# Towards a Patient-Safe Future

## Patient Engagement for Patient Safety

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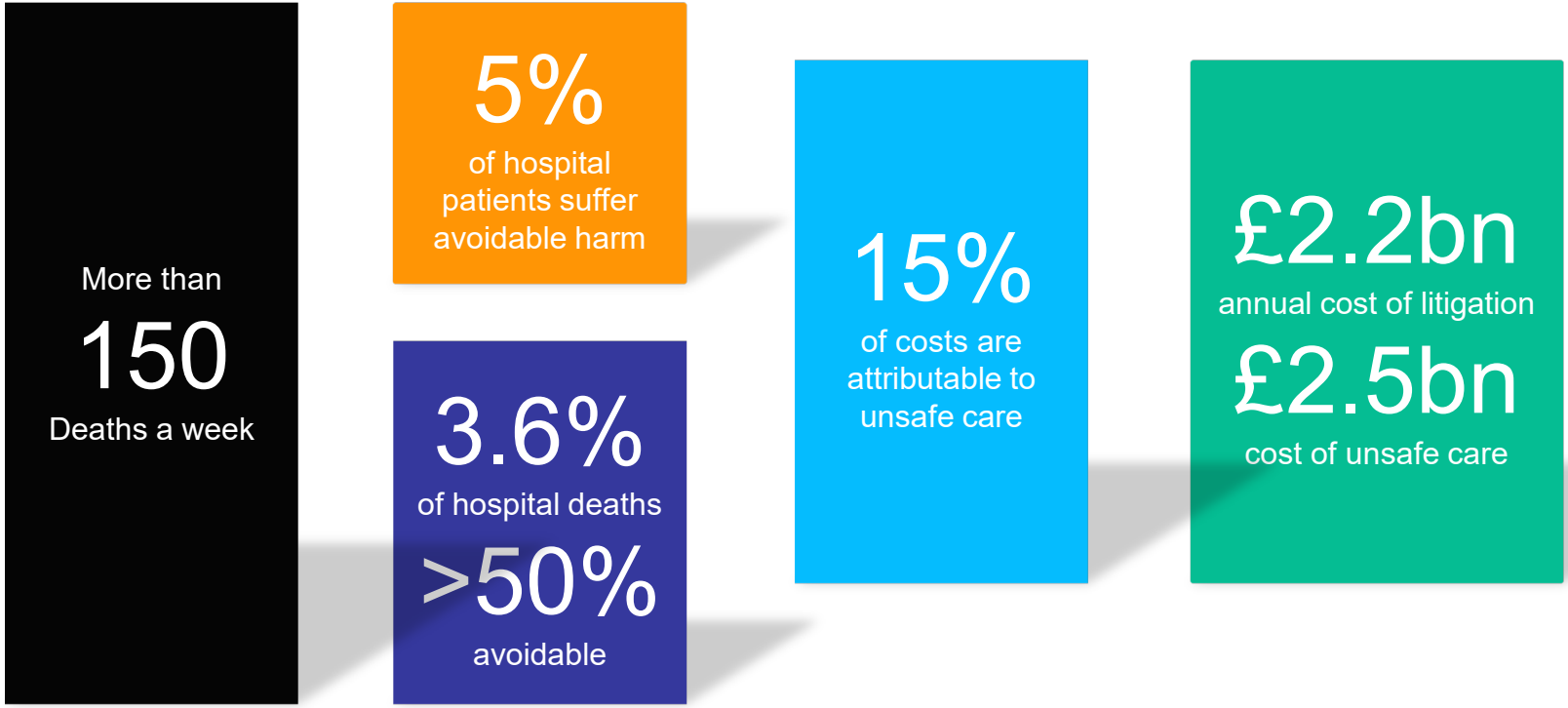
HEALTH PLUS CARE

patient safety learning

patient safety learning

# We aim to help people think differently about patient safety

# 20 years of initiatives but still too many patients suffer harm



# Why is patient harm a persistent problem?

- Safety is not a core purpose
- A failure to learn: from unsafe care and excellent care
- Few safety standards, not consistently applied
- Not designing safe systems with human factors
- Lack of leadership for safety
- Blame culture and fear
- Patients are not engaged in their safety

# Disempowered patients: a factor in unsafe care

- Bristol Royal Infirmary Inquiry 2001
- Mid Staffordshire Report 2013
- Morecambe Bay Investigation 2015
- Independent Panel on Gosport 2018

“Hear the patient. Empower the voice of the people we are trying to help. They have more information than just about anyone else in the system.” Don Berwick

“You ignore at your peril the concerns of a mother.” Margaret Murphy

“Little is known about the emotional and psychosocial harm stemming from medical errors and adverse events….secondary impacts may be just as harmful, or even more injurious, than the underlying event.”

