

January 12th 2006

Dear colleague

Your contribution to the annual health check

Many thanks to all of you who provided comments about your local trusts for the 'draft declaration' stage of the annual health check. Your comments are very valuable to us and we are grateful for the time, energy and expertise you have contributed. Without your help, we cannot hope to get a full picture of how healthcare organisations are performing.

As we move towards the full year 'final' declaration in April 2006, I am now sending you a briefing note that sets out what we have learned so far from the 'draft declaration' stage and offers advice on how to make your comments next time, so that they can have the most impact on the annual health check.

We shall be producing further guidance, based on a full analysis of the draft declarations and follow-up inspections, shortly. In the meantime, I hope this early feedback is useful to you. It is also available on our website at www.healthcarecommission.org.uk/annualhealthcheck. This forms part of a programme of support we are developing for OSCs and I will write to you shortly to update you on our forward planning in this area. If you have any further queries, please let me know.

Responding to our consultation on engaging patients and the public

I should like to take this opportunity to encourage you to respond to our consultation on the Healthcare Commission's strategy for engaging patients and the public. We would welcome your views on the questions set out in the consultation document *Engaging patients and the public*, which is available on our website at www.healthcarecommission.org.uk/consultation. If you would like a printed copy sent to you, please contact our helpline on 0845 601 3012.

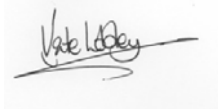
Yours sincerely



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Briefing note

Your contributions to the annual health check

This briefing note sets out what we have learned so far from the 'draft declaration' stage of the Healthcare Commission's annual health check. It offers advice to patient and public involvement forums and overview and scrutiny committees on how to make comments for the April 2006 'final declaration', so that you can have the most impact on the annual health check. This note highlights how many comments we have received so far and explains what happened to those comments once they reached the Healthcare Commission. It offers guidance based on what worked and what didn't work the first time around, and gives some real-life examples of comments from patient and public involvement forums and overview and scrutiny committees.

Please note that this guidance relates only to the way your comments are used for the annual health check. There may be things you want to say that cannot be coded (please see below for an explanation of what we mean by 'coded'): these comments will be available to a wide audience when they are published as part of the trusts' final declarations.

How many comments have been received so far?

Comments were invited from patient and public involvement forums, overview and scrutiny committees and strategic health authorities. These 'third parties' were asked to give their views on how their local trusts had performed in relation to the 24 core standards set by Government, which form the basis of the annual health check. Comments given to the trusts were included – word for word – in their draft declarations to the Healthcare Commission in October 2005.

Out of a total of 570 trusts

- 388 received comments from their patient and public involvement forum
- 322 received comments from at least one overview and scrutiny committee
- many patient and public involvement forums and overview and scrutiny committees who did not comment said they would contribute to the full year declaration in April 2006
- 410 trusts received comments from their strategic health authority

What happens to the comments?

First, the trusts give their draft declarations to the regional teams of the Healthcare Commission, who check that they are valid and review the 'third party' comments for any local information that should be followed up or kept on regional records. Next, they are sent

to our London office for 'coding'. This translates the comments into a form that can be fed into computers and used – along with other information – to cross-check what trusts are saying about their own performance.

A team of analysts looks carefully at each comment. If possible, they give it a code that matches one or more of the seven domains, 24 standards and 90 elements set out in the Healthcare Commission's document, *Criteria for assessing core standards*. For example, if a forum or overview and scrutiny committee commented generally about the trust's approach to safety, it would be coded at domain level – in this case the first domain, which is 'safety'. If they commented about child protection specifically, this would be coded at standard level, in this case C2, which is 'Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations'. If they commented about partnership working to protect children, this would be coded at element level, in this case C2 element 2, which is 'The healthcare organisation works with all relevant partners and communities to protect children in accordance with *Working together to safeguard children* (Department of Health 1999)'.

If a comment relates to more than one domain, standard or element, it is given a code for each one. If a comment does not relate to a domain, standard or element, it cannot be coded. However, we are working to improve the way we code comments from 'third parties'. By analysing the comments in this way, the Healthcare Commission has been able to extract more than 7,900 distinct pieces of information that can be used in cross-checking what trusts have said about their own performance. These include:

- 2,450 from patient and public involvement forums
- 1,345 from overview and scrutiny committees
- more than 4,000 from strategic health authorities

Each comment is put into one of three categories: 'positive', 'negative' or 'neutral'. If the meaning is not clear, it is coded 'neutral'. The coding does not yet take account of whether a comment applies to one patient or to many.

Once the comments have been coded, the codes are fed into our database and compared with other information we have about the trusts and along with the trusts' own declaration. As a result of this analysis, we selected 60 trusts (10%) for follow-up inspections because we were concerned that there was a high risk that they were saying they comply with a particular standard or standards when our data indicated that this might not be the case. Fifteen of these trusts were selected, at least in part, as a result of comments from a patient and public involvement forum, overview and scrutiny committee or strategic health authority.

