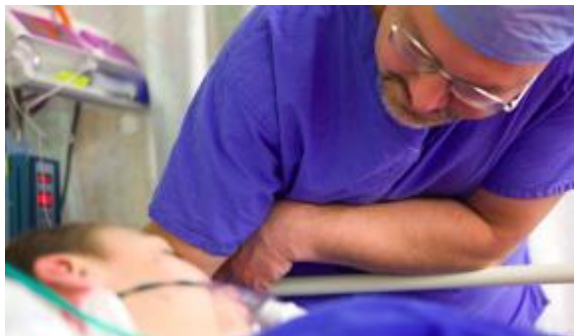
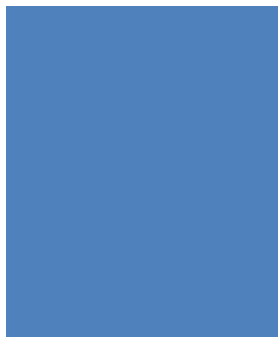


# Domain 4

## Ensuring that people have a positive experience of care



Neil Churchill  
21<sup>st</sup> May 2013



## An opportunity to create a Patient Revolution

We have an opportunity to create a Patient Revolution, a customer service culture that serves patients, is committed to fulfilling the rights and commitments set out in the NHS

Constitution, putting patients at the heart of everything, delivering timely access to services, treatment and care that is compassionate, dignified and respectful wherever it is provided.



**Experience** is one of the three key components of quality and needs to be given equal emphasis along with safety and effectiveness.

# The evidence surrounding Patient Experience illustrates:

- ✓ **Link between experience and health outcomes i.e. patients who have a better experience of care generally have better health outcomes**
- ✓ **Experience is improved when people have more control over their care and the ability to make informed choices about their treatment**
- ✓ **The relationship between staff and patients i.e. where staff are well cared for this has an impact on patient experience conversely if patients are having a poor experience, it has a negative impact on staff experience**
- ✓ **The link between experience and cost of care i.e. poor experiences generally lead to higher costs as patients may have poorer outcomes, require longer stays or be admitted for further treatment**
- ✓ **The impact of experience on organisational reputation, i.e. if patients have a poor experience of care it can damage an organisations reputation.**

## The NHS Patient Experience Framework (2012) NHS Quality Board (NQB) & Compassion in Practice (2013) emphasise the importance of:



- ✓ Involving patients in shared decision-making about their treatment and care, on the basis of appropriate information and education.
- ✓ Empowering patients to be active participants and partners in their own care, enabling self-care;
- ✓ Welcoming the involvement of family and friends on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers.
- ✓ Respecting patient centred values, preferences and expressed needs, including: cultural and religious factors; the dignity, privacy and independence of patients and service users; an awareness of quality of life issues and share decision making.
- ✓ Coordinating care across the health and social care system.
- ✓ Information, communication and education on clinical status, progress, prognosis and processes of care in order to facilitate autonomy, self-care and health promotion.
- ✓ Delivery of essential care with compassion (recognizing the need for nutrition, hydration, physical comfort, including pain management, comfortable surroundings and help with activities of daily living).
- ✓ Managing expectations and providing emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis and the impact of illness on patients, their families and their finances.
- ✓ Ensuring continuity as regards information, especially over transition, to help patients care for themselves away from a clinical setting and coordination, planning and support to ease transitions.
- ✓ Enabling access to care with attention, for example, to time spent waiting for admission and placement in a room in an inpatient setting or for discharge. Also waiting time for an appointment or visit in the outpatient, primary care or social care setting.

# Reflections on indicators, measures & insight

- Patient Experience agenda is currently very measurement focused
- Balance is needed, vital we drive importance of acting on information to bring about improvement
- Different sources of data tell different stories about experience, both qualitative & quantitative are required
- Granular insight is needed to prompt improvement action
- Importance of local ownership/real time/or as near to real time as possible
- Lots of good examples across the system
  - but not consistent
- Currently provider-led need to equip commissioners
- Inadequacy of satisfaction measure & importance of multiple data sources to drive change



## 4 Ensuring that people have a positive experience of care

### Overarching indicators

- 4a Patient experience of primary care
  - i GP services
  - ii GP Out of Hours services
  - iii NHS Dental Services
- 4b Patient experience of hospital care
- 4c *Friends and family test*

### Improvement areas

#### Improving people's experience of outpatient care

- 4.1 Patient experience of outpatient services

#### Improving hospitals' responsiveness to personal needs

- 4.2 Responsiveness to in-patients' personal needs

#### Improving people's experience of accident and emergency services

- 4.3 Patient experience of A&E services

#### Improving access to primary care services

- 4.4 Access to i GP services and ii NHS dental services

#### Improving women and their families' experience of maternity services

- 4.5 Women's experience of maternity services

#### Improving the experience of care for people at the end of their lives

- 4.6 Bereaved carers' views on the quality of care in the last 3 months of life

#### Improving experience of healthcare for people with mental illness

- 4.7 Patient experience of community mental health services

#### Improving children and young people's experience of healthcare

- 4.8 *An indicator is under development*

#### Improving people's experience of integrated care

- 4.9 *An indicator is under development \*\*\* (ASCOF 3E)*



shared purpose

- We will collectively need to ensure that none of the outcomes deteriorate
- **But**, if we are to maximise health gain for the populations we serve we must prioritise those areas where there is the greatest scope / need to improve

Service	Patient Experience (rate as good or better)
Primary Care	88%
Inpatient	92%
A&E	88%
Outpatient	95%

NB Important work is still in progress regarding indicators which needs to be completed ensure firm foundations – is the balance correct?



