Improving people’s experiences of care
Experience of care – our ambition

The experience that a person has of their care, treatment and support is now widely recognised as a cornerstone of high-quality care, alongside clinical effectiveness and safety, and much progress has been made in raising its profile and importance as an outcome in its own right. However, there is still much more that can be done together to ensure that the importance of experience is recognised throughout the system and that there is a continual drive to improve people’s experiences.

It is our shared ambition that the experiences people have of our health and social care services – both in terms of what happens to them and how it makes them feel – become amongst the best in the world.

Although we recognise that people’s experiences are by definition individual to each person, and are multifaceted and complex, we strongly believe that to achieve our ambition the whole system must be working from a common understanding of what we mean by experience and what people tell us are the key aspects of a good experience. Without this agreement it is difficult to measure experience effectively or to drive improvement in this area.

We have therefore developed this narrative for use by the system – including our national organisations and others, providers, commissioners, the voluntary sector and the public – setting out our shared understanding of what we mean by a good experience, which we can all use as a framework in our work to improve experience.

Our starting point must always be what is most important to people. A good experience is one where:

- people are treated as individuals and involved as an equal partner in their care, if they would like to be and are able to be;
- the impact of the treatment, care and support that the person is receiving on their life and on the lives of the people who are important to them is recognised;
- care is coordinated;
- communication is tailored to the individual and is delivered with compassion;
- people have access to the information and support that they need; and
- the physical environment people are treated in is clean and safe.\(^1\)

We recognise that the ambition we have set is a challenging one and that it can be difficult for organisations to know how to ensure everyone has a good experience. However, there is a growing evidence base for the interventions and factors that improve people’s experiences of care, ranging from those at the level of individual interactions between staff and people, to those at a team level, organisational level and health system level.

As much of the activity that truly impacts on experience takes place in care environments, our role is to work with, support and influence other parts of the system that commission and provide care. Only by working together as organisations and in meaningful partnerships with service users and the public will we be able to turn our ambition into a reality.

\(^1\) See ‘Our shared framework’ below for more information on these factors, including the evidence base for them.
Individual stories

“[After being treated in hospital for a fall], the ambulance crew that took me home were lovely. I’d started to feel upset and sad in the ambulance and they were friendly and homely and made me feel much better. It’s the caring that mattered and that you don’t see a lot of today. […] It was a bad fall. It keeps me awake at night sometimes when I think about it but the care I got reassures me.”

[MORE CASE STUDIES TO BE INCLUDED HERE]

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2 Learning from the positives...Here's the good stuff! NHS England, 2014
Why is ‘experience’ important?

A focus on people’s experiences of care is important in two distinct, but related ways:

- **As an intrinsic part of providing high quality care.** For many people, their experiences of the services they use are intrinsically important - at a time when they may be feeling scared, confused and worried, what happens to them and how this makes them feel is central. Indeed, experience is now recognised as an important outcome in its own right; the NHS is measured on ‘ensuring that people have a positive experience of care’.

- **As an essential source of evidence and information about the broader quality, value and appropriateness of services.** Evidence shows that there are clear associations between experience and the other elements of high-quality care: clinical effectiveness and safety.\(^3\) In addition, while some may argue that a focus on experience is a luxury in financially challenging times, in fact understanding what people want from services and having a relentless focus on their experiences is the only way we can truly be sure we are delivering value for money.

A lot of excellent work is already underway to ensure experience is given the same priority as the other dimensions of quality, for example:

- **At a national level:**
  - commissioners are setting levels of ambition in their strategic plans for improving outcomes across the five domains of the Outcomes Framework, of which experience is one, as well as assessing and improving the experience of care of vulnerable groups and demonstrating improvement as a result of acting on feedback from service users and their carers. This will be aggregated up to provide a national ambition.
  - NICE has produced national, evidence-based guidance on [good patient experience](https://www.nice.org.uk/guidance/ng18) and [good service user experience in adult mental health](https://www.nice.org.uk/guidance/ng15), and related quality standards (for [patient experience](https://www.nice.org.uk/guidance/ps58) and [service user experience in adult mental health](https://www.nice.org.uk/guidance/ps55)) that set the aspiration for improvement.

- **At a local level:**
  - many individuals are already providing excellent person-centred care, and organisations are getting better and better at meaningfully involving and engaging people who use services and their families in active partnerships.

