

People-Powered Policy Package:

Improving communications between the NHS and people

People- powered policies

Engage Britain brought together the [People's Panel](#) – 100 people from across the country – to work out which issues facing the NHS and social care are the most important to tackle first.

After staffing, improving communications between the NHS and people was the next highest priority.

To develop solutions to this challenge, we worked with [Imperial College Health Partners](#) to identify 8 examples of good practice from across the NHS.

The People's Panel, a group of patients with complex health needs (convened with the [Patients Association](#)), and a group of GP practice managers (convened with the [Practice Managers Association](#)) reviewed the examples. They assessed whether they would crack the issues that people raised about the impact of poor communications, and looked at what other policy solutions are needed.

The challenge

Engage Britain

Poor communication in the NHS is causing widespread harm and wasting precious resources. And this is entirely preventable.

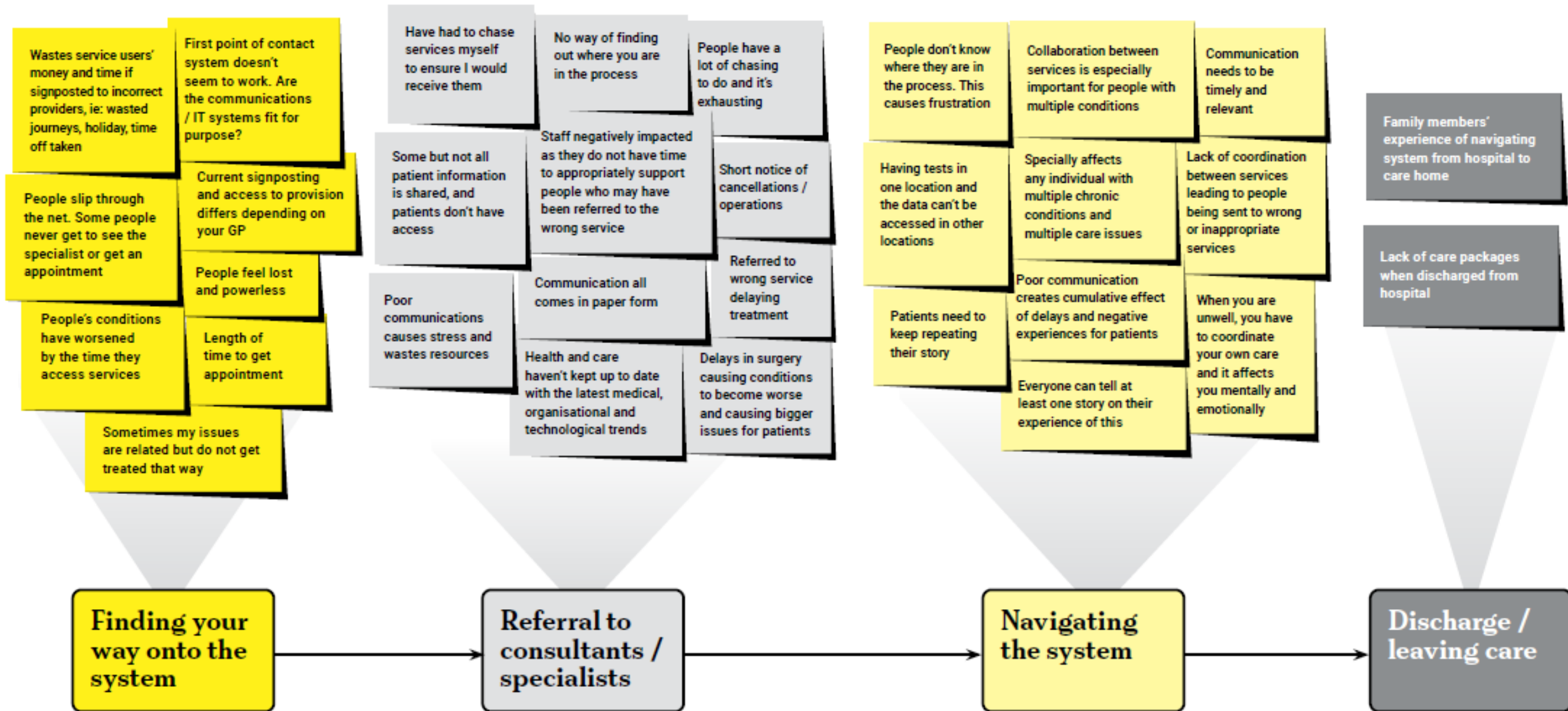
We love the NHS, but...

Engage Britain's [Community Conversations](#) made clear that while we love the ethos of the NHS and cherish its staff, far too many people are left feeling neglected, alone, not knowing where to turn and not able to access the services they need.

In polling almost half the population reported having one of these concerns. Poor communication – both from and within the health system – is having a negative impact on millions.

When a patient's notes get lost or they are misdirected, they see not just inconvenience (at best) for them, they see waste and inefficiency. This helps explain why, in deliberation, waste resonates among participants from across the political spectrum.

