

Feeling better? Improving patient experience in hospital



The voice of NHS leadership

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS.

We represent over 95 per cent of NHS organisations as well as a growing number of independent healthcare providers.

Our ambition is a health system that delivers first-class services and improved health for all. We work with our members to ensure that we are an independent driving force for positive change by:

- influencing policy, implementation and the public debate
- supporting leaders through networking, sharing information and learning
- promoting excellence in employment.

All of our work is underpinned by our core values:

- ensuring we are member driven
- putting patients and the public first
- providing independent challenge
- creating dialogue and consensus.

For more information on our work, please contact:

The NHS Confederation
29 Bressenden Place London SW1E 5DD
Tel 020 7074 3200
Email enquiries@nhsconfed.org
www.nhsconfed.org

Registered Charity no. 1090329

Published by the NHS Confederation
© The NHS Confederation 2010
This document may not be reproduced
in whole or in part without permission.

ISBN: 978-1-85947-187-6
BOK60028

This publication has been manufactured using paper produced under the FSC Chain of Custody. It is printed using vegetable-based inks and low VOC processes by a printer employing the ISO14001 environmental accreditation.

Contents

Summary	2
Introduction	3
Where we are with improving patient experience	4
The win-win case for delivering a high-quality experience	5
How can hospital boards improve patient experience?	6
Common factors across successful organisations	11
Key drivers for achieving consistently excellent patient experience	12
Conclusion	14
Resources and support	15
References	16

Summary

Understanding and improving how patients experience their care is a key component to successfully delivering high-quality services that are based on their needs. This report looks at what we know about improving patients' experiences of hospital care and shares the approaches of both UK and USA hospital providers that have made significant progress in providing services that are truly patient-centred. It also details emerging evidence that hospital boards can achieve better outcomes across their whole organisation when patient experience is a priority.

The coalition Government is committed to improving patient experience and putting the patient at the heart of everything the NHS does. Its health white paper, *Equity and excellence: liberating the NHS*,¹ published in July 2010, outlines plans to make patient experience a measurable outcome of care, along with a stronger focus on patients having a say about their healthcare with a 'no decision about me without me' ethos.

This new policy environment provides a strong platform for ensuring that improving patients' experience of care is a clear priority.

Introduction

Patient experience is a recognised component of high-quality care² and hospital boards must understand how their patients are experiencing care if they are to effectively translate their needs and preferences into higher quality, safer and more efficient services.

Aside from striving to provide high-quality clinical care for patients, improving their experience as a whole is complex. It involves looking at every aspect of how care is delivered, including how the patient comes into contact with the 'health system' in the first place. Efficient processes and good clinical outcomes are critical components of a patient's experience, but these alone are not enough to achieve an *excellent experience*. Experience is also determined by the physical environment patients are in and how they feel about the care they receive, including the way staff interact with them. Improving the experiences of all patients starts by treating each of them individually to ensure they receive the right care, at the right time, in the right way for them.

The drive to deliver a good experience for all patients is of course not a new concept within the NHS. However, a commitment to making all experiences excellent is still not widespread and change is sometimes slow. This is partly due to strong incentives for hospital boards to focus on other things. To date their focus has arguably been on delivering equity and efficient systems, with the unspoken but widely held beliefs that also providing good patient experiences is 'nice but not necessary' or 'nice but too expensive'. As a result the importance and relevance of patient experience has been consistently relegated, such that the recent 2010 Commonwealth Fund appraisal of healthcare services in seven countries rated the UK seventh for patient-centred care.³

Support at a national level is essential. Enshrining what staff, patients and the public can expect from the NHS in the NHS Constitution provides an important context for the way care should be delivered.⁴ Similarly, systems at a national level provide a useful framework to help drive improved patient experience. Including patient experience as a measurable outcome of care in the *NHS outcomes framework*,⁵ providing incentives through the Commissioning for Quality and Innovation (CQUIN) payment framework, and patient reported outcome measures (PROMs) will all play an important role in helping make patient experience a priority.

However, national systems alone will not be the answer. For patients' experiences to shape services and become a priority for staff, a big cultural shift at many hospitals is needed.

What we know works

While there is no single path to improving patient experience, we know that the following points all contribute:

- transformational leadership
- a clear vision
- desired values and behaviours embedded across the whole organisation
- engaged staff, patients, families and carers
- greater clinical engagement and professional empowerment
- a healing environment.

