

NATIONAL QUALITY BOARD

Patient Experience Sub-group – update and next steps

A paper by the Patient Experience Subgroup

Purpose

1. Patient experience is one of the three dimensions of quality, yet it is often not given equal weight or attention as that attributed to clinical effectiveness of safety. There are significant opportunities, through the National Quality Board (NQB) to drive alignment of the actions of statutory organisations to maximise their impact on improving the experience of people using health and care services.
2. At its meeting on 16 July, the NQB agreed to re-establish the Patient Experience Sub-group. The first meeting of the Sub-group was held on 23 September 2013. This paper updates NQB members on the conclusions from the discussions held; initial focus of the subgroup; membership; and next steps.

Recommendations

3. NQB members are asked to:
 - consider whether the Sub-group should also consider the area of patient engagement and involvement across all three dimensions of quality; and
 - support the direction of travel of work programme that the Sub-group is developing.

Discussion

4. At its first meeting, the re-established Patient Experience Sub-group reached the following conclusions:

- The key purpose of the Sub-group is to ensure alignment between the work of statutory organisations on patient experience.
- The focus of the Sub-group's work should not be restricted to the acute setting – it must include primary and community settings, and recognise that it is at the boundaries between health and social care where an individual's experience can be worst.
- Patient Experience should be considered equal to the other two domains of quality – safety and effectiveness – which was currently not felt to be the case.
- Experience is different from patient engagement and involvement, which is about patients being partners in the decisions about and provision of their care at individual level, local trust level and national policy level. All three dimensions of quality need to incorporate engagement and involvement of patients.

5. On this last point, the Sub-group was clear that patient engagement and involvement, across all three dimensions of quality, is an issue that the NQB should be exploring in some form. If there were no other mechanism for taking forward the discussions, the Subgroup felt that it should explore the issues.

Should the Patient Experience Subgroup also consider the area of patient engagement and involvement across all three dimensions of quality?

Initial focus of the subgroup

6. The Sub-group recognised that it is likely that the various organisations represented on the NQB would have slightly different understandings as to what patient experience is which would be mirrored in how it reflected patient

experience in their business. As a first step, the Sub-group agreed that it should look to map out these understandings. This would enable the group to identify and understand the differences, prompting the right questions to be asked as to how the organisations can align their understandings and efforts.

7. In addition the Sub-group agreed:

- to examine the evidence base as to what determines a good patient experience, and where there are barriers to improvements in patient experience;
- to consider the role of commissioners in improving patient experience;
- there could be a role for the Sub-group in helping the system translate guidance on patient experience into practice;
- the aim is to create an environment that best supports a positive patient experience, without setting standardised expectations for organisations - good patient experience can vary dependent on locality and on the individual patient.

8. Summary objectives for the Sub-group are set out at **Annex A**. Membership is set out at **Annex B**.

9. At its first meeting, the Subgroup considered what principles might govern how it operates. Those considered by the Sub-group are at **Annex C**.