- **At a system-wide level:**
  - a number of projects are already underway which should contribute towards a positive care experience, including:
    - [7 day services](https://www.england.nhs.uk/7-day-standards/), [the Friends and Family Test](https://www.england.nhs.uk/friends-and-family-test/), [Compassion in Practice](https://www.england.nhs.uk/compassion-in-practice/), and [the National Collaboration for Integrated Care and Support](https://www.england.nhs.uk/national-collaboration-for-integrated-care-and-support/) (which many of the National Quality Board organisations are a member of).

Yet, while we know that the health and care system is continuing to learn from the extreme failings in care at Mid-Staffordshire NHS Foundation Trust and Winterbourne View, national surveys reveal that there are aspects of experience where performance is still low across the

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board - people are telling us that they are not being involved as much as they would like in decisions about their care, are not receiving the emotional support they need, and are bewildered in their attempts to navigate between different services and professionals.  

Also, in reality, experience is not always regarded as equal to clinical effectiveness and safety, for example:

- the attention given to experience by trust board varies;
- attitudes remain that providing a good experience is essentially an aspect of nursing rather than something that is affected by every interaction a person has with all those involved in their care and treatment; and
- a lack of priority is given to research on experiences and how to improve them.

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4 Coulter A, Locock L, Ziebland S, Calabrese J. Collecting data on patient experience is not enough: they must be used to improve care. BMJ2014;348:g2225
6 This is illustrated by the fact that responsibility for experience of care at trust board level usually sits with the Nursing Director.
Our shared framework - the key aspects of a good experience from an individual’s perspective

This is a framework for the whole system to use in measuring and improving people’s experiences.

‘Experience’ can be understood in terms of both:

- what the person experiences when they receive care or treatment - did someone explain what was happening to them during a procedure, for example; and
- what that experience feels like to them - did the person feel treated with dignity and respect, for example.\(^8\)

While the focus of our narrative is on health, we recognise that people do not distinguish between the health and social care systems and their experiences of each and therefore the terminology we use in this narrative aims to be inclusive (for example we use ‘person’ not ‘patient’). Current work on the experiences of people who use social care services, which builds on knowledge and experience from within the sector and from people who use services, complements the narrative.\(^9\)

Drawing on the best evidence base currently available, the factors below are those that have been shown to have the greatest impact on whether someone has a good experience of care.

Please note that this section replaces the NHS Patient Experience Framework, published by the National Quality Board in 2011.

All users of health and care services should be able to say:

- I am involved as an **equal partner in my care** – this means playing an active role when I’d like to and am able to in making decisions about my care, treatment and support and being supported to make meaningful decisions and look after myself on a day-to-day basis.

- I am treated as an **individual** – this means that my needs, values and preferences are taken into account.

- There is a recognition that the treatment, care and support I’m receiving will have an impact on **my life**, as well as on the lives of the people around me who are important to me including my loved ones who care for me, and will be informed by my past and future experiences.

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\(^8\) See notes (‘Satisfaction’ and ‘Engagement and involvement’).

\(^9\) See notes (‘Social care, children and young people and carers evidence base’).
- I am able to access services when I need them, my care is **coordinated** so I know where to go next and where to turn if I have a problem, and if possible to see members of staff that I’ve seen before and trust.¹⁰

- **Communication** is tailored to me and is delivered with compassion, and I have the opportunity and time to ask questions and have a conversation about my care, treatment and support.

- I have access to the **information** that I need, which is presented in a way that is right for me, to ensure I understand what is happening and can play a role in making decisions if I’d like to.

- I have access to the **support** that I need and is right for me, including emotional and practical support.

- My **physical environment** is clean and safe and makes me feel dignified and comfortable.¹¹

[TO INCLUDE/LINK TO A SHORT CASE STUDY/QUOTE TO ILLUSTRATE EACH POINT]

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¹⁰ The Narrative for Person-Centred Coordinated Care, developed by National Voices, puts care planning at the centre of achieving person-centred coordinated care: [http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf)

¹¹ The key aspects of a good experience set out in this section draw on the Warwick Patient Experiences Framework, with the addition of a reference to the care environment. The Warwick Framework was used by NICE in developing its Patient Experience guidance and Quality Standard. More information on how the Warwick Patient Experiences Framework was developed can be found here: [http://www2.warwick.ac.uk/fac/med/research/hscience/sssh/publications/warwick.pdf](http://www2.warwick.ac.uk/fac/med/research/hscience/sssh/publications/warwick.pdf)
What can we do to achieve this?

