



NATIONAL INFORMATION BOARD

Personalised Health and Care 2020

WORK STREAM 3 ROADMAP

Make the quality of care transparent

Roadmap for publication of comparative information

September 2015

Final Version



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1 CONTEXT

Every citizen has the right to access information about the performance and outcomes of the health and care systems that they pay for, and to be equipped to make informed choices about their health and care. There is a wealth of published information available, but much of it is hard to find and difficult for a non-expert to access and interpret. This applies to care professionals as well as to the general public.

Our commitment to transparency signals an important shift in culture away from a heavy reliance on top-down targets to drive improvement in the health and care system. As we develop a system which focuses on the use of data and technology to provide personalised care, the culture of transparency will enable responsible clinicians and organisations to compare the quality of their services against those offered by their peers, providing both accountability and clear leverage for improvement. Patients and citizens will also have much needed access to comprehensible information about the quality of the health and care services available to them, thereby strengthening informed patient choice. An important source of data are the Outcomes Frameworks, which relevant policy teams in the Department of Health (DH) continue to develop with NHS England, PHE and the Local Government Association.

This is the context in which we have developed, and continue to refine and build, the MyNHS website, including the development of better use of patient feedback.

2 RESEARCH AND EVIDENCE

Department of Health (DH) analytical colleagues have collected and evaluated the available national and international evidence for the efficacy of transparency to drive improvements and choice.

- Dr Foster's hospital guide, among others, demonstrated that publishing rankings had a stronger reputational effect for those at the bottom who are spurred into improving.
- Evidence from the US (Wisconsin) revealed that publishing benchmarked hospital data had a greater effect on improving quality than simply feeding back to hospitals individually.
- Emerging evidence from the Netherlands suggests that rankings are taken seriously by managers but do not carry the same credibility with clinicians. This underlines the importance of selecting valid indicators and methods of comparison, such as bandings. Year on year stability is also key to maintaining credibility.
- NHS Choices uses the power of transparency to enable patients to compare services and providers. NHS Choices compared different formats and presentations to test whether, and how, it was possible to nudge patients to pay attention to quality. Those findings – that what comes first matters, that too much information is overwhelming, and that simple labels are more helpful than symbols such as stars – have been used in the design of the MyNHS website presentation.

Further research is needed to evaluate the effectiveness of the MyNHS site as a means of effecting behaviour change and improved performance.



We intend to commission a robust evaluation of how effectively the site has contributed to improving quality and safety as described above, including any impact on equalities. This will be carried out in 2017/18, once the site has been in use for a significant length of time.

In the meantime we shall establish a user group to help with this and with other aspects of MyNHS's development, such as presentation and functionality.

The Health and Social Care Information Centre (HSCIC) analyses current traffic to the MyNHS site to assess, for example, how many hits it receives, which scorecards are most used, who they are being accessed by and where traffic comes from.

Recently, an informal survey was undertaken to assess stakeholder attitudes to transparency as a concept, and to the inclusion of their own information on MyNHS, which was largely positive. A further exercise will build on this later in the year to assess any changes as MyNHS becomes more embedded and as scorecards develop. These exercises, as well as feedback from the user group, will inform the design and layout of future developments.

3 BUILDING THE PICTURE FOR DELIVERY

Transparency in the health and social care sector is key to driving improvements in the quality and safety of care, with the added benefits of supporting public accountability in relation to services and improving choice for service users.

Individual data releases will have particular benefits, but in general, transparency and open data support allows:

- Government and public service accountability;
- Informed choice of public services;
- Increased productivity; and
- Better outcomes.

The key aim is to drive quality improvement by making comparative data publicly available in an easy to understand format. The MyNHS site, which is part of NHS Choices, uses existing data to present measures which have been identified as of particular interest and is designed:

- for professionals and organisations;
- to compare, in public, the quality and performance of NHS and care services, providers and commissioners, including public health;
- to support transparency and to stimulate improvements in quality, safety, and efficiency;
- to provide public accountability; and
- to complement other public-facing and publically available sites (e.g. NHS Choices, Dr Foster, National Cancer Intelligence Network and many others).

In February 2015, the Department of Health published a roadmap setting out plans for new scorecards to be included on MyNHS and the development of existing ones, running to 2017.

The roadmap sets out current plans to enhance and develop MyNHS, though some timings have been revised in light of the emerging priorities following the General Election in May.



