

Information Sharing Guidance

1. Introduction

Healthwatch Derbyshire (HWD) adheres to a strict Information Sharing Policy, a copy of which can be provided on request or found on our website

<http://www.healthwatchderbyshire.co.uk/resources/policies/>

The purpose of this document is to facilitate the lawful, appropriate and effective sharing of information with our partners.

2. Background

HWD believes that when patients and members of the public are involved in decisions affecting the commissioning and delivery of health and social care services, it has resounding benefits. Individuals feel empowered, which results in higher levels of satisfaction. Services that are shaped around the needs of individuals can increase the efficiency and effectiveness of care pathways.

HWD recognises that we cannot achieve this without effective information sharing and being part of a positive and constructive partnership with commissioner and provider organisations. This is why we have developed, and are firmly committed to, the principles of this information sharing protocol.

Collaboration will help to develop solutions to the current issues patients and members of the public face highlight risks and develop creative and innovative ideas that can shape future service improvements.

3. The type of information provided by HWD

It is important to note that HWD work with 'patient experience'. This can be positive or negative.

Patient experience is often referred to as 'anecdotal' or 'soft' evidence.

In the past this type of information has invariably carried less weight than 'hard' or 'robust' evidence found in statistical measures, such as key performance indicators.

However, patient experience has been key to detecting patterns of poor practice in a number of high profile cases, e.g. NHS Mid Staffordshire Trust, and recently the Southern Health NHS Foundation Trust.

In both these cases there was a serious failure on the part of the trusts in not listening sufficiently to their patients, their carer's and the staff, and acting on those concerns.

Systems, behaviours and cultures that allow these tragedies to happen need to be challenged and reformed, and HWD is an important part of that reform.

It is important to note that people often like to give us positive feedback too, which gives them the satisfaction and gratitude of knowing this will be passed on to staff.

4. Why do people talk to HWD instead of going directly to the service provider?

HWD is not trying to replace the complaints system. When people leave comments with us, we often speak to them about making a complaint if they want an investigation or a personal response, and signpost to advocacy support if appropriate.

However, not everyone wants to make a complaint, this can be for a number of reasons:

- They don't want to be seen as a trouble maker
- They don't think it will make any difference, and nothing will improve as a result
- They are worried their care will get worse as a result.

HWD helps to break down these barriers to passing on concerns by actively seeking comments through our engagement work, but also by providing people with a safe way to raise a concern, i.e. because we are independent, and concerns can be passed on anonymously.

We aim to be clear with people with regards to what they can expect from our service, and do explain to people that any response they request will not be the same as if they made a complaint.

5. Our relationship with the Care Quality Commission (CQC)

We have a very good relationship with the CQC locally, and we are routinely asked:

1. For comments we have received with regards to specific services, and
2. Whether the service in question responds to the information we send.

This, according to the CQC, is because providers are under a legal duty under Regulation 17 'Good Governance' to have 'regard to feedback from patients, staff and others and use this to assess and improve the quality of services delivered and to drive improvements'. This feedback may be through meetings, complaints, compliments, comments or through HWD. It is part of the evidence during an inspection to show effective systems are in place to assess and monitor the quality of services and mitigate risk.

Hence by responding to information we send through you are helping to evidence that you meet this regulation.

6. How information is received

Information is received by HWD from patients, service users and members of the public regarding health and social care services. This general feedback is received as comments, and is held on our internal database. Comments are received through various channels, e.g. via phone, email, post, through contact with our engagement officers, or via our website feedback centre.

It is important to note that in addition to general comments, HWD also undertake targeted pieces of engagement work to explore themes, concerns and issues that we feel warrant additional attention, this could be around a particular service, e.g. dementia services, or a particular group of people, e.g. people with learning disabilities.

The information we receive is stored on our database and can be manipulated in a number of ways, e.g. by individual service provider, by commissioner, by district, by age, by topic or theme.

Information can, therefore, be extracted that meets the specific requirements of each partner organisation.

7. Types of information sharing and frequency

There are three elements to our information sharing system:

a. Individual comments which require a response

Although we are not a replacement for the complaints system (see section 4 above) there may be times when we take a comment from a patient or member of the public and they would like a response from the service provider.

These comments are collected in two ways:

- By our engagement officers
- Through our website feedback centre.

Engagement officer comments:

These comments will be logged on our system and sent every two weeks to the service provider asking for a response. A response will be requested within 20 working days. Responses will be logged and forwarded to the individual.

Website feedback centre comments:

These comments will be logged on our system and sent **immediately** to the service provider, this is because we do not feel it is appropriate to publish a comment on our website until the service provider is aware of it first. Once it has been sent to the service provider the comment is then published. (See section 8 below for more information about how comments are authorised). A response will be requested within 20 working days. However, we advise service providers that these comments are in the public arena, so a more prompt reply might be in their best interests.