Where we are with improving patient experience

Most NHS staff agree that patient experience could be improved and that, on occasion, the NHS has badly let down patients. Some also argue that the NHS does not pay enough attention to some fundamental elements of care, such as compassion,⁶ and that the power of patient and public involvement is not being used as it could be to reshape services.⁷ Yet these approaches are key to making 'patients at the heart of everything we do'¹ a reality.

What patients are saying

The 2009 Care Quality Commission (CQC) Adult Inpatient Services Survey⁸ reported some improvements in patients' experiences compared to yearly surveys from 2002 to 2008. For example, greater proportions of patients said that they "definitely" felt involved in decisions about their discharge and that the overall quality of care they received was "excellent".

However, there has been slow progress in the number of people who rate their experience as "excellent". According to the previous seven national inpatient surveys, the increase in the percentage of people who described their stay as excellent has improved at less than one per cent a year, from 38 per cent in 2002 to 44 per cent in 2009.

Furthermore, consistently two per cent of patients report a negative experience in the NHS according to the Inpatient Services surveys; this equates to 200,000 people per year. The 2009 CQC inpatient survey also reported very

concerning statistics where progress against basic aspects of patients' experiences remains static at best. For example:

- the percentage of respondents that said staff "definitely" did enough to control their pain was 71 per cent in 2009 and 72 per cent in 2008
- 21 per cent of respondents reported being bothered by noise at night from hospital staff; in 2005 it was 18 per cent
- 65 per cent of respondents reported that nurses "always" answered their questions in a way they could understand; the percentage was 66 per cent in 2008.

The King's Fund interviewed a number of patients in 2006 about their experience of care. The resulting paper, *Seeing the person in the patient; the point of care review*,⁹ published in 2008, showed widespread variation in the quality of care of all the patients it had interviewed, both between patients and in the care experienced by the same patient at different times.

At board level

There is evidence of real variation in board reports with regard to patient experience.¹⁰ Several recent high-profile serious failures suggest that boards can be too far removed from what is happening at ward level and that they often do not have the necessary information to gauge and act on the experiences of patients.

The win-win case for delivering a high-quality experience

Delivering a high-quality experience for patients should, without question, be a priority for all NHS organisations and be part of the fabric of everything they do. This will become increasingly important as the NHS operates in an ever-more dynamic environment, with patients' expectations increasing alongside the likelihood they will complain about 'one size fits all' care that does not treat them as individuals. As research from Picker Institute Europe shows, patients want to be involved in decisions about their care and have their preferences respected.¹¹

Improving outcomes

There is emerging evidence that organisations with a strong emphasis on providing high-quality patient experience have found it is linked to better health outcomes. For example, the three case studies from USA organisations we set out later in this report (page 9) all have excellent records for mortality and patient safety, as well as a real focus on patient experience.

Indicating poor care

Understanding how patients experience care can help to improve services and highlight poor care. With hindsight, data clearly showed poor

performance in relation to patients' experience at Maidstone and Tunbridge Wells and Mid Staffordshire NHS trusts before their problems became generally acknowledged – evidence that was not acted on by the trust boards.

Reducing costs

Research in the USA has linked high quality patient experience with lower overhead costs.¹² Emerging evidence is also starting to show that institutions which score highly for providing patient-centred care often have lower costs per case and shorter lengths of stays.¹³

Informing choice

With patient choice a continued priority, responding to patients' preferences and improving their experience is increasingly important. As part of its July 2010 health white paper,¹ the Government is currently consulting on proposals to give patients, service users, carers and families greater choice and control over their care and treatment. According to the National Patient Choice Survey (2010),¹⁴ personal experience of a hospital, good previous experience, the experience of family members and friends and the reputation of a hospital all ranked in the top ten reasons why patients choose a hospital.

How can hospital boards improve patient experience?

Examples from across England

We know that some NHS hospitals are making real progress in delivering a whole organisational approach to patient experience. This section sets out more about this work at:

- Whipps Cross University Hospital NHS Trust
- Royal Bolton Hospital NHS Foundation Trust
- Cambridge University Hospitals NHS Foundation Trust
- Southampton NHS Treatment Centre.

