

# Commissioning for an improved patient experience for children and young people

## Introduction

Much of the task of improving patient experience rightly falls to providers of health services – it is they who take part in the interactions that often shape a person's experience of care. Yet commissioners have a vital role to play too in ensuring that services provide patients with a positive experience of care over the whole patient pathway and in setting and enforcing clear care standards.

This is particularly the case for children and young people's services, where pathways can be very complex and where need is likely to change significantly over time, but in a way which can be planned for.

A number of developments are likely to mean that the experience of children and young people will be higher on the agenda. This includes the work of the Children and Young People Health Outcomes Forum, which has led to the national Inpatient and Day Case Survey of Children and Young People being undertaken in 2014 (results expected in May 2015), the roll out of the Friends and Family test to Children and Young People's Services from April 2015 and the opportunities presented with the implementation of the NHS 5 Year Forward View. If these opportunities are to be capitalised on, it will be important that commissioners are provided with ideas and inspiration for the steps they can take to improve the patient experience of children and young people (and their families and carers).

This note sets out some ideas on how commissioners might approach this task, focusing on:

- Identifying vulnerable groups/those most at risk of poorer experiences of care *e.g. children and young people from Black and Minority Ethnic Communities, those with complex needs/learning disabilities, those who are looked after*
- Gathering and acting upon evidence
- Designing services and pathways
- Tendering for services
- Creating incentives for improvement

## The case for commissioning for improved patient experience

Patient experience is an outcome in itself and therefore seeking to improve it is a core purpose of every NHS organisation, including commissioners. Patient experience is a domain of the NHS Outcomes Framework. Furthermore, it is an issue that matters to people and can be an important barometer of wider quality issues.

For children and young people, patient experience can be particularly important. Experience of health services when someone is young can be formative, shaping the way they interact with health and care throughout their life. A positive experience of treatment and care can build resilience, helping ensure people are equipped to care for themselves and engage in health behaviours.

## Identifying vulnerable groups/those most at risk of poorer experiences of care

Commissioners should be able to identify from their local Joint Strategic Needs Assessment those children, young people and families/carers and those who are most at risk of poorer experiences of care and ensure that their specific needs are addressed. Those most at risk of poorer experiences of care may include *e.g. children and young people from Black and Minority Ethnic Communities, those with complex needs/learning disabilities, those who are looked after, children and young people with*

caring responsibilities for relatives including parents and siblings, those who have parents in prison or have parents with mental health or dependency issues.

## Gathering and acting upon evidence

Commissioners should seek evidence and insight on the experience of children and young people and family/carer experiences from a range of services, including:

- The planned inpatient/day case survey
- The Friends and Family Test
- Online feedback mechanisms, such as Patient Opinion or “I Want Great Care”
- Local surveys
- Working with patient representatives/user engagement groups and voluntary organisations

However, there is little point in gathering evidence if it is not acted upon. Commissioners should therefore look to demonstrate the changes that they have made as a result of the feedback they have received.

## Designing services and pathways

Experience can be enhanced by improving the interventions and interactions that take place within a provider or by redesigning a pathway that can involve many different providers. The services that children and young people use are often complex, involving a range of providers in primary/community and specialist care, as well as those in social care, education, housing, voluntary and independent sector.

A key role for commissioners should be designing pathways that are ‘child and adolescent friendly.’ Doing so will require listening to the views and experiences of children, young people and their carers and taking action to address the issues they raise.

Key issues they may wish to consider/include:

- Ensuring that service users are involved in their care in an appropriate and consistent way
- Creating stronger links between generalist and specialist services
- Ensuring strong links to education by commissioning services that support a child or young person’s management of their health condition in school settings
- Enabling children and young people to maintain social links and activities
- Use of personalised budgets

## Tendering for services

One responsibility of commissioners is to manage contracts. In awarding contracts for children and young people’s services, commissioners should take steps to ensure that the services they contract with are ‘child and adolescent literate’. This means providers being able to demonstrate:

- They can communicate effectively and appropriately with the people who will use their services
- They have identified issues with their service which may be of particular concern for children and young people and have taken steps to mitigate these
- They have sought feedback from children and young people and are acting upon this feedback

Commissioners demonstrating good practice will involve children and young people in assessing aspects of bids for service contracts.

## Creating incentives for improvement

Commissioners should use financial incentives to reward the changes they wish to see. These should be the changes that will make a difference to the experience of children and young people. In order to encourage improvements in experience, commissioners should consider the use of payment mechanisms such as:

- CQUINs – to reward the achievement of quality priorities identified by the provider and commissioner. An example might be the provision of additional play therapists or youth workers
- Best practice tariffs – to encourage the provision of an enhanced level of service that could be expected to deliver better outcomes or savings at different points of the pathway. An example might be enhanced support around the time of transition from young people's to adult services, or from specialist care to primary care
- Gain share arrangements – to enable providers and commissioners to share and reinvest any savings realised by pathway redesign e.g. improving quality of annual asthma reviews for children in primary care that reduces hospital admission episodes from acute exacerbation

## Conclusion

Commissioners should challenge themselves as to how they are involving children, young people and families in the commissioning cycle. They should be able to demonstrate that there is evidence of the public voice within the planning, procurement and monitoring of services and that children, young people and their families have an effective influence in the commissioning process itself, so that services reflect the needs of local people (Health and Social Care Act 2012).

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