

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CENTRE FOR CLINICAL PRACTICE QUALITY STANDARDS PROGRAMME

Quality standard topic: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

Output: Draft quality standard

Scope

NICE quality standards are developed in accordance with a scope that defines what the standard will and will not cover. The scope of this quality standard is available from the NICE website (www.nice.org.uk).

This quality standard outlines the level of service that people using the NHS should expect to receive. It covers improving the quality of patient experience for people who use adult NHS services. It does not cover people using NHS services for mental health or the experiences of carers of people using NHS services.

Evidence sources

The evidence sources used to develop this quality standard are listed in appendix 1.

Overview of statements

A total of 66 recommendations from the draft NICE guidance 'Patient experience in adult NHS services: improving the experience of care for people using adult NHS services' were developed into 17 draft quality statements by the Guidance Development Group.

Quality measures

The quality measures accompanying the quality standard aim to improve the structure, process and outcomes of health care. They are not a new set of targets or mandatory indicators for performance management.

Quality measures are high-level quality indicators. They may be supplemented with indicators developed by the NHS Information Centre through their [Indicators for Quality Improvement Programme](#) (available from www.ic.nhs.uk). For topics where these quality indicators do not exist, the

quality measures should form the basis for audit criteria developed and be used locally to improve the quality of health care.

At present there are limited health outcome measures that can be used as quality measures. Therefore, the focus of the quality measures is on improving the processes of care that are considered to be linked to health outcomes.

Where appropriate, measures are specified in the form of a numerator and a denominator which define a proportion (numerator/denominator). It is assumed that the numerator is a subset of the denominator population.

Diversity, equality and language

Good communication between health and social care professionals and patients is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Patients should have access to an interpreter or advocate if needed.

Consultation and feedback

Consultation will be held between 21 June 2011 and 19 July 2011 in order to obtain comments on the content of the draft standard. These comments will be used by the Guidance Development Group to further refine the quality statements and measures.

Explanatory note on relevant existing indicators

'Relevant existing indicators' identifies any existing national quality indicators that can be used to measure the draft quality statement for improving the quality of patient experience. Indicators from the NHS Information Centre's Indicators for Quality Improvement will be given preference.

'Other possible national data sources' identifies other national sources of data that could be used to form an indicator for the draft quality statement.

Draft quality standard for patient experience in adult NHS services: improving the experience of care for people using adult NHS services.

The quality standard for improving the quality of patient experience requires that services are commissioned from and coordinated across all relevant agencies encompassing the whole spectrum of patient care. An integrated approach to provision of services is fundamental to the delivery of high quality care to patients.

No.	Draft quality statements
1.	Healthcare professionals and all other staff who interact directly with patients are, as part of their annual performance assessment, evaluated and mentored for compliance with the NICE guidance on patient experience in adult NHS services.
2.	Patients are asked about any physical or learning disabilities, sight or hearing problems, and difficulties with reading, understanding or speaking English, in order to help maximise their participation in consultations and care.
3.	Patients are given the opportunity to discuss their health beliefs, concerns and preferences in order to individualise their care.
4.	Patients are treated with dignity and experience a culture of kindness, compassion, courtesy, respect, understanding and honesty.
5.	Patients regularly have their physical needs (such as nutrition, hydration and personal hygiene) and psychological concerns (such as fear and anxiety) assessed in an environment that maintains their dignity and confidentiality.
6.	Patients are introduced to all members of the healthcare team and given a clear explanation of each member's roles and responsibilities.
7.	Patients' preferences for involving and sharing information with partners, families and carers are established at the first point of contact and continuously respected throughout their care.
8.	Patients' rights to choose, accept or decline treatment are respected and supported.
9.	Patients receive care that is tailored to their needs and circumstances (which are reviewed regularly), taking into account locality, access, personal preferences and coexisting conditions.
10.	Information about patient care is exchanged in a timely, appropriate, clear and accurate manner between relevant healthcare professionals to ensure effective coordination and prioritisation of care.
11.	Patients are given clear advice about who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

