

What Makes for a Positive Health or Social Care Experience?

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

Leo Buscaglia

We hope that the information provided in this report will support service providers and commissioners to improve services within a health and social care climate which we all recognise as being subjected to forever increasing demands. This, alongside cuts in funding, makes for very challenging times, but looking at our evidence of “What Makes for a Positive Health or Social Care Experience?” shows that improvements in services need cost very little and in many cases, nothing at all.

1. Acknowledgement

Healthwatch Derbyshire would like to thank the many patients, service users and members of the public who supported and cooperated with Healthwatch Derbyshire to share their good experiences of health and social care services, to make this report possible.

2. Disclaimer

The positive comments outlined in this report should not be taken as being representative of all patients, service users and members of the public in Derbyshire. Nevertheless, they reflect a broad range of experiences, genuine thoughts and feelings that have been expressed to Healthwatch Derbyshire during the course of our work. The information presented should be used in conjunction with, and to complement, other sources of data available.

3. Background

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of 148 local Healthwatch across the country representing the voices of those using local health and social services. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to consumers of health and social care services, and will ensure that this evidence is used to influence those who plan and run services at a national level.

Since its inception, Healthwatch Derbyshire has been influential in gathering views and experiences across Derbyshire from a diverse range of individuals, groups and communities. Healthwatch Derbyshire has subsequently enabled providers and

commissioners of services to receive and hear the collated feedback of patients/service users and members of the public directly and via a range of significant published reports.

4. Rationale for the report

As an organisation, Healthwatch Derbyshire is accountable to the public for its effectiveness in impacting upon changes and improvements to services where there may have been perceived shortfalls by either patients, service users or members of the public.

Whilst gathering and identifying the concerns and complaints of patients, service users and members of the public is a powerful way for services to learn how to improve, all too frequently we may dwell unduly upon 'what is going wrong' rather than 'what is going right'. In the almost three full operational years that Healthwatch Derbyshire has been in existence, we have received a considerable amount of evidence from patients, service users and members of the public of which our Derbyshire wide service providers and commissioners can truly be proud. Consequently, where services need to or wish to seek improvement, it is equally to the 'good' experiences that they should turn to inform potential changes.

This report, in contrast to others published by Healthwatch Derbyshire, is designed to capture, profile and exclusively focus upon the host of positive experiences of which we have been informed. The report consequently shares this with providers, commissioners and other relevant parties to enable them to reflect upon and judge what they may learn from the positive encounters conveyed to us from patients, service users and members of the public throughout Derbyshire.

5. Policy background and research context - The Importance of the Patient's Experience

Traditionally the NHS has used outcome measures focused on the three quality pillars of treatment, i.e. **clinical effectiveness, preventing harm/patient safety and the patient experience**. The National Institute for Health and Care Excellence (NICE) has been at the forefront of promoting research evidence and practice guidance predominantly concerning clinical effectiveness and its close association with harm reduction and safety of patients during clinical investigations and treatment. However, the broader and more personal aspects of the patient experience have tended to have been paid less attention partly due to the challenges in the qualitative nature of research conducted and the generalisability of any subsequent findings.

Nevertheless, since the review of the National Health Service (NHS) through the publication in 2008 of *High Quality Care for All*, often referred to as the "Darzi Report", the patient experience of their health care has been highlighted as needing to be included as a key measure of NHS quality.

Following the "Darzi Report", the centrality of the patient experience as a driver in shaping future policy became clearly established. The White Paper, *Equity and excellence: Liberating the NHS* (2010), which preceded the current Health and Social Care Act (2012), set the patient firmly at the heart of the proposed reforms and clearly acknowledged the past deficits in this respect:

"...compared to other sectors, healthcare systems are in their infancy in putting the experience of the user first We intend to put that right." (p.13, Section 2.2)

Whilst the 2010 White Paper emphasised the need to improve people's experience of healthcare, ***"the NHS Outcomes Framework makes clear that the provision of a 'good experience' of care for patients is a central goal for the NHS"*** (De Silva, 2013)

In support of the White Paper and prospective Health and Social Care Act 2012, the Department of Health and the NHS Institute commissioned King's College London and The King's Fund to undertake research into the 'patient experience' which led to the publication of a project report in November 2011 entitled ***What Matters to Patients? Developing the Evidence Base for Measuring and Improving Patient Experience.***

One of the key messages from patients participating directly and indirectly within this research project was their expression of having as much concern about the nature and quality of their overall care experience as they had about professional clinical effectiveness and their safety.

The reported factors that appeared to matter most to patients within their health care encounters, particularly those who have long-term conditions, were:

- Staff who listen and spend time with them
- Being treated as a person, not a number
- Receiving individualised treatment without labelling
- Being communicated with in a language that is easily understood
- Finding out about the latest technologies and treatments for their condition
- Feeling informed, receiving information and being given options
- Being involved in their care and feeling able to ask questions
- Public awareness of their condition
- Experiencing efficient processes that provide them with a sense of continuity of care
- Being supported by knowledgeable health professionals
- Receiving positive outcomes to treatment
- Encountering positive attitudes of staff and forming good relationships
- Having access to aftercare support services, such as voluntary sector organisations, support groups, etc.

