

Measuring and improving patients' experience of care

Report of a summit for pharmacy teams

I. INTRODUCTION

High quality care is something that we all strive to deliver to our patients. A patient's experience of care sits alongside safety and the use of clinically effective treatments as one of the three pillars of a quality service. The importance of listening to and evaluating patient experience cannot be overstated. Good patient experience is positively associated with improvements in clinical effectiveness and patient safety. Accordingly, the Royal Pharmaceutical Society's Professional Standards for Hospital Pharmacy Services have patient experience as the first of the three domains that underpin quality services.

Evaluating patients' experiences and improving care as a result is not easy, we know that organisations across GB who are using the hospital standards are struggling with the best approaches to take. This is not unique to pharmacy; the NHS has only relatively recently begun to recognise the importance of patient-centred care. However, despite the difficulties, we must avoid sidelining patients' experience.

To support hospital pharmacy teams to develop approaches to evaluating and acting upon patient experiences of care RPS held a one day summit on 29 April 15. The summit brought together experts with insight and experience of how to both raise the profile of patient experience in organisations, and how to measure and evaluate it in practice, with local NHS teams sharing their individual approaches. This report is a summary of that day that we hope other organisations can use it as a resource to support the continued development of their approaches to evaluating and improving patients' experience of care.

The RPS would like to thank the patients who attended the day to share their experiences of care and the speakers for their contributions on the day, and for providing a written summary of their presentations.



2. WHY IS PATIENT EXPERIENCE SO IMPORTANT?

CATHERINE THOMPSON, HEAD OF PATIENT EXPERIENCE, NHS ENGLAND. [READ CATHERINE'S SLIDES.](#)

There is good evidence now that better patient experience leads to: higher levels of adherence to recommended prevention and treatment processes; better clinical outcomes; better patient safety within hospitals; less health care utilisation¹. It is therefore important that clinicians resist sidelining patient experience as too subjective or mood-oriented, divorced from the 'real' clinical work of measuring safety and effectiveness.

We know that patient experience is positively associated with clinical effectiveness and patient safety² and that it is one of the central pillars of quality in healthcare. However evaluating the patient's experience of their care is also the right thing to do.

Health systems are taking patient experience seriously and looking at different approaches to ensuring providers of care can measure it, for example in the USA, increasingly patient experience must be reported as part of payment for performance. In NHS England, Clinical Commissioning Groups (CCGs) are held to account through the CCG assurance framework³. We have produced a toolkit based on the In-Patient Survey to help commissioners⁴ as well as putting in place a national Commissioning for Quality and Innovation (CQUIN) payment⁵ for the implementation of the Friends and Family Test. Some CCGs are also taking local approaches for example, local CQUINs or a dashboard across a CCG area.

There are already sources of information that pharmacy teams can use as part of their evaluation of patient experience. These include the Friends and Family test, the CQC in-patient and out-patient surveys, the cancer patient experience survey and some patient led websites such as Patient Opinion and iWantGreatCare.



3. MEASURING PATIENT EXPERIENCE AT NORTHUMBRIA HEALTHCARE FOUNDATION NHS TRUST

JOANNE MACKINTOSH, SERVICE IMPROVEMENT PROJECT LEAD. [READ JOANNE'S SLIDES.](#)

Everyone will experience a visit to a hospital at some point in their lifetime. Irrespective of who we are in our day to day lives, a visit to hospital can involve feelings of vulnerability and reliance on others. The experience of patients and their families is an essential element of any episode of health care.

UNDERSTAND THE LINKS BETWEEN STAFF AND PATIENT EXPERIENCE

When seeking to understand and improve the patient experience it is essential that we also understand and identify how best to improve the experience of staff delivering that care.

Research strongly suggests a correlation between a positive experience of staff and patient experience within the NHS. Variables that relate to a positive experience of care include low emotional exhaustion, good job satisfaction and good organisational climate⁶.

