness/GP awareness tool in development
- NICE commissioning guidelines for RA – when?

What are NRAS doing to improve understanding on this?

- Meeting with all 10 SHA Medical Directors to gain implementation of NICE Guidelines and the IA Pathway.
- We are actively involved in the East of England and its SHA, one of its PCTs and Addenbrookes.
- We have membership through our activities in E of E to the LTC's Board, The Patient Experience Board, The Clinical Leadership Team for the East of England SHA.
- Local Involvement Networks, (LINKs) for Cambridgeshire, sitting on Cambridge PCT and Addenbrookes Board Meetings.

NRAS's commitment

We are doing our best to ensure that as an organisation, we are well placed to mentor and advise our membership/healthcare professionals in how to work with their local NHS organisations in terms of obtaining quality service provision for RA.

Thank you!

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