

Customer Focused Marketing Strategy

- Improving the patient experience
- Being the hospital of choice for local people

...the hospital of choice for local people 

Revision History

Date	Version	Status	Author	Summary of changes
05/09/08	1.0	Draft	S.Harrington	1 st draft of CFM Strategy for comment
08/09/08	2.0	Draft	S.Harrington	Amended changes from CEO`

Distribution and Approval

This document has been distributed to:-

Name	Title	Version	Date
David Sloman	Chief Executive Officer	1.0	05/09/08
Executive Team	Executive Committee	2.0	09/09/08

CONTENTS

1. Introduction	4
2. Context	4
2.1 NHS Policy Context	4
2.2 Whittington Strategy Context	5
3. Strategic Approach	5
3.1 What is Marketing?	5
3.2 The Customer Focussed Marketing Model	6
3.2.1 'Experience' – Brand Development	6
3.2.2 'Experience' – Customer Feedback	6
3.2.3 'Design and Delivery – Service Development	6
3. Where are we now?	7
4.1 Patient Expectations: What we know now	7
4.2 Patient Experience – What we know now	7
4.1.1 Health Care Commission surveys	8
4.1.2 In-house surveys	9
4. Where are we going?	9
5.1 The Net Promoter Score	9
5.2 Design and Delivery of Services	10
5. Communications	11
6. Governance	12
7. Resources	12
8. Summary	13
9. Bibliography	13

Appendix 1 – Acute Trusts London ranking

Appendix 2 – Customer Focused Marketing Implementation Plan

1. Introduction

Within an NHS policy context of competition and choice, the adoption of a Customer Focused Marketing Strategy (CFM) will ensure that the Whittington NHS Trust improves patient experience and establishes itself as the hospital of choice for patients, local GPs and commissioners.

CFM is about understanding what our customers need and want and identifying how we can best meet these needs and add value. The customer focused marketing model has led to growth in profits across businesses in many sectors and will help the Whittington to consolidate and strengthen its market position. It will engage all staff and others to understand and take ownership of their role in improving the patient experience.

The adoption of marketing principles into the NHS has been understandably slow and is often seen as a small add-on to a Trust. CFM proposes a framework that engages all employees in understanding their part in the success of the organisation. CFM is not about a set of transactional processes; it will lead to transformational change. Adoption of this strategy will not only increase referrals to the Trust, it will offer a framework to improve patient experience in comprehensive ways that lead to improvements in our patient surveys, something that Trusts across the country are finding challenging.

Improving patient experience through CFM is a highly complex agenda that is about organisational change and the strategy covers a 3-5 year period. An action plan (Appendix 2) details short term and longer-term actions, aligning and building on many pieces of work that are already in progress across the Trust.

The key principles of the CFM approach are

- to capture expectations of patients and GPs
- to capture the Net Promoter Score as a measure of whether we are succeeding in being the 'hospital of choice' for local people and improving our reputation locally
- to capture and report patient experience measures consistently and comprehensively across the Trust based on evidence based questions
- to use the results of the measures to drive improvements across Departments in the Trust, and capture and communicate these improvements internally and externally
- to have an infrastructure that enables the measures and information to be shared and accessed across the Trust

2. Context

2.1 NHS policy context.

It is a key strategic priority for the NHS to improve patient experience and this is being driven by the Government through the agendas of plurality of provision, competition and choice and 'payment by results'. Further to this are the following publications:

- Health Care Commission strategic objective priority 2007; 'To improve the way we engage patients and the public and show that it makes a difference'.
- DH Operating Framework 2008/9: 'This year improving patient experience is a priority rather than an assumption and needs to underpin decisions that local organisations make'.
- 'High Quality Care for All' Lord Darzi June 2008 makes a number of commitments to improving patient satisfaction and developing patient related outcome measures that will

measure safety, clinical outcomes, patient satisfaction and patient views of success of treatment. There will be Quality Accounts published by 2010.

2.2 Whittington strategy context.

Implementation of a customer focused marketing strategy needs to be seen in the context of the Trust's vision and strategic objectives.

The Trust's vision is to be the 'hospital of choice for local people'. Underpinning this are the strategic goals of patient focus, operational excellence and financial strength.

