



NATIONAL INFORMATION BOARD

Personalised Health and Care 2020

WORK STREAM 3 ROADMAP

Make the quality of care transparent

Roadmap for publication of comparative information

June 2015



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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 this will equip them 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, and 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.

This is the context in which we have developed, and continue to refine and build, the MyNHS website; the ongoing development and possible alignment of the Outcomes Frameworks; and 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) was 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 such as hospitals. 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, and we intend to commission a robust evaluation of how effectively the site has contributed to improving quality and safety, including



any impact on equalities. This will be carried out in 2015-16, once the site has been in use for a significant length of time.

In the meantime the Health and Social Care Information Centre (HSCIC) has analysed current traffic to the MyNHS site to assess, for example, how many hits it receives, which scorecards are most used, and who they are being accessed by. The findings of this review will inform the design and layout of future developments.

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. This will be repeated later in the year to assess any changes as MyNHS becomes more embedded and as scorecards develop.

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:

- Government and public service accountability
- Informed choice of public services
- Increased productivity
- 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
- 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, DH 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 are subject to change in light of the emerging post-election priorities.

In particular, there will be:



- a new scorecard on Clinical Commissioning Groups (CCGs), highlighting the key role of commissioners in improving the health of their local populations,
- a new scorecard on providers of adult social care, covering residential and nursing homes,
- a new scorecard on dentists,
- additions and updates to existing scorecards, both to reflect routine data refreshes and to add new areas, such as Improving Access to Psychological Therapies on the Mental Health scorecard, and consultant team or unit level outcomes for the Consultants' scorecard.

Evaluation of site usage and stakeholder opinion will generate information on which to base further improvements, possibly with the Behavioural Insights Team.

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

To be effective it will need to continue to be embedded in core documentation such as the NHS Mandate, and to be aligned with performance assurance such as the CCG assurance.

The Outcomes Frameworks already provide key items across the scorecards and, as they are refined and aligned, have the potential to act as a unifying framework for health, care and public health outcomes as reflected in MyNHS.

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

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

MyNHS is now established as the nexus of a much more ambitious transparency initiative. We are exploring options to use it as the “shop window” for routine health and care data, effectively creating a single point of access to information across the health and care system, which will 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 itself already offers a way for patients to comment on their care; while, separately, the Family and Friends Test (FFT) is used extensively in the NHS to capture patient views on their service experience. A number of issues need 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 12 Trusts, will last for approximately 3 months, with a pilot focusing on in-patients.



The new scorecards for CCGs and GPs will be a significant development under the MyNHS umbrella, with content designed and owned by internal and external stakeholders. Work is also starting on scorecards for integrated health and social care and informatics.

There is a range of possible options for closer alignment of the Outcomes Frameworks which will be developed similarly.

4 BENEFITS

MyNHS scorecards cover (to date):

- GP practices
- Hospitals – quality indicators and stroke services
- Hospital efficiency
- Consultants
- Mental health
- Adult social care providers
- Public health
- Health and well-being boards
- Integration

These will be kept up to date as new data comes on stream. There is scope, and plans, for significant developments with new scorecards for care and residential homes and also for dentists.

While areas such as the GP scorecard are likely to be updated and aligned with new work, additional scorecards are to be added on CCGs and integrated health and social care, including informatics.

The majority of indicators reflect the quality of services at provider level, including patient experience as reflected through the Family and Friends 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 and GP scorecards will need to align to developments on the NHS Mandate.

We expect MyNHS to provide impetus to the work to identify 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 as a result of greater transparency of clinician performance. We expect MyNHS 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 to the HSCIC of running the site is currently met by DH, with other partners, most notably NHS England and Public Health England, contributing in kind through the provision of analytical resource.