Whipps Cross University Hospital NHS Trust – starting the journey

The CQC inpatient survey in 2008 showed that patients rated Whipps Cross among the bottom 20 per cent of trusts for two thirds of the questions asked, raising particular issues around the attitudes and behaviour of staff. So in July 2009 the trust began working on a 'patient experience revolution', which they officially launched in March 2010. The revolution was developed by 500 staff and 100 patients across the hospital and identified the key staff behaviours that are important to patients. The trust has started embedding these across the whole organisation.

The approach

The trust:

- ran three 'in your shoes' events where all levels of staff, including the chief executive, sat and listened to patients on a one-to-one basis to learn more about what they wanted. They also contacted and involved previous complainants
- developed a manifesto, including a set of shared values and ten core behavioural

standards expected of all staff. Their standards have been developed so that patients feel cared for, safe and confident and every member of staff is asked to sign up to this promise to patients

- trained 40 staff to deliver service standards and communications training for all 3,500 employees to ensure they are equipped to take responsibility for delivering and supporting others to deliver the ten core behavioural standards
- aligned its human resources, performance management and recruitment processes with the values and standards.

In addition:

- 'just a minute' cards have been introduced to all clinical and non-clinical areas asking patients for qualitative feedback, which is often then published on 'you said, we did' posters
- compliments are now recorded in a database
- patient experience data is incorporated into quarterly trust board and directorate scorecards
- the trust is carrying out interim surveys for both inpatients and outpatients to measure areas of improvement.

The impact

- Making a promise to patients has helped empower staff to work in accordance with the values.
- Whipps Cross is now rated "average" for all ten key indicators according to the 2009 CQC Inpatient Services survey, making them one of the better performing trusts in London. Improvements have been made in 43 of the 63 indicators since the 2008 survey.

Royal Bolton Hospital NHS Foundation Trust – applying 'lean' thinking

Lean thinking is an improvement approach designed to improve flow, eliminate waste and deliver what customers really value.¹⁵ Royal Bolton Hospital is using lean methodology to become more effective at delivering what patients value and more efficient across the patient journey.¹⁶ The trust has introduced the Bolton Improving Care System (BICS) which has seen them use patient experience-based design.

BICS has so far been trialled in orthopaedics, stroke services, children and adolescent mental health services, respiratory care, and accident and emergency.

The approach

Initially trialled for orthopaedics, the team videoed patient interviews and identified the emotional 'touch points' that were most important to them. The films were then edited into two main themes: 'no needless pain' and 'no feelings of helplessness'. The trust ran sessions for more than 200 staff where they watched and commented on the videos. Staff then jointly worked with patients to come up with ideas to improve the service and overall experience.

In practice their approach has included:

- being clear about aims and why improvements are needed
- understanding what is valuable to patients by 'looking through their eyes'. Techniques include using patient diaries, questionnaires, interviews and focus groups
- understanding whether or not services are delivering what patients value
- redesigning care if necessary
- having line manager buy-in to ensure changes

are embedded. In orthopaedics the lead orthopaedic surgeon, matron, nurse ward manager and senior therapist were all critical to sustaining the improvements

- ensuring staff 'own' the system and understand the benefits of it.

The impact

For orthopaedics the project has resulted in improved patient feedback (96 per cent of patients reported their experience was good or excellent) as well as measurable improvements in pain management and a 40 per cent reduction in delayed bed days.

Cambridge University Hospitals NHS Foundation Trust – continuous improvement

Cambridge University Hospitals has a long established programme of initiatives designed to improve the experiences of its patients. It is committed to establishing a culture whereby patient experience is seen as the responsibility of all hospital staff, rather than a top-down initiative that is done 'to' them. Key features of their approach include a focus on patient experience within their governance arrangements and running an integrated patient advice and liaison service (PALS) and complaints office, which is open seven days a week.

The approach

The trust:

- has 19 elected governors, including patients, who run a number of different work streams (including one on quality and public engagement)
- runs in-house quarterly patient surveys – shortly after discharge the trust writes to

approximately 2,700 patients per quarter; with a response rate of about 45 to 50 per cent

- runs monthly focus groups – the trust invites patients back to ask how the trust could have improved their experience, often organised around specialties. Clinical teams own these and, as well as preparing a report for attendees, are accountable for delivering any agreed actions
- has a branded internal campaign called ‘our way’, designed to clearly set out the trust’s values, expected behaviours and priorities to all staff. All staff members are now familiar with, and subscribe to the values: *kind, safe and excellent*
- has worked with organisations outside health, including John Lewis and the Anne Frank Trust, with whom it has developed a new approach to equality and diversity training for staff
- is a member of the Institute of Customer Service and has trained high performing outpatient receptionists to become champions of customer service
- is currently trialling moving nursing stations into bays so that they are more visible to patients – an initiative led by nurses.