HOW TO COLLECT DATA?

The collection of patient experience data can involve a whole variety of methods. These can include surveys, comment cards, in-depth interviews, patient stories and focus groups. Each method will have its strengths and its weaknesses.

Methods such as surveys will provide less descriptive data but are more generalisable. In contrast, a patient story will provide a greater degree of learning and understanding but is more specific to the patient involved and therefore less generalisable. When selecting an appropriate method of data collection, it is important to consider the aim of the data collection.

Other issues to consider include, the timing of the data collection, how the data will be used, allocation of adequate time to test a chosen approach. Also, ensuring the appropriate resources and infrastructure are in place to facilitate effective collection and dissemination and engagement with staff to ensure they are comfortable as to why data is being collected⁹.

WHAT MATTERS MOST TO PATIENTS?



When seeking to measure the experience of patients it is important to understand what matters most to them. Currently there are various sources of evidence that can inform the development of patient experience measures within a service or organisation.

- **Picker Institute – Core domains for measuring in-patients' experience of care (2009)** Based on the secondary analysis of over 70,000 in-patients this research identifies which aspects of care relate most strongly to a positive patient experience and groups them into core domains⁶.
- **NICE Quality Standard for Patient Experience in NHS Adult Services (2012)** This NICE quality standard provides 14 quality statements and associated measures that represent high quality care for adult patients receiving NHS services. The aim of this quality standard for patient experience is to define best practice⁷.
- **National Voices – The Narrative for Patient Centred Coordinated Care (2013)** National Voices is a national coalition of health and social care charities. They were commissioned by the NHS Commissioning Board in 2012 to develop a narrative for integrated care defined by patients and service users⁸.

HOW DO WE MEASURE PATIENT EXPERIENCE AT NORTHUMBRIA HEALTHCARE FOUNDATION NHS TRUST?

Northumbria has developed a comprehensive patient experience measurement programme and we talk to over 50,000 patients a year. As well as developing patient stories and working with sector organisations such as Age UK and Skills for People to measure experience through observation and face to face interviews, we have adopted the following approaches:

PATIENT PERSPECTIVE SURVEYS:

These comprehensive surveys mirror the national survey questions and are sent to both out-patients and our in-patients once they have returned home. Patient Perspective, a company based in Oxford and approved by the Care Quality Commission, independently evaluates these surveys. Trust-wide results are tracked monthly against our own key performance questions and targets set by our commissioners. Having our teams drive service improvements alongside and through the eyes of patients will, we believe, give us the best chance of rapid, effective and sustainable change. To ensure ownership, results are reported at an individual consultant level, ward level, site and specialty level.

REAL TIME SURVEYS: Our real time surveys take place when patients are still with us in hospital. Results are fed back to clinical teams within 24 hours of speaking to patients, allowing the trust to act rapidly on feedback while patients are still in our care.

2 MINUTES OF YOUR TIME POSTCARDS: This is a short quick exit survey that is used across the trust. Our patients answer six key questions about the quality of our care just before they leave hospital. This survey includes the national friends and family question – all data, including all free text comments, are fed back to clinical teams.

WHAT HAVE WE LEARNT?



It should not be a choice between qualitative and quantitative data. Both have an equal role to play in contributing to the overall understanding of the patient experience.

Organisational culture and context is extremely important, engagement both at board level and frontline are equally important. Also, the timeliness of the data collection and dissemination is important to create a sense of ownership and to trigger actions and improvement.



4. MEASURING PATIENTS' EXPERIENCE: CHALLENGES AND ENABLERS

JOANNA GOODRICH, HEAD OF EVIDENCE AND LEARNING,
THE POINT OF CARE FOUNDATION. [READ JOANNA'S SLIDES.](#)

CHALLENGES TO MEASURING PATIENTS' EXPERIENCE

At the Point of Care Foundation, we think that there are a number of challenges to measuring patient experience:

LACK OF CLARITY ABOUT THE PURPOSE OF MEASUREMENT: Data are collected for three main reasons – for monitoring and accountability; to allow comparison and therefore patient choice; and for improvement. We are talking in this session about **improvement**.

