

Improving experience of care

A shared commitment for those working in health and care systems



Foreword

Introduction

Health and care policy and practice has changed significantly since the preceding 'Improving experiences of care: Our shared understanding and ambition' was published by the National Quality Board (NQB) in 2015.

The refreshed NQB 'Shared Commitment to Quality' (2021), and associated documents, describing what quality is and how it can be delivered in Integrated Care Systems (ICSs), provide an overarching context for work on improving experience of care as a principal and integral part of delivering, and improving, safe and effective care.

We noted in 2015 that experience had become 'more of a priority both at a national and local level'. That has continued to be the case, for example in work to tackle health inequalities, in the emphasis, gained in learning from changes introduced in the pandemic, on co-producing improvements in quality and experience with people with relevant lived experience, and in many clinical transformation programmes. Crucially, tackling health inequalities and co-production provide, alongside improving experience of care, mutually interdependent facets of providing high quality care for all.

This document builds on the previous Improving experiences of care document, providing an updated view of improving experience of care for those working in health and care systems and partnerships, including within NHS providers.

Purpose

At the core of the ambition we expressed in 2015 was that, 'we want improving people's experiences to be as important as improving clinical outcomes and safety', and that is reflected in the recent NQB system quality publications.

The NQB is committed to ensuring that improving experience of care is embedded in quality work in ICSs, including within component health and care services, and across clinical pathways. This document:

- sets out an updated shared understanding of experience and what the best possible experience of care looks like
- outlines key components for delivering the best possible experience of care in systems and providers, which are
 - Co-production as default for improvement
 - Using insight and feedback
 - Improving experience of care at the core priority work programmes.

Improving Experience of Care has been refreshed to align with the recent NQB overarching system publications 'Shared Commitment to Quality', 'NQB Position Statement on Quality in Integrated Care Systems' and 'National Guidance on System Quality Groups', together with 'Our shared ambition for compassionate, inclusive leadership'. The updated version does not change the statutory responsibilities of individual organisations, nor undermine their independence, but highlights the strategic importance of working together to champion and drive improvements in quality.

A shared understanding of experience of care

The experience that a person has of their care, treatment and support is one of the three parts of high-quality care, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care.

'Experience' can be understood in the following ways:

1. What the person experiences when they receive care or treatment – for example, whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them, and whether the doctor asked them what name they would like to be called by. The 'what' of people's experiences can be thought of in two ways:

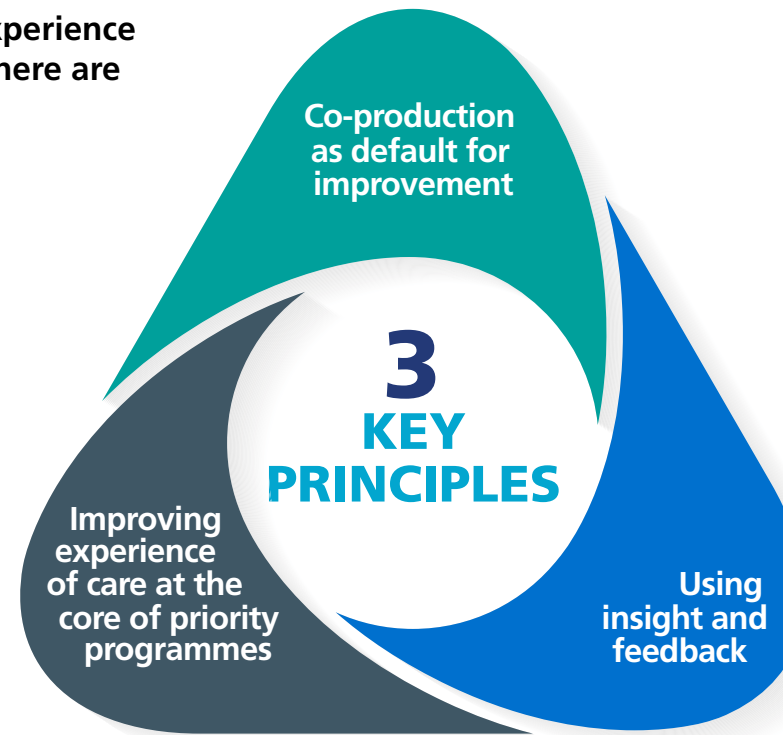
- the interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the 'relational' aspects of experience);
- the processes that the person is involved in, or which affect their experience, such as booking an appointment (this is known as the 'functional' aspects of experience).

2. How that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way.



Delivering the best possible experience of care in systems: **Key principles**

When planning for the delivery of the best possible experience across a health and care system or within a provider, there are 3 key principles that should always be considered:





1. Co-production as default for improvement:

Research published in 2021 into the accelerated changes within health and social care, which happened as a direct result of the Coronavirus pandemic, identified critical ingredients for change in implementing beneficial changes and recovery.

