

○ Strategies for promoting patient-centred care

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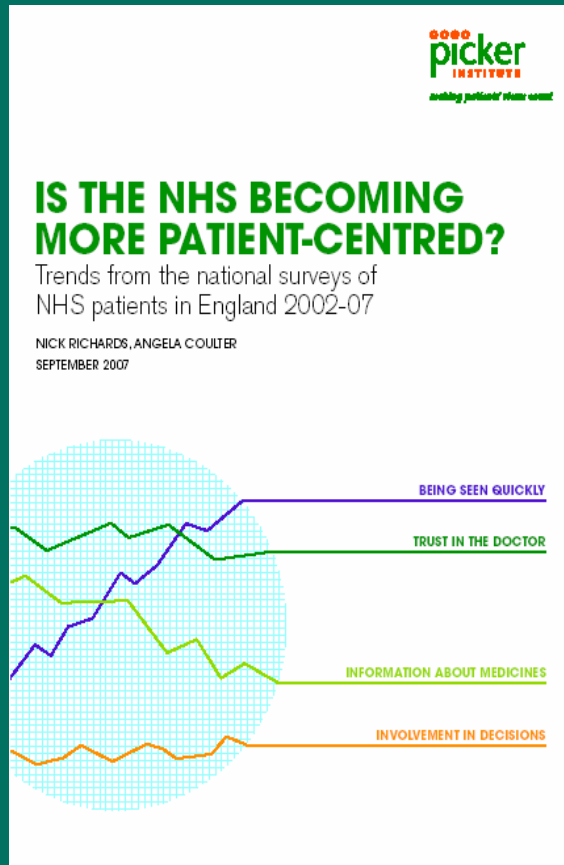
What do patients want?



What patients want

- Fast access to reliable health advice
- Effective treatment delivered by trusted professionals
- Participation in decisions and respect for preferences
- Clear, comprehensible information and support for self-care
- Attention to physical and environmental needs
- Emotional support, empathy, and respect
- Involvement of, and support for, family and carers
- Continuity of care and smooth transitions

Is the NHS becoming more patient-centred?



26 national surveys since 1998:

- Primary care
- Mental health
- Ambulance
- Inpatient
- Outpatient
- Emergency
- Cancer/CHD/stroke/diabetes

Some things are good and getting better

- Waiting times have improved
- Most patients trust health professionals
- Hygiene and cleanliness shows some improvement
- Community mental healthcare is improving
- Communication skills are mostly good
- Most patients give positive ratings of their overall care

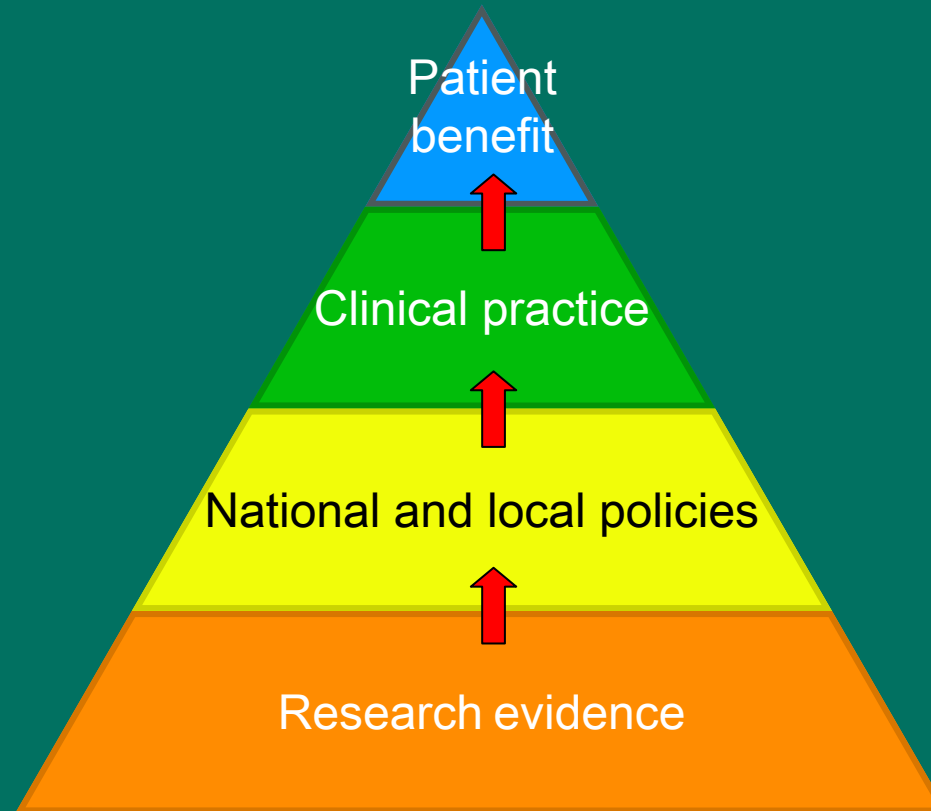
But.....