The Trust has ten strategic objectives outlined in its Integrated Business Plan:

1. To deliver excellence in customer care by being caring and responsive in every patient contact
2. To consistently meet regulated standards of clinical care, delivered through a framework of well governed systems and processes
3. To achieve recurrent financial balance and a surplus on an annual basis
4. To develop and deliver a sustainable programme of teaching and research activities by strengthening academic links with educational partners
5. To improve operational management to achieve resource efficiencies and continuous service improvement
6. To employ competent, motivated staff who place the interests of patients first
7. To position the Whittington as the hospital of choice for local people, through being an integral part of the local community's health resource
8. To reduce hospitalisation (admissions and length of stay)
9. To provide a sustainable environment for the delivery of healthcare, by modernising and improving the clinical estate
10. To collaborate with other agencies to shape the delivery of healthcare in the locality

We have made a Whittington Promise to our patients which says that:

1. We will be clean
2. We will be welcoming and caring
3. We will be well organised
4. We will offer the best possible treatment
5. We will give you information and listen to what you tell us

The 'Promise' has been helpful in engaging staff and patients in understanding the key aspects of the patient experience that we have been focussing on. Our internal surveys to date have captured feedback on how well patients feel we have delivered our promise.

3. Strategic Approach

3.1 What is marketing?

Marketing is about finding out what our patients want and delivering an experience that meets their expectations or exceeds them. It is about satisfying our customer's needs and expectations better than our competitors do.

Effective marketing is critical, especially under a regime of free choice. Marketing helps to:-

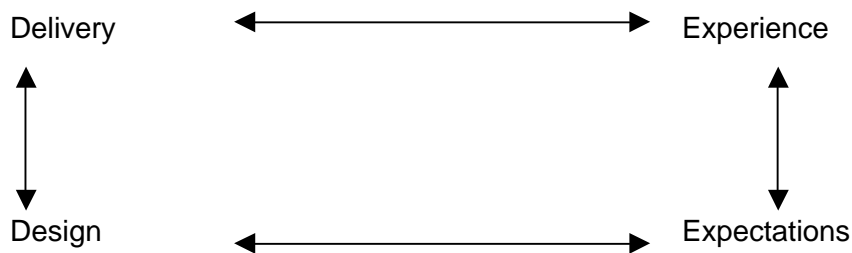
- Establish name recognition – for Trust and consultants
- Gain and retain patient referrals

- Enhance customer service
- Establish a solid reputation for the Trust and the consultants
- Establish trust amongst stakeholders and within the community
- Distinguish the Trust from the “competition”
- Encourage word of mouth referrals
- Engender pride and loyalty among staff
- Make it easier to gain and retain quality staff
- Provide the public and GPs with information about the Trust’s services and capabilities

3.2 The Customer Focused Marketing model.

CFM in its simplest form means knowing and understanding the customers’ expectations of a service or product and their subsequent perceptions of their experience of that service or product. When designing and delivering the product (at the Whittington this means our services) the organisation uses this information to deliver what their customers expect. In the NHS the product would also need to be ‘bought’ (commissioned) by commissioners. Of paramount importance is having the system in place to capture feedback on experience and expectations in a systematic way so that design and delivery is informed in an ongoing basis.

The diagram below outlines the dynamic involved in this approach:



This helps us consider the use of CFM in our environment. The detail of each aspect of the model is explored below.

3.2.1 ‘Expectations’ – Brand development.

Branding helps our customers in choosing where to get their needs met. Our brand is the emotional contract between the Trust as a provider, and the patient as customers and can be a route map for them through an array of bewildering choice. The brand is created out of customer contact and the experience our customers have of us. The brand needs to be informed by our patients expectations and also can be helpful in managing expectations.

Our brand influences both the design and delivery of services in that it establishes organisational values to which we aspire and intend to deliver. A key work stream will be to revisit the brand of the Whittington ‘The hospital of choice for local people’, and the Whittington Promise to ensure its relevancy with our customers and staff.

3.2.2 ‘Experience’ – Customer feedback.

From the implementation of this model in the commercial sector there is evidence that it is valuable to capture customer experience feedback from independent sources. External validation of experience is seen to be more powerful with new customers and demonstrates an independent view that things are good or have actually improved and removes the question of bias. It does however have resource implications and challenges in ensuring we capture feedback from a fairly unique population that may not respond to simple electronic communication, which has been the answer for commercial companies adopting this approach.

