NATIONAL QUALITY BOARD
———

An update from the Patient Experience Sub-group

Purpose

1. At its meeting on 1 October, the NQB was updated on the first meeting of the re-established Patient Experience Sub-group and approved the direction of travel.

2. This paper:
   - provides initial findings from a mapping exercise the Sub-group has undertaken to understand differences in organisations' understandings of patient experience as a first step to aligning their work.
   - asks NQB organisations not already represented on the Sub-group to participate in the mapping exercise to ensure a more comprehensive understanding of patient experience across the system.

Background

3. At its meeting on 1 October, the NQB was informed of the Patient Experience Sub-group's intention to undertake a 'mapping exercise' to establish how the various organisations represented on the group define patient experience and to understand in greater detail what activities each was undertaking to improve patient experience. 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. This work was to be co-ordinated by NHS England.

4. Each organisation represented on the Sub-group was asked to respond to a number of questions (full list at **Annex A**), divided into three themes:
   - how the organisation defines patient experience;
   - the organisation's role in improving patient experience; and
   - how the organisation works with others to improve patient experience.

5. Of the NQB organisations represented on the Sub-group, responses have been received to date from:

   - NHS England;
   - NICE;
   - NHS Trust Development Authority;
   - Health Service Ombudsman;
   - SCIE; and
   - NHS Improving Quality.

6. Those NQB organisations not represented on the Sub-group have subsequently been contacted to take part in the mapping exercise to ensure a more complete picture of patient experience is developed.

Summary of initial findings and discussion

7. From the responses received, the initial findings were:

- There was a multiplicity of different definitions of patient experience and no real alignment between the definitions provided by the different organisations (**Annex B** sets out the definitions provided). With a small number of exceptions, most organisations do not have a formal definition of 'patient experience' and none of the organisations make reference to *NQB's NHS Patient Experience Framework* in defining 'patient experience.'

- A key difference in definition was between those provided by organisations which primarily have a healthcare focus compared to the social care organisation which responded.

- Some organisations clearly distinguished patient experience from patient involvement/engagement, while the lines were more blurred for other organisations.

- Within some organisations patient experience is clearly prioritised at a strategic/board level, for example there might be a board-level objective on patient experience or key workstreams and specific individuals/teams dedicated to patient experience. However, within other organisations it is not as clearly prioritised.

- The levers and incentives cited by each organisation for improving patient experience are fairly widespread, and range from supporting other organisations and producing guidance/tools to offering funding and using particular corporate powers/responsibilities related to commissioners and/or providers.

- The specific activities of the organisations on the Sub-group that are aimed at improving patient experience do not seem to be actively coordinated, with some notable exceptions, including:
    - NICE working with the CQC to ensure that NICE standards are incorporated in the new inspection model;
    - and the NHS Trust Development Authority working with NHS England and Monitor.

- Organisations cited a number of different stakeholders that they work with to improve patient experience. However, there was a lack of detail about how each organisation works with partners to improve patient experience.

- A lack of common expectations/aims for improving patient experience was recognised as a key barrier to organisations working together to drive improvements.

8. The key discussion points at the Patient Experience Sub-group meeting were:

- The initial findings were recognised as confirming the value of the exercise as well as the importance of undertaking the planned work to produce a shared narrative and strategic understanding of what patient experience is and how to improve it based on the best available evidence to ensure a robust underpinning.

- A style / common narrative on patient experience that all organisations could use to guide their work and to facilitate alignment should be developed. It was recognised that there were a number of significant issues which would need to be worked out as a group before a shared narrative could be established:
  - The distinction between patient experience and patient engagement/involvement;
  - The parameters of any shared narrative; in particular whether it should be relevant for both health and social care. There was general agreement that patient experience at the interface between health and social care would need to be a central part of the narrative and that the aim should be for the narrative to be applicable to social care as well as health.

- It was noted that the mapping exercise is not yet complete and that NHS England, who are conducting the exercise on behalf of the group, would be arranging one-to-one interviews with all organisations in order to complete it. In addition, it was suggested that all statutory bodies represented on the NQB should be included in the mapping exercise.

- The importance of securing broader stakeholder engagement, beyond the membership of the NQB, was also stressed.

Future work programme and next steps

9. The conclusions of the mapping exercise will be used to steer the work of the Sub-group, which would include exploring:

- the common goals / ambitions for improving patient experience across all organisations (including concepts and terminology);
- the distinct roles and responsibilities for improving patient experience of different organisations; and
- how the different parts of the system should work together to ensure an aligned and coordinated system-wide approach to improvement and where they should prioritise initially.

10. The project would contribute to the long-term vision of achieving parity of esteem between the patient experience, patient safety and clinical effectiveness elements of quality at all levels of the NHS and social care system.

11. The main output from the Sub-group would be a strategic understanding, based on the best available evidence and narrative describing our shared goals in improving patient experience and how different parts of the NHS and social care system could work together to achieve these goals. This could draw upon previous work commissioned by the NQB in this area, for example, the NQB's Patient Experience Framework (first published in February 2012) and the work on quality standards commissioned from NICE.

12. If the NQB is content with the direction of travel to-date, the suggested next steps are:

- NHS England team to conduct interviews with all NQB organisations, including those not represented on the Patient Experience Sub-group, to complete the mapping exercise.
- Patient Experience Sub-group to host a workshop in late January with representatives from all organisations to begin to shape a shared narrative and strategic approach based on the mapping exercise findings. This may include a small number of wider stakeholders, such as representatives from social care organisations.
- A draft NQB narrative to be produced by March/April 2014, which would then be tested more widely with a range of stakeholders.

> *NQB members are asked to:*
> - *note initial findings from the mapping exercise undertaken by the Sub-group to understand differences in organisations' understandings of patient experience; and*
> - *participate in the mapping exercise to ensure a comprehensive understanding of patient experience across the system.*

NQB Patient Experience Sub-group
November 2013

Patient Experience Sub-group Mapping Exercise

How your organisation defines patient experience

- *Does your organisation use a formal definition of patient experience to guide its activities in this area? If so, please provide, stating its source.*
- *If not, does your organisation have an implicit understanding as to what patient experience means? If so, please could you describe this.*
- *How does your organisation distinguish patient experience from patient engagement and involvement?*

Your organisation's role in improving patient experience

- *Does patient experience inform your organisation's strategic direction?*
- *What activities/programmes of work is your organisation undertaking to improve patient experience? Are there specific roles within your organisation dedicated to improving patient experience?*
- *What levers and incentives does your organisation use in seeking to improve patient experience?*

How the organisation works with others to improve patient experience

- *Is your organisation working with others to improve patient experience? If so, how?*
- *Do you feel that there are key enablers or barriers in aligning your strategic direction, in relation to patient experience, with the strategic direction of other key organisations?*

Definitions of patient experience

Formal definition provided by the organisation

- **NHS Trust Development Authority:** *'Patient experience is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality alongside providing clinical excellence and safer care,'* (the definition from the *NHS Institute for Innovation and Improvement Patient Experience Book*).

Informal definition used by the organisation

- **NHS Improving Quality** provided a definition covering the organisation's concept of patient experience, but which is not formally used as its definition: *'The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care'* (*Beryl Institute*).

Other

- **NICE** uses a definition and framework based on the *Warwick Patient Experiences Framework* which covers aspects of care which impact on patient experience for example: patient as active participant, responsiveness of services – an individualised approach; continuity of care of relationships; lived experience; communication; information; and, support.

No definition

The following organisations reported that they do not have a specific definition for patient experience:

- NHS England;
- Health Service Ombudsman; and
- SCIE.