12.	Patients have their requirements for continuity of care considered – this may involve seeing the same healthcare professional or healthcare team to promote and maintain continuity of care.
13.	Patients are cared for by healthcare professionals who have a demonstrated competency in communication skills.
14.	Healthcare professionals establish and use the most suitable way of communicating with each patient and confirm the patient's understanding.
15.	Patients, when making decisions about screening, investigation, treatment and care, are supported to be involved in shared decision-making to ensure that they are informed of and understand all relevant options, outcomes and implications consistent with what is important to them.
16.	Patients are provided with evidence-based information that is understandable, personalised and clearly communicated.
17.	Where available, patients have access to high-quality decision support tools such as patient decision aids.

Draft quality statement 1: Actively promoting the NICE guidance ‘Patient experience in adult NHS services’

Draft quality statement	Healthcare professionals and all other staff who interact directly with patients are, as part of their annual performance assessment, evaluated and mentored for compliance with the NICE guidance on patient experience in adult NHS services.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that annual performance assessments for healthcare professionals and all other staff who interact directly with patients, evaluate and provide mentoring for compliance with this NICE guidance.</p> <p>b) Proportion of healthcare professionals and all other staff who interact directly with patients who have had an annual performance assessment in the last 12 months that included evaluation and mentoring for compliance with the NICE guidance.</p> <p>Numerator – the number of healthcare professionals and all other staff in the denominator who have had an annual performance assessment in the last 12 months that included evaluation and mentoring for compliance with the NICE guidance.</p> <p>Denominator – the number of healthcare professionals and all other staff who interact directly with patients.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that healthcare professionals and all other staff who interact directly with patients are, as part of their annual performance assessment, evaluated and mentored for compliance with the NICE guidance.</p> <p>Health and social care professionals who interact directly with patients ensure they comply with the NICE guidance. This should be part of their annual performance assessment.</p> <p>Commissioners ensure service providers have arrangements for evaluating and mentoring healthcare professionals and all other staff who interact directly with patients, for compliance with the NICE guidance.</p> <p>Patients have contact with NHS staff who have been evaluated and mentored for compliance with this NICE guidance, as part of their annual performance assessment, in order to improve the experience of patients.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance	GDG consensus.

references	
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Draft quality statement 2: The patient as an individual – recognising barriers to participation

Draft quality statement	Patients are asked about any physical or learning disabilities, sight or hearing problems, and difficulties with reading, understanding or speaking English, in order to help maximise their participation in consultations and care.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are asked about any physical or learning disabilities, sight or hearing problems, difficulties with reading, understanding or speaking English, in order to help maximise their participation in consultations and care.</p> <p>Process: Proportion of patients who were asked about any physical or learning disabilities, sight or hearing problems, difficulties with reading, understanding or speaking English.</p> <p>Numerator – the number of people in the denominator who were asked about any physical or learning disabilities, sight or hearing problems, difficulties with reading, understanding or speaking English.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence that patients felt involved in consultations and their care from patient experience surveys and feedback.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure staff are appropriately trained to establish factors that might affect patient involvement and engagement with health services, such any physical or learning disabilities, sight or hearing problems, difficulties with reading, understanding or speaking English, in order to help maximise their participation in consultations and care.</p> <p>Health and social care professionals establish factors that might affect patient involvement and engagement with health services, such any physical or learning disabilities, sight or hearing problems, difficulties with reading, understanding or speaking English, in order to help maximise their participation in consultations and care.</p> <p>Commissioners ensure service providers have arrangements for training staff to identify factors that might affect patient involvement and engagement with health services.</p> <p>Patients are asked about any physical or learning disabilities, sight or hearing problems, difficulties with reading, understanding or speaking English, so that they can receive support to be involved in consultations about their own care.</p>
Relevant existing indicators	A question on understanding patients' needs is contained within the NHS Ambulance service users survey (Q32).

