Won’t you please, please help me?
Help, I need somebody...
Putting patients at the centre of care

A positive partnership

- The independent sector and the NHS have had a close relationship for many years. This has benefitted patients and saved the taxpayer significant cost.
- Although the independent healthcare sector currently delivers only about 5 per cent of mainstream NHS clinical services, in some areas it now plays a key role in supporting the NHS.
- Some 83 per cent of people do not mind who provides healthcare as long as it is free at the point of delivery. This suggests they are not committed to the public monopoly structure of the NHS.
- Some 75 per cent of people think the NHS would be best delivered by a diverse range of providers.

Help me if you can, I’m feeling down,
And I do appreciate you being ’round,
Help me get my feet back on the ground,
Won’t you please, please help me?

The Beatles, Help, 1965

When John Lennon penned one of the most famous Beatles songs back in the heady days of 1965 it is almost certain that he didn’t have NHS patients in mind. Fair enough. Not many rock stars choose to write about their country’s national health system.

But the lyrics could well have been about patients.

Healthcare today is more high-tech than ever before, bringing benefits that even a generation ago were the realm of fantasy. Clinicians can now diagnose earlier and treat more successfully than anyone ever imagined was possible. And developments in genetics mean we can treat people for conditions years before they even get them.

The advantages are obvious, and to keep pace the NHS has had to change. Modern hospitals now have more in common with sci-fi films than the Nightingale wards of the 1940s. Sir Lancelot Spratt and his firm but fair matron who ruled the roost with a rod of iron have been replaced by larger, more specialised care teams, while electronic patient records travel through cyberspace following the patient. It’s a world Aneurin Bevan would barely recognise.
‘What we must all avoid is an over-zealous adherence to a rigid tick-box, results driven system that shoehorns unwilling patients along their care pathway until they pop out at the end.’

Patients not systems
It’s a world that has saved countless lives and, just as importantly, improved quality of life for many others. But in the epicentre of this rapidly changing environment one thing has remained constant. The patient. People are at their most vulnerable when they are ill. They are often frightened, confused and overwhelmed by the situation that they, usually unexpectedly, find themselves in – and are particularly grateful for help to get their feet back on the ground.

Yet, as medicine has become more sophisticated it has invariably become less personal and increasingly daunting for the patient. This makes it more important than ever to focus on ensuring healthcare centres around patients not systems.

Unfortunately, with the NHS going through its most fundamental reorganisation since its inception 65 years ago, it has been all too easy to focus on systems not patients, even though the object of the reforms is to “put patients at the centre of our NHS.” Combined with the need to make huge financial savings while managing increasing demand that is pushing many parts of the NHS to breaking point, it’s hardly surprising that the care is at risk of being squeezed out of healthcare.

Adapt and evolve
As we move forward with the new NHS architecture, commissioners and providers must ensure that patients are where they should be: right at the centre of care. We must not waste time over ideological differences when all that matters is getting the best care for the patient. Health and social care must develop systems and cultures that adapt and evolve to suit patients and their different needs rather than perpetuating a bureaucracy that has, unwittingly, put the producer before the consumer. What we must all avoid is an over-zealous adherence to a rigid tick-box, results driven system that shoehorns unwilling patients along their care pathway until they pop out at the end. Discharged. Box ticked. Job done.

The vast majority of NHS care, whether delivered by NHS or independent sector organisations, is excellent and patients are the first to sing the praises of a system that, for generations, has been admired around the world. Most organisations are staffed by professional people dedicated to delivering the best care possible, often working long hours within very challenging environments.

But there are some organisations, many of which are in the independent sector, where the care really excels. Not just the clinical care but the whole healthcare package. They are places where the staff go out of their way to ensure that the patient is always at the heart of what they do. And it is to these that we must look as service delivery takes shape in the new landscape.

Do they do things very differently? Yes, almost certainly. But they aren’t necessarily things that require major and costly changes within an organisation. In this briefing we highlight the experiences of some of the independent sector organisations that have looked hard at the total package of care they provide in order to ensure they continue to meet the changing needs and demands of their patients. We examine what makes the difference between good and outstanding, and share key findings from the independent sector. Some of the experiences seem obvious, while others are completely unexpected.