Existing material to inform the work of the Sub-group

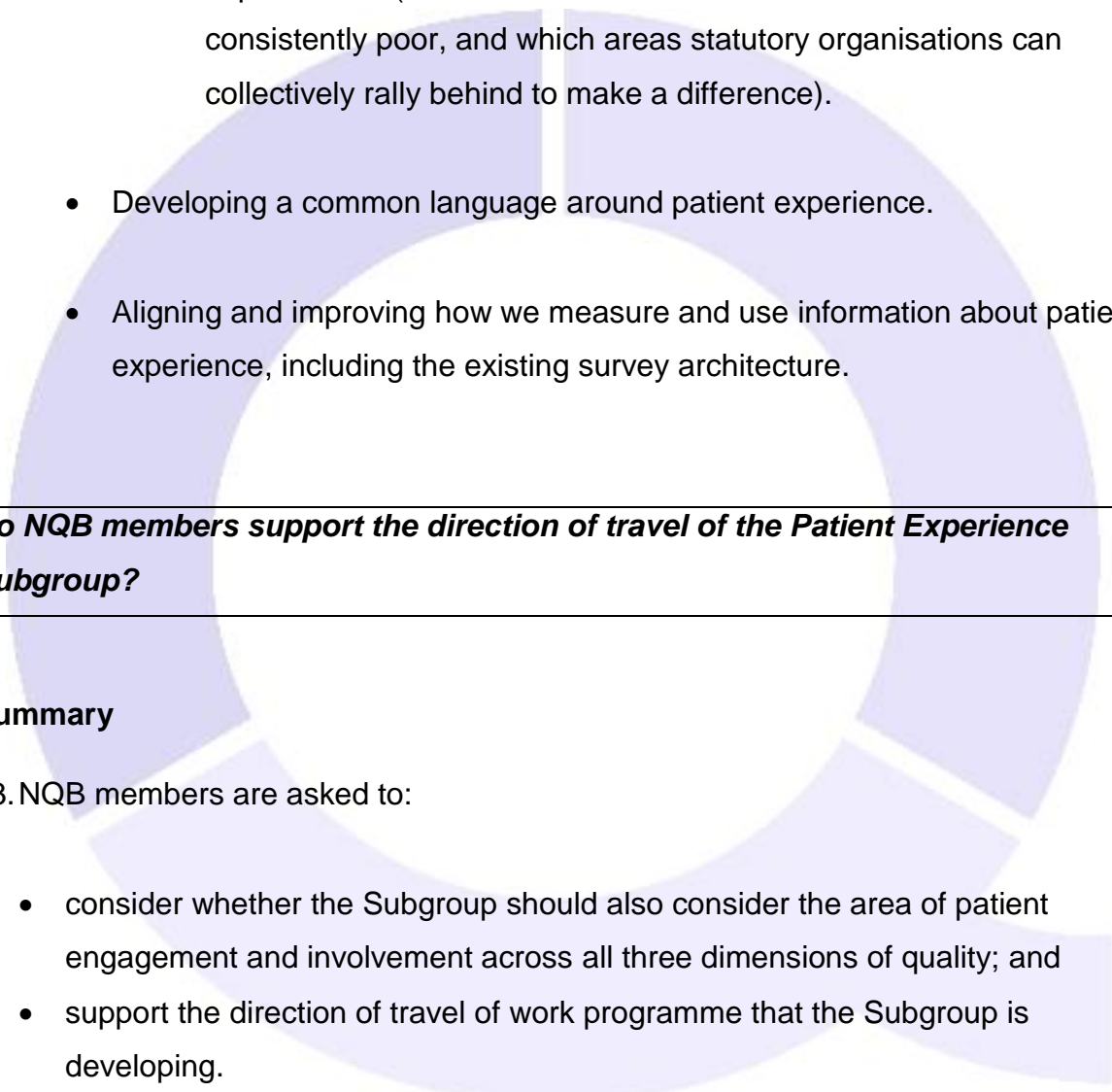
10. The Sub-group agreed that there is a need to reacquaint members with work already undertaken on patient experience so that it can ensure that this informs the work of the Sub-group going forward, for example:

- NHS England has commissioned NHSIQ to conduct a review of improvement activity previously undertaken on patient experience (which will be ready to share by 1 October).

- the scoping study and resulting NICE quality standards and guidance on patient experience and service user experience;
- summaries of evidence from systematic reviews currently being undertaken in the academic sector, particularly those that identify effective interventions that enhance patients' experiences;
- examples of good practice outside acute trusts that could be of benefit to acute trusts; and
- the NQB's patient experience framework which it developed in 2011. The framework was a useful first step at the time it was produced, however, it will need to be revised and incorporated into the work that the Subgroup is embarking on given the higher profile of patient experience agenda in 2013, conclusions from the Francis Inquiry, and the need to raise the level of ambition.