- Access to GP advice has become more difficult
- Availability of hospital staff has deteriorated
- Information needs are not always met
- Information about patients isn't shared with them
- Many patients want more involvement in decisions
- Shared decision-making isn't widely practised
- Patients don't receive enough help with self-care
- Patients aren't actively encouraged to give their views

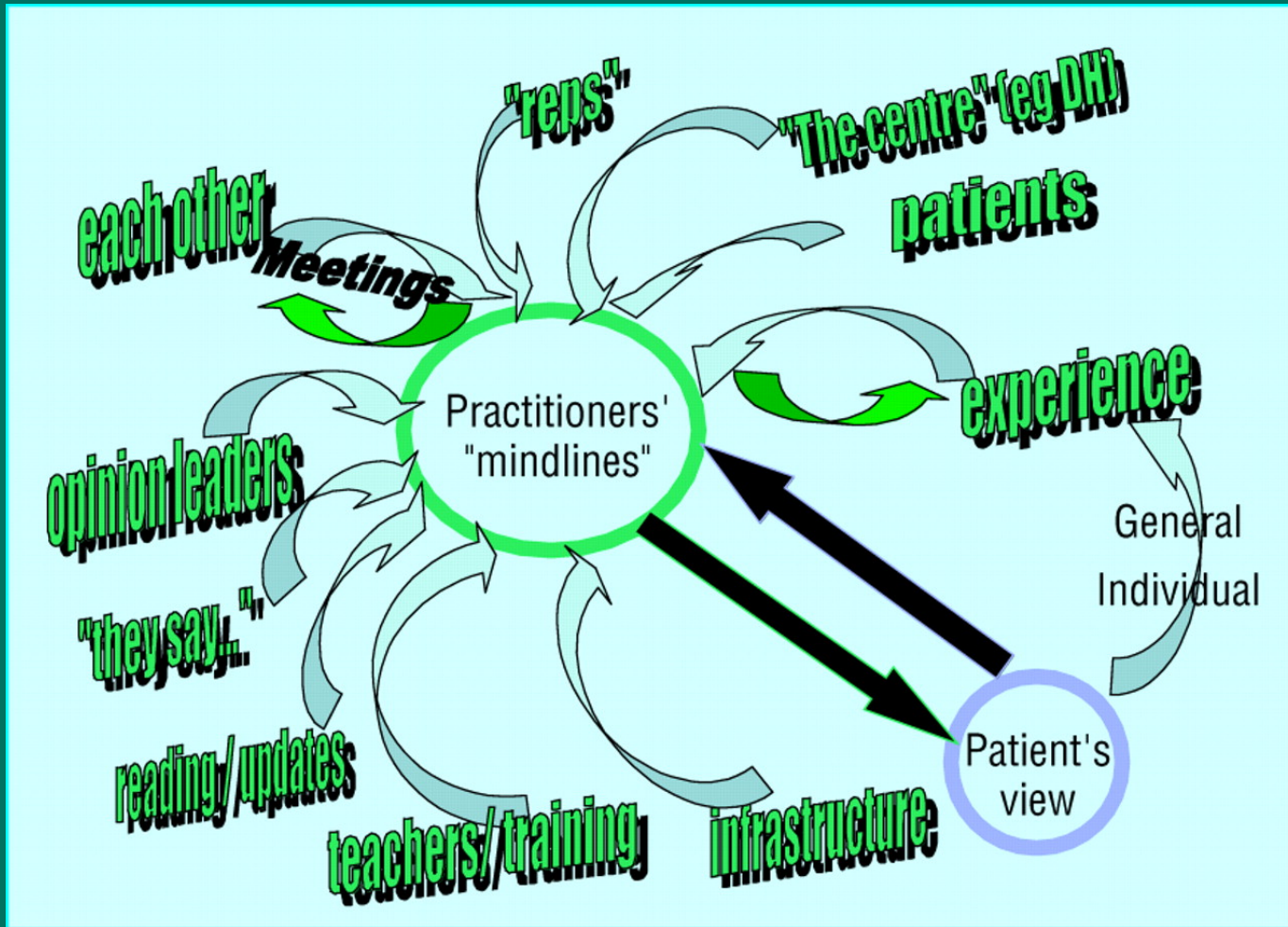
Achieving transformation

- Focus on quality improvement
- Seek regular feedback
- Involve staff
- Engage patients

The theory.....



The reality.....



Theories of change



Barriers to change: organisational

- Financial disincentives
- Organisational constraints
- Perception of liability
- Perception of what patients want

Grol R, Grimshaw J. Lancet 2003; 362: 1225

Barriers to change: social

- Practice routines
- Opinion leaders
- Out-of-date training
- Commercial pressures

Grol R, Grimshaw J. Lancet 2003; 362: 1225

Barriers to change: professional

- Clinical uncertainty
- Sense of competence
- Compulsion to act
- Information overload