In addition, all complaints and feedback are reviewed by a patient experience committee, which includes a patient governor. Where the need for support is identified, a ward will be referred to the patient experience support team who will help identify any issues that might exist. The team will undertake a survey of all staff on that ward (including managers) and any other departments they interact with. The results of the survey shape a training programme for staff, targeted on their particular needs.

The impact

The trust has established a culture of openness with its staff, patients and the public. Focus groups were initially met with some hesitation and nervousness but clinical staff are now proactive in requesting them for their service.

The patient experience support team has been very effective at diagnosing problems and improving staff attitude and behaviour. All areas that have worked with the team have demonstrated a significant reduction in complaints and an improvement in patient experience survey results. It has also proved popular with staff.

Their most recent patient survey results show that 96 per cent of patients felt the hospitals met or exceeded their expectations.

Southampton NHS Treatment Centre (Care UK)

Southampton’s NHS Treatment Centre focuses on designing services around its patients. The centre runs on a smaller scale than most NHS trusts, but its approach to improving the patient experience offers some key learning for NHS hospitals.

The Centre:

- aims to carry out all necessary medical tests in one day to minimise trips back and forth to the centre. For first appointments this is achieved 60 per cent of the time
- engages staff to make improvements, with a real commitment to piloting new ideas quickly. Successful ideas are then shared across the whole organisation

- displays patient feedback and satisfaction scores in every department
- ensures there is a patient information guide available beside every bed, which includes a summary of key questions and answers
- actively engages with its community using a variety of methods, including attending local events to raise awareness of health issues and services
- has introduced a period of time on the ward known as 'quiet time', a planned period of time where no noise can be made on the ward. This was in response to patients who complained the ward was too noisy.

Examples from the USA

For this report we also identified three examples from the USA that demonstrate how to deliver excellent patient experience and the benefits it can bring. These are:

- Mayo Clinic, Rochester, Minnesota
- Vanderbilt Medical Center, Nashville, Tennessee
- University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania.

Despite the different context in which they operate, each offers lessons to the NHS. Each has taken a different approach to improving quality but the concept of designing services around the patient and improving their experience is central to them all. They have achieved clinical excellence and organisational progress, with high performance in patient experience and lower costs in their systems compared to other providers in the USA.

Mayo Clinic, Rochester, Minnesota

The Rochester Mayo Clinic has long had a reputation for excellence in all quality areas. It was founded over 140 years ago with a visionary ethos based on patient-centred care and team working. These aspirations have been built on over time and much of Mayo's 'vanguard' status comes from its value-based origins.

In their 2008 study, Berry and Seltman¹⁷ drew a number of lessons about the clinic's success. Of these, the most relevant to the NHS are:

- the mission of the organisation is described in terms of service to patients and clinical outcomes
- behaviour showing attention to the elements of patient experience is rewarded and promoted
- responsiveness to individual patient needs is a priority and attention is paid to what affects their feelings toward the Mayo, however big or small.

Consistently, the CEOs are trained doctors who are recognised for their leadership potential and developed during their professional life at the Mayo. These CEOs are usually characterised as 'servant' leaders, an approach which is promoted across the whole organisation. The Mayo Clinic boasts outstandingly high confidence in their executives and the discretionary effort made by staff exceeds the expected level of service.

Vanderbilt Medical Center, Nashville, Tennessee

Vanderbilt began a transformation programme five years ago with a statement of what the

organisation wanted to achieve in five years and how staff contributed to this. Its aim is to do everything in the spirit of providing exceptional care to every patient. It describes in detail the behaviours needed to achieve this ('elevate') and the commitment it expects from all employees ('credo'). Employee commitment to Vanderbilt's 'credo' is expected, rewarded and enforced.

Vanderbilt's credo:

- we provide excellence in healthcare, research and education
- we treat others as we wish to be treated
- we continuously evaluate and improve our performance.

This is expressed through expected behaviours (elevate):

- I make those I serve my highest priority
- I respect privacy and confidentiality
- I communicate effectively
- I conduct myself professionally
- I have a sense of ownership
- I am committed to my colleagues.

By 2008 the Vanderbilt had achieved its aim of being in the top ten per cent of the nation's hospitals, judged by publicly reported hospital quality measures.