Comments are always anonymised, and sent by email to a named recipient, or in the case of smaller providers, a named recipient or the manager.

Additional information to support further investigation, if available, can then be requested and will be provided if we have consent. Please see section 4 below.

For full details of how to respond to our comments please go to section 13 below. We ask that you take the time to provide a response that demonstrates empathy and a willingness to learn from their experience.

Please note: Comments with responses are also forwarded to service commissioners, other relevant decision makers and regulators e.g. see section 5 on our relationship with the CQC above. We may also use feedback in written publications and the HWD website, to promote the work we do.

b. Individual comments that do not require a response

The majority of people we speak to do not ask for a response to their comments. These comments will be logged on our system and sent through to service providers and commissioners for information only to aid internal quality assurance processes. This information is anonymised and sent via email.

This information will be sent:

- Monthly to large service providers e.g. Derbyshire Community Health Services (DCHS)
- Monthly to commissioners. (The information is delayed by a month, so that any responses requested from service providers can be included)
- Quarterly to smaller providers, e.g. GPs, care homes etc. This is because there is likely to be less comments.

If you would like to request comments at different intervals please get in touch with our Office Manager Tammi@healthwatchderbyshire.co.uk, and we will consider your request.

We ask that organisations triangulate the information we provide with information from their own feedback systems, such as friends and family, or complaints, to pick up themes and trends. We may ask from time to time how this information is being used, so that we can report back to patients and the public.

Information is also forwarded to other relevant decision makers and regulators, once responses that have been requested in section 1.1 above have been received, e.g. see section 5 on our relationship with the CQC.

c. Themes

All the comments on our system will be analysed on a quarterly basis to identify trends and themes. Trends and themes identified will be considered by our Intelligence, Insight and Action (IIA) sub group and a course of action will be agreed. This may result in you being asked to respond to a theme, made up of a number of comments.

If we write a formal letter or produce a formal report to outline the issue and make recommendations, this aspect of our work is governed by legislation and a response should be within 20 working days (30 working days if the report concerns more than one organisation). More information as to how to respond to themes can be found in section 13.

Please note: Whilst HWD is committed to the principal of sharing information with the provider of a service first, there may be occasions when information is requested from HWD by other bodies for a specific purpose, e.g. commissioners, regulators and the Quality Surveillance Group (QSG) without information having yet been sent to the provider. In this instance, information will be submitted simultaneously to the provider and the organisation who is requesting the information.

8. Website feedback centre

The website feedback centre can be found at <http://www.healthwatchderbyshire.co.uk/give-feedback/>.

This feedback centre invites patients, and members of the public to leave feedback about their experience of using health and social care services. They can also rate the service they received out of 5. Comments received are displayed on the home page of our website.

All comments submitted to the feedback centre are reviewed and authorised by HWD prior to being published on the website. This process ensures that no personally identifiable information is included in the comment, including the names of individuals and professionals.

At the same time as the comment is published on the website, which is normally within 48 hours of receipt, the service provider it relates to is notified that a comment has been published and are invited to respond, see section 7.1 above. This will either be the 'named recipient' that has been provided by the organisation for this purpose, or the manager of an organisation, if we do not have a named recipient.

Responses received are uploaded and displayed alongside the comment that has been made. Responses should be sent to providerfeedback@healthwatchderbyshire.co.uk. The response time for service providers notified of a comment is dictated by their own organisation, but we request a response within 20 working days. Please note that comments submitted through the website feedback centre are in the public domain, so it is in the interests of the service to provide a response as soon as possible.

Responses can be updated at any time by contacting HWD.

When a response has been received, we will notify the person who made the comment via email.

9. Contacting people who have raised a concern

In most cases, it is anticipated that personal data (i.e. from which individuals can be identified) will not be shared. HWD will only disclose identifiable personal data to other parties with the consent of the person who provided that information to them, unless there is a legal obligation to disclose, or, in extreme and exceptional circumstances, where failure to disclose the information is likely to result in very serious harm to any person). Where non-personal or anonymised data can be used practicably, personal data will not be shared or used.

We understand that sometimes service providers may read a comment and feel they need more information in order to fully understand and learn from the experience that has been expressed.

If this is the case, then we will do our best to obtain consent so that we can pass on personal details. Sometimes this is obtained at the time of making a comment, so it is a case of just simply checking with someone that they are still happy for their details to be passed on.

If consent is obtained and personal data is provided by HWD, only staff who need this information to perform enquires must be given access. They must be fully aware of the need to ensure security and confidentiality of personal data.

