

A commissioning leader who puts himself in a patient's shoes, how refreshing – but what next?

Intro

This week there has been one name on the lips of anyone who is anyone in the healthcare service; Simon Stevens. The new chief executive of NHS England's first interview has set the service ablaze and given people pause for thought in more ways than one. But what do his words really mean when you break them down? Andrew McCulloch, chief executive at the Picker Institute Europe shares his first impressions:

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As chief executive of an organisation that specialises in using individual patient experiences to improve the quality of healthcare for all, for me, Simon Stevens revelation that he intends to "put himself in a patient's shoes," to understand their care needs and deliver the best quality care, is a breath of fresh air.

Any health or social service's core purpose is to serve and care for patients or service users, so it stands to reason that delivering the best quality care experience to these patients should be at the heart of any service. Being organised around their needs is not just a priority but THE priority. Having commissioning leadership that supports this ideal will go one step closer to actually achieving this.

One comment that was reported to have sent shockwaves through the service was that parts of the NHS are riddled with "deep seated structural problems" and must be "completely reinvented." In my eyes the only shock with this statement is that people are so shocked by it. To be successful any service needs to be built around the needs of the primary user, in retail that is the shopper, in healthcare it's the patient. At this point the health service is not built around patients, it is built to achieve outcomes (often outputs in practice) against budgets.

It's a flaw that can only be remedied by reprioritising and moving towards a systematic patient involvement cycle. This inevitably means involving patients in discussions about resources and treating them like adults.

Wherever possible every decision needs to come back to the patient and whether it benefits them -the only way to know this outside of a paternalistic model is to ask them. Asking these questions and converting the answers into healthcare improvements is at the heart of the Picker Institute. As an organisation we attempt to create the tools which enable us to ask these questions, no matter an individual's care needs. We then measure people's responses to work out exactly what factors are affecting their health or social care experience, to help map an improved path for future care.

Speaking of the future, Simon Stevens makes it clear that localised, specialised centres are a big part of that, but in my opinion, before we get there, we need to ask ourselves; why do patients really want more local hospitals? Is it a clinical care issue or is it more? Do they prefer the relationships they have in smaller organisations? Are there public transport issues or are increased parking fees making life difficult? These are all questions that we would

know the answers to if we actually asked them. They may seem obvious but they are key to planning.

Having visited hospitals as a patient and a professional researcher and policy maker, it's not hard to see that the service's need to make money out of parking fees, for example, has alienated both patients and staff. That brings me to staff, which is one area that are as yet undefined in Simon Stevens' vision as presented so far. I'm sure they are a key factor in it, I just look forward to seeing the small print on this. From conducting both the National Inpatient Survey and the NHS England Staff Survey we know first-hand, that when it comes to patient engagement and overall experience, the staff are the key!

In the past NHS England has taken a somewhat ambiguous approach to patient experience and although Simon Stevens comment that "wherever possible" allowing patients' freedom of choice is desirable, should be a comfort that things are changing, at this point I don't think it is enough. I think it was intended to be very positive, but was perhaps not framed correctly. To get this right we need to first understand the difference between choices and rights. Freedom of choice is not just a patient's right *sometimes*, it's a human right *all of the time*. The issue being referred to here is presumably the one of resources and range of treatment choices, but there is a danger that when using blanket statements such as "wherever possible", we obscure the patient's fundamental right to decide in areas such as whether to participate, on what terms and with who.

As doctors you can advise a patient to take a treatment but you cannot make them do it, they always have the right to say no or to get a second opinion, should they want to. Think of it like this and it's not just important to give patients choices "wherever possible", it's *essential*. There is plenty of evidence that patients who are not on board don't comply – and these rates of non-compliance can be as high as 75% wasting massive amounts of resource. This doesn't have to be the scary or threatening as it has previously been perceived. Channelled in the right way patient choices can actually make our service even better. Once you see the choices that patients are making and why, you have some quality indicators of what to and not to do.

Remove the healthcare setting for a second and think of John Lewis for example, the UK's shining customer service success - so successful in fact that the HSJ ran a seminar last week asking if their business model could even be applied to the NHS setting. They don't refer to quality control "wherever possible", they use it all the time. If we are going to build and sustain a successful, quality healthcare service, we have to consistently consider quality control and patient feedback, factor it into core policy measures and generally do whatever it takes to deliver the best care and patient experience.

I look forward to seeing Simon Stevens' vision take shape and working together so that patients', alongside staff, take their place at the heart of creating an improved, sustainable healthcare service for all.