

## **SECTION 4 - IMPROVING THE PATIENT EXPERIENCE OF CARE**

How patients experience services can impact on how they feel about the quality of their care. The following standards aim to improve the person's experience of care in two ways. Firstly, they aim to address some of the issues that patients say impact on the care they experience, such as communication and information. Secondly, they aim to improve things by developing stronger partnerships with patients so that they can be actively involved in the planning and delivery of health and social care services.

**Overarching standard 1:**

All patients, clients and carers should expect effective communication with them by health and social care organisations as an essential part of the planning and delivery of health and social care.

**Rationale:**

Effective communication has a significant impact on all aspects of care provision from disease prevention and diagnosis, to self-management of long-term conditions. Poor communication is a significant factor in most complaints against HSC organisations.

**Evidence:**

Guidance on strengthening Personal and Public Involvement in Health and Social Care (DHSSPS, 2007). [http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_29-07.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf)

Good Medical Practice (GMC, 2006). [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/index.asp](http://www.gmc-uk.org/guidance/good_medical_practice/index.asp)

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.  
[http://www.dhsspsni.gov.uk/hpss\\_qi\\_regulations.pdf](http://www.dhsspsni.gov.uk/hpss_qi_regulations.pdf)

**Responsibility for delivery / implementation**

HSC Board  
Public Health Agency  
HSC Trusts  
Primary Care

**Quality Dimension****Safe**

Good communication with patients/clients/carers allows them to understand, consent to and comply with treatment and care.

**Timely**

Good communication helps to deliver and sustain appropriate patient/client/carer access to services and a clear understanding of the role and responsibilities of the service user in achieving health and care outcomes.

**Efficient/ Effective**

Health and care outcomes are enhanced through improved patient partnership and dialogue, including, but not limited to - diagnosis, self-referral, health promotion, disease prevention and management of long term conditions.

**Equitable**

Good communication helps to ensure input by all service users on all aspects of the services they receive, helping to highlight gaps in services and areas for improvement.

**Patient Centred**

Patient centredness cannot be delivered or claimed in the absence of good communication with service users.

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
HSC organisational communication strategies should show evidence of direct patient / client feedback as part of regular audit of their effectiveness	HSC communication strategies	All HSC organisations	March 2010
HSC organisational complaints reports should show evidence of action where communication is the primary factor	HSC complaints records	All HSC organisations	March 2010
HSC organisational strategies for clinical and social care governance should show evidence that direct patient feedback is included in relevant audit and monitoring	HSC CSCG strategies	All HSC organisations	March 2010

**Overarching standard 2:**

All patients should receive good face to face communication, from an appropriately trained professional, as part of their care.

**Rationale:**

Patients who were consulted during the development of the framework reported that the issues of information, better face-to-face communication and support for decision making should be given the highest priority.

Evidence has shown that the communication skills of health professionals can be improved by training. Good face to face communication with healthcare professionals should enable people affected by cancer to gain a clear understanding of their condition, talk about their concerns and preferences and to make informed decisions about their care. It is particularly important to have good face to face communication with those health professionals who are involved in talking to patients about complex information, supporting patients to make complex decisions about treatment or breaking bad news.

**Evidence:**

Department of Health (2007) Cancer Reform Strategy

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081006](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081006)

**Responsibility for delivery / implementation**

HSC Board  
Public Health Agency  
HSC Trusts  
Clinical Nurse Specialists  
Consultants

**Quality Dimension****Patient Centred**

Good communication empowers patients to better understand their condition and make more informed choices about their care.

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
Number of clinical nurse specialists & consultants trained in advanced communication skills	Course attendance records	60 professionals trained	March 2010
		120 professionals trained	March 2011
		180 professionals trained	March 2012

**Overarching standard 3:**

All patients, carers and the public should have opportunities to engage actively and meaningfully with HSC organisations at all levels.