Grol R, Grimshaw J. Lancet 2003; 362: 1225

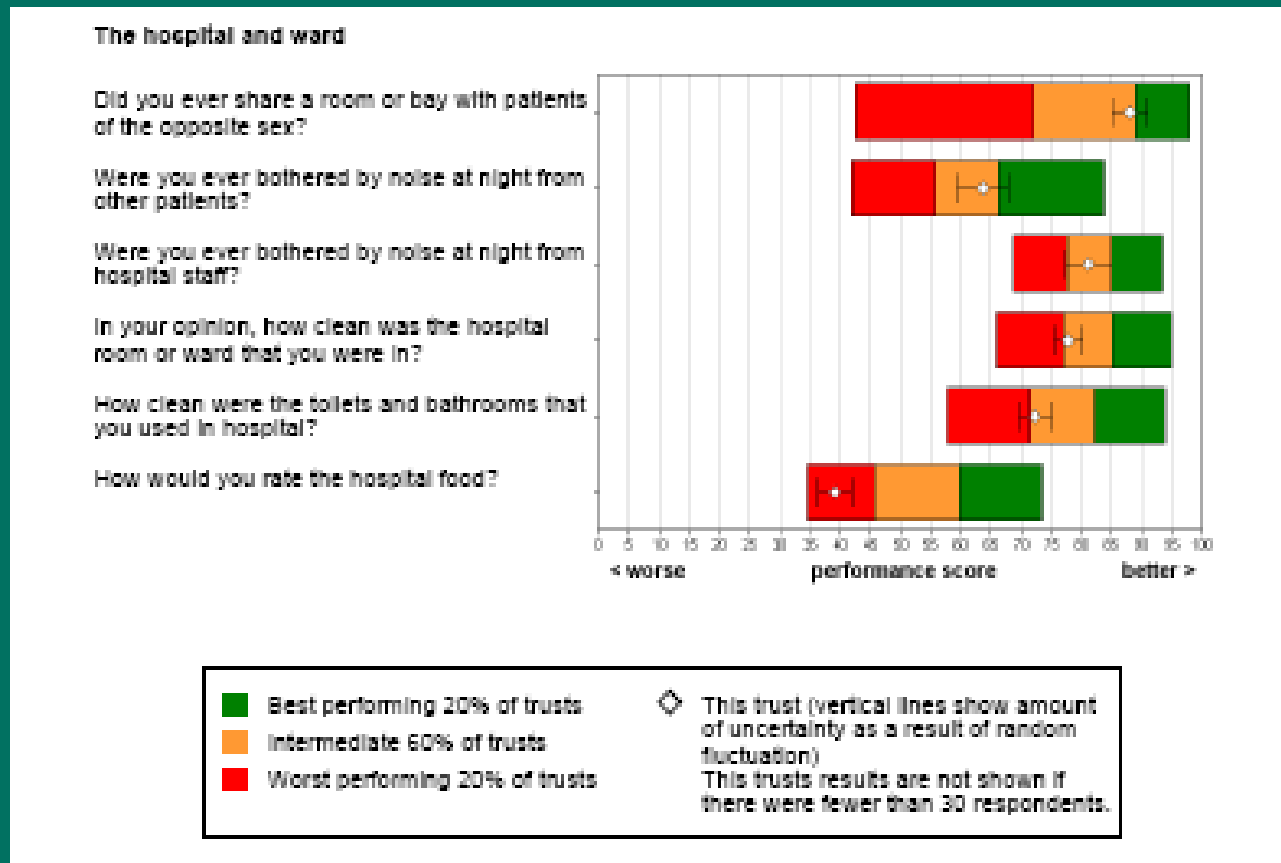
The Picker Institute's approach

- Extensive research to determine patients' experiences, needs, preferences, expectations
 - Literature reviews
 - Stakeholder consultations
 - Depth interviews, focus groups, panels, mystery shopping
 - Surveys: postal, telephone, on-line, PDA
 - Public consultation, deliberative events
- Dissemination of results to policy-makers, politicians, professionals, public, patients
- Targeted communications strategy
 - Reports, papers, articles, fact sheets
 - Talks and presentations
 - Press releases
 - E-bulletins
 - Website
 - Policy statements and consultation responses
 - Direct engagement with policy-makers, politicians
- Practical support and demonstration for staff, with patient involvement

Our patient surveys are used to monitor performance.....



.... but they also provide benchmarks for improvement



Our research digs deeper



THE HEALING FOUNDATION
Helping the health and care of people with dignity

The Healing Foundation
Patient Information
The Views and Experiences of Patients
Conditions & Health Professionals
Report of a Quality
March 2006

HEALTHCARE REPORTS IN THE
HEALTHCARE FIELD

**How engaged are people in
their health care?**
Findings of a national telephone survey
Jo Ellen, Angela Coulter
Picker Institute Europe
November 2005

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**WHAT DO PATIENTS AND
RELATIVES SEE AS KEY
COMPETENCIES FOR
INTENSIVE CARE DOCTORS?**

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APRIL 2006

The Health
Foundation

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Trends in patients' experience of the NHS

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making patients' views count

Factsheets summarise the issues for practitioners

JUNE 2003

Issue 6

IMPROVING PATIENTS' EXPERIENCE SHARING GOOD PRACTICE

EXPLORING THE BENEFITS OF PATIENT INVOLVEMENT IN HEALTHCARE

Patient and public involvement is at the heart of the government's plans to modernise the health service and seeking patient's views on care received is a critically important part of any effort to improve the quality of health care services.

Patient and public involvement can occur on a number of levels whether it is regarding decisions about personal care and treatment, volunteering time and expertise to help with the delivery of services at a local level or involvement in service planning and proposals for change through patient forums and working groups.