Whilst, within the past decade, what matters to patients at their personal experience level has begun to be increasingly acknowledged and influential to government policy, equally significant has been the emerging evidence base that the ***"patient experience is consistently positively associated with health outcomes across a wide range of disease areas"*** (Doyle, Lennox and Bell, 2013). The authors within their *"Systematic review of evidence on the links between patient experience and clinical safety and effectiveness"*, go on to say ***"It supports the argument that the three dimensions of quality should be looked at as a group and not in isolation. Clinicians should resist side-lining patient experience as too subjective or mood-oriented, divorced from the 'real' clinical work of measuring safety and effectiveness."***

It is this more recent research, supported by the findings of the *What Matters to Patients?* Project (November 2011) that has prompted Healthwatch Derbyshire to write a report outlining *What Makes for a Positive Health or Social Care Experience* for patients and service users in Derbyshire, based upon the feedback and evidence that has been collated over the past two years.

Frameworks in the Report Presentation:

As a means by which patient experiences can be more readily analysed and examined, they are commonly presented in terms of being either 'functional' or 'relational' in orientation. This approach was adopted by both the *Project Report for the Department of Health and NHS Institute for innovation and Improvement* (November 2011) and within the Doyle et al. (2013) systematic review. The two concepts may be illustrated by the following examples:

- the '**relational**' aspects of care include patient experiences of feeling they are being treated with dignity, empathy and receiving emotional support and
- the '**functional**' aspects of care include such patient experiences around access to services, waiting times and environmental factors such as quality of food or noise.

All the data/evidence that has been obtained from patients, service users and members of the public within this Healthwatch Derbyshire report is presented as being either 'relational' or 'functional' in nature and has, in addition, been correlated with the eight Healthwatch England 'Consumer Principles' generated from a public survey conducted by them in 2013.

These Consumer Principles defined by a sample of how people expressed these within the survey conducted, are:

- **Essential services** - *'I want the right to a set of essential prevention, treatment and care services, provided to a high standard which prevent me from being in crisis and lead to improvements in my health and care.'*
- **Access** - *'I want the right to access services on an equal basis with others, without fear of prejudice or discrimination, when I need them and in a way that works for me and my family.'*
- **A safe, dignified and quality service** - *'I want the right to high quality, safe, confidential services that treat me with dignity, compassion and respect.'*
- **Information and education** - *'I want the right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.'*
- **Choice** - *'I want the right to choose from a range of high quality services, products and providers within health and social care.'*
- **Being listened to** - *'I want the right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.'*
- **Being involved** - *'I want to be an equal partner in determining my own health and well-being. I want the right to be involved in decisions that affect my life and those affecting services in my local community.'*
- **A healthy environment** - *'I want the right to live in an environment that promotes positive health and well-being.'*

For the purposes of this report, these eight principles have been interpreted as either being predominantly ‘functional’ or ‘relational’ and are illustrated in the table below.

FUNCTIONAL	RELATIONAL
Essential services	A safe, dignified and quality service
Access	Information and education
Choice	Being listened to
A healthy environment	Being involved

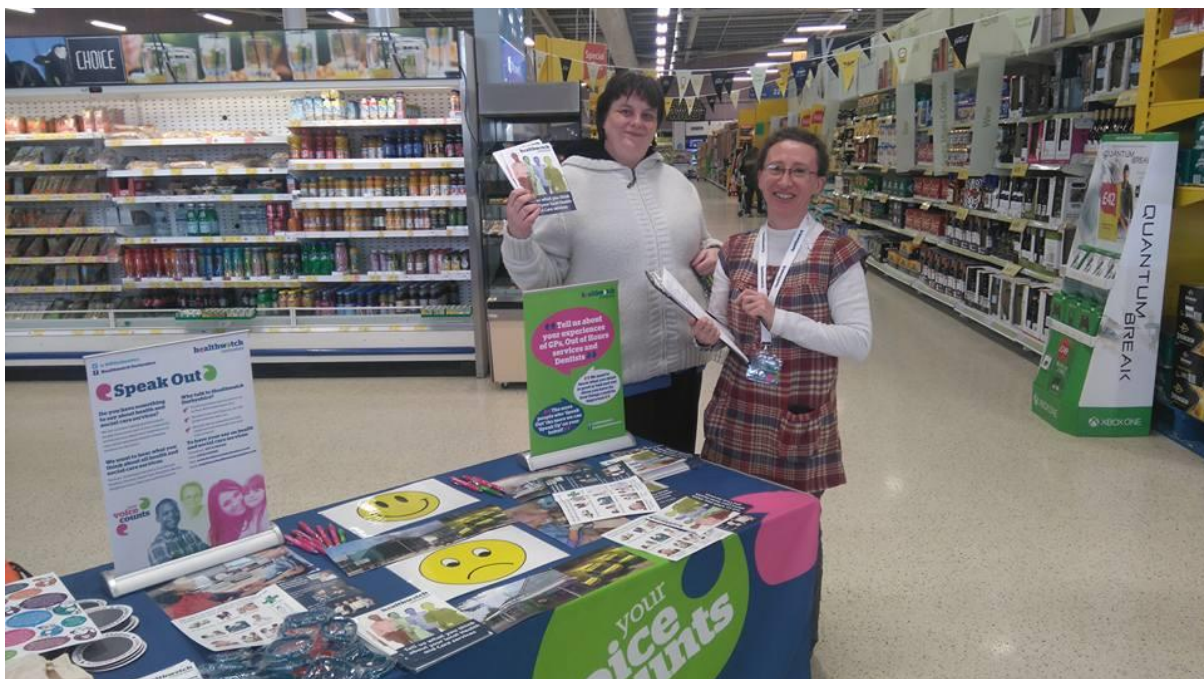
Throughout this report, it is this framework which will be used to present and discuss the evidence that we have received from patients, service users and the public regarding their positive experiences of Derbyshire health and social care services.