Next Steps

11. The work of the Patient Experience Sub-group must begin with developing a clear collective view on what different organisations understand by patient experience, therefore the first step is for each organisation, reflecting on the patient experience framework, to identify its own understanding. A mapping exercise co-ordinated by NHS England will be conducted over the coming four weeks. It will be presented back to the Sub-group in mid-November.
12. This will provide the basis and questions for the main body of work that the Sub-group will take forward, which may include:
 - A project to develop a strategic system-wide approach to improving patient experience, which will include exploring:
 - a. the common goals / ambitions of improving patient experience across all organisations (including concepts and terminology);
 - b. the distinct roles and responsibilities for improving patient experience of different organisations;

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- c. how the different parts of the system should work together to ensure an aligned and coordinated system-wide approach to improvement (to include identification of those areas where consistently poor, and which areas statutory organisations can collectively rally behind to make a difference).
- Developing a common language around patient experience.
 - Aligning and improving how we measure and use information about patient experience, including the existing survey architecture.

Do NQB members support the direction of travel of the Patient Experience Subgroup?

Summary

13. NQB members are asked to:

- consider whether the Subgroup should also consider the area of patient engagement and involvement across all three dimensions of quality; and
- support the direction of travel of work programme that the Subgroup is developing.

NQB Patient Experience Subgroup

October 2013

PATIENT EXPERIENCE SUB-GROUP DRAFT CORE OBJECTIVES

In light of the points raised at the meeting, the following draft objectives are proposed:

- To provide leadership to the system on Patient Experience to achieve a philosophical and structural change in the priority and attention given to patient experience.
- To ensure collaboration between different parts of the health and care economy in order to substantively improve patient experience in both acute and non-acute settings.
- To align statutory organisations' goals and actions to drive improvement in patient experience of care, including where interactions between public health and social care services impact on patients' experience of healthcare and how this can be improved.
- To support the enhancement of the current architecture for gathering, measuring and understanding of patient experiences, and the implementation of this knowledge and evidence in the provision of services that are acceptable, effective, relevant and appropriate for patients.

PATIENT EXPERIENCE SUB-GROUP – MEMBERSHIP

The membership below was agreed at the meeting of the Sub-group on 23 September 2013

MEMBER	ORGANISATION
Don Brereton (Chair)	NQB lay member
Neil Churchill, Director: Improving Patient Experience	NHS England
Anna Bradley, Chair of HealthWatch	HealthWatch England
Victoria Thomas, Associate Director: Public Involvement Programme	National Institute for Health and Care Excellence (NICE)
Julia Holding, Head of Patient Experience	NHS Trust Development Authority (NHS TDA)
Amanda Hutchinson, Head of Partnerships	Care Quality Commission (CQC)
John Ivory, Senior Economist	Monitor
Deborah Oliver, Interim Director External Affairs	Health Service Ombudsman
TBC	Social Care Institute for Excellence (SCIE)
TBC	NHS Improving Quality
TBC	Health Education England
Sally Brearley	NQB lay member
Margaret Goose	NQB lay member
Hilary Chapman	NQB expert member
Stephen Thornton	NQB expert member
Dr Sophie Staniszewska, Lead for Patient Experiences and Patient and Public Involvement	Expert member, RCN Research Institute, Warwick Medical School, University of Warwick

Operating Principles

The Sub-group considered the following operating principles to guide its work:

- Chair of the Subgroup will be a NQB lay member, to provide independent facilitation in support of organisations represented on the Subgroup working together.
- Members from statutory organisations will represent their organisations on the Subgroup. They will contribute to the discussions, agreeing actions and taking these forward, on behalf of their organisation.
- Secretariat support – this will be provided by the NQB secretariat, with support from colleagues in statutory organisations as available and appropriate. Topic-specific experience expertise will be provided by the Patient Experience team in NHS England and by members of the Subgroup.
- Regularity of meetings – every two months (unless additional meetings required) to allow work to be progressed and reported at the NQB meetings.
- Format of meetings – initially in person, and usually by teleconference thereafter.
- Reporting to the NQB – the Chair will represent the Sub-group at the NQB, providing regular updates and taking issues for decision as necessary.