TOO MANY MEASURES! Every trust routinely collects some measures of patient experience: national patient surveys; complaints; and the 'Friends and Family test' ("Would you recommend this service to friends and family?"). In addition different hospital services collect a large amount of data (for clinical audit for example, or in relation to their trust's targets) which may or may not relate to patients' experience. You do not need many measures for improvement – choose a handful of key measures – and you may already be collecting them.

TRAINING STAFF TO UNDERSTAND AND USE MEASURES TO MAKE A DIFFERENCE TO PATIENTS' EXPERIENCE OF CARE: The key principle has to be to measure what *matters to patients*. Ask patients – find out what their experience is like now, and ask them what could be done better. Often patients are the only ones who see the whole picture – what happens when they move from one department in the hospital to another (staff only see their own service). Involve patients – they can help to think about identifying two or three measures which will show whether the service is improving – whether you are moving from the current experience to a better one. Then it is crucial to feed back to patients what has been done with the data they have provided, and what improvements have been made.

MISUNDERSTANDING QUANTITATIVE AND QUALITATIVE DATA: There is often a lack of clarity about the type of measures needed to measure patients' experience, and what they tell us. There can be confusion about the value of quantitative and qualitative data. For example, you might come across the perception that quantitative data (e.g. from the in-patient survey) are flawed. Clinicians may say "It's not relevant" or "Those aren't my patients" or "It's out of date". The value of quantitative data are that they allow you to make comparisons; allow you to generalise from the data; allow you to see changes over time; and allow you to ask "How typical is this?". To counteract the criticisms of quantitative data, make sure the numbers of those surveyed are robustly defined and collected. Use only a small number of measures for collecting 'real time' feedback.

Similarly there is a common response to qualitative data expressed as "that's just one person's story" or "the numbers are too small". The value of qualitative evidence is that stories (and patients' experience told through stories is evidence!) give insight behind the numbers. They allow you to unpick what is happening and to understand the relationship between things that are going on. Qualitative evidence or stories help you to understand the meaning of what happens for patients. With qualitative data the numbers are not the point! And when it comes to improving poor care (in response to "that's just one person's story") Robert Francis has responded "One story is enough".

It is important to bear in mind that data, whether quantitative or qualitative are shaped by the perspective of the reporter, the audience and the context – both have their place and neither should be seen as 'fact' or 'anecdote'. The truth is that you will need both when measuring patients' experience. For example when asking a patient about their appointment you might ask:

- Did the staff introduce themselves?
- How long did you have for your appointment?
- What did you think of the length of your appointment? – why?

In terms of making improvements, local survey data may act as a screening tool to identify potential problems with a service but they do not always provide sufficient detail of what to do to improve that service. A helpful question to ask is “How do you think we could have made your experience better today?”

ENABLERS TO MEASURING PATIENTS’ EXPERIENCE

There may be untapped resources within your trust to help with measurement. There may be expertise in quality improvement methods and data analysis; willing volunteers or students to help with data collection. There are also resources from the King’s Fund and the Health Foundation^{10, 11, 12}. In addition, there are tried and tested methods for service improvement, which teach understanding patients’ experience of your service and how to measure improvement. Toolkits for two approaches can be accessed online: Patients as Partners in Co-design www.kingsfund.org.uk/ebcd; and Patient and Family-Centred Care www.kingsfund.org.uk/pfcc.

HOW TO START THINKING ABOUT MEASURES LOCALLY



Use the following questions to stimulate discussion about how patient experience might be measured in your organisation:

- What measures are already collected by the pharmacy team? Do any of these relate to patients’ experience?
- What measures related to patients’ experience are collected in your trust? Brainstorm as many as you can.
- Now look at each of these and ask why these data are collected? (e.g. is it for monitoring or for improvement). If for improvement do you know how it is acted upon?
- Do you know what the current experience of your service is like for patients?
- Do you know what the ideal experience would be? How will you find out?
- Now come up with three or four existing or new measures which will show how you have moved from current experience to ideal experience.
- What are your challenges and enablers?