The research findings from the DH and NHS Institute Project Report (November 2011) and reflected in the “commonly reported things that appeared to matter to patients” listed previously, echo much of what we have received back from patients/service users when they have found positive experiences within their health and social care encounters.

6. How we collect our information

Healthwatch Derbyshire has established effective systems and approaches in collecting comments from patients/service users and the public about their experience of health and social care services. Such methods include:

- Surveys and questionnaires
- Enter and View visits
- Focus groups
- In-depth interviews
- More informal face-to-face contact with our Engagement Officers, out and about in the community.



Engagement activity across the county takes place throughout the year around priorities agreed by the Healthwatch Derbyshire “Intelligence, Insight and Action” (IIA) sub-group.

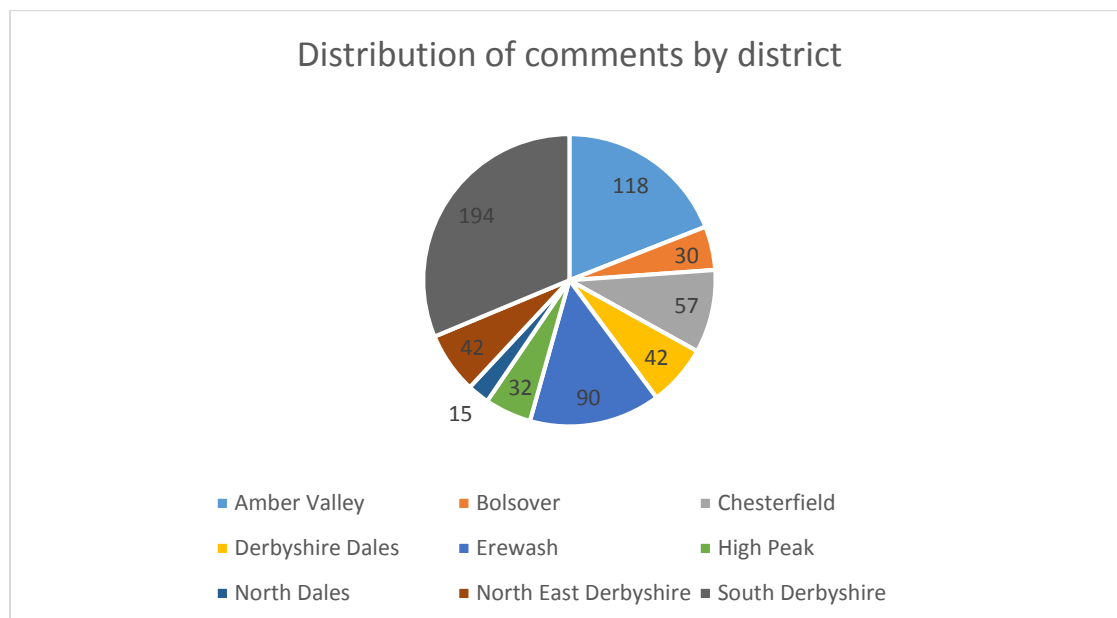
We analyse all comments received regularly so that we can identify any emerging issues, trends and themes. This helps us to see where service improvements are needed and show where there is good practice, which can be shared.

For the purpose of this report, 620 comments with a ‘positive sentiment’, i.e. those which tend to reflect good experiences, were analysed for the period 1st April 2014 - 31st December 2016, to determine what were the factors that made up a positive experience of health and social care services. In total, we received 2,215 comments during this period. The remaining comments were either negative, or had a mixed or neutral sentiments.

Within these 620 positive comments, the services talked about the most were hospitals and GP practices.

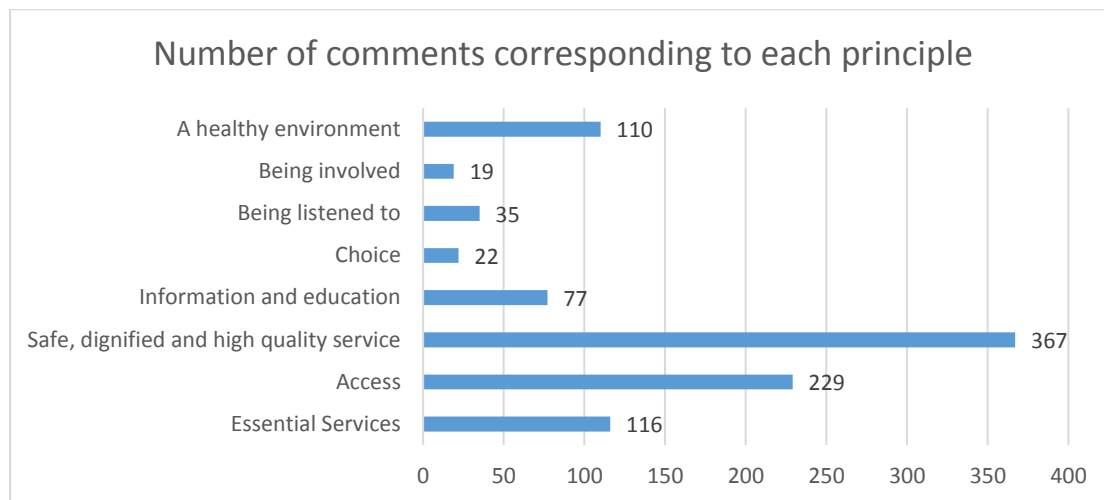
The distribution of these 620 positive comments by district are as follows:

