NQB(14)(01)(03)

NATIONAL QUALITY BOARD

Patient Experience

A paper from the Patient Experience Sub-Group

Annexes

A – Objectives of the NQB Patient Experience Sub-group

B – Organisations represented at the Patient Experience Workshop, 4th February 2014

Purpose

1. At the last meeting of the NQB on 3 December 2013, members were updated on the work of the re-established Patient Experience Sub-group (Sub-group objectives at **Annex A**), in particular the mapping exercise being undertaken to establish how the various organisations on the group define patient / service-user experience and to understand in greater detail what activity each was undertaking to improve patient / service-user experience.

2. The NQB agreed that:
    - all member organisations should be interviewed as part of a Patient Experience Sub-group mapping exercise; and
    - there should be a workshop on patient / service-user experience early in 2014 based on the outcomes of this exercise to identify options for further alignment.

3. This paper provides the National Quality Board with an update on the work of the Patient Experience Sub-group, specifically the outcome of the workshop on 4th February; and suggested next steps for the Patient Experience Sub-group.

Recommendations

4. The National Quality Board is asked to:
    - note the progress made by the Sub-group to date; and
    - provide steers on the suggested next steps.

Progress update – mapping exercise

5. The mapping exercise, covering all NQB member organisations, is now complete. The overarching findings from the full mapping exercise are in line with the interim findings that were presented at the December meeting:

   - There is a common willingness across all organisations to put patients and service-users at the heart of their work and to ensure that the experiences that people have of health and social care services are as good as they can be. Many recognise that even internally within their organisations, a significant culture shift is required to achieve this ambition; however, the hard work that is already happening is very encouraging and certainly has been accelerated by the publication of the Francis Inquiry report.

   - Whilst we accept that the different organisations have different roles and responsibilities, it is still fair to say that organisations are at different points in terms of making this a reality. For example, only a very small number of organisations have a formal definition of patient / service-user experience that guides their work and none of the organisations referenced the *NQB Patient Experience Framework*.

   - There are also many examples of successful collaboration and whilst several organisations acknowledged that their work could be better aligned with that of others, some alignment was happening and there was a clear willingness to make this happen.

NQB Patient Experience workshop

6. The NQB Patient Experience workshop held on 4 February demonstrated that there was a high level of enthusiasm for and commitment to this agenda. The workshop, facilitated by Catherine Foot, Assistant Director from the King's Fund, was well attended, with the majority of NQB organisations represented (including those not already members of the Sub-group) and other partners. A list of organisations represented at the workshop is at **Annex B.**

7. The aim of the workshop was to understand how the NQB might bring organisations together to progress joint thinking around patient / service-user experience and also establish further alignment of actions to drive this agenda forward.

8. Workshop attendees considered:
    - whether there is a requirement for a revised NQB definition / narrative / framework for patient / service-user experience, and if so what the key features of this would be;
    - whether it would be useful for the NQB to articulate a shared vision or ambition for improving patient / service-user experience; and
    - roles and responsibilities for patient / service-user experience across the system and opportunities for greater alignment, particularly those areas that may benefit from cross-system alignment led by the NQB.

Key conclusions from the workshop

Developing a Narrative

9. There was consensus that a shared framework on patient experience would be helpful in supporting alignment across the system. It was generally agreed that the framework could be based on an enhanced version of the existing NQB framework for patient experience[1], drawing on robust published work such as the *Warwick Patient Experiences Framework*[2].

10. However, concern was expressed over the use of the term 'framework' – as it could be seen as prescriptive or confused with other frameworks. It was therefore proposed that an overall narrative on patient experience should be developed, which would set out a common set of drivers for patient experience recognised by all organisations, and underpinned by the evidence.

11. Attendees suggested that the narrative should:

    a) 'unpack' patient / service-user experience in a similar way to the other domains of the NHS Outcomes Framework;

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[1] NHS Patient Experience Framework:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215159/dh_132788.pdf

[2] Warwick Patient Experiences Framework, available in:
http://www.nice.org.uk/nicemedia/live/13668/58283/58283.pdf

b) be evidence-based. As above, the Warwick Framework which in turn was used as the base for the NICE Clinical Guideline and Quality Standard *Patient Experience in Adult NHS Services*[3], was favoured. Consideration should also be given to the NICE Clinical Guideline and Quality Standard for mental health service-user experience. Limitations in the scope of these were also noted and would need to be explored;

c) recognise the key drivers of good patient / service-user experience for adult and children/young peoples' experience are not always identical;

d) enable practical application / implementation by all health (and care) organisations;

e) be adaptable for a variety of audiences including providers, commissioners, staff and patients/service-users;

f) use terminology that is more inclusive of different settings, which would support the integration agenda. In particular, some thought that use of the word 'patient' was restrictive in some settings like social care but mental health, with the term 'experience of care' seen as more inclusive. However as patient experience is an internationally recognised and understood term, it was thought more important that language used was relevant to context;

g) provide clarity around common pitfalls, for example:

  - confusion between patient / service-user involvement and patient / service-user experience;
  - recognise that experience is related to, but different from, satisfaction; and
  - reflect advancements such as the concept of an 'active patient', shared decision making and patients in control.

h) emphasise the need for sustainable culture change and leadership; and

i) recognise the link between patient/service-user and staff experience.

12. A key consideration would be scope – it should be very clear as to whether the narrative aims to cover health, or both health and social care. Individuals do not distinguish between the two, however, if they were to apply to both, there would need to be close working with social care representatives during its development.