University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania

This 21-hospital group has become known as an entrepreneurial, innovative provider with a culture that values relationship-building, spontaneity and flexibility. A turning point was the recruitment of Dr Anthony DiGioia III in 2006; he redesigned the pathway for hip and knee procedures around the patient, leading to significantly shorter stays, low infection rates and extraordinarily high patient satisfaction.

DiGioia developed patient and family-centred care (PFCC) methodology, which has been used to redesign 17 other major patient pathways in the hospital group. Front line staff are enabled to design improvements and test them out. The use of this methodology spread spontaneously once staff realised for themselves the benefits for both the organisation and patients.

Supportive management has been important, including a willingness to delegate spending (up to \$10,000) to the different workstreams. This serves to demonstrate trust and collaborative working between front line staff and the executive team, resulting in culture change and improved patient experience. It also improves staff experience as measured by staff satisfaction and engagement measures.

The PFCC methodology resembles the 'kaizen' approach used in lean thinking. Data around a specific care pathway is studied and an ideal patient experience is outlined. Projects are then developed with clinical and executive champions driving them forward.

Common factors across successful organisations

The previous examples of organisations that have improved patient experience demonstrate that there is no single path to success. However, some common underlying elements can be seen across all seven, namely:

- **Transformational leadership** has played a key part. This is often a senior figure in the organisation with **vision and drive**, and the skills to communicate these to others.
- Change is effected across the **whole system** rather than in one corner.
- **Patients and their families are engaged** in care and those experiences are viewed from the users' perspectives.
- There is an emphasis on **continual feedback** from patients, families and carers and measurement for improvement.
- There is a consistent, **integrated programme** of activities, rather than a series of small random projects.
- There is recognition of the importance of **embedding desired values and behaviours** across the organisation (this goes beyond paying lip service to a mission statement).
- **Staff are enabled** to deliver excellent patient experience and empowered to make changes themselves.
- There is greater **clinical engagement** and professional empowerment.

Key drivers for achieving consistently excellent patient experience

The Institute for Healthcare Innovation (IHI) has looked at how excellence in patient experience can be reliably achieved across a whole healthcare organisation. Its patient experience driver diagram¹⁸ outlines five key aligned primary drivers to effect change:

- leaders demonstrate across the organisation that culture is focused on patient and family-centred care
- staff hearts and minds are fully engaged
- care interactions are anchored in a respectful partnership with patients and families
- systems deliver reliable high-quality care
- confidence is instilled by providing evidence-based care.

The driver diagram is also designed to help diagnose problems and support organisations to develop action plans. The full patient experience driver diagram is available on our website at www.nhsconfed.org/feelingbetter

Using the methodology of the IHI driver diagram the following key drivers for improving patient experience emerge for the NHS:

Reaching all levels – leadership and culture

It is important that boards demonstrate that their organisation's culture is focused on patient-centred care and ensure the momentum for change is sufficient to reach all levels of staff. Experience tells us that, even with commitment at the organisational level to improving patient experience, these policies may not be evident at the front line.¹⁹

It is essential to pay attention to the culture of an organisation at the front line. Focusing on workforce morale and developing a positive

supportive work environment can accelerate improvement and enable change to reach more people in the organisation.²⁰

Engaging staff and winning hearts and minds

Analysis of the NHS staff survey suggests clear links between good HR practices, high staff engagement and improved patient experience.²¹ Any organisation that wants to improve patient experience cannot ignore how its staff feel about their jobs. Increasing workload, more complex health problems in changing populations and using new technology all contribute to the real and perceived difficulties of working in healthcare, particularly in the acute inpatient sector.²² Engaging staff is now more important than ever.

People working in healthcare tend to have come into the sector with compassionate and idealistic motives. Hearing that they might be at fault for providing a poor service to patients is painful information and there can be a tendency to deny it. Some of the senior managers we interviewed for this report gave a number of examples of basic assumptions from organisations they'd seen that had a culture of providing poor patient experience, including:

'We have a difficult group of patients who'll complain even where the service is good.'

'A focus on patient experience is a luxury we can't afford in these hard times.'