5. LOCAL APPROACHES TO PATIENT ENGAGEMENT

Four sites from across GB talked about their different approaches to evaluating and improving patient experience.



'ALWAYS EVENTS' AS A METHOD OF SURVEYING AND IMPROVING HOSPITAL IN-PATIENTS' EXPERIENCES WITH THEIR MEDICINES AND PHARMACY

RALIAT ONATADE, DEPUTY DIRECTOR OF PHARMACY, CLINICAL SERVICES, KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST.

[READ RALIAT'S SLIDES.](#)

At King's College Hospital NHS Foundation Trust (KCH), the pharmacy department has decided to focus on 'Always Events' as a way of highlighting the most important services and experiences for in-patients, with regards to their medication and the clinical pharmacy service. Always Events are 'those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system'. They refer to aspects of the patient's experience that are so important to patients and families that healthcare providers should always get them right. Therefore, the emphasis is on the positive.

In 2014, a list of possible Always Events was generated from previous information from patients, the literature and by asking ward staff. Doctors and nurses were asked – "List 5 important points that an in-patient should always be told about their medication"; "If you were an in-patient in this hospital what 3 things would you want to experience with your medicines?" and "If you were an in-patient in this hospital what 3 things would you NOT want to experience?"

Eleven potential Always Events were identified. Three were chosen as the focus of a survey (see box).

A survey was developed and extensively tested and piloted across both KCH main sites. The survey consisted of open and closed questions, some with prompts and supplementary questions. One hundred adult patients completed the final version. Some patients completed the survey themselves whilst others were assisted. All patients had to have

KCH ALWAYS EVENTS FOR IN-PATIENTS



These were chosen on the basis that they were easily measured and were directly within the control of the ward pharmacy team

- Patients should always be aware of common side effects of their current medication
- Patients should be receiving enough information about their medication from a member of the pharmacy team
- Patients should always be told about any update to their medication; any new medication or if medication has been stopped.

been in-patients for at least 48 hours. The results showed that our in-patients are not always receiving the information that they need, and that their experiences with their medicines could be improved. As a result, we have instituted the following:

- The survey has been reduced to five quick questions, all relating to one or more Always Event
- Auditing for Improvement. We survey at least 40 in-patients every quarter. The number of patients reporting that they have experienced an Always Event is fed back to all staff and displayed around the department. Improvements will be tracked.

A supporting initiative, 'Patient-Centred Pharmacy Practice', has been developed and will formally launch in June 2015:

- Staff should always introduce themselves to patients with their name and role (Hello, my name is...)
- Ask all patients TWICE during their stay whether they have any questions about their medicines
- Appropriate written and verbal medicines information should be provided proactively. All staff have access to a website which provides customisable medicines information leaflets written in plain English (MaPPs®)

- All clinical staff are required to undertake the CPPE consultation skills training¹³
- Each patient receives a leaflet 'Your medicines in hospital' which explains what happens about medicines, and the support that is available from the pharmacy team
- Pharmacy team members will wear badges 'I'm from Pharmacy, ask me about your medicines'

These actions will increase pharmacy contacts, and our visibility with patients, and give patients the opportunity to ask questions and provide feedback. Introducing these actions is not expected to increase staff workload, instead, it will focus our efforts on providing a patient-focussed service.

USING ADHERENCE THERAPY AND MOTIVATIONAL INTERVIEWING TO ADDRESS PATIENTS' CONCERNS ABOUT THEIR EXPERIENCES WITH MEDICATION

LISA STANTON, LEAD PHARMACIST EARLY INTERVENTION IN PSYCHOSIS & LEARNING DISABILITIES, AND RAY LYON, CHIEF PHARMACIST, SUSSEX PARTNERSHIP TRUST.