District	Number of comments	%
Amber Valley	118	19%
Bolsover	30	5%
Chesterfield	57	9%
Derbyshire Dales	42	7%
Erewash	90	15%
High Peak	32	5%
North Dales	15	2%
North East Derbyshire	42	7%
South Derbyshire	194	31%



The distribution of these 620 positive comments were correlated with the eight Healthwatch England ‘Consumer Principles’ as outlined on page 4, and discussed in more detail below, are as follows:

*Please note that comments often correlated with more than one principle.



7. The positive things we've heard

In this section of the report we provide examples of comments we have received that correspond with both the 'functional' and 'relational' experiences of care. These comments illustrate, from the patient and/or service user's perspective, the standards and qualities of services that they appreciate and additionally make a positive difference to their health care and/or sense of wellbeing during contact with services.

In the final section of this report we have generated some questions, drawn from the following patient/service user comments, for services to reflect upon.

As indicated previously, the comments are itemised under the eight Consumer Principles adopted by Healthwatch England.

Section A - Functional Experience Dimensions

1. Essential services
2. Access
3. Choice
4. A healthy environment

We hope that the information provided in this section of the report will support service providers and commissioners to improve services within a health and social care climate which we all recognise as being subjected to forever increasing demands. This, alongside cuts in funding, makes for very challenging times, but looking at our evidence from '*What Makes for a Positive Health or Social Care Experience?*' shows that improvements in services need cost very little and in many cases, nothing at all.

1. Essential services

Based on the following evidence, we ask that professionals consider how important the reliability and efficiency of services are to supporting patients and service users experiencing quality care.

- **Prompt referral/Assessment/Signposting**

'I had a lump in my chest and my GP referred me straight to the hospital right away whilst I was in front of him. It is an excellent service.'

'The worker rushed through an assessment for us, she pushed and pushed to get my daughter a diagnosis. I have had appointments come through really quickly and the support has been great.'

'The doctor rang up Ashgate Hospice to get me a bed following a decline in my health. I am very pleased how quickly the doctor sorted it out for me. The doctor listened to me as I didn't want to go into hospital.'

'The whole process from going to the GP to having the operation done has been efficient. I found the whole process to be excellent and I am satisfied with how things went (time, staff and treatment).'

'I am really happy with the support that I have had from our social worker. It has enabled us to secure respite at Spire Lodge which my son loves and we feel ok knowing that he is safe.'

'We have been signposted to 'Frantic Families' and one-to-one support. My daughter is really happy with the support.'

'My community midwife was brilliant, I have been signposted to breastfeeding support at the local children's centre.'

'I received help getting benefits in place.'

'I have recently received a new hearing aid for the first time in 10 years with the help and assistance of Hearing Help. It is wonderful; I can hear the clock ticking and the birds singing.'

'It is good that there are GPs that understand mental health problems and that it needs to be treated equally with physical illness.'

2. Access

Based on the following evidence, we ask that professionals consider the importance to patients' and service users' experiences of quality care in the availability and locations of services, being kept informed of appointments, waiting times, and physical access to buildings.

- **Disability access**

'The practice is very good. There is good disabled access.'

'Although I have a wider than usual wheelchair I never have problems getting through doors and into lifts at the practice.'

'The receptionists have good knowledge of deaf awareness. They accommodate me when booking appointments.'

‘The service is great and the building and room is fully accessible.’

‘The call back system and phone consultations work very well as we all have very limited mobility so it is hard for us to get to the surgery.’

‘Due to my physical health and mobility issues I prefer this hospital as it is much smaller and easier for me to get to the different departments.’

- **Access to appointments**

‘Called the practice in the morning and got offered an appointment with a GP for later in the afternoon.’

‘You always get same day appointments for children.’

‘I said it had to be after 9am as I take my children to school and they listened to me.’

‘I found the appointment system quite quick, the reception were quick to answer and it was quick to get through.’

‘I found the appointment system fine ... I rang on Wednesday and got an appointment the following day.’

‘The appointment system is fine. There is a triage system in place whereby the doctor rings you back, which I have no problem with.’

‘It is a digitalised system and it even asks if you prefer a lady doctor.’

‘They are very accommodating in that they give you appointments which are suitable for my daughter to bring me to the hospital.’

- **Location of treatment**

‘I have cortisone injections administered at the practice making it more accessible for me.’

‘Coming to Newholme is very good as I have no transport and this is an ideal location for my appointment.’