There is a growing evidence base for the interventions and factors that improve people’s experiences of care, ranging from those at the level of individual interactions between clinicians and people, to team level, organisation level and health system level.12

Key organisational factors that contribute to improving quality of care, including experience13

While much of this evidence is focused on the actions that providers can take, many of the factors below are applicable to commissioners too. [TO INCLUDE EXAMPLES OF BEST PRACTICE TO SUPPORT SHARING / LEARNING]

- **Meaningful involvement and engagement**
  Service users, their families and the public must be engaged in meaningful partnerships and involved throughout the process of designing and running services.

- **Senior leadership**
  Sustainable success depends on strong, committed leadership from the chief executive, board and senior leaders. This includes:
  - Board/senior leadership setting out a clear strategic vision on quality.
  - Clear and consistent communication of vision and strategy which frame experience as an integral and equal part of the quality framework.
  - Board/senior leadership modelling behaviours, including promoting a culture of continual improvement and learning.
  - Board/senior leadership empowering leaders/managers at all levels of the organisation to drive change.
  - Board/senior leadership adequately resourcing service redesign that improves experiences.

- **Data/intelligence on experiences**
  An emphasis on continual feedback from service users and families and measurement and performance management aimed at improving people’s experiences are vital.

- **Workforce**
  Experience should be embedded into HR processes, including induction and appraisals. In addition, prioritising and improving staff engagement has been shown to be linked to improving people’s experiences.14

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12 National Voices has collated evidence from 779 systematic reviews looking at ways to make person centred care happen. ‘Person centred care’ here includes enhancing experiences, as well as a number of aspects that this document defines as being part of experience, such as supporting shared decision-making: http://www.nationalvoices.org.uk/evidence

13 Some of the evidence supporting the organisational factors is drawn from studies that focus on the improvement of quality of care as a whole, which includes experience.

14 These factors are drawn from a number of sources:

Coulter, A, et al. Collecting data on patient experience is not enough: they must be used to improve care. BMJ 2014;348:g2225
How we support improving experience

Our role as national organisations is to work with, support and influence other parts of the system that commission and provide care, including the voluntary sector. Below is an overview of how we as organisations support the improvement of experience, including any relevant projects we are working on.15

**Care Quality Commission (CQC)**

CQC is the independent regulator of all health and social care services in England. It registers services that meet its fundamental standards, which include aspects of experience. It also inspects services based on five domains which look at whether services are: safe, effective, caring, responsive, and well-led. CQC assesses experience through both the caring and responsive domains.

**Department of Health (DH)**

‘Ensuring that people have a positive experience of care’ is one of the five domains of the NHS Outcomes Framework and as such is a key priority for the DH. As steward of the health and care system it is the DH’s role to ensure that action is taken across the system to listen to and act on feedback from service users and to drive improvements in experience. It does this through:

- setting out a clear framework for understanding and improving experience across the health and care system;
- holding NHS England accountable for improving experience;
- ensuring the system of regulation and standards is in place to ensure services are caring and responsive;
- working with and through other key partners, such as Healthwatch England and the Parliamentary and Health Service Ombudsman, to ensure systems and processes are in place for monitoring and responding to service users, including when they have had a poor experience of care or wish to complain.

*Current projects include:*

- Development and roll-out of the Friends and Family Test for service users and staff (more information [here](#)).

**General Medical Council (GMC)**


15 In some cases, our role in improving experience sits within our wider role of improving quality as a whole.
GMC is the independent regulator of doctors in the UK. GMC supports the improvement of experiences through:

- setting of professional standards for medical education and medical practice which include many aspects of delivering a good experience;
- promoting the standards of professional practice with the public;
- providing opportunities for people to feedback on their experiences; and
- taking action against doctors when they have fallen short of the standards.

Health Education England (HEE)

HEE supports the delivery of excellent healthcare, including an excellent experience, and health improvement by ensuring that the healthcare workforce has the right numbers, skills, values and behaviours, at the right time and in the right place.