Rachel Power, Patients Association

# Why don’t we engage patients in their care?

- Patient seen as passive recipients in their care journey
- Patient assumed to have little expertise to offer
- Patient information isn’t property recorded so patient reports are discounted
- Patients are not part of health care governance
- Patients are not considered part of the team

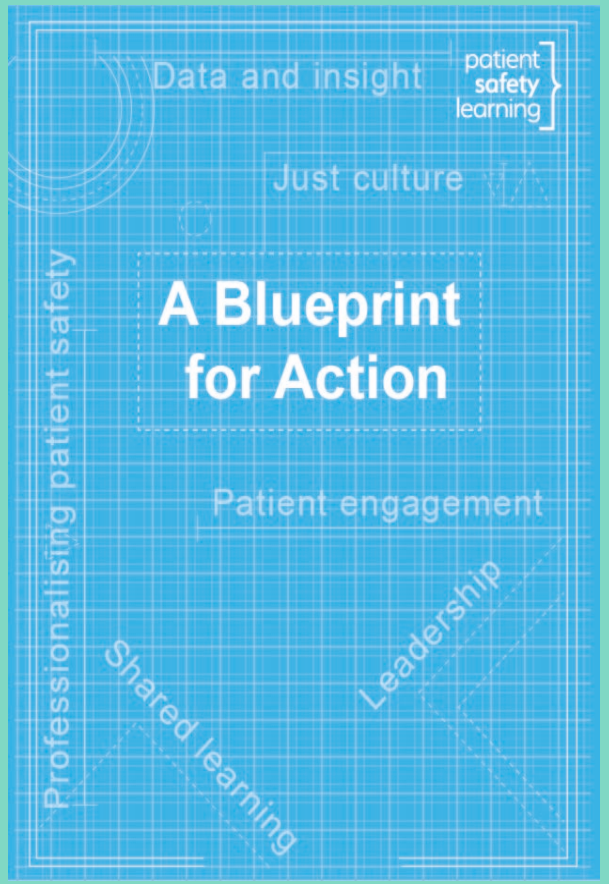
# What will a patient-safe future look like?

patient safety learning

# A Patient-Safe Future

A Patient Safety Learning
Green Paper

**September 2018**



# Foundations for a patient-safe future

# Patient engagement in care

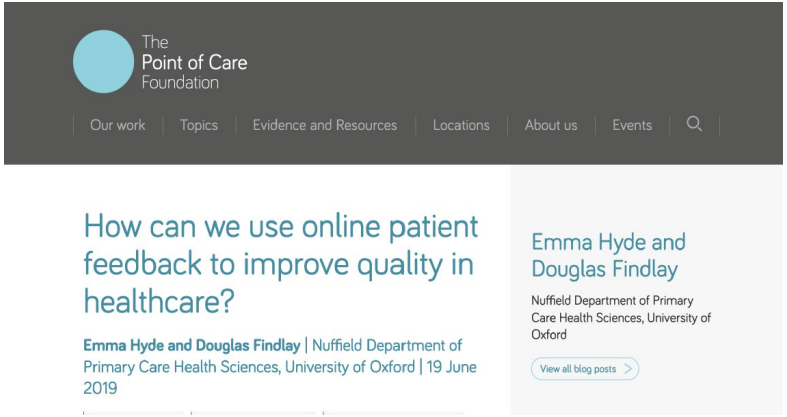
- Staff enable patients to partner (if they wish)
- Professionals are equipped to enable safe care
  - knowledge, skills, attitudes
- Patients and families have real time access to information
  - Diagnostic
  - Treatment
  - Care pathway
- Patients as part of the team

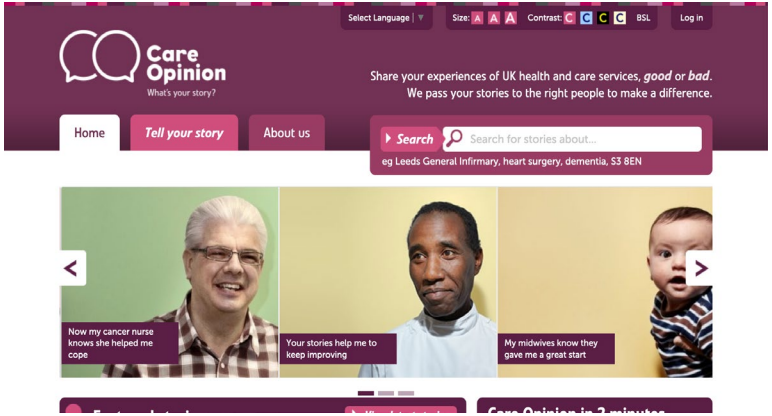
# Patient engagement in governance and decisions