‘I really appreciate the fact that the staff come out to my house to do my blood test which I need on a regular basis.’

‘I receive physiotherapy at home which I have really benefitted from as I was getting very dizzy as a result of my stroke.’

‘Accessing outpatient appointments is very convenient and local because I can see the eye specialist at Ripley Hospital.’

‘He said that having all the clinics on site for ear, physio, etc. was excellent.’

‘I wanted to access appointments locally to me. This has now been arranged, and my diabetic appointments are at the local health centre.’

- **Waiting times**

‘I had a wisdom tooth out two months ago. I didn't have to wait long. I had an assessment on a Tuesday and the operation on Thursday.’

‘I was advised to go to accident and emergency by my doctor as I had a nose bleed that would not stop. They got me an emergency referral for the next day in the ear, nose and throat clinic. I was very impressed that I got an appointment so quickly.’

‘I went into accident and emergency at the hospital. I was triaged within 15 minutes, waited another 20 minutes before being seen by a consultant. After another five minutes’ wait I was sent to x-ray. Although there was a wait after x-ray, it was less than one hour. It was a positive experience.’

‘On an occasion when my mum became ill, the district matron was called at 8am. I received a call back within five minutes to say a nurse was on her way. Within 10-15 minutes there was a nurse at the door. I couldn't speak highly enough of the service my mum got.’

‘Patient said her experience was brilliant and really quick. She was originally told that there would be an eight-week waiting list for a physiotherapy appointment. However, the appointment came within one week.’

‘The wait in the oncology clinic was 45 minutes, however it is helpful when they put delays up on the board to notify patients.’

‘We are kept up to date with the information provided on the board on waiting times.’

- **Information about appointments**

‘I receive a letter with an appointment date/time for chiropody services. If I can't make it, I call to rearrange without any problems.’

‘Following referral from my GP, I have had letters, which were easy to understand and text notification reminders about my appointment at the outpatient clinic.’

‘I am notified by letter and reminded about the appointments by text and this system works very well for us. When they have cancelled appointments they have been rescheduled within one week which is not too inconvenient.’

‘I attend the diabetic and eye clinics and they always remind me and my husband, by letter, when my appointments are due.’

‘The surgery is really good at doing health checks. They send me a letter and I can understand it.’ (This person has learning disabilities and is entitled to receive an annual health check).

‘I went to the outpatients appointment. I had a letter explaining where to go and why I needed to go back.’

‘A reminder letter came for my annual health check, but there was nothing on it to remind me to bring the blue book. I made a suggestion to put a reminder message on all call-out letters the practice sends out, which the practice did.’

‘The doctors and nurses really understand things about my learning disability. They send me a letter when it is close to my health check with pictures on it so I know what is going to happen.’ (This person has learning disabilities and is entitled to receive an annual health check).

3. Choice

Based on the following evidence, we ask that professionals consider the importance of patient’s and service user’s choice in their experience of quality care.

‘If I can’t get an appointment, I have the choice of going to the walk-in-centre on London Road in Derby or Lister House in Derby. Patient choice is good.’

‘They gave me a choice about the treatment and the different costs and did not force me into inappropriate treatment.’

‘The commentator said that although she lives in an area where her local hospital would be Chesterfield Royal, she chose to go to Derby via the Choose and Book system because there was a Paediatric Respiratory Consultant at Derby, whereas at Chesterfield there was a general paediatrician. She said she wanted a specific specialist paediatrician and not a generic paediatrician.’

‘We are able to get appointments with our doctor of choice, often on the same day.’

‘The midwives were really supportive about my decision to have a natural birth.’

‘I was given the choice of going to a named hospital in Chesterfield where there was a six-week wait or to her chosen hospital in Sheffield which had a three-week wait.’

‘I was given the decision to make as to what course of treatment I wanted to follow, physiotherapy or surgery.’

‘They have been very open and offered me a choice of treatment, either counselling or medication. I have used what they told me to make my own decision.’

‘The nurses were good and gave me two options for the procedure. They explained the positive and negative of both types.’

I was given the choice by my GP where to have it and I was happy that I did not have to go to Derby as Ilkeston is nearer for me and there is less traffic and parking problems.’

‘You get lots of choices whilst you are there. There are choices for every meal and I can get up and go to bed when I like.’

4. A healthy environment

Based on the following evidence, we ask that professionals consider the importance of the physical and psychological environment of

their service setting to the patient/service user's experience of comfort and well-being.

'The environment is really clean - both the ward and the toilets.'

'There are a few toys and some books for children in the waiting room.'

'The waiting room is nice. There is a box of toys and stuff to calm you down. I do find it calms me as it is nice and quiet, not noisy.'

'The waiting room has a calming atmosphere. It is always very clean and the signposting information is organised into different sections in order to make it easier to find what you want.'

'The waiting area has been 'done up' so it is now bright and airy.'

'The faculties at the hospital were very new and up to date and well designed. There were LED lights in the room to calm the atmosphere and I had my daughter in the birthing pool.'

'The hospital has now provided reclining chairs by the side of the beds. These are intended for partners. The new dad said he thought they were very good and provides a choice so that he could rest and stay.'

'The care home has recently installed a jacuzzi-style bath with hoist and a new shower room. Two residents particularly mentioned this and how enjoyable it was to use the jacuzzi bath.'