A further 60 trusts (10%) were chosen at random for a follow-up inspection. The inspections take place between December 2005 and February 14th 2006.

What works and what does not work?

The Healthcare Commission will continue to accept all comments submitted in trusts' declarations, regardless of how they are presented. However, some contributions have

come in styles and formats that are easier than others to code – and only if they are coded can they be used to cross-check the trusts' declarations.

We have found that contributions are easier to code when they:

- contain information that clearly relates to one or more of the core standards
- are set out in separate sections or paragraphs, with each of these referring to only one standard or issue
- are limited to the domains, standards and elements for which the patient and public involvement forum or overview and scrutiny committee has relevant information to back up its comments
- are supported by concrete examples gathered by the patient and public involvement forum or overview and scrutiny committee, for example, notes from a visit to a trust, or findings from a local survey, or a report of actions taken by the trust

We have found it difficult or impossible to code contributions – or parts of them - where they:

- provide statements that do not directly relate to particular standards: for example, 'the forum is committed to working with the trust to improve patient care'
- include acronyms and abbreviations (such as 'PPI' for 'patient and public involvement') which are not explained
- provide minutes of meetings to convey a view, without any explanation

Examples drawn from comments from patient and public involvement forums and overview and scrutiny committees

The following examples are extracts from contributions we received from patient and public involvement forums and overview and scrutiny committees. They come in different formats, but all were found to be easy to code and helpful in cross-checking the trusts' declarations. The crosses show where we have taken out details that could give away the identity of the patient and public involvement forum or overview and scrutiny committee.

Example one

This patient and public involvement forum has structured its comments around domains, standards and elements. It has commented only where it has relevant information and has included examples to back up its statements. This extract shows what it says about one domain.

Domain 4: Patient focus

13a: treat patients, relatives and carers with dignity and respect

The trust has included a forum member in all PEATS assessments during the last twelve months and in this capacity we were satisfied that patients were treated with dignity and respect on those occasions.

14a: clear systems for complaints and feedback

The forum considers the PALS service to be a good service, but one that is currently under staffed. It is not considered satisfactory to operate an answer machine for this

service and it is recommended that more staff are recruited to enable a more effective service to be delivered to patients.

PALS leaflets are informative and available in GP surgeries and community hospitals.

15a: offers choice, safe preparation and balanced diet of food

Through our involvement with the PEAT surveys, the forum is satisfied that patients have a choice of food and that the opportunity to have a balanced diet is provided.

16: provides appropriate information on services, care and treatment

The forum has been consulted on the production of an updated information booklet for community hospital patients and look forward to receiving information on its use.

The forum has received updates from PALS, but due to lack of staff time this has not been as frequent or as detailed as we would have liked.

During some recent research undertaken by the forum, we have experienced difficulty in obtaining documentation on care pathways from the trust.

Example two

This patient and public involvement forum has identified different topics about which it wished to comment. The forum has also included examples from specific services and wards many of which have been visited by the forum. At the end of each section they identified the standard(s) relevant to each of their comments. Here is an extract:

Visit to xxx and xxx wards at xxx Hospital, xxx. These wards provide intermediate care and are situated in old hospital buildings. xxx ward had a major refurbishment three years ago. The strengths noted from the visit were pleasant atmosphere, good management, cleanliness and patient satisfaction. The décor in xxx required attention and subsequently this has been addressed together with some privacy issues. The recommendations made concerned the issue of patient dignity, firstly to try and ensure segregation of the sexes within the parameters of the physical space available and to ensure that both male and female staff were available on all shifts. The inadequacy of a disabled parking space was brought to the attention of the estates manager and the situation was rectified quickly. CS13, CS20, CS21.

Example three

This extract from an overview and scrutiny committee clearly signals the standards to which its comments relate.

C6 Evidence from our review of hospital discharge is that there is regular liaison with xxx Council Social Services on discharge needs. Age Concern has been given space within the hospital to provide a service to support those discharged from hospital. We are aware that the hospital and primary care trust work closely together on many issues and we have evidence related to the older person's NSF and development of 'choose and book'. We are aware that arising from our review of hospital discharge the hospital and PCT are working together to ensure that medical loan equipment is available to assist timely discharge.

C16 We are pleased to note that in response to one of the recommendations in our review of access to GPs that an information desk has been provided within the remodelled reception area.

Our review of hospital discharge suggested that some people left the hospital feeling they had insufficient information on people who might be able to help them. We recognize the limitations of our survey but understand that the hospital is improving its service based on our work.

We have asked that the hospital ensure that discharge letters are sent to GPs within 24 hours of discharge.