The Care Quality Commission's (CQC's) annual patient surveys have repeatedly shown that many patients completing the survey feel they are not involved in decisions about their care and are not given enough information about the side effects. The Sussex Partnership NHS Foundation Trust has tried to improve the situation by paying for Choice and Medication, an online database of patient information on psychotropic medicines and related mental health conditions. The information is provided in easier to understand terminology and some leaflets are in simpler formats and more recently translated leaflets are appearing (www.choiceandmedication.org/sussex). This website is actively promoted to staff and patients using posters, reminders in the Trust's quarterly Drugs and Therapeutics Newsletter and on the Trust's website.

This however has not resulted in a dramatic improvement in our patients' responses to the CQC surveys. The results of the 2014 survey are shown in the box, with the Trust being classed as 'about the same' as other mental health trusts for all categories.

Patient focus groups were set up attended by the Director of Adult Services, Deputy Director of Social Care (patient engagement lead) and Chief Pharmacist – Strategy. It was clear that after leaving hospital in particular, patients felt there was little interest in their medication. Two in-patient pharmacists were mentioned unprompted as being particularly helpful during the patient's stay on a ward.

In order to facilitate co-working and staff learning a number of patients are producing a film in conjunction with the trust to help Sussex Partnership staff better understand what patients want from conversations about medication. This will be used in adherence awareness workshops across Sussex Partnership Trust.

For the last four years the Chief Pharmacist-Strategy has been keen to look at utilising Adherence Therapy as developed by Professor Richard Gray, to tackle the issue of improving patients' experience with their medication. Some initial funding was secured from a pharmaceutical company to run a three day Adherence Therapy course led by Richard Gray, targeted primarily at the Early Intervention in Psychosis teams, but with a few spare spaces

offered to other specialities. Releasing staff for three days proved difficult and only a few staff completed the whole course. However the enthusiasm for the approach by those who attended generated a momentum to fund more training. More funding was secured from a second pharmaceutical company for Richard Gray to return, but this time a truncated one day workshop was delivered, split into two half days with attendees expected to utilise the Adherence Therapy questionnaire with at least one client between the two half days. This allowed many more staff to engage.

At approximately the same time as the second set of workshops were being delivered, an audit of the levels of adherence to psychotropic medication just prior to admission, highlighted to the Trust the importance of putting patients at the centre of decision making about their medication to improve adherence levels. All specialities committed to training up Adherence Therapy facilitators to run half day workshops to support staff to utilise Adherence Therapy techniques alongside an online three hour Adherence Therapy training programme. The training of these facilitators was developed and led by Lisa Stanton, our Early Intervention in Psychosis pharmacist. This provided the Trust with an affordable option to raise awareness about the importance of putting patients at the centre of decisions about their medication by listening to their experiences of medication and their beliefs about medication. Sixteen facilitators have now been trained and the first of the workshops by these in-house facilitators have recently been completed. In the coming months we hope to invite all our clinicians and clients to become involved in conversations about medication that are meaningful to them, that value their views and offer a space to investigate what may be helpful in the future. It is an exciting moment to be involved in medicines management at Sussex Partnership Trust.

CQC SURVEY RESULTS 2014

■ Involvement with medications.

For those taking prescribed medication, having their views taken into account when deciding which medication to take.

Score 6.9/10

■ Purposes of medications.

For those prescribed new medication, being given an explanation about the purpose of the new medication.

Score 8.1/10

■ Side effects of medications.

For those prescribed new medication, being told the possible side effects.

Score 5.0/10

■ Information about medications.

For being given information about new medication in a way that was easy to understand.

Score 6.3/10

■ Review of medications.

For having an NHS mental health or social care worker check how they have been getting on with their medication in the last 12 months (for those on prescribed medication for 12 months or longer).