'There have been enough activities provided to keep my children occupied for the waiting time.'

'I like the fact that the centre has high chairs to sit on, as I have a muscle degenerating condition.'

'I enjoy coming to this smaller hospital as the staff seem to have lots of time for you. It seems a more personal service. The treatment has improved my quality of life.'

'It made me relax knowing that all these things were in place and I was able to relax and enjoy the experience, knowing me and my baby were safe.'

Section B - Relational Experience Dimensions

- 1. A safe, dignified and quality service**
- 2. Information and education**
- 3. Being listened to**
- 4. Being involved**

- 1. A safe, dignified and quality service**

Based on the following evidence, we ask that professionals consider the importance of patients and service users being valued as

individuals who feel cared for and receive continuity in their care in meeting their unique needs.

- Continuity of care

‘Having the continuity of staff has helped my son such a lot and there is good communication to let us know if something has happened. The staff have been there for a long time and they have built a relationship up with my son and they know what his needs are.’

‘I really appreciate that I get to see the same person as this saves me repeating things and I can build up trust with someone that understands me.’

‘We have a very good social worker. She hasn’t changed for years. It is vital to have the same social worker for continuity for someone with learning disabilities. She always gets back to the family whether it be by email or telephone call. When staff are constantly changing, there is no rapport with the client so that leaves a lot of room to make knee-jerk reactions which can impact the client negatively. This is because the social worker does not know or understand the client well enough.’

‘The doctor is marvellous. He has looked after me and my wife since moving here. He always listens, has time for me and provides information.’

‘I was impressed by the fact that I had the same midwife in the community as I had in the hospital.’

‘I have a fantastic GP. I have a good rapport with him, because he is the named GP to look after me.’

‘I have a designated GP at the surgery. I like the consistency of seeing the same GP.’

‘I used to struggle to get a non-emergency appointment but since receiving a letter to say I have a named GP, things are better. I like my named GP. I am happy to see any GP if/when I require an emergency appointment.’

- High quality, safe care

‘I had no concerns about the hospital when it comes to being treated as I have always had good clinical treatment.’

‘I had a positive experience when being treated for respiratory problems. The staff interaction and quality of treatment from top down was first class.’

‘I had both cataracts removed at Chesterfield Royal Hospital. It was a very positive experience in terms of a smooth, efficient and quality service.’

‘Patient said she had cataracts removed last year at the Royal Derby Hospital and she has nothing but praise for the hospital. They looked after her well.’

‘Patient had two minor strokes for which she was admitted into hospital on two separate occasions. She found her experience to be fantastic and she had never seen such organisation. She said she felt safe and she could not fault anything.’

‘My experience was of first rate care, treatment, courtesy and professionalism and I feel most appreciative of it.’

- **Feeling valued/not rushed**

‘The practice is always happy to see me and my son. I don’t feel like I’m wasting the time of the doctors.’

‘I have always felt that there is enough time when I see the GP. He will always listen to what you have to say even if you have more than one problem.’

‘They always have time for me and don’t rush me even when they come to my house.’

‘The GP spent a lot of time discussing his needs and answering questions. I was not rushed and felt both me and my husband were given ample time in the appointment.’

‘The consultant was nothing but fantastic. He bent over backwards to sort things out. He came to see the patient after he had finished work when the patient had gone in for an overnight stay for an operation. He went over the operation details of what to expect.’

- **Staff attitude**

‘The anaesthetist made me laugh, making me feel completely at ease.’

‘I found the staff to be friendly and I felt comfortable.’

‘When I visited the ophthalmology department, the doctor came out to chat to the patients in the waiting room which helps to put the patient at ease. All doctors should have this approach.’

‘The doctors actually come into the waiting area to call patients in.’

‘My husband, who had dementia, had a fall last autumn and was admitted into hospital. The staff treated him with care and respect. I was very moved by this and it reassured me that when I went home after visiting he would be treated properly.’

‘The ward staff were absolutely brilliant with my son. He has developed an excellent rapport with the staff.’

‘I am deaf and blind. The staff are excellent, very friendly and personable. They are very accommodating and listen to everything that I try to say.’

‘I am an ongoing patient of the Eye Centre at Chesterfield Royal Hospital. I have nothing but praise for the staff within this department. The staff are courteous and kind and patients are treated with respect and dignity.’

‘The service is fantastic. I have to go monthly, all the nurses are friendly and they know me by my name. The receptionists are smiley and helpful and I have never had to wait.’

‘Regarding staff - from the cleaners to the people who deliver the food, the nurses, the health care assistants, the sister and the doctors, they have all been absolutely amazing. You buzz and they are there straight away. They all look as though they enjoy their job. They spend time with you, chatting and explaining things. They are really, really lovely.’

‘Several of the young people who accessed the sexual health clinic said, “funny staff” (in a good way), “we are comfortable around them.”’

‘I have not been to have my eyes tested for many years as I was living on the streets. The optician was very kind and treated me like a normal person. I am used to being treated like I am a weirdo.’

‘Two transgender patients stated that the named doctor, an endocrinologist, treated them both with dignity and respect.’

‘It can be quite difficult explaining to a young child what is happening but the staff have been really good and very helpful.’