Other possible national data sources	None identified
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendation 2.

Draft quality statement 3: The patient as an individual – health beliefs, concerns and preferences

Draft quality statement	Patients are given the opportunity to discuss their health beliefs, concerns and preferences in order to individualise their care.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are given the opportunity to discuss their health beliefs, concerns and preferences in order to individualise their care.</p> <p>Process: Proportion of patients given the opportunity to discuss their health beliefs, concerns and preferences.</p> <p>Numerator – the number of people in the denominator who were given the opportunity to discuss their health beliefs, concerns and preferences.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence that patients felt they were given the opportunity to discuss their health beliefs, concerns and preferences in order to individualise their care from experience surveys and feedback.</p>
Description of what the quality statement means for each audience	<p>Service providers give guidance to all staff to enable them to establish the patient's health beliefs, concerns and preferences in order to individualise the patient's care.</p> <p>Health and social care professionals establish the patient's health beliefs, concerns and preferences in order to individualise the patient's care.</p> <p>Commissioners ensure service providers follow guidance that enables staff to identify the patient's health beliefs, concerns and preferences in order to individualise the patient's care.</p> <p>Patients have the opportunity to discuss their health beliefs, concerns and preferences, and these are used to help their care.</p>
Relevant existing indicators	Questions on discussions of beliefs, concerns and preferences are contained within the NHS inpatient survey (Q44) and NHS emergency department survey (Q14).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 4 and 5.

Draft quality statement 4: Essential requirements of care – dignity, kindness, compassion, courtesy and respect

Draft quality statement	Patients are treated with dignity and experience a culture of kindness, compassion, courtesy, respect, understanding and honesty.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are treated with dignity and experience a culture of kindness, compassion, courtesy, respect, understanding and honesty.</p> <p>Outcome: Evidence from feedback and experience surveys that patients felt they were treated with dignity and experienced a culture of kindness, compassion, courtesy, respect, understanding and honesty.</p>
Description of what the quality statement means for each audience	<p>Service providers actively foster a culture of kindness, compassion, courtesy, respect, understanding and honesty where patients are treated with dignity. . They ensure that these values and subsequent behaviours are embedded into the service through annual appraisal, performance management, governance and measurement systems.</p> <p>Health and social care professionals treat patients with dignity and respond with kindness, compassion, courtesy respect, understanding and honesty.. This should be part of their annual performance assessment.</p> <p>Commissioners expect that service providers embed these values and behaviours into the service and that appropriate systems are in place to appraise, manage, govern and measure them.</p> <p>Patients are treated with dignity, kindness, compassion, courtesy respect, understanding and honesty.</p>
Relevant existing indicators	Questions on kindness, compassion, courtesy and respect are contained within the NHS inpatient survey (Q72), NHS emergency department survey (Q39), NHS outpatient survey (47) and NHS Ambulance service users survey (Q4, 5, 9, 10, 17 and 30).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendation 8.

Draft quality statement 5: Essential requirements of care – physical needs and psychological concerns

Draft quality statement	Patients regularly have their physical needs (such as nutrition, hydration and personal hygiene) and psychological concerns (such as fear and anxiety) assessed in an environment that maintains their dignity and confidentiality.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients have their physical and psychological needs assessed in an environment that maintains their dignity and confidentiality.</p> <p>Outcome: Evidence from experience surveys and feedback that patients felt they were assessed for their needs in an environment that maintained their dignity and confidentiality.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that all health and social care professionals are appropriately trained in assessment of physiological and psychological need according to their roles and responsibilities. They will ensure that an environment that maintains dignity and confidentiality is provided to do this in.</p> <p>Health and social care professionals assess and address patients for physiological and psychological needs in an environment that maintains dignity and confidentiality.</p> <p>Commissioners ensure service providers have in place appropriate training for the assessment of physiological and psychological need according to health and social care professionals' roles and responsibilities. Ensure that service providers can provide an environment that maintains dignity and confidentiality.</p> <p>Patients are assessed to find out whether they need any extra support, for example: with eating and drinking, pain relief, continence problems, fears or anxieties.. These discussions are carried out in a manner and environment that respects the patient's dignity and privacy.</p>
Relevant existing indicators	Questions on privacy during assessments and treatment are contained within the NHS inpatient survey (Q5, 45 and 46), NHS emergency department survey (Q6 and 8) and NHS outpatient survey (Q26 and 27).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 9, 12, 15, 17 and 18.