Customer focus
Of course good, high-quality clinical care must always be a ‘given’ and we know that in the vast majority of cases patient care is of the highest standard possible in both the independent sector and the NHS. But good clinical care, however outstanding, just isn’t enough. Patients today want more. They want to be treated with dignity and respect in a safe and caring environment.

Consumers across all sectors are becoming better informed and more demanding of quality and value – supermarkets, airlines and utility companies all work hard to understand their customers in the

‘Good clinical care just isn’t enough. Patients today want more. They want to be treated with dignity and respect in a safe and caring environment.’
round. In healthcare, comparisons with other sectors are unpopular, but healthcare is no exception. We need to learn from the best approaches to ‘customer focus’ in other sectors. And as patients become more aware of the ‘choice agenda’ and increasingly exercise their right to select the care that best suits them, healthcare providers and practitioners need to embrace and work with the power of patient preference: real choice, not just voice.

**Different choices**

For many years NHS patients had little choice. They were sent to their local hospital and saw the doctor on duty. It means that for NHS organisations it can, understandably, be difficult to adapt to a new, customer-driven healthcare environment. However, for independent sector organisations the concept is not new. As commercial undertakings, their survival and success is dependent on their reputation. Patients who do exercise choice quickly shun providers who they consider to be poor quality. For independent sector providers this can mean reduced referrals, fewer contracts and the possibility of going out of business. The independent sector as a whole welcomes the pressure and the discipline this brings, even when things do go wrong and businesses fail.

Different patients make different choices. What matters to one patient may be of little importance to another, but there are certain elements that we know matter to all patients and are key drivers in their decision-making process and ultimately determine whether they rate their care highly or not. The best independent sector providers are those which work hard to give patients a complete customer-focused healthcare package where the clinical care is of the highest quality and the additional things that patients give weight to in judging their care are also outstanding.

Recent research by MHP Health Mandate shows that patients have clear priorities that determine how they choose an NHS hospital. Nearly a quarter (23 per cent) of people said that the number of patients who said round. In healthcare, comparisons with other sectors are unpopular, but healthcare is no exception. We need to learn from the best approaches to ‘customer focus’ in other sectors. And as patients become more aware of the ‘choice agenda’ and increasingly exercise their right to select the care that best suits them, healthcare providers and practitioners need to embrace and work with the power of patient preference: real choice, not just voice.

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they had a good experience of care at the hospital was the most important factor when deciding where to have surgery. Although this research relates only to NHS hospitals, it is likely to be just as true across all types of healthcare and for all sectors.

Assessing quality
The Care Quality Commission’s (CQC) annual state of healthcare and adult social care in England report 2011/12 reported compliance rates for core quality outcomes where there is both NHS and independent sector data available and where there were at least 25 providers inspected in each category during the inspection period (see Figure 1).

The outcomes cover a range of the key additional factors that we know patients use to rate their care, such as dignity, staffing levels and cleanliness, and it shows that in many of these areas the compliance rates for the independent sector are higher than the NHS.

One of the key areas that patients are most concerned about is dignity and respect, and almost all independent sector providers (98 per cent in hospitals and 96 per cent in community care) are meeting the required standard.

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All you need is love
Mervyn Knights has an array of qualifications, experience and awards that wouldn’t be out of place in a Michelin-starred kitchen. But it’s not these that stand out, it’s his absolute commitment to giving the residents at Barchester’s Queens Court Care Home fresh, nutritional, home-made food at every meal.

As head of hospitality, he oversees his team of equally dedicated staff who prepare imaginative and varied menus. And after every meal he chats to residents, taking any feedback in his stride: “They are usually complimentary but they don’t hold back with any criticism or suggestions, but that’s good. I want to give them meals they like.” Mervyn often comes in on his day off to work on new ideas to improve the food and involve residents. He has set up a resident-led nutrition group to encourage them to take an interest in their health and regularly tests out new ideas on them. He explains: “I recently made fresh fruit smoothies which the group tested, and thankfully approved, as I was keen to get everyone eating more fruit, and smoothies are easier for older people to manage.

“I think all care homes can serve food that is appetising and high quality, while also catering for individual needs. It makes an enormous difference to residents – their whole wellbeing improves and they are brighter with fewer health problems. Delivering care like this isn’t about money. It’s about passion and taking pride in producing food that people actually want to eat.”