What the People's Panel told us about the impact of poor communications from the NHS had on them and their loved ones



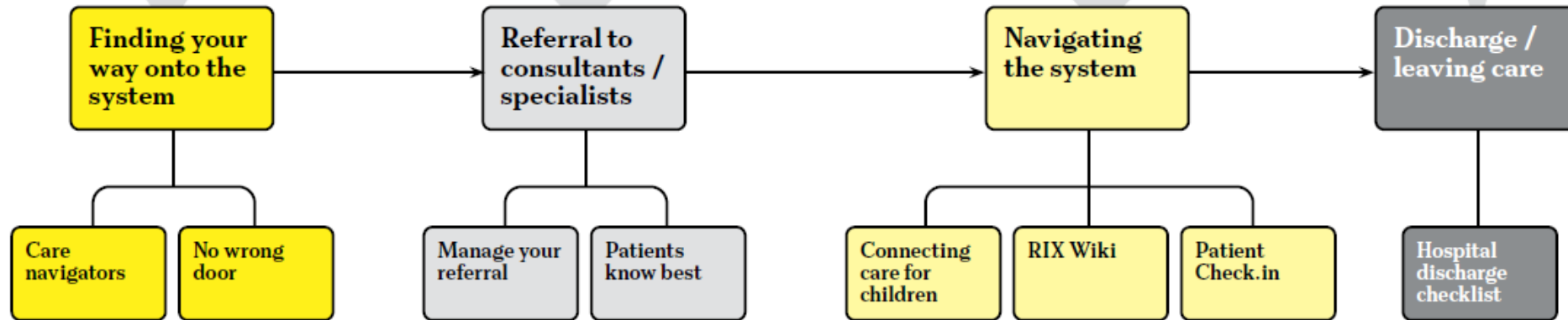
**Saving
resources,
reducing
waste,
preventing
harm**

Improving communications is both a way of saving resources and preventing waste, as well as a route to preventing people from experiencing trauma and harm.

The good news is that there are already examples of practical things that don't have to cost a lot of money, but which could have a significant impact on the quality of communication within the NHS.

There are obviously deeper set structural problems that sit alongside these issues, which do of course have to be dealt with, but fundamentally practical fixes that put people first will make a big difference.

Examples of where the NHS is communicating better with people



NHS

We may ask you about your health issue when you call to book an appointment. This is called **Care Navigation**. It's about helping you get to the service you need. Our specially trained reception team may suggest other professionals that could help you better.

Care Navigation

- Nurse
- Pharmacist
- Community services
- Wellbeing support
- Voluntary services and other groups

You can find out more about **Care Navigation** by picking up a leaflet in our practice or visiting our website.

The right care from the right person, first time



Appointments

Appointments your teams have added to your record. You can also add appointments for your own reference.

Upcoming (1)

- Anxiety Review Session
03 May 2021 at 09:00
Location: https://nhs.uk/574

Past

- Medication Review
26 April 2021 at 22:04

Leaving hospital - what do I need to know?

There are lots of things to consider when getting ready to leave hospital, but sometimes it is difficult to know what these things are. You and/or your trusted contact can use this guide in conversation with hospital staff during your stay to help you find out more in preparation for leaving hospital.

- My trusted contact**
 - Who would I like to be involved in planning my discharge and follow-up care? (e.g. family, friend)
 - Name: _____
 - Relationship to me: _____
 - Contact details (e.g. mobile, landline): _____
- Leaving hospital**
 - Where do I hope to be discharged to?
 - Who within the hospital will help to arrange my discharge?
- My medical information**
 - Why am I in hospital?



Case studies identified by Imperial College Health Partners

People-Powered Policies: Summary

Where do I turn?

Who is the best person to call when you have a problem? Most people assume the GP, but in some cases, people could get the care they need quicker by speaking to someone else. But calling the GP has become an ordeal for too many people. People that do need to see a doctor, wait too long, and many people who don't need to see a doctor get frustrated by being passed from pillar to post.

One way to solve this is through a better triage system, improved information and more support.

Making sure that people's needs are properly sorted and prioritised would ensure that those who need in-person consultations with GPs are seen quickly. And the support would be there to help people chase up referrals, which currently causes people huge amounts of stress as they don't know where to turn for this information.

No-one has oversight of all my needs

Some patients need more than just better signposting and direction. Those with chronic and complex conditions typically interact with a number of different institutions, specialisms, clinicians and other staff. The risk of needless harm and waste through poor communications is far greater for these patients.

It would have a massive impact if care was coordinated and connected, so that people are treated as people, rather than a series of conditions.

This would ensure that appointments, treatment plans and medications are coordinated, without the patient or their carer having to play this role.

I want all my information in one place

Technology offers an obvious route to improving communications but accessing NHS services digitally is often much more complicated than shopping or hailing a taxi, and trust in NHS digital services is low.

There are so many different NHS apps and platforms, and largely they do not speak to each other or share information.

People want the current NHS app to manage all aspects of their relationships with the health service.

This includes records, appointments, referrals and results. And they want this app to be consistent nationwide and accessible through a single login.

People-Powered Policies: Details

WHERE DO I TURN?