Views such as these can be a significant barrier to change and overcoming them is critical. Frequently, such statements reflect the culture of the organisation, demonstrating accepted behaviours within a trust. Similar views are widely held across the NHS, and the

organisations whose case studies we have outlined will have come across them. The *Patient-centered care improvement guide* examines and refutes 'myths' like these.²³
www.patient-centeredcare.org

Engaging patients, families and carers

Patients should have the opportunity to make choices about their healthcare to a level they feel comfortable with. Many patients want to be a partner in their health, not simply a recipient of care,²⁴ and the 'no decision about me without me' ethos is a cornerstone of the Government's health white paper¹ published in July 2010. However, it is equally important to remember that not all patients want to actively make choices about their healthcare, with potentially around 60 per cent of people favouring passive decision making.²⁵

Engaging patients in decision-making about their healthcare is not always easy, even if there is organisational support and policies are in place to encourage active participation. Multiple approaches are needed to help engage differing and vulnerable groups. For example, challenging healthcare staff is less likely among surgical patients, men, patients with lower educational attainment and the unemployed. In addition, the importance of health literacy, with information and messages tailored to the right level for an individual, needs to be considered every time.²⁶

Creating a healing environment

The importance of the physical environment to a patient's emotional experience of their care is reported in many studies. This can include the effect of sunlight, windows, seating arrangements and odour.²⁷ Also, the effects of the environment and ergonomics on staff as measured through stress, fatigue

and work-related absenteeism are widely reported.²⁸

Creating the right physical environment for patients is a real challenge for the NHS with its old and varied buildings. However, while the NHS is likely to struggle to fund major improvements to its building stock over the next few years, it is important to recognise that even small changes can have positive effects for both patients and staff. For example, introducing a simple and cheap message board for patients can positively impact on how they feel about their care in hospital.²⁹ The Kissing it Better website has many examples of low-cost changes which make a difference.

www.kissingitbetter.co.uk

Implementing evidence-based care

Improving the implementation of evidence-based changes in practice could dramatically improve people's experience of the NHS and their health. Much is known about what constitutes high-quality healthcare but there can be an enormous delay between realisation and implementation across the NHS. While many research papers are published each year, implementing evidence-based care can take up to 16 years before the majority of units adopt it.³⁰

Research from the USA in 2003 found that patients with long-term conditions only received all the care they should have 53 per cent of the time, with condition specific self-management education only shared effectively in 18 per cent of cases.³¹ There is evidence that times may be changing though. Adopting the World Health Organisation (WHO) Surgical Safety Checklist, shown to decrease error by 30 per cent, has been taken up widely across the UK.³²

Conclusion

The Government's *Equity and excellence: liberating the NHS*² white paper undoubtedly challenges the way staff and patients interact with the NHS, with the proposed system set to support successful patient experience programmes. However, whether it will be the main driver for improvements in patient experience remains less clear. The emphasis must be on organisations to take the lead in this arena to make excellent patient experience a reality across the NHS.

This report offers ideas as to how this challenge can be met by hospitals and shows evidence that it is possible to achieve a real difference for patients, often using relatively low-cost initiatives. It is clear that stand-alone projects will not effect change across a whole organisation. Led from the top there needs to be a consistent, joined-up approach involving both patients and staff. It is also essential that governance committees are committed to ensuring patients have a good experience, as well as receiving safe and effective care.

There is no doubt there has been progress in improving patient experience in the NHS and the case studies we include in this report are by

no means the only examples of good practice. However, given what we know about the benefits of delivering a great patient experience for both patients and providers alike, adopting whole organisational approaches appears to be slow. The challenge for organisations is not just to show that they can get care right once, but that they can do it consistently time and again.

With a supportive national framework and greater commitment from NHS organisations, we believe the NHS has a real opportunity to improve how patients experience care.

Further analysis

It is not only providers that can make a difference to patient experience. As a next step to this report we recommend that the role of other healthcare organisations be considered, including the role of commissioners, regulators and education and training programmes.

For more information on this report, or to respond to any of the issues raised, contact Clare Gorman, Policy Manager, at clare.gorman@nhsconfed.org.

Acknowledgements

This report was prepared by the NHS Confederation in partnership with Joanne Watson, a consultant endocrinologist at Taunton and Somerset NHS Foundation Trust and the first clinical director of patient experience in the UK. She is also the clinical director of the hospital pathway programme in the Point of Care, King's Fund.

We are very grateful to the NHS organisations that contributed case studies of their approach to improving patient experience.

We would also like to thank the following people for their help in producing this report.