Decisions about Healthcare

Failures in communication of information about illness and treatment are a frequent source of patient dissatisfaction. A fact echoed by those inpatients surveyed by Picker Institute Europe, 49% of whom reported that they wanted to be more involved in the decisions made about their care and treatment and 21% of whom felt they weren't given enough information.

To help patients make informed choices about care and treatment it is essential for health professionals to:

- Provide full and detailed information
- Elicit patients views and preferences
- Answer questions honestly
- Use written material and visual aids where appropriate
- Allow patients enough time to reflect before and after making a decision
- Give patients the opportunity to discuss issues with their families

Some patients may prefer not to make a choice about their healthcare but they should be offered the option of involvement nonetheless.

An inpatient visit can be a daunting experience so it is extremely important that patients have the opportunity to share any of their fears and uncertainties so that they don't feel too far removed from the decision making process. However an astonishing 60% of surveyed patients who had concerns could not always find someone to discuss them with. In addition 54% of patients who had anxieties or fears about their condition or treatment were not always able to discuss them with a nurse and almost half were unable to talk about them with a doctor.

Contributing to service delivery

Patients and the public have many skills to offer to the delivery of local health care. In a voluntary capacity they can provide a wide variety of services to complement the support provided by professional staff.

Offering a "listening ear", inpatient based befriending and welcome and reception duties are just a few of the areas of work that patients and the public can help with. As well as forging links between hospitals and their local communities volunteering can help to create an involved and informed public.

Patients should be recognised as experts in their own condition. Many can offer the benefit of their experience to those suffering from the same condition or undergoing similar treatment.



Consultant ophthalmologist Andrew Ratnay operates on a patient assisted by volunteer Viorica Long at West Suffolk Hospital.

Establishing a register of patients willing to discuss their experiences with others is an excellent way of offering a high level of advice and support to patients.

Service Planning

Patients and carers should be involved in planning and service development if health care is to become more responsive and accountable to their needs.

Patients must be given the opportunity to provide feedback about their experience and this information should be used in a constructive way. Patient survey results are one excellent way of finding out what matters to patients. Setting up groups with patient and carer representatives to evaluate services, influence decision making and suggest improvements is also an important way of engaging the perspective of service users.

* All figures quoted are based on 80 patient surveys carried out by Picker Institute Europe as part of the NHS Inpatient Survey programme 2001/2. The total number of patients who responded was 44,383.

JANUARY 2004

Issue 8

IMPROVING PATIENTS' EXPERIENCE SHARING GOOD PRACTICE

IMPROVING INFORMATION & COMMUNICATION WITHIN THE EMERGENCY DEPARTMENT

With over 14 million patients attending A&E departments across England every year and patients ranging from those who have suddenly become ill or have suffered major injuries to those with less serious health problems, providing emergency care is both demanding and unpredictable.

Emergency care in the NHS is experiencing major changes, a ten year strategy - *Reforming Emergency Care (2001)* has been designed to ensure that patients will experience shorter waits for services whilst having greater involvement and choice. As a result of this strategy a lot of good work is currently underway to reduce waiting times and to make services meet patients' needs. The 2003 national survey of emergency department patients has identified a number of issues surrounding information and communication where patients have reported room for improvement.

Arriving at the Emergency Department

The hospital environment can be a confusing one so clear signage is important. It will enable patients to find their way to the emergency department quickly and easily and will help to direct them appropriately when they arrive. Knowing whether to first go to triage or reception may not be immediately obvious and using the term 'triage' may cause confusion (see Bradford Case Study overleaf).

There has been a huge drive to reduce waiting times in the emergency department. Most (93%) of the patients surveyed were seen by a doctor or nurse practitioner within 4 hours of their arrival but over half of the respondents were

not told how long they would have to wait to be seen. Updating patients with details of waiting times via an information screen or regular announcements to the waiting area could help to overcome this issue. Explaining the reasons behind any delays and providing useful information about the department and priority system could also help to keep patients informed (See Dudley Case Study overleaf).