Draft quality statement 6: Tailoring healthcare services to the individual – the healthcare team

Draft quality statement	Patients are introduced to all members of the healthcare team and given a clear explanation of each member's roles and responsibilities.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are introduced to all members of the care team and given a clear explanation of each member's role, responsibilities and contribution to their care.</p> <p>Process: Proportion of patients introduced to all members of the care team.</p> <p>Numerator – the number of people in the denominator introduced to all members of the care team.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence from experience surveys and feedback that patients were introduced to all members of the care team and given a clear explanation of their roles, responsibilities and contribution to their care.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local policies are in place to make sure that patients are introduced to all members of the care team.</p> <p>Health and social care professionals ensure that they introduce all members of the care team to the patient and clearly explain each member's roles, responsibilities and contribution to their care.</p> <p>Commissioners ensure that service providers have local policies in place to ensure that all members of the care team are clearly introduced.</p> <p>Patients are introduced to all members of their care team, and given a clear explanation of each member's roles, responsibilities and contribution to their care.</p>
Relevant existing indicators	Questions on involvement in decision-making are contained within the NHS outpatient survey (Q30).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendation 23.

Draft quality statement 7: Tailoring healthcare services to the individual – involvement of family and carers

Draft quality statement	Patients' preferences for involving and sharing information with partners, families and carers are established at the first point of contact and continuously respected throughout their care.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients' preferences for involving and sharing information with partners, family and carers are established at the first point of contact and continuously respected.</p> <p>Process: Proportion of patients whose preferences for involving and sharing information with partners, family and carers are established at the first point of contact.</p> <p>Numerator – the number of people in the denominator whose preferences for involving and sharing information with partners, family and carers are established at the first point of contact.</p> <p>Denominator – the number of patients making first contact with healthcare services.</p> <p>Outcome: Evidence from experience surveys and feedback that patients' preferences for involving and sharing information with partners, family and carers were established at the first point of contact and continually respected.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that staff establish, patients' preferences for involving and sharing information with partners, family members and/or carers at the first point of contact and respect their preferences throughout their care.</p> <p>Health and social care professionals establish patients' preferences for involving and sharing information with partners, family members and/or carers at the first point of contact and respect their preferences throughout their care.</p> <p>Commissioners ensure that services establish at the outset, a respectful approach in ensuring that the patients' preferences for involving and sharing information with partners, family members and/or carers are prioritised.</p> <p>Patients are asked at their first contact with healthcare professionals if they wish to involve their partners, family members and/or carers in their care and share information about their care with them. These wishes are respected throughout their care.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.

Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 22 and 25.
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Draft quality statement 8: Tailoring healthcare services to the individual – patient choice

Draft quality statement	Patients' rights to choose, accept or decline treatment are respected and supported.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients' rights to choose, accept or decline treatment are respected and supported.</p> <p>Outcome: Evidence from experience surveys and feedback that patients felt their rights to choose, accept or decline treatment were respected and supported.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure health service providers are appropriately trained to respect and support a patient's right to choose, accept or decline treatment.</p> <p>Health and social care professionals ensure they respect and support a patient's right to choose, accept or decline treatment.</p> <p>Commissioners ensure local arrangements include respecting and supporting a patient's right to choose, accept or decline treatment.</p> <p>Patients have their choices respected and supported when deciding whether to accept or decline treatment.</p>
Relevant existing indicators	Questions on information provided before surgical treatment are contained within the NHS inpatient survey (Q51,52, 53 and 54).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 28, 29 and 30.