**Current projects include:**

- Pre-degree nursing pilot: this allows potential nurses to get a years’ worth of work experience before starting a degree (further information [here](#));
- Values-based recruitment: HEE is working to ensure that selection into all new NHS funded training posts incorporates testing of values by March 2015 (further information [here](#));
- Development of a Care Certificate for healthcare assistants and social care support workers (more information [here](#)).

Health and Social Care Information Centre (HSCIC)

HSCIC is responsible for collecting, transporting, storing, analysing and disseminating the nation’s health and social care data, including data on experience. This data can be used by a range of organisations and individuals, including providers, commissioners, NHS staff and third sector organisations, to drive improvements in care and can empower people to demand more from their experience and to make meaningful decisions. HSCIC is also responsible for building and delivering the technical systems that enable data both to be used to support an individual’s care and to deliver better, more effective care for the community as a whole.

Healthwatch England (HWE)

HWE is the national champion of those who use health and care services. To support the improvement of experiences it:

- identifies concerns and risks and challenges others to take action;
- advances consumer rights and responsibilities in health and social care;
- promotes the design and delivery of services around the needs of the person;
- builds local and national networks to influence decision-making

**Current projects include:**

- Complaints programme which combines efforts to improve the system while building a case for reform (more information [here](#)).
- Special inquiry into unsafe discharge from hospitals, mental health settings and care homes (more information [here](#)).
**Monitor**

Monitor is the sector regulator for health services in England. Monitor’s role in securing quality healthcare, including experience, involves:

- preventing problems (includes ensuring that boards have the correct capabilities and structures to govern well and running an approval process for trusts wanting to become NHS foundation trusts);
- detecting problems quickly (includes use of a Risk Assessment Framework which can help bring to attention potential or existing problems);
- taking action promptly (includes range of support to trusts, as well as putting trusts into special measures and ultimately special administration if required).

**NHS England**

NHS England’s main aim is to improve the health outcomes for people in England, with a focus on ensuring excellent commissioning. NHS England’s priorities on experience of care include implementing the relevant actions set out in the Government’s response to the Francis Inquiry report and making rapid progress in measuring, understanding and acting on experience data. NHS England also plays a leadership role, which involves identifying key issues and effective solutions for improving experience, ensuring a focus on reducing poor and very poor care, monitoring progress and promoting and supporting the mobilisation of people who use services to play a prominent role in defining, measuring, assessing and improving quality.

*Current projects include:*

- Compassion in Practice programme (more information [here](#));
- Development and roll-out of the Friends and Family Test for service users and staff (more information [here](#));
- 7 Day Services (more information [here](#));
- Always Events – NHS England is developing a partnership with Picker Institute Europe and the Institute for Health Improvement to run a collaborative programme utilising the Always Events approach (more information [here](#)) in the NHS in England;
- PLACE (more information [here](#)).

**NHS Improving Quality (NHSIQ)**

NHS IQ works to improve health outcomes across England by providing improvement and change expertise to providers and commissioners. In relation to experience it:

- promotes involvement of service users and communities in quality improvement);
- co-ordinates a national hub of good practice in engagement, experience and insight;
- promotes, enables and supports the necessary conditions and infrastructure for commissioners and providers to use experience of care as a key driver for quality improvement.

*Current projects include:*

- NHS IQ is supporting some of NHS England’s key projects, such as 7 Day Services.
NHS Trust Development Authority (NHS TDA)
The NHS TDA works practically with trusts to move them towards foundation trust status. Experience is core to the TDA’s quality oversight, escalation and approvals process for trusts, which includes:
- oversight by quality managers (including TDA’s Head of Patient Experience);
- desktop reviews based on a range of indicators including those relating to experience; and
- developmental support in partnership with trusts.

Current projects include:
- Development of a patient experience development framework and patient experience headlines tools.

National Institute for Health and Care Excellent (NICE)
NICE provides national guidance, standards and advice aimed at the system broadly to improve health and social care. It has produced two evidence-based clinical guidelines and two quality standards outlining the type of experience of care people should expect in adult NHS and mental health services.

Current projects include:
- NICE is looking at how to expand its work to provide additional guidance and standards on people’s experience of social care services and carers’ experiences.