Seeing a Doctor or Nurse

Problems with communication coupled with a lack of information about what is happening can make the emergency department experience a stressful one for patients. Nearly all patients reported that doctors or nurses had, to some extent, listened to all that they had to say. However, more than a third of patients definitely felt that they did not have enough time to discuss their medical problem with the doctor or nurse. Of those patients with anxieties and fears, over half felt that they had not been able to completely discuss their concerns with a member of staff and 1 in 6 patients felt that staff had, to some extent, talked in front of them as if they weren't there.

Tests & Treatment

Just over half of the patients questioned underwent tests (such as x-rays, ultrasounds or scans) during their emergency department visit but many patients were not aware why they had tests or what the results might mean. 9% of the patients surveyed felt their results were not explained in an understandable way and 3% of them never actually received the results of their tests.

Patients welcome an explanation from clinical staff about their care in a manner



Dr Ash Khan, Clinical Assistant at Bradford Teaching Hospitals NHS Trust discusses the emergency department waiting area at a stakeholder meeting.

they can understand. 15% of patients felt they were not given enough information about their condition and treatment and 9% were given no information at all. Providing jargon free written material can help to answer many questions that patients may have. Giving information in person will help reinforce this as well as providing reassurance.

Leaving the Emergency Department

Patients and their carers should be given information about their medication as well as details of when to resume normal activities and possible danger signals to be aware of. Almost three quarters of patients were discharged at the end of their visit but many of them felt they were not given enough advice to help them recover at home. Half of those who needed information about side effects of their newly prescribed medication did not get it, a third of patients who needed information on danger signals regarding their condition and treatment were not told what to look for when they got home and 13% of patients were not told who to contact if they became worried about their condition when they left the hospital.

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IMPROVING THE QUALITY OF HEALTH CARE
THROUGH THE EYES OF THE PATIENT

Improving Patients' Experience is published by Picker Institute Europe, a registered charity (No 1081688) that specialises in measuring patients' experiences and using this feedback to improve the quality of health care. Picker Institute Europe also runs the advice centre for the NHS patient survey programme. For more information please visit our website at www.pickerinspire.org. If you would like to receive this newsletter by email, contact Danielle Swan at: danielle.swan@pickerinspire.ac.uk

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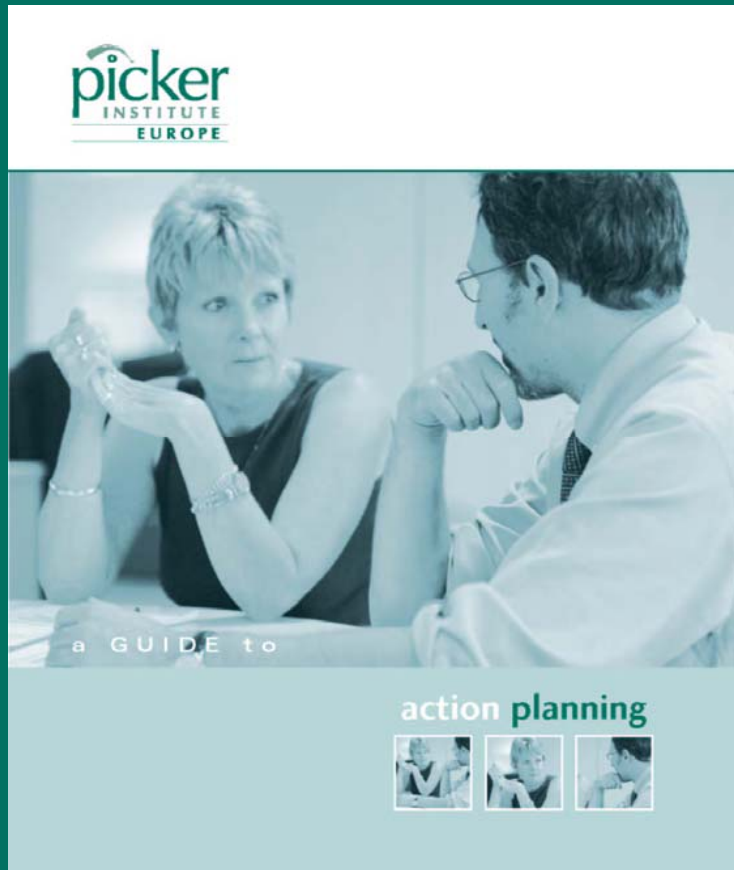
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Improvement guides help with implementation



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a GUIDE to

action planning



prioritising areas for action

Poole Hospital NHS Trust compiled an action plan on the basis of their Outpatient Survey responses.