3.2.3 'Design and delivery' – Service development.

As we can only build our brand by living up to our promise every time a patient comes into contact with our name, our message and our organisation, the customer focused model depends on those involved in the design and delivery of services to take account of feedback on customer experience. Within the Trust this fits with the work in progress to redesign pathways and processes to ensure we meet targets associated with the Department of Health 18 weeks programme, where referral to treatment will be complete within 18 weeks and moving to a health system with no waits.

It is when there is a mismatch between experience and expectations that dissatisfaction can occur, and complaints can be generated. The model challenges us to find incentives to improve customer service so that people delivering the service are motivated to improve their patient experience feedback results. This will be part of our overall change management programme, which will enable multidisciplinary teams at a department level to see a dashboard of measures for their services and make improvements on an ongoing basis at a local level.

4. Where are we now?

4.1 Patient expectations: what we know now.

It is important to start by understanding the expectations of our customers. In terms of patient expectations there is now a lot of literature from the Picker Institute and others that enable us to understand the expectations of many patients nationally. In addition we will explore the local perspective of expectations, but the national work and the recent publishing of a draft NHS Constitution gives us a good starting point.

Ipsos Mori (2008)

Dignity and respect
Overall perceived quality of care
Patients to be involved in decisions about their care and treatment

Department of Health (July 2008) Draft NHS Constitution

What matters to patients?
- get the basics right – don't leave it to chance
- fit in with my life – don't force me to fit in with yours
- treat me as a person – not a symptom
- work with me as a partner in my health – not just a recipient of care

4.2 Patient Experience – What we know now.

Key to delivery of the strategy is feedback and information, which will inform quality improvements at a departmental team level.

There is already an exceptional amount of quality patient data available within the Trust. This will be harnessed at both corporate and clinical team level and used to identify improvement opportunities. A systematic process for using patient experience research to develop services will be developed, as will methods to feedback to staff and service users. Further research will be commissioned if necessary.

The Patient Experience research function will identify best practice from across the NHS and relevant sectors and determine their suitability for implementation at the Whittington.

Crucially, this function will be able to provide corporate assurance that the patient experience strategy is being implemented and is driving improvement.

4.1.1 Health Care Commission surveys

The Health Care Commission national in-patient survey has been conducted annually since 2004. The format is a postal questionnaire delivered to a sample of in-patients. The questionnaire has approximately 70 questions; all answers are weighted and reported on. Healthcare Commission surveys are currently viewed as the only independent nationwide survey that compares NHS Trusts. PCT's measure Trust performance based on these results.

The local response rate to the survey has worsened, with only 43% of the sample responding in 2007 ie. 341 surveys completed. The results to date have been disappointing with the majority of areas showing very little or no improvement. Appendix 1 shows the ranking of all Acute Trusts in London, demonstrating the variation across Trusts and the mixed picture across London.

For the first time this year the PCT has incorporated clinical quality performance targets which detail a trajectory of improvement in the annual in-patient surveys.

The table below shows the results since 2004 and outlines the PCT's improvement targets going forward. These need to be incorporated into our Dashboard report with an internal trajectory agreed and delivered.

Indicator	2004	2005	2006	2007	SLA target
Q68 Overall, how did you rate the care you received?	67	76	74	68	77% by 2012
Q66 Did you feel you were treated with respect and dignity while you were in hospital?	72	79	72	72	78% by 2012
Q36 Were you involved as much as you wanted to be in decisions about your care and treatment?	44	51	46	46	69% by 2012

Table 1. In-patient survey results and PCT target improvement trajectory

The in patient survey takes place annually and improvement measuring through this data is too slow.

The HCC survey is currently seen as the 'benchmark' for all trusts and is viewed as independent. As patient feedback becomes increasingly important, other suppliers are entering the market. The Whittington will identify and use methods that

- offer a variety of ways for patients to give their views
- capture a larger sample of the patient population
- offer live capture of patient experience
- offer real-time results

4.1.2 In-house surveys

There are local patient surveys, which are currently created and managed in-house. There is flexibility around the questions asked and we determine the format and frequency of these questions. Historically, in-patients and outpatients have been surveyed through paper questionnaires on wards, or in out-patient clinics. Questionnaires have been ad-hoc and department led.