IDEA FOR CHANGE: A CARE NAVIGATOR IN EVERY GP SURGERY

- A signposting service provided by an empathic person with knowledge of NHS and community-based services and able to communicate well with patients. Needs to have oversight of patients' records. An admin ninja.
- This dedicated person would free up GPs' time, minimise avoidable appointments and reduce pressure on other frontline staff to provide information on or chase up referrals.
- Need to build trust in this role with patients who want to see a doctor and may be wary of speaking to a non-clinical member of staff. This will also involve raising awareness of the role and what they can do.
- Existing reception staff are the frontline and bear the brunt of patient frustrations. They could take on the care navigator role but need support and training to be able to do this. Realigning the whole role with appropriate training would be a relatively quick win.
- Needs to be a standard national competency framework, with accredited training and implementation monitored by the CQC.
- Integrated Care Board contracts should allow practices to close to enable training, which is the case in some places but is not universal.
- The care navigator role can be funded through the Additional Role Reimbursement Scheme.

The Care Navigator role already exists in some primary care locations, where there are specifically trained staff who can help direct patients to the most appropriate service or person depending on their needs.

They are non-clinical – so don't offer medical advice – but are the most informed about the services offered locally and how to get access to the support people need. If it is taken seriously and invested in, care navigators can play a vital role signposting and connecting patients to services they may not have considered. They are a communication lynchpin. Importantly, they take the pressure of knowing where to turn away from the public. And they enable GPs and other health professionals to focus their time on people who really need it.

This system has many benefits but can fall down if the care navigator is not trusted or seen to be 'just the receptionist' acting as a blocker. The investment here is in people and training; making sure that the care navigator fulfils their role to the community, and that the community understand the importance of the navigator.

NO-ONE HAS OVERSIGHT OF ALL MY NEEDS

IDEA FOR CHANGE: PEOPLE WITH COMPLEX HEALTH NEEDS SHOULD HAVE SINGLE LIAISON POINT TO COORDINATE THEIR CARE

- Patients with complex health needs whose conditions span multiple departments and specialists have a clinician inside the system with the overview of all their care.
- This person would ensure that appointments, treatment plans and medications are coordinated, without the patient or their carer having to play this role.
- They need to have appropriate specialist training, experience and expertise to manage complex needs. This may mean that it is not the GP that plays the coordinating role.
- Patients need to have confidence in and trust their coordination person, with the approach being patient centred and patient led.
- Consistency in this service across the UK is critical, so no matter where a patient lives, if they have complex health needs, they would be able to have the same access to this coordinated care approach.

This clinical role does exist in some places or services, for example: around end-of-life care. Another good example is Connecting Care for Children, a London-based programme that ensures children with complex health needs receive joined up, multi-disciplinary care from a range of specialists coordinated by their GP in a local, familiar setting.

Regular joint meetings are held so the professionals can discuss complex cases collaboratively, and children are treated holistically. Families get one management plan, which all the providers buy into, so care is consistent and focused even when more than one service is involved.

There is a legitimate question about who takes on this role of care coordinator. It could be the GP, but it doesn't need to be. It may be more appropriate to be another person involved in a patient's care. Whoever undertakes the coordination responsibility must have the trust of the patient, the necessary skill and both the authority and accountability to make sure the system properly serves the patient.

I WANT ALL MY INFORMATION IN ONE PLACE

IDEA FOR CHANGE: SINGLE APP TO MANAGE END TO END INTERACTIONS WITH THE NHS

- A single app – ideally the NHS app which people are already familiar with – which enables people to manage their referrals, schedule and track appointments, see their whole health record in one place, hold information relating to hospital discharge and track symptoms.
- Functionality to include ability for patients to query incorrect information and ensure the record is updated, as well as contact details for clinics so patients can speak to admin staff directly about appointments if needed.
- People with access needs should be involved in the app's design to ensure that it is fully accessible.
- The platform should be well advertised so people know that it exists and what it can do, including on referral letters and in GP practices.
- A phone-based alternative is needed for people who can't use or access tech, as well as having computer terminals in GP practices, libraries and other community settings so people can access it, with staff trained to support patients to use it.
- Consistency across all NHS settings across the UK is vital, including equal access to care records for both patients and clinicians, and ensuring that no matter where in the UK you live, all clinicians have access to your information.

People can see the value of existing apps such as Manage My Referral, Patient Knows Best and Rix Wiki. But the multiplicity of apps is far too complicated, there's too little information about using the systems, none of the app functionality joins up, and different locations (even within a single ICS, let alone across different parts of the UK) use different systems that don't talk to each other.

People want a tech-based solution to improve their relationship with medics not replace them. They want the technology to remove the need to give their history or symptoms to multiple people, multiple times. A benefit that will equally cause efficiencies for medical staff, leading to less time wasted.

Importantly, a single high-functionality app cannot be the only solution to the communication issues plaguing the NHS. Plenty of people do not find technology to be an adequate solution, and for many of those people, non-digital methods will still reign king. Instead, an app solution should be seen as one of the answers, which when combined with other improvements, helps to end the needless harm being caused by inadequate communications.