They focused on issues where they had a problem score of 20% or above, where their ranking was worse than the national average or where it was felt that their performance still needed to be improved.

Three main areas for action were identified:

- **Communication with patients prior to their appointment**
- **Information given to patients**
- **The quality of the appointment itself**

The action plan was distributed to all staff working within the Outpatients Department and also to staff in areas such as X-ray, Pathology and Pharmacy who regularly interact with patients attending outpatient appointments.

The action plan forms part of the Trust's quarterly Governance Development Plan report which is submitted to their Strategic Health Authority.

A follow-up study took place some months later. This consisted of interviews with individual patients following their consultations and concentrated on clinics where there was evidence of long waits and possible organisational difficulties.

The findings were, in the main, very positive and the attitude and professionalism of staff was praised. Areas of concern mirrored those previously identified in the National Survey.

Poole Hospital NHS Trust

Quality improvement

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Curtain Clips

Nursing staff on the Boxgrove Ward were concerned that cubicle curtains did not always stay closed while they were treating patients.

They found that the curtains came apart easily as they moved around the cubicle. Staff and relatives entering the cubicle at an inappropriate time was also an issue.

To solve the problem some large coloured clips were purchased from a local supermarket. The clips are used to hold the curtains together so the patient's dignity is maintained. The clips also act as a signal to other staff and visitors not to enter the cubicle.

Nurses use these clips frequently and feel the system works well. Every nurse has their own clip to carry around in their pocket to use when necessary. A pot of spare clips is also kept on the desk.

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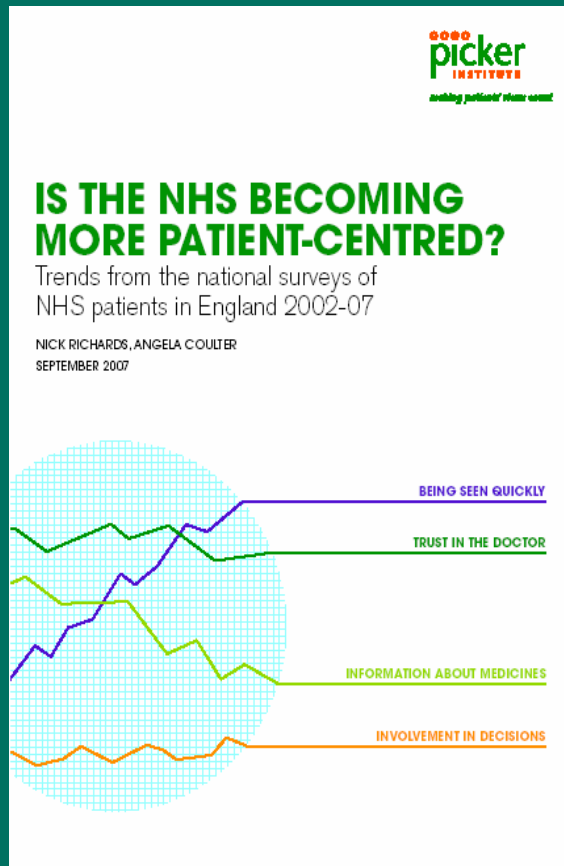
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Royal West Sussex NHS Trust