Score 6.8/10



IMPROVING PATIENT EXPERIENCE IN WELSH HOSPITALS

JENNY HARRIES, CHIEF PHARMACIST, TAFF ELY LOCALITY, CWM TAF UNIVERSITY HEALTH BOARD. [READ JENNY'S SLIDES.](#)

Welsh Health Boards have developed a bundle of interventions to enhance the patient experience in hospitals. This work is an enabler to support the Welsh Government's ambition for pharmacy services set out in the RPS report *Your Care, Your Medicines: Pharmacy at the heart of patient-centred care*¹⁴. The Quality and Patient Safety sub-group (QPS) of the Welsh Chief Pharmacists' Committee is driving forward an all Wales approach in response to the recommendations in the report. Initially this work is focussed on the contact with pharmacy that patients experience whilst in hospitals with the following specific outputs being implemented:

- All Wales patients experience surveys
- 'Team pharmacy Wales' uniforms
- Standards for communication with patients
- All Wales patient information leaflets: clinical pharmacy services and out-patients.

PATIENT EXPERIENCE SURVEYS

In February 2014, an all Wales patient experience survey was undertaken in collaboration with Cardiff University, utilising fourth year pharmacy students. Each of six health boards were assigned a student to administer a standard questionnaire to recently discharged medical patients. In total 825 patients (out of 2,242, 37%) responded and the overall satisfaction score ranged from 92-95% satisfied or very satisfied with the way their medicines were dealt with in hospital.

Higher satisfaction was experienced when patients reported one or more of the following during their stay in hospital:

- Having contact with a member of the pharmacy team
- Having the opportunity to discuss their medicines
- Not having experienced problems with medicines
- Being provided with clear written information about their medicines.

Each student provided an individual report to the health board they worked with and these informed local improvement action plans.

The collated data across Wales is being analysed for trends and will inform future work plans, for example addressing patients' comments about discharge medication processes.

The learning from the first patient survey was used to amend the questionnaire to focus more on the problems patients reported, and the survey was repeated in November 2014. The results are currently being collated.

PHARMACY UNIFORMS



The Welsh Chief Pharmacists Committee has supported the recommendation to adopt an all Wales pharmacy uniform. The teal green colour has been approved by the Welsh Government for the pharmacy profession. A phased introduction over two years is planned, starting with technicians and support staff, followed by pharmacists working in patient facing clinical services.

PATIENT INFORMATION LEAFLETS



Leaflets outlining clinical services and out-patients services have been designed and agreed for use across Wales. A standard format will be used, with local customisation as appropriate.

COMMUNICATION STANDARDS



All Wales communication standards aim to ensure that every contact with patients, relative or carers is initiated with good communication. We want them to become a part of 'the way things are done here' and to become embedded into the ethos of hospital pharmacy in Wales. They will be incorporated into local and national training programs and will demonstrate a commitment to improving the patient experience.



NHS TAYSIDE PATIENT AND PUBLIC FORUM FOR MEDICINES (PPFM)

ARLENE COULSON, PRINCIPAL CLINICAL PHARMACIST, NHS TAYSIDE. [**READ ARLENE'S SLIDES.**](#)

NHS Tayside has developed an expert group of patient and public members, as a sub-group of our Area Drug and Therapeutic Committee (ADTC). The vision of this group is to have proactive members who have background knowledge of the local and national medicine processes. These members are therefore in a position to actively contribute to the discussions with transparency and openness at our meetings.

The twelve members of the forum are from our NHS Tayside Patient and Public Network and from a variety of local patient interest groups; Multiple Sclerosis Society; Maggie's Centre (Oncology); Respiratory Managed Clinical Network; Parkinson's Disease UK; Dundee Carers Centre; Patient involvement co-ordinator. The group is chaired by Arlene Coulson, Principal Clinical Pharmacist.