**Rationale:**

Actively involving patients and the public in the planning and provision of health care in general has been noted to bring many advantages to both those who receive and those who provide care. These include:

- Increased patient satisfaction and reduction in anxiety with positive health effects
- Improved communication between service users and professional staff
- Better outcomes of care with greater accessibility and acceptability of services
- Bridging of the gap between those who make use of services and those who provide care
- Recognition of the expertise of the recipient of care developed through experience

**Evidence:**

DHSSPS (2007) Guidance on strengthening Personal and Public Involvement in Health and Social Care [http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_29-07.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf)

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

[http://www.dhsspsni.gov.uk/hpss\\_qi\\_regulations.pdf](http://www.dhsspsni.gov.uk/hpss_qi_regulations.pdf)

DHSSPS (2005) A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025

[http://www.dhsspsni.gov.uk/show\\_publications?txtid=7282](http://www.dhsspsni.gov.uk/show_publications?txtid=7282)

Healthy Democracy (NHS National Centre for Involvement, 2006)

<http://www.nhscentreforinvolvement.nhs.uk/index.cfm?content=90>

**Responsibility for delivery / implementation**

HSC Board  
Public Health Agency  
HSC Trusts  
Primary Care

**Quality Dimension****Safe**

Personal and Public Involvement enhances governance at all levels through the routine inclusion of patient experience and the issues arising from this in the planning, delivery and monitoring of services.

**Efficient/ Effective**

The development of partnerships with service users and the public contributes the Health and care outcomes generally. It is a prerequisite of success where patient and public participation is the decisive factor in achieving the outcome – for example, in health promotion and disease prevention.

**Equitable**

Well developed and widespread Personal and Public Involvement contributes to equitable services through the active engagement of service users and the public in planning, priority setting and decision-making.

**Patient Centred**

Personal and public involvement is a necessity for the successful development of patient centred services.

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
HSC organisational strategies for Person and Public Involvement	HSC organisational monitoring reports	All HSC organisations	March 2010

**Overarching standard 4:**

All people affected by cancer should be offered good information to support them throughout their cancer journey. This information should be tailored to the needs of the person both in content and the way in which it is given.

**Rationale:**

People affected by cancer need good information to support and reassure them. Good information also allows people to make informed choices throughout their care. At the minute not every person affected by cancer gets the information they need when they need it. There needs to be regional agreement on the key parts of the cancer journey at which people need information to ensure that everyone gets the information they need. Work has started on information pathways for lung and breast cancers. Effective signposting to benefits & financial services will be built into all patient pathways

**Evidence:**

DHSSPS (2006) Regional Cancer Framework: A Cancer Control Programme for Northern Ireland

[http://www.dhsspsni.gov.uk/eeu\\_cancer\\_control\\_programme\\_eqia.pdf](http://www.dhsspsni.gov.uk/eeu_cancer_control_programme_eqia.pdf)

National Institute for Health and Clinical Excellence (NICE) (2004) Improving Supportive and Palliative Care for Adults with Cancer

<http://guidance.nice.org.uk/CSGSP>

Department of Health (2005) The NHS Cancer Plan

[http://www.nao.org.uk/publications/0405/the\\_nhs\\_cancer\\_plan.aspx](http://www.nao.org.uk/publications/0405/the_nhs_cancer_plan.aspx)

National Audit Office (2005) Tackling Cancer – Improving the patient journey

[http://www.nao.org.uk/publications/0405/tackling\\_cancer.aspx](http://www.nao.org.uk/publications/0405/tackling_cancer.aspx)

Department of Health (2006) Tackling cancer: improving the patient journey

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4105421](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105421)

Cox A, Jenkins V, Catt S, Langridge C, Fallowfield LJ Information needs and experiences: an audit of UK cancer patients. European Journal of Oncology Nursing 2006; 10(4):263-72, doi:10.1016/j.ejon.2005.10.007

[http://www.ejoncologynursing.com/article/S1462-3889\(05\)00140-7/abstract](http://www.ejoncologynursing.com/article/S1462-3889(05)00140-7/abstract)

**Responsibility for delivery / implementation**

HSC Board  
Public Health Agency  
HSC Trusts  
Primary, secondary and community care staff  
Voluntary providers

**Quality Dimension****Patient centred, Safe and Effective**

Full and clear information that is tailored to meet the needs of the person improves understanding, reduces worry and helps people to prepare for what is ahead. It helps give people a sense of control and helps people to cope better with treatment.

**Timely and Equitable**

Agreed information points across the cancer journey will mean that people are offered information when they need it.

**Efficient**

A regional approach reduces duplication in efforts to produce and review information resources. It allows for economies in terms of purchasing and producing materials

<b>Performance Indicator</b>	<b>Data source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
Regionally agreed information pathways developed	Northern Ireland Cancer Network (NICaN) regional group records and website	7 tumour sites	March 2011
Trusts to identify person(s) with responsibility to support delivery of cancer information pathways	Cancer Executive Team records at each trust	All trusts	March 2011
All trusts to evidence better adherence to cancer patient information pathways	Annual audit of patient information provision	Annual improvement on baseline	On a yearly basis, from 12 months after implementation of each pathway