Edna Newton, 94, a resident, wholeheartedly agrees: “The food is fantastic here. I don’t eat a lot but what I have is delicious. Mervyn is an excellent chef as well as being very kind and caring. He goes to so much trouble to make sure our food is good. We tell him what we like and don’t like and he always takes it into account when preparing the menus.”
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These results are undoubtedly helpful but effectively assessing quality in healthcare is complex. Factors that staff judge to be critical, such as managing complex drug rounds and coordinating effective care from multiple teams, often matter less to a patient who sees their care from a different perspective – until something goes wrong.

Small actions

According to the NHS Institute for Innovation and Improvement, patients care about their experience of care as much as clinical effectiveness and safety. They want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as a person not a number.5

But while clinical quality is relatively easy to quantify, the additional things that matter to patients are harder to assess. Experience shows that it is often a seemingly small action by a member of staff that can transform care from good to outstanding. A porter who shares a joke with a nervous patient on the way to X-ray, the consultant neurologist who phones an anxious daughter when her mother’s surgery takes longer than planned. Small actions, often not directly related to the ‘clinical’ condition or ‘pathway’. Below are examples of patient stories from the independent sector that help highlight this.

• At one Care UK independent sector treatment centre the team were concerned about a patient who, due to complications, had to stay in longer than expected. Although her surgery had gone well she seemed withdrawn. The team spent time chatting to her and she finally admitted that she was desperately missing her dog and was worried about him. So they arranged for her husband to bring her dog to the foyer at off-peak times and she was taken down in a wheelchair to spend time with him each day.

• Another patient at a Care UK independent sector treatment centre recalls how the nurses used to pop their heads round the door of his room at the end of their shift to say goodbye. “It’s only a small thing, but” he adds, “it was lovely. They called me by my name and said they were off home but would see me again tomorrow. I felt they really cared and that I mattered. I was a real person to them.”

• After undergoing surgery and chemotherapy for breast cancer, 44 year-old Alison, a residential care home worker, needed ongoing treatment for a year. Hospital staff explained that a Bupa Home Healthcare nurse could give her the treatment at home. As Alison lives an hour away from the hospital it was convenient, but it also helped her carry on working which she was very keen to do. She says: “My nurse, Cathy, came to my house every three weeks, set up the IV drip and stayed for two hours. She became a friend and was very kind and treated me with great respect. She answered all my questions and always had the time to talk through anything I was worried about. I felt I kept my dignity.”

Figure 2. What causes patient dissatisfaction?

Average negative scores for five aspects of care among patients who did not recommend hospitals

Source: Dr Foster Hospital Guide 2001–2011.
Patients’ own stories

These insights are consistent with research drawn from complex adaptive theory which aims to make sense of how people interact with, and engage with, complicated systems. This theory emphasises the importance of patients articulating their own stories of care and it suggests that these are at least as significant as outcome indicators when assessing providers’ effectiveness.

In all of these cases it is exceptional individual members of staff who have gone out of their way to ensure that the care they give has been the best possible. From consultants to cleaners, healthcare relies on the people who make up the workforce. Without them even the most high-tech care in the world will rarely be rated as outstanding by patients. And it is important to recognise that it is not only clinical staff who make a difference to patients. It is the whole team working together that delivers an outstanding patient experience.

The vital role of staff is supported by research from the Dr Foster 2011 Hospital Guide, which included data on what patients think of individual hospitals in both the independent and NHS sectors. Not only do the results show that six of the top ten most recommended hospitals are in the independent sector, and none of the ten least recommended are independent, analysis of the comments by Dr Foster shows that the word most often mentioned in both positive and negative comments by patients is ‘staff’. This clearly highlights that the quality of a patient’s interaction with staff involved in their care is the key to the difference between a good and a bad hospital experience.

Perhaps not surprisingly, the Dr Foster research also showed that the factors which determine whether a hospital is outstanding are the same ones that cause the greatest dissatisfaction among patients (see Figure 2).

Patient power

But does it really matter if a few patients think the staff are uncaring or the food isn’t great? If their clinical care is good and their treatment has been successful, surely a handful of grumbles about staff won’t be a major problem in the overall scheme of things?