Members representing groups from these areas were invited in the first instance as there are forthcoming new medicines being submitted to the Scottish Medicines Consortium and our patient interest group members will be in a position to gain appropriate feedback from their local networks and speak on behalf of a wider patient voice.

These members attend monthly meetings and have been through a one year educational programme with presentations and discussions in the following key areas: licensing of medicines; the role of local formulary/ADTC; the role of Scottish Medicines Consortium; different role of pharmacy: hospital, community and locality; the roles of pharmacy team; where the public can access reliable medicines information on the internet; Prescription for Excellence: A Vision and Action Plan for the Right Pharmaceutical Care through Integrated Partnerships and Innovation. The Scottish Government; and the role of non-medical prescribers.

The role and remit of the group is to:

- Advise of priorities in the service change process;
- And advocate for service change.

- Enhance the quality of new medicines pathways through harnessing user feedback;
- Contribute to the strategic development of introduction of new medicines and pharmacy services;
- Identify gaps in services;
- Highlight information requirements;

The journey that these individuals have gone on has been remarkable. The next stage of our work as PPFM is to up skill the general public with similar knowledge about our local and national medicines processes. A local advertising campaign is being planned to give the general public a greater insight and confidence in NHS Tayside and NHS Scotland and the way we are managing medicines for patients.

You can find out more about how these members became involved with the forum by clicking here: [**www.youtube.com/watch?v=6EVudEi8EFE**](https://www.youtube.com/watch?v=6EVudEi8EFE). Members have shared their experiences of having gained this level of knowledge and expertise, and attending ADTC meetings:

"I had to pause the TV the other day when the BBC news was describing a cancer drug that didn't get through NICE and I could explain to my husband what a QALY (Quality Adjusted Life Year) is"

"I didn't have an appreciation for the diverse range of services that pharmacy offer across the community and in hospital"

"I didn't know I could ask to speak to a pharmacist in my GP practice"

"I didn't appreciate the length of training about medicines a pharmacist has to go through to be able to practice"

"I wouldn't hesitate now to go to my local pharmacist for advice about my medicines prior to seeing my GP"

"From attending ADTC meetings I feel safe and confident with the knowledge, expertise and professionalism of healthcare staff who are discussing medication related decisions at these meetings"

"ADTC meetings have given me confidence that medication decisions are made based on the effectiveness of the medicines and NOT about cost. Where there were discussions about cost, patient outcomes were never compromised by any decisions"

"With the knowledge I have now I understand why some medicines are not available to me as a patient with MS"

6. KEY THEMES FROM THE DAY



KNOW WHAT YOU ARE MEASURING AND WHY

Many trusts already collect data. However, often the focus is on monitoring and accountability rather than improvement of the patient's experience of care. For example, hospitals routinely collect data on the percentage of patients who have had their medicines reconciled on admission to hospital but these data are not collected with a view to improving the patient's experience of care, rather for monitoring performance.

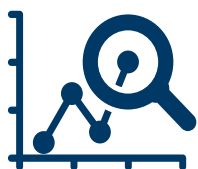
Organisations may have been collecting a range of data for years but often staff do not know why or how best to use the information that it provides. There is a difference between collecting data to measure processes and collecting data for improvement. Researching what is already available in your organisation may give valuable insights into patient experience.



INVOLVE PATIENTS AND STAFF AT EVERY STAGE

Patients are the only people who experience the whole of the care pathway, involving them at every stage of the process both to evaluate their experience and then develop improvement measures is critical to success. It is important not to assume that healthcare professionals know what patients want or what is important to them. Patients need to have input into the questions asked in surveys or the development of information for them as well as the measures themselves.

Staff experience must also be valued in developing strategies to evaluate and improve patient experience. Involving staff has a demonstrable impact on patient care and contributes to a culture that values patient experience.



IDENTIFY HOW TO COLLECT DATA

There are many approaches to capturing patient experience, and all have value and can be used for different purposes. Stories (narrative) and data (numbers) are both important to develop an overall picture of patient experience of care.