Draft quality statement 9: Tailoring healthcare services to the individual – tailored care

Draft quality statement	Patients receive care that is tailored to their needs and circumstances (which are reviewed regularly), taking into account locality, access, personal preferences and coexisting conditions.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are provided with care that is tailored to their needs and circumstances, taking into account locality, access, personal preferences and coexisting conditions and which is regularly reviewed.</p> <p>Outcome: Evidence from experience surveys and feedback that patients felt care was tailored to their needs and circumstances, taking into account locality, access, personal preferences and coexisting conditions and was regularly reviewed.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that staff are appropriately trained to provide services that are tailored to the patient's needs and circumstances, taking into account locality, access, personal preferences and coexisting conditions.</p> <p>Health and social care professionals provide an individualised approach to services that is tailored to the patient's needs and circumstances, taking into account locality, access, personal preferences and coexisting conditions. Provide a regular review of needs and circumstances.</p> <p>Commissioners ensure service providers have arrangements for training staff in the tailoring of services to meet the patient's needs.</p> <p>Patients receive care that is tailored to their needs and circumstances, which are regularly reviewed. It should take into account the local area, the patient's ability to access services, their personal preferences and any coexisting conditions.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendation 20.

Draft quality statement 10: Continuity of care and relationships – exchange of patient information

Draft quality statement	Information about patient care is exchanged in a timely, appropriate, clear and accurate manner between relevant healthcare professionals to ensure effective coordination and prioritisation of care.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients, have information about their care needs exchanged in a timely, appropriate, clear and accurate manner between relevant healthcare professionals to ensure effective co-ordination and prioritisation of care.</p> <p>Outcome: Evidence from experience surveys and feedback that patients were asked whether they wanted their information shared with relevant healthcare professionals.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that staff exchange information in a timely and appropriate way that it is clear, accurate, relevant to the care received and future care needed to ensure effective co-ordination and prioritisation of care.</p> <p>Health and social care professionals ensure that patient consent is attained prior to the exchange of patient information. When information is exchanged it should be done in a timely and appropriate way between relevant healthcare professionals . This information should be clear, accurate, relevant to the care received and future care needed, to ensure effective co-ordination and prioritisation of care.</p> <p>Commissioners ensure that local arrangements are in place for the exchange of timely, appropriate, clear, accurate and relevant patient information, to ensure effective co-ordination and prioritisation of care.</p> <p>Patients can expect to have information about their care needs exchanged in a timely, appropriate, clear and accurate manner between relevant healthcare professionals to ensure effective co-ordination and prioritisation of their care.</p>
Relevant existing indicators	Questions on continuity of care are contained within the NHS inpatient survey (Q43 and 68).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 35 and 36.

Draft quality statement 11: Continuity of care and relationships – contact information

Draft quality statement	Patients are given clear advice about who to contact, how to contact them and when to make contact about their ongoing healthcare needs.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are given clear advice about who to contact, how to contact them and when to make contact about their ongoing healthcare needs.</p> <p>Process: Proportion of patients given clear advice about who, how and when to make contact about their ongoing healthcare needs.</p> <p>Numerator – the number of people in the denominator given clear advice about who, how and when to make contact about their ongoing healthcare needs.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence from experience surveys and feedback that patients were given clear advice about who to contact, how to contact them and when to make contact about their ongoing healthcare needs.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local policies are in place to ensure that the patient knows who to contact about their ongoing healthcare needs, how and when to contact them.</p> <p>Health and social care professionals ensure that patients are given clear advice in relation to who to contact about their ongoing healthcare needs, and how and when to contact them.</p> <p>Commissioners ensure that services are in place to ensure that the patient knows who to contact about their ongoing healthcare needs, and how and when to contact them.</p> <p>Patients are given clear advice about who to contact about their healthcare needs, how to contact them and when they should contact them.</p>
Relevant existing indicators	Questions on who to contact are contained within the NHS inpatient survey (Q69) and NHS emergency department survey (Q37) and NHS outpatient survey (Q44).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 33 and 34.