Since March 08 we have used our volunteers to distribute a questionnaire, which asks five questions based on the Whittington promise. Over 850 outpatient surveys have been analysed from this. However, approximately 20,000 outpatients are seen on a monthly basis in our out patient clinics and there is therefore an under representation of patient views and feedback.

5. Where are we going?

It is proposed to revise the current in-house surveys to incorporate the evidence-based questions from the Health Care Commission survey. A method of capturing this information systematically and representatively will be identified. Alongside the core questions from the Health Care Commission survey, the net promoter score question will be added.

5.1 The net promoter score

Finding a measure that helps us know if we are achieving our aim of being the 'hospital of choice for local people' is quite a challenge. Since June 2008 we have added the Net Promoter Score (NPS) to our local out patient and Day Treatment Centre survey. The NPS (Reichheld 2006) offers a way to capture what people will say in terms of 'word of mouth' locally. The net promoter score is used in many industries and is a measure to capture whether or not we the hospital of choice for local people.

The NPS question and how the score is calculated:-

How likely is it that you would recommend the Whittington to a friend or colleague?

Please indicate below by ticking a box indicating how likely you would recommend The Whittington, with 0 being **extremely unlikely** to 10 meaning **very likely**.

0	1	2	3	4	5	6	7	8	9	10
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People who give a response between 0 and 6 are detractors

Those who give a response of 7 or 8 are passive or neutral

Those who give a response of 9 or 10 are promoters

How the score is then calculated

The whole sample is then calculated as 100%

The Net promoter score = % of promoters - % of detractors

This is a measure that will encourage staff to deliver 'something special'.

The NPS has been used for some time in service industries and commercial companies, although yet to be used extensively in NHS Trusts. It is valuable in identifying our promoters

and detractors, and encouraging us to enable more people to leave us as promoters of the Whittington. The NPS has also shown a correlation with higher scores leading to greater profits in the commercial world, and enables us to benchmark ourselves internally and externally. The NPS is not a measure that captures the detail of someone's experience but it allows areas to be identified where more detailed work may then take place and it is proposed that this measure will be captured across the Trust and reported in the Patient Experience domain of the Dashboard report.

At present feedback is presented back to general managers. This score will be measured systematically and the analysis used to ensure there are improvements made at a departmental level. It is captured currently in outpatient and Day Treatment Centre surveys, but will be rolled out to the Emergency Department, the inpatient wards and maternity.

As part of the Productive Ward initiative being rolled out across all the wards at the Whittington, the patient experience measures have now been aligned with this strategy in terms of capturing the Net Promoter Score and feedback on four of the Health Care Commission survey questions.

The Trust produces detailed information via complaints, PALS and other internally generated patient feedback initiatives.

The value of capturing real time patient experience is recognised. All wards and many departments already survey patients about their experience at discharge using a paper based approach which is subsequently reviewed by local staff. The work of this programme will include the development of new electronic systems to provide independent feedback to local teams and is prioritised as outlined in the implementation plan.

The views of our shadow Council of Governors about the information being collected and used to guide the patient experience process as appropriate will be sought in a half day away day in January 2009.

5.2 Design and Delivery of Services.

In considering the CFM approach, it may seem obvious that the product (the services the organisation delivers) needs to be good. There will be several ways that people will judge the services we deliver but the patient experience is an integral part.

The CFM model emphasises the need for us to understand patient expectations and experience, and to ensure that there is a mechanism and process whereby these insights are informing design and delivery of services. The model demonstrates that those involved in delivery of services must understand their impact on patient experience as this is directly influenced by patient expectation. When there is a mismatch of patient experience versus patient expectations dissatisfaction results.

The Whittington is already using this model in for example, Co-creating Health in Diabetes where patients and clinicians are being trained in self-management, and are involved in the design of future service developments. Using the model we will develop local services that are wanted and rated by our local population, which in turn will build our reputation and develop both loyalty and a new customer base for the Whittington.

There are a number of programmes currently underway across the Trust that are redesigning processes and pathways in the Trust, and changing behaviours. CFM will ensure that patient expectations and experience inform these developments as they move forward. The key programmes of work are

- the 18 week redesign programme where we will be opening an 'access centre' where all booking functions are centralised; standardised booking processes and standards will be in place; and there will be linked appointments in place so that outpatient and diagnostic appointments are arranged around the patient.