10. Named professionals

We do not routinely include the names of professionals identified in comments. This is because we feel that this information should be requested and provided to a member of staff who understands the responsibility to treat this information sensitively and keep it confidential.

If we have the name of a professional identified in a comment it will indicate this with a tick (✓) in the 'Named Professional' box.

This is the same process for positive comments, we do not include names, but they can be requested.

11. How the information can be used

The recipient of our information should ensure that it is used exclusively for the specified purposes set out in this protocol, and should not use the information in any manner incompatible with that purpose without prior consent of HWD.

Where personal data has been requested and provided by HWD with the consent of the patient, or member of the public, staff must only be given access to this personal data where that access is necessary in order for them to perform their duties, and they must be fully aware of their responsibilities with regards to the security and confidentiality of personal data.

Partner organisations must not attempt to identify individuals from anonymised information, or to combine anonymised information with other information in such a way as to make it reasonably possible to identify individuals, without the consent of HWD.

Partner organisations should not assume anonymised information is not sensitive or confidential and can be freely shared. This may not be the case. Where there is any doubt as to whether such information is sensitive or confidential, HWD should be contacted.

Each partner organisation remains responsible for ensuring their own compliance with applicable legislation and common law. If they consider that any part of this protocol is incompatible with that requirement, then compliance with the law takes precedence. In such circumstances, they must notify all parties as soon as possible.

Each partner organisation is responsible for ensuring that the requirements of this protocol are appropriate and adequately communicated to their staff, and for ensuring compliance with the protocol.

12. Safeguarding

If HWD receives information or allegations regarding abuse or other information which suggests that the welfare of people may be at risk, this will be reported directly in accordance with local safeguarding procedures.

13. Responding the information shared

a. Responding to individuals who would like a response

We have looked through a large number of responses from all service providers to determine what makes a good response. Good responses can be broken down into **three elements** which are outlined below.

Firstly, an explanation of the course of action/practise/procedure/pathway that would be expected in a given situation

Below are some examples of this:

- Regarding our appointments system, we have changed this significantly over the last six months to incorporate a sit and wait service on a Monday morning. Following discussions with our PPG we plan to expand this to Friday afternoons and this will ensure that we can offer our patients an appointment within five days of a call accepting entirely that this may not meet a patients exact requirements.

- Appointments made available for online booking are in fact underused. We offer pre-bookable appointments several weeks in advance as well as same day appointments. However, once these have all been used, patients are directed to the doctor on call. They will receive a telephone call and the doctor will decide whether their matter can be dealt with over the telephone or whether they need to be seen. If they need to be seen he/she will arrange this while speaking to them ... Unfortunately with current demand it is not possible to deal with the workload on a daily basis using face to face consultations alone. We will continue to monitor our appointment system and all feedback is gratefully received.
- If a patient cannot wait until the next available routine appointment we then offer a call back from the GP who will make a clinical judgement if the patient:
 - Needs to be seen sooner than the next routine appointment they will either have a telephone consultation with the GP there and then; or
 - If GP feels the patient needs to be seen they will be called up on the same day to be seen
 - Booked to see another Health Care professional that is best suited for their clinical issue, ANP/Practice Nurse.

If possible though we will try and book the patient with their preferred GP if they ask for them by name. This feedback shows the value patients place on this, so I will ensure we continue to recognise the importance of it and offer it in future.

- With our triage system, any patient needing to see a doctor for anything other than a routine matter can be assessed by the nurse practitioner and an appointment arranged the same day if necessary. Also, if you have already been seen by a GP for a particular problem then we would try to book you in with that same GP again for continuity of care, but of course this is not always possible. We also offer telephone consultations as an alternative if patients are struggling to get a routine appointment.

This information gives the patient an indication of the route to care they can expect to receive. Surgeries operate in different ways to meet the needs of their specific patient population, however where patients' comments indicate a misunderstanding/lack of awareness of such systems/processes it is helpful for us to receive clarification for feedback to the patient.

Secondly, an apology or acknowledgement of the difficulties that the commentator has experienced

Below are some examples of this:

- We apologise that our patient found themselves in this position and recognise the importance of continuity of care.
- I'm sorry to hear that you have had to wait for an appointment.
- I was very concerned by the comments made and felt that if this happened we have failed this patient. This is just not how we work so I really wanted to look into this to see what had gone wrong, how we could prevent it from happening again and also see if there was anything we could do for this now.

- We apologise to our patient that they felt they have been offered inappropriate treatment.
- I apologise if the patient felt rushed and that we didn't meet their expectations and all patients can ring or write to me as I am happy to hear their concerns. The patient's complaint has been raised in a GP meeting for their consideration.
- Naturally, we are concerned and sympathetic when any patient feels the need to express a concern in relation to the service that they have received, or indeed, the treatment that we have provided.