Mandy Wearne, Director of Service Experience, NHS North West

Hugh Ross, Director, Health Strategy Unit, NHS Wales

Professor Mike Cooke, Chief Executive, Nottingham Healthcare NHS Trust

Sally Brearley, Chair, Health Link and lay member, National Quality Board

Eileen Sills CBE, Chief Nurse/Chief Operating Officer, Guy's and St Thomas' NHS Foundation Trust

Resources and support

The King's Fund

The King's Fund set up the Point of Care Programme in 2007 to look at what it is like to be a patient in an English hospital in the 21st Century and the state of compassion within our healthcare system (Goodrich and Cornwell). This programme is now piloting interventions at different levels of healthcare (individual, team and hospital). www.kingsfund.org.uk

Inspiration North West

Inspiration North West, developed following the NHS Next Stage Review in 2008, supports organisations and staff to deliver a high-quality patient experience. Its INSPIRE initiative is a dedicated training and development framework that can develop bespoke packages of practical support. With initial funding support from the Health Foundation, Inspiration North West has also devised 'vital sign care cards' as a way of capturing emotional experiences of patients. The cards are also now used as a means to measure and demonstrate values and beliefs outlined in the NHS constitution. www.inspirationnw.co.uk

NHS Institute for Innovation and Improvement (NHS Institute)

The NHS Institute has developed the Experience Based Design (EBD) approach which brings patients and staff together to share the role of improving care and re-designing services. It also runs a Patient Experience Learning Programme as well as a Patient Experience Online Network with over 300 members from across the NHS in England, including international members. www.institute.nhs.uk/pen

The Institute for Healthcare Improvement (IHI)

The IHI has looked at how excellence can be reliably achieved across a whole healthcare organisation. Its Patient Experience Driver Diagram (www.nhsconfed.org/feelingbetter) outlines five aligned primary drivers of excellent patient experience, outlined on page 12 of this report. www.ihl.org

The Planetree Organisation

The Planetree Organisation is a leader in patient-centred care and published the *Patient-centred care improvement guide* in 2008. This guide outlines the building blocks for organisations that want to transform their culture.

www.planetree.org

Picker Institute Europe

The Picker Institute has extensive experience of measuring patient experience and runs the national patient survey programme. www.pickereurope.org/improvingpatientexperience

Dr Foster Intelligence

The Intelligent Board 2010 Patient Experience report from Dr Foster offers itself as a practical guide to inform executives about the wealth of qualitative and quantitative information available to keep them focused on what matters in terms of service delivery. www.drfoosterintelligence.co.uk

Hospital-Consumer Assessment of Providers and Health Services

Hospitals in the USA are required to report the extent to which they are delivering excellence in patient experience, using the Hospital-Consumer Assessment of Providers and Health Services (HCAPHS) score. This is a standardised survey that collects data for measuring patients' perspectives on hospital care. www.hcahponline.org

Other useful resources

- Institute for Patient-and Family-Centered Care www.ipfcc.org
- Kissing it Better www.kissingitbetter.co.uk
- Wendy Leebov's Heart Beat www.quality-patient-experience.com

For further information and case studies on how to deliver consistent, high-quality patient experience please visit www.nhsconfed.org