Recent developments on the site include:

- a new scorecard on providers of adult social care, covering residential and nursing homes;
- a new scorecard on dentists, highlighting the Friends and Family Test; and
- additions and updates to the existing scorecards, both to reflect routine data refreshes and to add new areas, such as Improving Access to Psychological Therapies alongside the Mental Health scorecard, and consultant, team or unit level outcomes for the Consultants' scorecard.

Work in hand includes:

- a new scorecard to provide a comprehensive view of the quality of health services for different populations for which clinical commissioning groups (CCGs) are responsible, highlighting the key role of commissioners in improving the health of their local populations. This will be informed by independent advice from the King's Fund;
- a new scorecard on the integration of health and care, to replace the one currently on the site, and tied in to the CCG metrics;
- a new scorecard on progress towards the ambition to achieve a paper-free healthcare system, supporting the digital ambitions set out in *Personalised Health and Care 2020*; and
- new metrics on GP practices, to be informed by independent advice from the Health Foundation.

Evaluation of site usage and stakeholder opinion will generate information on which to base further improvements, learning where possible from behavioural insights.

MyNHS is intended as a key element of transparency, which is itself a lever to improve service performance and efficiency.

To be effective it will need to continue to be embedded in core documentation such as the mandate to NHS England, and to be aligned with performance assurance such as the CCG assurance. The Outcomes Frameworks already provide key items across the scorecards.

Besides this, there is scope to develop and use the MyNHS site much more extensively, for example by:

- adding new scorecards to cover, for example, additional professional groups and service groups;
- expanding coverage of patient experience, and developing real-time patient feedback; and
- developing regular themed reports on, for example, population groups or patient pathways.

MyNHS is now established to provide the nexus of a much more ambitious transparency initiative. From autumn 2015 we will use MyNHS as the "shop window" for routine health and care data, bringing together access to information across the health and care system to become the single "go-to" place for professionals and the public to find what data is available and where to pursue it, depending on what level of detail they need.

The use of real-time patient feedback is a powerful tool in highlighting quality and enhancing choice. NHS Choices already offers a facility for patients to comment on their care; while,



separately, the Friends and Family Test (FFT) is used extensively in the NHS to capture patient views on their experience of services. There is work in hand to address the issues to be resolved if FFT text is to be published, including information governance and patient consent, as well as considering any wider impact on the overall FFT approach. NHS Choices has written to 60 suppliers of FFT and free-text comments and 50 Trusts have expressed an interest in working with NHS England. The initial phase, likely to involve 6 Trusts, will last for approximately 3 months, with a pilot focusing on in-patients.

The new scorecards for CCGs and GP practice metrics will be a significant development under the MyNHS umbrella, with content designed and owned by internal and external stakeholders. Work has advanced on scorecards for integrated health and social care and informatics.

4 BENEFITS

MyNHS scorecards cover (to date):

- GP practices
- Hospitals – quality indicators, stroke services, and outcomes for hip and knee surgery, urology surgery, vascular surgery and adult cardiac surgery
- Hospital efficiency
- Consultants
- Mental health
- Adult social care providers
- Public health
- Health and well-being boards
- Integration
- Care and residential homes
- Dentists

These will be kept up to date as new data comes on stream. There is scope, and plans, for significant developments as set out in the February roadmap, including:

- Domiciliary care; and
- Extending information about key services in hospitals, building on the stroke example.

Areas such as the existing GP practice scorecard will be replaced and aligned with new work, in particular the new scorecards to be added on:

- CCGs;
- Integrated health and social care; and
- Electronic Health Records and digital maturity.

The majority of indicators reflect the quality of services at provider level, including patient experience as reflected through the Friends and Family Test.

The hospital efficiency score card – to be further updated in alignment with the Lord Carter review – has the clearest read across to potential efficiency savings. The CCG scorecard and GP practice metrics will need to align to developments on the mandate to NHS England.



It is anticipated that MyNHS will provide impetus to contribute to efficiency savings, for example by allowing hospitals to compare their respective spend in the areas identified for the scorecard, but it is not possible at this stage to quantify that contribution or to identify it amongst other initiatives, notably Lord Carter's ongoing work. The potential efficiency gain is estimated at £5bn.

Similarly, better quality health and care outcomes – supported by the Outcomes Frameworks – will contribute to overall efficiency and effectiveness across the health and care sectors. McKinsey (unpublished) estimated that there was a potential saving of up to £1.1bn through transparency of clinician performance. MyNHS can be expected to contribute to these gains but is not possible to quantify its precise impact.

This aspect will be built in to the evaluation of the MyNHS site.

The cost of the site, run by HSCIC, is currently borne by the Department of Health. Other partners such as NHS England and Public Health England contribute in kind through, for example, in the provision of analytical resource.