- Patient representation
  - Service providers
  - Commissioning
  - Regulation
- Impact measurement and reporting
- Central advice and resources to support engagement

# Patient support and feedback

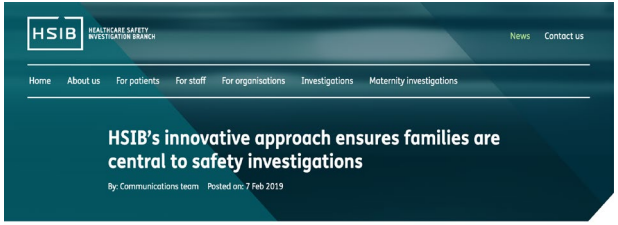
- Care Opinion
- *the hub*
- AvMA PFPS programme
- *Patients Association*
- *Point of Care Foundation*
- Etc.



# Patient engagement following unsafe care

- Genuine apology
- Support for patients and families
- Mediation
- Full involvement in investigation
- Investigation as part of restorative justice
- Complaints systems or litigation only when these fail
- Demonstrable learning from unsafe care



# *Engage patients* for patient safety


Patient engagement improves care and safety

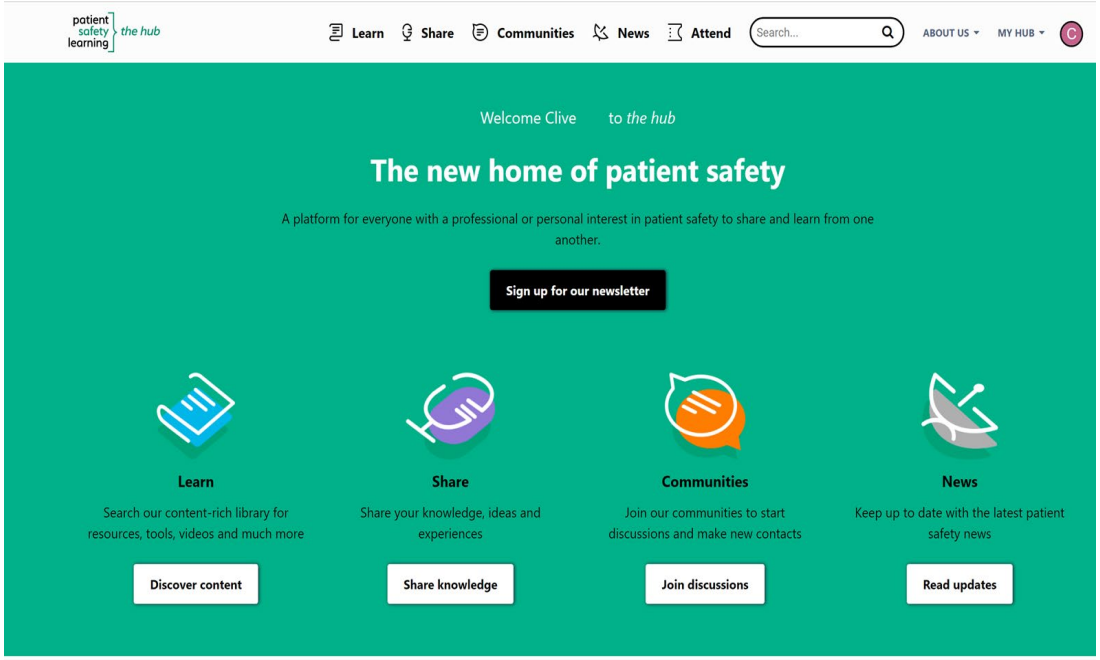
- At the point of care; training and support for staff
- When things go wrong
  - Patient harm care pathways' for patients, families and staff
  - In investigations
- Patient advocacy with support and governance
- Holding the system to account

# *the hub:* an online platform for learning

- For clinicians, PS leads, researchers and patients
- Repository of tools, case studies and good practice
- Communities
- Patient safety news and stories
- Events
- Free to use

patient safety learning } *the hub*

- For everyone
- Free for use



# Work with us to create a patient-safe future

- Support our patient-safe future proposals
- Engage with us on *the hub*
  - Provide content
  - Join a community
  - Share learning
  - Become a topic expert
  - Share your experiences from the ‘front line’

# What questions do you have?

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