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Last updated:
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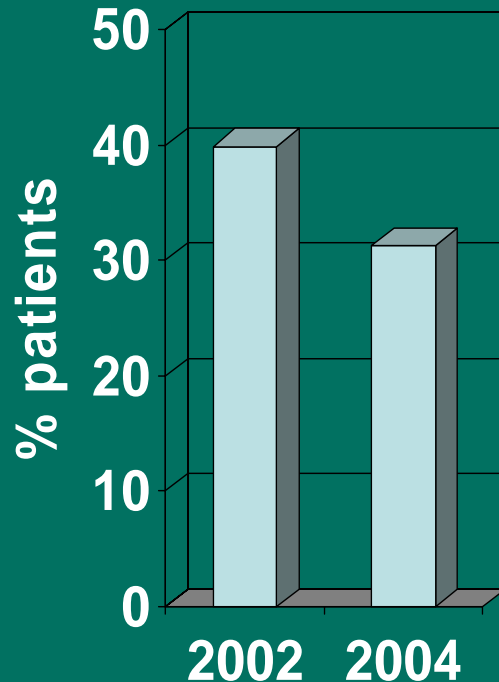
Reports and media releases help attract attention of policy-makers



26 national surveys since 1998:

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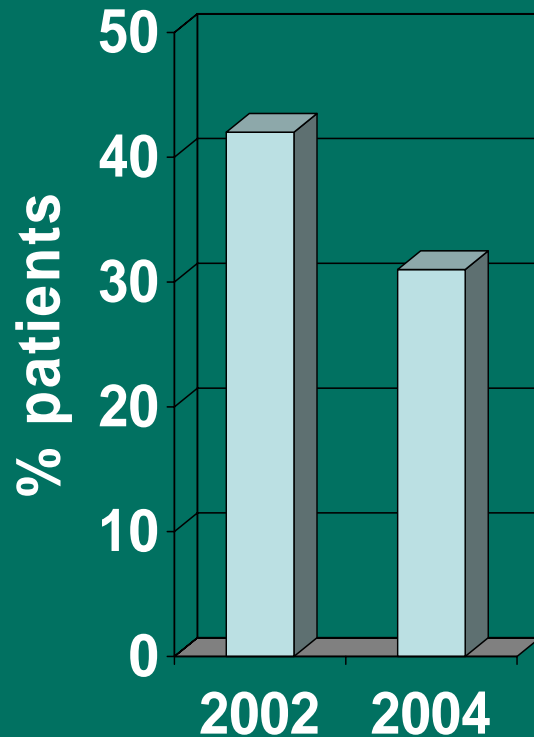
Using survey results to improve quality in an English hospital (1)



■ Did not receive understandable answers to questions

- Patient survey improvement group
- Focus on improving information for patients, especially written materials
- Staff nurse development program over 2 years

Using survey results to improve quality in an English hospital (2)



■ Side effects of medicines not explained

- Set up a multi-disciplinary Safer Medications Group, including primary care trust staff
- New trust policy that all new patient information leaflets must include information about risks as well as benefits of treatment
- Trust-wide training in risk management

Let's Celebrate!

CHI National Benchmarks
A & E departments 2003

How much of the time have you spent with this in the emergency department?
How long did it take for you to receive the necessary care?
Did you feel safe in receiving the care you needed?



What hinders change?

- Low staff awareness of patient's perspective
- Lack of clear motivation / incentives
- Incomplete understanding of survey results
- Lack of clarity about what is achievable
- Other competing priorities
- No push from top management
- No push from regulators
- No push from patients organisations
- Lack of training and support

What helps?

- National commitment
- Board-level commitment
- Patient involvement
- Locally-relevant, timely, accessible data
- Strong clinical leadership
- Organised approach to quality improvement
- Clear, focused goals
- Staff training and support
- Persistence

In summary

- Achieving change is not straightforward: it's essential to understand the barriers as well as the opportunities
- When designing a study, think about who needs the results and how you will communicate them
- When making recommendations, think about how they will be implemented and by whom
- Use a variety of communications strategies and work with patients, professionals and policy-makers to implement change