‘I have a learning disability. My dentists are brilliant because they talk to me and they explain everything that they do so I understand. I now have the confidence to go to the dentist by myself.’

‘The doctor called me by my first name which I thought was nice.’

‘I find the surgery understanding of my son’s mental health, which he has had for many years. All the staff, including those on reception, when he rings to make an appointment, understand his needs and respect his wishes. The GPs listen to him very well.’

‘Nurses spent one-to-one time with my mum and they got to be on first name terms which was lovely for her and it put her at ease.’

- **Feeling supported**

‘I can rely on Bank House to help sort my health matters. I go to Bank House every day and make use of the facilities such as playing darts, listening to music, etc. and I like going there. I feel cared for.’

‘I am a carer and I met with the Trust Liaison Matron for vulnerable people. I think this is good practice to have a dedicated member of staff who specifically looks out for vulnerable patients.’

‘I really get on with the psychologist. I meet him at my son's school, with his teacher and then he meets with my son separately which I really like because he asks him questions.’

‘My CAMHS worker is great. She has done a house rules poster for my son which has included his routine. The worker recently asked me if I would like her to do a house rules poster for our summer holiday. We feel really supported.’

‘The consultant is absolutely marvellous. He rings my wife up at home every week to check to see how she is. He has a sense of humour and he gives very good advice.’

‘We use the children's centre on a fortnightly basis for our twins group. As the need was growing they said we could use it on a weekly basis. The fact that they let us use the centre for free is invaluable as there is a great need for carers of twins to get together and share experiences and concern.’

‘I like to attend the carers meetings because I like the fact I can share and learn from other carers. It means I don’t feel so isolated.’

‘My child’s CAMHS worker is brilliant. I haven’t got an appointment for a while, but she said that I could ring her anytime. I feel really supported knowing that I have someone like her.’

‘He often has to go to the Royal Derby Hospital. I always contact the Acute Liaison Nurse who will always help and assist when my son has appointments.’

‘We were referred to CAMHS. My child and I have a great relationship with the staff and we feel very supported by them.’

2. Information and education

Based on the following evidence, we ask that professionals consider the importance of access to information and the receipt of this in a form appropriate to each individual as fundamental to the experiences of quality care.

‘I have a learning disability. I went to see my GP and they were running really late, but the receptionist knew me and she came over to tell me how long I would be waiting.’

‘I went to my mum’s ultrasound, because she is pregnant, and the doctor was really kind. She also explained everything to me and used scientific facts and knowledge to help me with my science work and exams at school.’

‘I received a good explanation of condition/possible causes of symptoms.’

‘I attend the haematology clinic every three months. They explain things in a way you can understand and I feel safe.’

‘I have recently received some great information and advice for my son about sexual health. I have struggled talking with my son; he has Asperger’s and takes everything so literally. The CAMHS worker gave me a few tips which are working really well.’

‘I am always happy with the information that is given to me regarding my son at the CAMHS appointments. Both professionals have been brilliant.’

‘I had an operation for my cleft palate and the nurses were brilliant. The nurses explained everything to me about my treatment and the care was very good.’

‘My wife’s social worker has been great by advising me on my rights as a carer and she seems concerned about my own health.’

‘The staff are friendly, and their advice is always easy to understand and of great help. I am given a print-out to take home for further reading.’

‘I was referred to the memory clinic and the doctor gave me some information to read for myself and my wife.’

‘The nurse is brilliant. She keeps on top of my diabetes and gives me really good information about my diet and lifestyle.’

‘My dentist is excellent because he explained the different types of treatments, the one he will do and the exact cost. I feel safe and trust him.’

‘My son's social worker is great. He links us up with the relevant groups and supports us, he gives us relevant and effective coping strategies to help with my daughter's mental health condition.’

‘They tell me what they are going to do so I do not get scared.’

3. Being listened to

Based on the following evidence, we ask that professionals consider the importance of ensuring people are listened to with regard to their treatment and care.

‘All the staff were very attentive and knowledgeable and caring. They had read my three-page birth plan and really did listen and act on what I wanted.’

‘I have a learning disability. The doctor listens to me and makes me comfortable. He talks to me and not my mum.’

‘I enjoy being able to come to this surgery; the doctors are all good and I particularly like (named professional) as they really listen to you and I feel that they care and empathise with my experience.’

‘A reminder letter came for the annual health check, but there was nothing on it to remind the carers to bring the blue book. A suggestion was made to put a reminder message on all call-out letters the practice sends out, which the practice did.’

‘They listened to me and passed the message on to all staff to prevent me repeating myself. One example is that my husband can't lie flat on his back as he is unable to breathe. Once I told one staff member about this, the message was passed on and understood by all. This gave me a lot of confidence in the staff.’

‘They see you as a real person which is why staff try to get you in for an appointment as soon as possible and the doctors have time to listen to your concerns.’

‘We made a complaint and the GP who dealt with it was lovely. It's about the establishment saying: sorry this is what we could have done differently and this is what has changed as a result of it. Being open and honest.’

‘When I got home following my treatment I got a text asking me for feedback. I like how this system works. It was very easy and straightforward to do. I hope this is used for everything as even people like me will respond.’

‘I did have an issue with a particular doctor at the surgery but the situation was handled well and resulted in a face-to-face meeting which resolved the issue. I felt I had been listened to.’