Draft quality statement 12: Continuity of care and relationships – requirements

Draft quality statement	Patients have their requirements for continuity of care considered – this may involve seeing the same healthcare professional or healthcare team to promote and maintain continuity of care.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients see the same healthcare professional or healthcare team to promote and maintain their continuity of care.</p> <p>Outcome: Evidence from experience surveys and feedback that patients saw the same healthcare professional or healthcare team.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local policies are in place to ensure that patients see the same healthcare professional or healthcare team, where possible, to promote continuity of care.</p> <p>Health and social care professionals ensure that patients see the same healthcare professional or healthcare team, where possible, to promote continuity of care.</p> <p>Commissioners ensure that services are in place to enable patients, where possible, to see the same healthcare professional or healthcare team in promoting continuity of care.</p> <p>Patients see the same healthcare professionals or healthcare team throughout their care.</p>
Relevant existing indicators	Questions on seeing the same professionals are contained within the NHS outpatient survey (Q6).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendation 32.

Draft quality statement 13: Enabling patients to actively participate in their care – communication skills

Draft quality statement	Patients are cared for by healthcare professionals who have a demonstrated competency in communication skills.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that healthcare professionals are trained and competent in communication skills.</p> <p>b) Proportion of healthcare professionals who have been trained in communication skills.</p> <p>Numerator – the number of people in the denominator have been trained in communication skills.</p> <p>Denominator – the number of healthcare professionals.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that all staff are appropriately trained and can demonstrate competency in communication skills</p> <p>Health and social care professionals ensure they receive training in communication skills and can demonstrate this competency.</p> <p>Commissioners ensure service providers have arrangements for competency based training in communication skills.</p> <p>Patients are cared for by health and social care professionals who communicate with them effectively.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendation 46.

Draft quality statement 14: Enabling patients to actively participate in their care – effective communication

Draft quality statement	Healthcare professionals establish and use the most suitable way of communicating with each patient and confirm the patient's understanding.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that healthcare professionals establish the most suitable way of communicating with the patients and confirm patients' understanding.</p> <p>Outcome: Evidence from experience surveys and feedback that patients felt they were communicated with effectively.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that all staff are appropriately trained in the suitable ways of communicating with patients.</p> <p>Health and social care professionals establish the most suitable way of communicating with the patient. They consider accessibility of information, style of delivery and confirm the patient's understanding.</p> <p>Commissioners ensure that service providers have arrangements for training health and social care professionals in effective and suitable ways of communicating with patients.</p> <p>Patients are communicated with in a manner that is most suitable for them, and are asked if they understand the information given to them.</p>
Relevant existing indicators	Questions on information being delivered in a way the patient understands are contained within the NHS inpatient survey (Q35, 51, 53, 56, 57, 63, 65 and 71), NHS emergency department survey (Q4, 12, 23 and 33), NHS outpatient survey (Q15, 17, 32, 34, 37 and 40) and NHS Ambulance service users survey (Q21).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 40, 41, 42, 44, 49, 50 and 52 .

Draft quality statement 15: Enabling patients to actively participate in their care – shared decision-making