Because every patient wants/needs different things there is no such thing as an ideal experience. However, finding common denominators is important.



GIVE FEEDBACK TO STAFF AND PATIENTS

Sharing feedback on the outcome of measures of patient experience is important for patients, to assure them that their feedback matters, and for the teams providing care to motivate them to improve.

"You said We did . . ." feedback is one example of how this can be achieved. Where it can be achieved real time feedback can be very powerful.



ORGANISATIONAL CULTURE IS CRITICAL

The culture of an organisation needs to value patient experience as much as safety and clinical effectiveness. Good patient experiences are positively linked to patient safety; it is important for organisations to make this link. The weight placed on patients' experiences of care needs to be emphasised throughout the organisation at every level, for example, by linking continuing professional development requirements and appraisal with a focus on patients' experience measures.

Patient stories need to be shared widely across the organisation to motivate staff to improve or inspire them to continue. Time and mindset are barriers that a positive culture can overcome to enable valuing patient experience to become a value shared across the organisation.



PHARMACY TEAM MEMBERS NEED TO RAISE THEIR PROFILE

Patients do not experience care in a profession specific silo; pharmacy teams are one part of the team delivering their care. Feedback on medicines use in hospitals involves the entire healthcare team so pharmacy teams need to link with other professional groups.

On wards the pharmacy team need to be more visible and identifiable to patients so they are seen as part of the team delivering care. Uniforms, lanyards and badges as well as better communication with patients are all ways of achieving this.



7. THE FINAL WORD

The final word in this report comes from delegates after the afternoon workshop on action planning. Here we share their take away messages from the day.

“Having patients participating in this event was excellent; it shows the benefit of patient involvement in action”

“I’m going to explore having smiley/non smiley face buttons at exits from the pharmacy department so we can have continuous real time feedback”

“We need a patient-led update of our patient experience surveys”

“We need patients to review our out-patient feedback and posters”

“There is a role for RPS to share and promote good practice in measuring and improving patient experience”

“I need to find out who leads on patient experience in the Trust”

“Review data that have already been captured and look at what we are doing with this, are we monitoring processes or looking to improve?”

“We need to make time for this. I see it can be done, you need the commitment of the Chief and persistence”

“Tap into patient networks in the Trust, volunteers may be able to help us with data collection and developing information for patients”

“When I go and speak to patients about their medicines, I am going to take a pen and paper with me so that they can make their own notes”

“We need to look at capturing patient experience once they leave hospital as well”

“Developing a strategic patient forum to help inform clinicians”

“We need to embed improvement methodology into undergraduate and postgraduate education programmes”

“We need to put the patient at the centre of a consultation from the start”

“I need to take the learning from this event back to the team”

“I’m enthused about the challenges ahead”

USEFUL RESOURCES

Royal Pharmaceutical Society hospital pharmacy resources:

www.rpharms.com/landing-pages/hospital-pharmacy-hub.asp

Royal Pharmaceutical Society Professional Standards for Hospital Pharmacy Services:

www.rpharms.com/support-pdfs/rps---professional-standards-for-hospital-pharmacy.pdf

PharmacyQS, an online quality systems resource for pharmacy: www.PharmacyQS.com.

Patients as Partners in Co-design: www.kingsfund.org.uk/ebcd

Patient and Family-Centred Care: www.kingsfund.org.uk/pfcc

Patient Opinion: www.patientopinion.org.uk

iWantGreatCare: www.iwantgreatcare.org

Report written by Catherine Picton.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain.

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The Point of Care Foundation is an independent charity working to improve patients' experience of care and increase support for the staff who work with them. We provide evidence-based practical solutions to achieve this, and we teach how to measure patients' experience as part of our quality improvement programmes.

www.pointofcarefoundation.org.uk  [@PointofCareFdn](https://twitter.com/PointofCareFdn)

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