‘I was really pleased that the GP sent a letter to me about my concern after I had raised it with Healthwatch Derbyshire. Before I met the people from Healthwatch I did not know what to do or who to talk to about my experience. It made me feel like my point of view and my experience was important.’

‘The team listen to us as a family and to me as a carer and take us seriously.’

‘They really took on board what people said and there was a board showing what they had changed. I was impressed.’

4. Being involved

Based on the following evidence, we ask that professionals consider the importance of ensuring that both patients/service users and their carers are truly involved in care and treatment.

‘The midwives were really supportive about my decision to have a natural birth. She felt absolutely in control and really pleased with the whole experience.’

‘I use the FLO teletext system whereby I can send in my own readings. This I feel makes me responsible, and it is also a useful reminder system.’

‘The social worker encouraged me to do things for myself, and put me in touch with people who could help me self-develop.’

‘They adopt a traffic light system, e.g. red/amber/green depending on how I feel. I am currently on green and therefore the visits have become less. I am comfortable with this.’

‘The social worker watched me get out of bed and asked me what I felt I needed.’

‘My worker and I are working collaboratively to resolve some medication issues that are affecting my ability to sleep.’

‘I have joined the practice PPG and I feel my involvement is making a difference. I feel I bring a valued perspective to the PPG as I am younger than most of the members.’

- Carers particularly welcomed being involved

‘The nurses asked me for advice on my brother regarding his communication issues and his health problems.’

‘The family said they were never excluded, and that the staff constantly talked to them and kept them informed’.

‘The worker wanted to know not only about the child but about the whole family.’

‘The hospital always consulted with us regarding how they thought dad was, asked for our opinion and acted accordingly.’

8. Considerations

In this final section of our report, we suggest some questions for service providers to consider based upon the range of preceding comments presented.

We invite you to reflect upon your own performance standards and service delivery processes to either confirm or seek improvement with respect to what patients and service users have been telling us makes for a positive experience when engaging with services that you provide.

Essential services

- What determines the speed and efficiency of your referral process, and how could this be improved?
- How do you communicate with your patients/service users about their referral?
- Do you signpost to other services to meet needs identified?

Access

- How convenient are the locations of your services?
- How do you manage waiting times, and how do you communicate with people who are waiting?
- How do you manage the availability of appointments to ensure timely access to services in accordance with individual patient/service-user needs and choices?
- Where you initiate an appointment, how do you explain why they have been referred for an appointment and what they can expect?
- How proactive are you in ensuring that your services are accessible to all, e.g. the disabled, hard of hearing, people with learning disabilities, carers, etc?

Choice

- How do you involve patients/service users in the choice of how and where they receive treatment or care?
- Are people's health and well-being options fully explained to them, so that they can make informed choices?

A healthy environment

- How does your service environment promote a general feeling of well-being, i.e. helps people feel calm, relaxed, safe, cared for?
- Is there a sufficient and appropriate range of activities/resources for adults and children provided to pass the time whilst in waiting rooms?

A safe, dignified and quality service

- How do you ensure there is good communication with patients/service users, and other professionals involved in their care?
- How do you ensure a continuity of care that supports a consistent relationship with patients/service users?
- How do you ensure that people are given enough time during consultations with you?
- How do you ensure that people feel supported even after they have left you? For example, do they know who to contact if they need help?
- How do you ensure people are at ease during consultations with you?

Information and education

- What do you do to ensure that your patients/service users have access to the information they need in an appropriate form?
- How do you ensure that people understand the information you have given them? For example, do you back up information given verbally, with a letter or a printed leaflet?
- Do you keep people informed of any delays at all times?

Being listened to

- What do you do to ensure that people feel listened to?
- What systems do you have to encourage, obtain and respond to patient/service-user feedback?
- How do you ensure that a person making a complaint has confidence in the process?

Being involved

- How do you encourage patients/service-users to share responsibility for the decisions affecting their care and treatment?
- How are you involving carers in the treatment of their loved one?
- Do you always ensure that during consultations/interactions, you directly address children and young people, or people with learning disabilities rather than carers/parents accompanying them?

9. References

Buscaglia, L.F. (1972) *Love*. Fawcett Books.

De Silva, Dr D. (2013) Evidence Scan No.18 Measuring Patient Experience (June). The Health Foundation, London.

Department of Health (2008) High Quality Care for All - NHS Next Stage Review Final Report (CM7432). The Stationery Office, London.

Department of Health (July 2010) Equity and Excellence: Liberating the NHS. (p.13, section 2.2). The UK Stationery Office, London.

Doyle, Lennox and Bell (2013) A systematic review of evidence on the links between patient experience and clinical safety and effectiveness, *BMJ*, January.

Healthwatch England: <http://www.healthwatch.co.uk/rights>

Kings College London and Kings Fund (November, 2011) *What Matters To Patients? Developing the Evidence Base for Measuring and Improving Patient Experience*. Project Report for the Department of Health and NHS Institute for Innovation and Improvement.

National Institute for Health and Care Excellence: <https://www.nice.org.uk/>

The NHS Institute for Innovation and Improvement:
http://www.institute.nhs.uk/patient_experience/guide/what_matters_to_patients%3f.html