Co-production as default was the number one recommendation, that is working 'with system partners to place co-production - including people with lived experience - at the centre of how the health and care system learns and embeds change'. Systems can achieve this by:

- Starting with what matters most to people who use and work in services.
- Working with people who have relevant lived experience (patients, service users, unpaid carers and people in paid lived experience roles) and with staff, in everything they do to directly connect with multiple and diverse voices.

- Building equal and reciprocal partnerships with people who have relevant lived experience and staff, including with those from disadvantaged and minority communities, from the very start of, and throughout, all of their work.
- Paid recruitment of Lived Experience Partners as equal members of the workforce where decisions are genuinely co-produced.



2. Using insight and feedback

Listening to people's experience of care – and to the views of the staff who provide it – plays a crucial part in delivering services that are safe, effective and continuously improving.

Insight does not come from a single source: from a single survey, patient story, focus group or public meeting. There is no one perfect source of data. It's about using a combination of sources to understand a number of different issues and then to ask: 'How do we use what we've found out – positive and negative – to improve the quality of every person's experience?' Insight can tell us things that other performance data cannot, particularly about how people feel about hugely important issues such as dignity, compassion and respect. Systems can achieve this by:

- Gathering continual feedback from those who use services, their unpaid carers, families and the public to measure and manage performance on experience.
- Actively engaging with people who use services, families and the public throughout the process of designing, running, monitoring and reviewing services.
- Utilising existing feedback measures (surveys, Friends and Family Test, Patient Reported Outcome Measures and local insight) to inform plans and decisions at both strategic and operational levels.
- Making sense of what insight and feedback tells us, together with determining priorities for improving experience of care, should be done through co-production with people and communities with relevant experience of care.
- Listening and responding to patient stories within strategic and governance forums (such as Board meetings), incorporating story telling as a key methodology for learning from care.



3. Improving experience of care at the core of priority work programmes

System priority improvement and transformation plans, and work to deliver quality, should explicitly aim to improve the experience of care.

- Describe specific actions: programme and project plans explain how experience of care will be addressed, including measurement of improvement in experience of care.
- Alignment with tackling health inequalities: improving the experience of those who have the poorest experience is fundamental. Work to improve experience of care should be considered alongside taking targeted action to reduce health inequalities, delivering the national Core20PLUS5 programme, focusing on the most deprived 20% of our population, alongside the five key clinical areas of health inequalities.
- Alignment with improving staff experience: there is a body of evidence demonstrating the association between good staff experience and good experience of care, such that staff wellbeing can be considered a precursor to delivering the best possible experience of care. Gather the views of point of care staff and clinical leaders about improving experience of care and directly involve them in work programmes.
- Support for unpaid carers: Deliver actions that demonstrate due regard to the health and well-being of unpaid carers and address potential inequalities in health outcomes within this group, the benefits of improving identification and support and acknowledging the vital role unpaid carers play in sustaining health and care services.



Related resources

Introduction

[Shared Commitment to Quality](#), NQB

[NQB Position Statement on Quality in Integrated Care Systems](#), NQB

[National Guidance on System Quality Groups](#), NQB

[Our shared ambition for compassionate, inclusive leadership](#), NQB

A shared understanding of experience of care

[Defining Patient Experience](#), The Beryl Institute

[Patient experience in adult NHS services: improving the experience of care for people using adult NHS services](#), NICE

[Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#), NICE

[Babies, children and young people's experience of healthcare](#), NICE

[What We Need Now, I-statements](#), National Voices

[TLAP "I" statements from Making It Real 2018](#), Local Government Association



Related resources

Delivering the best possible experience of care

1. Co-production as default for improvement:

[Health and social care innovation, research and collaboration in response to COVID-19](#), Frontier Economics

[NHS Co-production Model](#), NHS England, Coalition for Personalised Care

[Always Events](#), NHS England

[ICS implementation guidance on working with people and communities](#), Point of Care Foundation

[Experience Based Co-Design](#), Point of Care Foundation

[Working in partnership with people and communities: statutory guidance](#), NHS England

2. Using insight and feedback:

[How to listen to and learn from people and communities](#), The Kings Fund

[Bite-size Guides to Patient Insight](#), NHS England

[Guidance on implementing the Friends and Family Test](#), NHS England

[Using Online Patient Feedback](#), Point of Care Foundation

[Patient Experience for Improvement](#), Point of Care Foundation

3. Improving experience of care at the core of priority work programmes

[Commitment to carers](#), NHS England

[CORE20PLUS5 Programme](#), NHS England

[Improving the Patient Experience](#), The Beryl Institute

[Path to Experience Excellence](#), The Beryl Institute

[Patient Experience Provider Improvement Framework](#), NHS England

For help and support to improve people's experience of care, contact either your Regional NHS England Clinical Quality Team, or the National NHS England Experience of Care Team ENGLAND.PEAdmin@nhs.net