I would like to take this opportunity to reassure the patient that I have discussed this comment with the entire practice team, and from the feedback that I have received they would like to apologise for the fact that this patient has felt less than entirely satisfied with the service that they received.

It may also be appropriate in your response to inform the patient what to do if they remain unhappy.

Thirdly, what learning or action has taken place?

Although I have left this to last, this is probably the most important element of the response. This is because it is the very purpose that Healthwatch exists, i.e. to support patients and the public to influence the design and delivery of services.

Most people share information with HWD not because they necessarily want to complain, but because they don't want someone else to have the same experience. So it is really important that service providers look at how they can learn from the information provided, or act on it to ensure services improve.

- We will consider reorganising our triage appointments to give a better spread of face to face appointments throughout the day filled by the triage doctor as appropriate following telephone appointments.
- We reiterated the need to ensure that anyone who interacts with a patient - be it at reception or with a clinician - and that person advises us that they have specific requirements to access information (under the Accessible Information Standard), or we identify that they may benefit from receiving information in a different format, we would encourage them to complete the form (with assistance if needed) to detail their specific requirements to enable us to look to help them.
- We have discussed your concerns with our staff. It was felt that we do endeavour to involve all patients in the care they receive. However, from the comments you made, we will review how we communicate the patients care needs to both the patient and carer to ensure everyone is happy with the treatment they are to receive.
- We will supplement the existing signs re toys/books with suggestion that parents bring their own to keep their children occupied.
- We ... have also rolled out a 'Patient First' training course for all our staff. We are confident that this will improve our patients' journey at our practice.

- All receptionists are aware of how to access interpreter services but I will discuss this again with the Reception Manager and use this example in our next staff training session.
- It will interesting to see what reminders are on the patient record about their requirements and would be a good starting point for me to look at improvements which can be made in this area.
- One key learning point for us from this feedback - the promotion and benefits of Healthchecks. I will liaise with my nursing team to see how we can improve this ... they have just completed their update training for the health checks.
- After investigating this matter robust action was taken to ensure that such a situation could not arise again. We have written to the patient to apologise and we appreciate their bringing this to our attention.

- Stock responses such as ...

*“Thank you for letting us know about your experience. It is of great concern to us to hear that your son’s appointments are being cancelled and that his health is deteriorating. We would be grateful if you would contact the service manager directly on tel. (***) so that he can look into your specific details and ensure that he receives the intervention as soon as possible.”*

... are not helpful. This is because as stated above, one of the reasons people talk to HWD is because we provide a safe way of raising a concern, i.e. anonymously.

b. Responding to themes and trends

We will be analysing all comments quarterly to identify emerging issues, trends and themes. This will help us to see where service improvement is needed, and show where there is good practice, which can be shared. These themes will then be presented to our Intelligence, Insight and Action (IIA) sub group which meets quarterly, to agree what action we wish to take. (The IIA sub group is made up of Board members, staff and lay representatives).

As a result of this work service providers and commissioners will be asked to respond to these trends, instead of all the individual comments, which has been the case in the past. These responses will be presented back to the IIA sub group for assurance and further action where appropriate.

Some of the trends and themes that emerge will be the direct result of one of our engagement priorities. If this is the case, the information will be presented to the service provider or commissioner in the form of a formal letter or formal report to ensure that the issue is fully outlined and recommendations can be made. This aspect of our work is governed by legislation and a response should be within 20 working days (30 working days if the report concerns more than one organisation).

The legislation can be found here:

The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013 Page 4-5.” (28 March 2013).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184970/The_Arr

[angements to be made by Relevant Bodies in respect of Local Healthwatch Directions 2013 .pdf](#)

Formal letters and reports are published on our website alongside the response from service providers or commissioners. They can also be found in the Patient Experience Library.

Our formal letters and reports are also widely distributed, including:

- The Care Quality Commission (CQC)
- The Overview and Scrutiny Committees for Derbyshire County Council
- The Adult Care Board
- The Health and Wellbeing Board
- Healthwatch England
- Various other strategic meetings across the County, a full copy of which can be found here <http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2015/05/Meetings-.pdf>

HWD follow up periodically on all actions pledged in response to recommendations made in our letters and reports. So we would suggest that service providers and commissioners use the following template to respond to recommendations.

Recommendation	Action taken/planned (or not applicable N/A if it does not concern your service)	Progress	Review Date
1.			
2.			
Any other comments:			

It is important to remember that HWD acts as a conduit between members of the public and service providers and commissioners, so any responses made to recommendations, comments, and trends/themes identified, need to be in a format that can be understood. This means that detailed action plans that contain a lengthy amount of detail, and jargon are not suitable.