Draft quality statement	Patients, when making decisions about screening, investigation, treatment and care, are supported to be involved in shared decision-making to ensure that they are informed of and understand all relevant options, outcomes and implications consistent with what is important to them.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are supported to be involved in shared decision-making to ensure that they are informed of and understand all relevant options, outcomes and implications consistent with their personal values.</p> <p>Outcome: Evidence from experience surveys and feedback that patients felt supported to be involved in decision-making and were informed of and understood all relevant options, outcomes and implications consistent with their personal values.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure staff are appropriately trained in facilitating shared decision-making, (information provision about relevant options, outcomes and implications of screening, investigation, treatment and care).</p> <p>Health and social care professionals facilitate patient communication using a shared decision-making approach when talking with them about screening, investigation, treatment and care, relevant options, outcomes and implications.</p> <p>Commissioners ensure that local arrangements for decision-making specifically include supporting shared decision making.</p> <p>Patients are fully informed about their options the outcomes and the implications of screening, investigation, treatment and care. They are given support in making decisions about their care, consistent with their values, by clinicians skilled in helping people make decisions about their care.</p>
Relevant existing indicators	Questions on involvement in decision making are contained within the NHS inpatient survey (Q31, 35, 41, 58), NHS emergency department survey (Q21), NHS outpatient survey (Q13, 16, 29 and 37) and NHS Ambulance service users survey (Q33).
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 57, 58, 59, 60 and 64.

Draft quality statement 16: Enabling patients to actively participate in their care – provision of information

Draft quality statement	Patients are provided with evidence-based information that is understandable, personalised and clearly communicated.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are provided with evidence-based information that is free from clinical bias, understandable, personalised and clearly communicated.</p> <p>Process: Proportion of patients provided with evidence-based information,</p> <p>Numerator – the number of people in the denominator who were provided with evidence-based information.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence from experience surveys and feedback that patients felt provided with evidence-based information that is free from clinical bias, understandable, personalised and clearly communicated.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that information about patient care that is evidence-based, and understandable, is available to staff.</p> <p>Health and social care professionals provide information about patient care that is evidence-based, and understandable. They will communicate this information clearly and where possible, personalise it to the patient.</p> <p>Commissioners ensure that services make available information about patient care that is evidence-based, and understandable.</p> <p>Patients receive information about their care that is clear, accurate, understandable and relevant to their circumstances.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendations 50, 62 and 65.

Draft quality statement 17: Enabling patients to actively participate in their care – decision support tools

Draft quality statement	Where available, patients have access to high-quality decision support tools such as patient decision aids.
Draft quality measure	<p>Structure: Evidence of local arrangements to ensure that patients have access to decision support tools such as patient decision aids.</p> <p>Process: Proportion of patients provided with decision support tools.</p> <p>Numerator – the number of people in the denominator provided with NHS accredited decision support tools.</p> <p>Denominator – the number of patients for whom there is a relevant decision support tool available.</p> <p>Outcome: Evidence from experience surveys and feedback that patients felt able to access decision support tools such as patient decision aids.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that staff are appropriately trained in the use of decision support tools.</p> <p>Health and social care professionals offer the patient the use of a decision support tool.</p> <p>Commissioners ensure that local arrangements are in place to train staff in the use of decision support tools.</p> <p>Patients for whom decision support tools (also called patient decision aids) might be useful use them (either by themselves or with the help of their healthcare professional) to help them make decisions about their care.</p>
Relevant existing indicators	None identified.
Other possible national data sources	None identified.
Source guidance references	Patient experience in adult NHS services guidance (consultation version of full guidance) recommendation 63.
Definitions	Patient Decision Aids are designed to help patients make difficult decisions about their treatments and medical tests. They are used to support decision-making when considering the clinical evidence comparing relevant treatments.

Appendix 1: Evidence sources

Policy context

Department of Health. (2008) High quality care for all - NHS next stage review final report.

Department of Health. (2009) High quality care for all: our journey so far.

Department of Health, dep. (2010) Essence of care 2010. London: The Stationery Office.

Freeman G, Hughes J. (2010) Continuity of care and the patient experience. London: The King's Fund.

Key development sources

Patient experience in adult NHS services: improving the experience of care for people using adult NHS services. NICE guidance (draft).

Definitions, relevant existing indicators and other possible national data sources

British Social Attitudes (BSA) survey Patient reported outcome measures (PROMs)

Care Quality Commission, Picker Institute Europe. NHS surveys: focused on patients' experience <http://www.nhssurveys.org/>