References

1. Department of Health (2010) *Equity and excellence: liberating the NHS*
2. Lord Darzi (2008) *High quality care for all: NHS next stage review final report*. Department of Health
3. Davis K, Schoen C, Stremikis K (2010) *Mirror, mirror on the wall: how the performance of the U.S. health care system compares internationally*, Update Commonwealth Fund
4. Department of Health (2010) *The NHS Constitution for England*
5. Department of Health (2010) *Transparency on outcomes – a framework for the NHS*
6. NHS Confederation (2008) *Compassion in healthcare*
7. NHS Confederation (2010) *The heart of the matter*
8. Care Quality Commission, Adult Inpatient Services Survey, 2009
9. The King's Fund (2008) *Seeing the person in the patient; the point of care review*
10. Dr Foster Intelligence (2010) *The Intelligent Board 2010 – Patient Experience*
11. Picker Institute 'What do patients want from healthcare?', policy position www.pickereurope.org/101
12. DiGioia A 3rd, Greenhouse PK, Levison TJ (2007) 'Patient and family-centered collaborative care: an orthopaedic model' *Clinical orthopaedics and related research*, Oct; vol 463, pp 13-9
13. Charmel PA, Frampton SB (2008) 'Building the business case for patient-centered care' *Healthcare Financial Management* March, vol 62(3), pp 80-5
14. Department of Health *Report on the national patient choice survey*, February 2010, England
15. NHS Confederation (2006) *Lean thinking for the NHS*
16. Womack J P, Jones D T (1996) *Lean thinking*. Simon and Schuster, New York
17. Berry L, Seltman K (2008) *Management lessons from Mayo Clinic*, McGraw Hill, New York
18. Balik B, Conway J, Zipperer L, Watson J (2010) 'The Patient and Family Experience'. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. (Available from Jan 2011) www.ihl.org
19. Groene O et al (2009) 'Is patient-centredness in European hospitals related to existing quality improvement strategies?' *Quality and Safety in Health Care*, vol 18, pp i44-i50
20. Manion J (2009) *The engaged workforce: Proven strategies to build a positive health care workplace*. AHA Press, Atlanta GA
21. Analysis of the NHS staff survey can be found at: www.nhsemployers.org/highengagement
22. Wilson AD, et al. 'Interventions aimed at changing the length of primary care physicians' consultation' *Cochrane Database* 2006, Issue 1
23. Frampton S, Guastello S, Brady C, Hale M, Horowitz S, Bennett Smith S, Stone S (2008) *Patient-centered care improvement guide* Planetree Connecticut
24. Department of Health (2008) *What matters to our patients, public and staff*
25. Wilkinson C, Khanji M, Cotter PE, Dunne O, O'Keeffe ST (2008) 'Preferences of acutely ill patients for participation in medical decision-making' *Quality and Safety in Health Care*, vol 17(2), pp 97-100

26. Agency for Healthcare Research and Quality, *Literacy and Health Outcomes*, 2004
www.ahrq.gov/clinic/tp/littp.htm
27. Sadler BL, Joseph A, Keller A, Rostenberg B. 'Using Evidence-Based Environmental Design to Enhance Safety and Quality' IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2009.
(Available on www.ihl.org)
28. Dijkstra K et al (2006) 'Physical environmental stimuli that turn healthcare facilities into healing environments' *Journal of Advanced Nursing*, vol 56 (2), pp 166-181
29. Altringer et al (2010) 'The emotional experience of patient care: a case for innovation in health care design' *Journal of Health Services Research and Policy*, vol 15 (3), pp 174-177
30. Balas E, Boren S (2000) *Managing clinical knowledge for health care improvement*
In: Bemmel J, McCray AT (eds) *In Yearbook of medical informatics: Patient-centered systems* Stuttgart, Germany: Schattauer Verlagsgesellschaft; pp 65-70
31. McGlynn EA et al. (2003) 'The quality of health care delivered to adults in the United States' *New England Journal of Medicine*, vol 348, pp 26
32. Gawande et al (2009) 'A surgical safety checklist to reduce morbidity and mortality in a global population' *Safe Surgery Saves Lives Study Group. New England Journal of Medicine*, vol 360, pp 491-499

Feeling better? Improving patient experience in hospital

Understanding and improving how patients experience their care is a key component to successfully delivering high-quality services that are based on their needs. This report looks at what we know about improving patients' experiences of hospital care and shares the approaches of both UK and USA hospital providers that have made significant progress in providing services that are truly patient-centred. It also details emerging evidence that hospital boards can achieve better outcomes across their whole organisation when patient experience is a priority.

The coalition Government is committed to improving patient experience and putting the patient at the heart of everything the NHS does. Its health white paper, *Equity and excellence: liberating the NHS*, published in July 2010, outlines plans to make patient experience a measurable outcome of care, along with a stronger focus on patients having a say about their healthcare with a 'no decision about me without me' ethos.

This new policy environment provides a strong platform for ensuring that improving patients' experience of care is a clear priority.

Further copies or alternative formats can be requested from:

Tel 0870 444 5841 Email publications@nhsconfed.org
or visit www.nhsconfed.org/publications

© The NHS Confederation 2010. The use of this publication is covered by the conditions of Creative Commons Attribution-Non-Commercial-No Derivative Works License: www.creativecommons.org/licenses/by-nc-nd/2.0/uk

You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work.

Registered Charity no: 1090329

ISBN: 978-1-85947-187-6 BOK60028

NHS CONFEDERATION



The NHS Confederation
29 Bressenden Place London SW1E 5DD
Tel 020 7074 3200 Fax 0844 774 4319
Email enquiries@nhsconfed.org
www.nhsconfed.org