13. It is also important that any narrative is developed in the context of work already underway by individual organisations – it must facilitate alignment, and not duplicate or delay progress. For example: the provider handbooks being developed by CQC which will go out for consultation in early April, with a final version aiming to published in

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[3] NICE Clinical Guideline and Quality Standard *Patient Experience in Adult NHS Services:* http://www.nice.org.uk/nicemedia/live/13668/58283/58283.pdf

September; and, any timescales for the review of the existing NICE quality standards (the current process for which is under review).

Do NQB members think the narrative should cover both health and social care?

Improving patient / service user experience

14. It was felt that there was a need to identify what practically commissioners and providers could do to improve patient / service-user experience. This could include the development of a series of simple (possibly 10), achievable actions or behaviours that determine good patient / service-user experience in a variety of settings (based upon the best available evidence as to what the key drivers are). This could be represented by a series of 'always events' that should take place between a patient / service-user and member of staff (although care would need to be taken over the use of this term as it is a registered trademark in the USA).

15. In addition, a specific piece of work could be undertaken to examine the imagined experience of a theoretical patient or service-user, for example an older person with co-morbidities and consequently numerous interactions with the health and care systems to understand what makes a good patient or service-user experience for this group as opposed to different groups.

16. This practical guidance would support the whole system, and particularly commissioners, who are currently working to set local quantifiable ambitions for improving patient experience within their 5 year strategic planning process, which will be aggregated to provide a national level of ambition.

Alignment

17. Attendees noted that greater awareness is required of which patient / service-user experience levers and tools were held by each organisation in the system - whilst most organisations had strategies or were working to develop strategies around patient / service-user experience, it was felt there was far more to gain from a well-coordinated approach. This would ensure duplication was avoided and that patients / service-users, providers and commissioners had a coherent package of support.

18. The NQB should develop a simple visual overview of the roles and responsibilities for patient / service-user experience in the health (and care) system. This might also describe the tools and levers at their disposal. This would form part of the narrative.

19. Attendees suggested that an audit of patient / service-user experience data requests should be undertaken as providers are finding increasing requests for the same information in different formats detracted from their overall efforts around patient / service-user improvement.

Next steps

20. There was a strong appetite among participants to work together. Based on the key findings from the workshop, it is proposed that the work programme for the Patient Experience Sub-group initially focuses on the development of a patient / service-user experience narrative that we could all use as system leaders for patient / service user experience. Summarising what is set out in this paper, the narrative would include:

    - enhancing and updating the existing *NQB Patient Experience Framework*, acknowledging developments in the evidence base since it was published in 2011
    - 'un-packing' patient / service-user experience, identifying a common set of key drivers; and
    - providing a simple visual overview of the roles and responsibilities for patient / service-user experience in the health (and care) system. This might also describe the tools and levers at their disposal.

21. In addition, as participants were keen for any joint work to be active and not just conceptual, the following areas could be explored:
    - the development of key interventions (for example 'always events' highlighted a paragraph 14); and
    - consideration of patient / service-user pathways through the imagined experience of a theoretical patient / service-user.

22. The Sub-group would also look to establish what work is already underway across the system to address these drivers (for example 7 Day Services) and identify what further actions can be taken by the NQB organisations, and partners, to further improve patient / service-user experience, particularly through improved alignment.

23. If the NQB agrees with this proposal, the potential options for taking forward this work will be discussed at the next Patient Experience Sub-group (date to be confirmed). A

work programme and proposed timescales for delivery will be brought to the next NQB meeting in April.

NQB members are asked whether:

- ***they are content with the direction of travel and proposed next steps?***
- ***there is anything further the Sub-group should be considering to improve patient / service-user experience?***

Don Brereton
Chair, NQB Patient Experience Sub-group

Annex A: Objectives of the NQB Patient Experience Sub-group

- To ensure patient experience is given the **same priority** as other domains of quality;

- To ensure **collaboration** between different parts of the health and care economy 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, including where interactions between public health and social care services impact on patients' experience; and

- To support the enhancement of the current architecture for **gathering, measuring and understanding patient experiences**, and the **implementation** of this knowledge and evidence in the provision of services that are acceptable, effective, relevant and appropriate for patients.

Annex B: Organisations represented at the Patient Experience Workshop, 4th February 2014

Organisation	Attendee	Title
NQB Expert Member	Hilary Chapman	
NQB Lay Member	Margaret Goose	
NQB Lay Member	Sally Brearley	
NICE	Victoria Thomas	Associate Director, Public Involvement Programme
Parliamentary & Health Service Ombudsman	Laura Weir	Head of Health Policy & Insight
Health Education England	Catherine Dale	Strategy Lead
NHS Improving Quality	Jane Whittome	Head of Programmes, Patient Experience
Public Health England	Catherine Davies	Head of Engagement
Department of Health	Nikki Yorke	Deputy Director, Citizen Voice & Insight
Monitor	Adam Harridence	Interim Director of Stakeholder Engagement
SCIE	Amanda Edwards	Deputy Chief Executive
Health & Social Care Information Centre	Simon Croker	Principal Project and Business Analyst
Care Quality Commission	Amanda Hutchinson	Head of Partnerships
Healthwatch England	Shona Johnstone	Public Policy and Partnerships Manager
NHS England	Neil Churchill	Director of Patient Experience
NHS England	David McNally	Deputy Director of Patient Experience
NHS England	Dan Wellings	Head of Insight and Feedback
NHS Trust Development Authority	Julia Holding	Head of Patient Experience
Warwick Medical School, University of Warwick	Sophie Staniszewska	Patient Experience Sub-group Expert Member Chair, NICE Patient Experience Clinical Guideline Development Group Lead, Patient Experience and Patient & Public Involvement Research Programme, RCN Research Institute,