# Female, 91

The Bell was answered promptly.  
Helped to the toilet.  
Helped to bed.

Occasionally a smile and kind words would be welcome

iWantGreatCare

# Daniel, 14 year old

Please try to interact a little more with patients. They are scared and worried.

# Some key areas for improvement in cancer patient experience (based on the results of the 2010<sup>1</sup> and 2011/12 Cancer Patient Experience Surveys<sup>2</sup>)

Area of patient experience	2010 Cancer Patient Experience Survey result	2011/12 Cancer Patient Experience Survey result
<i>Care in hospital</i>		
%age of patients who said that in hospital all doctors and nurses <b>asked what name</b> they preferred to be called by	N/A	56%
%age of patients who said that they were able to <b>discuss any worries or fears</b> they had with staff in hospital, as much as they wanted	N/A	64%
%age of patients who said their <b>family</b> or someone else close to them definitely had <b>enough opportunity to talk</b> to a doctor if they wanted to	66%	65%
%age of patients who had <b>confidence and trust in all the ward nurses</b> treating them	66%	69%
<i>Care coordination and care outside of hospital</i>		
%age of patients who said they had been offered a <b>written assessment and care plan</b>	N/A	24%
%age of patients who said different people (e.g. GPs, hospital doctors / nurses, specialist and community nurses) treating and caring for them always <b>worked well together</b> to give them the best possible care	61%	62%
%age of patients who were definitely given enough <b>care and help from health or social services</b> after leaving hospital	60%	61%
%age of patients who said <b>GPs and nurses at their general practice</b> did everything they could to support them while they were having cancer treatment	69%	67%

<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/153436/dh\\_122520.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/153436/dh_122520.pdf.pdf)

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/126880/Cancer-Patient-Experience-Survey-National-Report-2011-12.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126880/Cancer-Patient-Experience-Survey-National-Report-2011-12.pdf.pdf)





## Shifts in thinking are required

- Improvement focus, not metric or process-driven
- Insight drawn from multiple sources and from dialogue
- Not just hospital but care pathways
- Not just individual services but the seams between them
- Transition points can foster breakdown in experience
- Not just general population, but insight on specific groups, especially vulnerable & protected/underserved groups
- Not just what services have done, but how patients feel about them
- Patient leadership will be as critical as clinical leadership

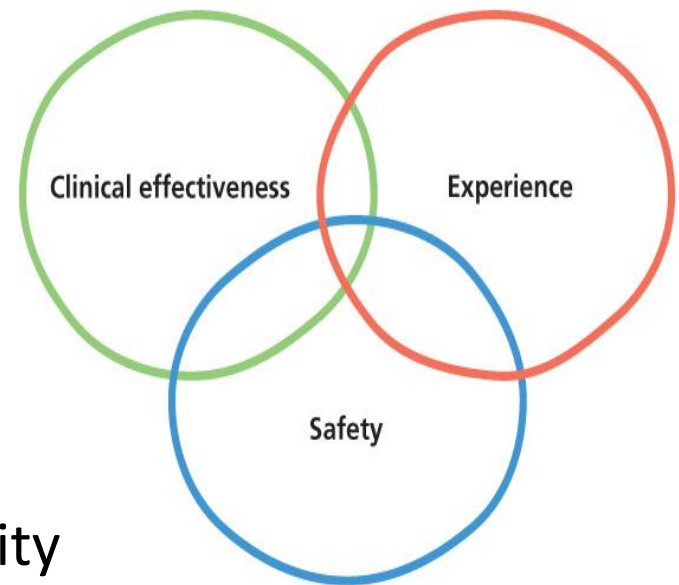
# The Quality of Experience

- Positive Experience is more than customer care
- However we need a more consumer approach to give patients a positive experience of care
- Action is needed to put citizens in control of their health, stop dependency forming and preserve autonomy of self-care
- Recognition of patient responsibilities as part of the experience of care given economic imperatives we face as citizens
- Increased responsibility will improve outcomes and better use of resources.



# Patient Experience as an equal part of quality

- Evidence suggests NHS does not consistently deliver patient centred care
- Patient experience is less well established as a part of quality
- Improvement commitment exists but focus needed to maximise impact
- New system forming presents opportunities but there are risks of isolation and duplication
- Opportunity for collaboration
- Connect Patient Experience to better clinical outcomes
  - essential element in improving quality



# How National Quality Board can help

- Re-convene a sub committee of the NQB on patient experience
- Agree to Patient Experience as an agenda item for next period to offer guidance
- Support the system to work together to articulate a coherent approach across providers, commissioners & regulators, including structures the NQB has established i.e. Quality Surveillance Groups to deliver a proactive approach to improving patient experience