All together now

Patients rate the Adelaide Medical Centre in Newcastle very highly. But they haven’t always done so. When Care UK took over the practice six months ago, patient satisfaction levels were 11 per cent and patients didn’t think the practice cared about them at all. Only six months later, it’s a completely different story. Patient satisfaction levels have soared to 80 per cent and patients feel they have an easily accessible service that focuses on their needs.

Teresa McKillop, service manager at the practice, explains: “We were determined to make it a thriving practice that really gave patients and locals what they want. We held an open day and consultations to get patients’ views and listened carefully to what they wanted. The main thing was extended hours so people didn’t have to take time off work or take their children out of school. We now open from 8am to 7pm and on Saturday mornings so that people have access to high-quality care at a time that is convenient for them.

“We are continually asking for patients’ views on an ongoing basis so we can continue to meet local needs. Patient feedback is invaluable and we see complaints as a gift – it’s how we improve.

“The changes haven’t been high cost. Other practices may think that these kinds of changes are too expensive and that they aren’t able to do them. But the practice hasn’t increased staff or costs at all. We re-jigged rotas and now have two shifts instead of just one, which has cost no more money.

“It’s about delivering quality care and giving people choice. It’s had a huge impact on everyone, not just on patients. Staff wanted to do what provided the best care for patients and they feel the difference now. They are appreciated and have people saying thank you rather than swearing at them.”
Wrong. Apart from the distress and worry it causes a patient and their relatives, the effect on an organisation can be profound. As patients have more choice, their views do matter. Consumers are increasingly empowered across society generally. And healthcare is no different. Patients have access to a range of tools that allow them to make immediate and very public judgements about their care, and this trend looks set to continue. The Government has introduced the NHS Friends and Family Test which is the start of a trend that will gather momentum.

As time goes on, patients will have a growing array of mechanisms to rate every aspect of their care, and they won’t be afraid to use them.

The highest rated organisations, in the NHS and the independent sector, will always be those that treat the patient as a customer and deliver a service that is adaptable enough to meet their different care needs.

As the grip of system reconfiguration, financial pressures and an ageing population tightens, and every healthcare organisation faces unprecedented challenges, it is essential that patient-centred care does become the norm everywhere. For healthcare to evolve into a system that really puts patients at the heart of everything it does, rather than a results driven robotic process, it must learn the lessons available not only from within its own ranks but from other sectors as well. Only then can we tick the box. Job well done.

From good to outstanding – five ways to make the leap

• Technology brings enormous benefits to healthcare, but as medicine becomes increasingly high-tech it becomes more daunting, so the need for the ‘human touch’ increases to compensate.

• People are healthier now than ever before so, for many, hospitals, clinics and treatment centres are unknown, unfamiliar and intimidating environments. This makes it more important than ever before for staff to be welcoming to, and understanding of, every patient.

• Delivering truly patient-centred care isn’t only the responsibility of a few clinical staff. From consultant to cleaner, paramedic to porter, every member of the care team must put patients, not systems, at the heart of everything they do.

• Patients are individuals with varied concerns and worries. And many of these do not relate directly to their care and treatment so staff need to consider the whole person and their life outside healthcare as well as their immediate healthcare needs.

• Beyond the clinical ‘givens’, patients may have different priorities to those of staff. It is often the smallest, seemingly insignificant gestures, both positive and negative, that can have the most powerful impact on patients and have the greatest effect on their perception of care.

References
3 Quality at a glance. MHP Health Mandate, March 2013.
5 Transforming patient experience: the essential guide. NHS Institute for Innovation and Improvement.
6 The 2011 Dr Foster Hospital Guide. www.drfosterhealth.co.uk
NHS Partners Network

NHS Partners Network (NHSPN) was established in 2005 and incorporated into the broader NHS Confederation in June 2007. The network represents a wide range of independent sector providers of NHS services, ranging through acute, diagnostic, primary and community care as well as dental services. Its members are drawn from both the ‘for profit’ and ‘not for profit’ sectors and include large international hospital groups and small, specialist providers. All members are committed to working in partnership with the NHS and to the values set out in the NHS Constitution.

For further details about the work of NHSPN, visit [www.nhsconfed.org/nhspn](http://www.nhsconfed.org/nhspn) or email NHSPartnersNetwork@nhsconfed.org