Nursing and Midwifery Council (NMC)
NMC is the national regulator for nurses and midwives. NMC’s role in improving people’s experiences is made up of a number of areas, including:
- quality assuring education;
- setting entry and practice standards, which include many aspects of delivering a good experience;
- quality assuring nurses and midwives and hearing fitness to practise cases when nurses and midwives do not meet the practice standards.

Current projects include:
- Revalidation – service user feedback will be part of the model (more information here).

Public Health England (PHE)
PHE is a national leadership organisation which aims to protect and improve the nation’s health and to address inequalities. PHE has four core functions:
- protecting the public’s health from infectious diseases and other hazards to health;
- improving the public’s health and wellbeing and reducing health inequalities;
- improving population health through sustainable health and care services;
- building the capability and capacity of the public health system.
PHE delivers these through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE takes a targeted and outcomes focused approach; identifying what practical steps can be taken to improve public health and where the responsibility for this falls (national, community/local, employers, public).

PHE influences the improvement of a person’s experience of public health by proactively providing government, local government, the NHS, public health professionals and the public with evidence-based advice.

**Parliamentary and Health Service Ombudsman (PHSO)**

PHSO’s role is to investigate complaints, put things right where possible and, crucially, share lessons learned across the system to improve public services and people’s experiences of care. PHSO also works with others to make it easier to complain about public services and to help public services resolve complaints better.

**Social Care Institute for Excellence (SCIE)**

SCIE’s purpose is to collect and synthesise up-to-date knowledge about what works in social care, and to make that knowledge available and accessible to people working in and using social care services. SCIE’s focus on improving people’s experiences includes: personalisation, dignity, safeguarding, workforce, and integration. It provides accessible guides and ‘at a glance’ summaries that help improve practice, and consults a wide range of stakeholders in the assimilation and production of these.

*Current projects include:*
- SCIE has an active co-production network and has produced a range of guides, resources and research briefings on co-production and participation in social care (more information [here](#)).
Moving forward

We know that ensuring experience is regarded in the same way as the other aspects of high-quality care and is continually a focus for improvement will require a fundamental shift in how people’s experiences are viewed and valued. It will require changes in how data on experience is collected and used to improve care, how organisations are held to account on experience, the evidence base for experience and how far experience is seen as a priority by organisations across the system. It will also require organisations to draw on and put into practice the best evidence about what works to improve experiences.

We all must work together if we want to achieve our ambition that the experiences that people have of our services are amongst the best in the world. We will work with providers, commissioners and professionals to ensure they have the support they require to put experience on the same footing as clinical effectiveness and safety.

We commit to:

- actively promoting and communicating this narrative throughout the system;
- supporting the system to improve people’s experiences of care through undertaking our core roles and responsibilities as set out in this narrative;
- setting out a clear programme of work to improve people’s experiences of care which builds on this narrative and which sets out specific further actions that we will take as a group to support the system; and
- always working with people who use services, carers and the public in carrying out our roles.

SIGNED BY:

[ALL NQB ORGANISATIONS]
NOTES

Satisfaction

1. Measuring experience is not the same as measuring satisfaction. Measuring satisfaction involves asking people to evaluate their experiences. Therefore questions which, for example, ask people to sum up their experience on a scale from excellent to poor might be used to measure satisfaction.

Engagement and involvement

2. Experience should not be confused with engagement and involvement. It is true that involving people in decisions about their own care and treatment is one important aspect of having a good experience. However, making efforts to engage and involve people, both as individuals and collectively, is a means to understand experiences and to work together to improve them. Engaging and involving people therefore are central ways in which to improve experience.

Social care, children and young people and carers evidence base

3. There is evidence on the aspects of a good experience for people who use social care services, for children and young people and for carers.

4. The Social Care Institute for Excellence for example has drawn together eight main factors that promote dignity in care, and the Making it Real framework for what people want to experience from their care services from the Think Local Act Personal programme is based in evidence [TO ADD: EXAMPLES OF EVIDENCE ON EXPERIENCES OF CHILDREN AND YOUNG PEOPLE AND OF CARERS].

5. The evidence for health services has been synthesised and drawn together by a number of reviews to an extent that social care evidence has not been. It was beyond the scope of this narrative to commission or conduct the reviews and synthesis necessary to fully incorporate the social care evidence into this work. We recognise however that for the many people who use both health and social care services, this means this narrative can only partially consider their experiences.