- The 'Productive Ward' programme. This programme is focussed on redesigning processes on the ward so that time is released for nurses to care.
- The 'Visible Nurse Leadership' programme where the aim is to improve patient care and staff experience.

Integral to informing these programmes will be the adoption of a customer relationship management function which can be used internally to track patients, and externally in terms of tracking contacts (alongside feedback on expectations and experience) of patients and other customers such as GPs. Initially this can be developed simply as an interim solution on our Intranet but over time with a more comprehensive tailor-made solution.

The delivery of high quality NHS care is the core purpose of the Whittington NHS Trust. The Trust is committed to continually developing and improving care provision to patients and their carers. The Trust aims to perform at the highest levels and be within the top 10% of Trusts across all performance measures relevant to the patient experience. Achieving our goal will require patient expectations and feedback on experience to be informing service design and delivery in an ongoing process, and ensuring we involve staff fully.

There is evidence across the NHS that where there is high staff satisfaction as demonstrated on the staff survey, there is a positive correlation with patient satisfaction. The engagement and motivation of staff, and the alignment of incentives across the organisation will be important.

6. Communications

A communications strategy and infrastructure is required to not only deliver the right messages to the right people at the right times but also to enable the creation of a greater culture of two-way communications and openness within the organisation. The communications strategy will be revised by January 2009 and be aligned with CFM. Key performance indicators will be developed to enable regular monitoring and reporting of the strategy implementation.

The Whittington's key audiences are:
 Our staff and staff of support companies
 Patients, former patients, their families and carers
 FT members
 Our local community
 Patient groups
 Local health and social care partners
 Key opinion formers; media, MPs and councillors
 Research partners and potential partners

One in four patients, however, gain their impressions of the health service directly from friends and family who work in the NHS. Those impressions last and they count for a lot. Communicating well with staff is a major step towards communicating favourably with all our audiences.

In the long term communications can help enable a more public/patient-focused culture, moving from the NHS industrial culture to a more information-based culture

Industrial culture	Information culture
Top down	Networked
Quantity based	Quality based
Batch processed	Customised

Good marketing and communications strategies include the following elements:-

- Branding
- Public relations
 - Press relations
 - Community relations
 - Internal and employee communications
 - Crisis communications
- Business to business
- Corporate social responsibility

The Whittington's approach to communications to date has demonstrated strength in the development of relationships with colleagues both internal and external to the Trust, and a track record of positive communication with local press and networks.

All elements of our communications will be reviewed including for example patient letters and information and website development. Resources will be reviewed to ensure the Trust is in a position to deliver the outcomes required, a customer focused organisation, which is the hospital of choice for local people.

7.Governance

It is proposed that the current marketing and communications team structure is adapted to become the Steering Group for implementation of the Customer Focused Marketing Strategy with responsibility for monitoring the implementation of the action plan. The Director of Primary Care will chair this group.

Each of the projects within the action plan will have a designated lead responsible for the delivery of the elements of that work stream.

The marketing and communications team will report to the Executive Committee quarterly and reports to the Board monthly through the Dashboard and as requested.

KPIs as a minimum will be

- market share of referrals to the Whittington
- Patient experience feedback through the NPS and annual survey questions
- Internal targets will be agreed initially in relation to:
 - i. proportion of patient feedback by total number of patient contacts
 - ii. desired NPS score

8.Resources

Resources aligned to implementing customer-focused marketing currently amount to a budget of c£200k.

There are potential cost pressures identified for 2009/10 which relate to

- commissioning an external resource to capture patient feedback
- capturing patient experience data across the whole organisation
- the ongoing review and updating of our website.

9. Summary

Within an NHS policy context of competition and choice the adoption of a customer focused marketing strategy will ensure that the Whittington NHS Trust improves patient experience and is the hospital of choice for patients, local GPs and commissioners.

Implementation of the customer focused marketing model will help the Whittington to consolidate and strengthen it's market position, whilst engaging staff to understand and take ownership of their role in the organisation in improving the patient experience.

Instrumental to delivering the strategy are;

- Measures, reporting and monitoring performance
- Engagement of patients in developing the strategy, and understanding local expectations
- Service design and continuous process improvement in service delivery
- Implementation through clinical and managerial leadership across the organisation
- Marketing to improve the Whittington's competitive position within the health economy

Action: -

The Board are asked to

- i. approve this strategy
- ii. approve the implementation plan

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