



# Quality standard for patient experience in adult NHS services

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**NICE quality standard 15**

[guidance.nice.org.uk/qs15](http://guidance.nice.org.uk/qs15)

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## Introduction and overview

The aim of this quality standard is to provide the NHS with clear commissioning guidance on the components of a good patient experience. The quality standard gives evidence-based statements for commissioners that provide the foundation for an 'NHS cultural shift' towards a truly patient-centred service.

The quality standard covers improving the quality of the patient experience for people who use adult NHS services. It does not cover people using NHS services for mental health or the experiences of carers of people using NHS services. A separate quality standard (and guidance) has been developed for people using NHS mental health services.

## Introduction

Over the past few years several documents and initiatives have highlighted the importance of the patient's experience and the need to focus on improving these experiences where possible:

- Lord Darzi's report [High quality care for all](#) (2008) highlighted the importance of the entire patient experience within the NHS, ensuring people are treated with compassion, dignity and respect within a clean, safe and well-managed environment.
- The [NHS Constitution](#) (2013) describes the purpose, principles and values of the NHS and illustrates what staff, patients and the public can expect from the service. Since the Health Act came into force in January 2010, service providers and commissioners of NHS care have had a legal obligation to take the Constitution into account in all their decisions and actions.
- The King's Fund charitable foundation has developed a comprehensive policy resource – ['Seeing the person in the patient: the point of care review paper'](#) (2008).

National initiatives aimed at improving patients' experience of healthcare include [NHS Choices](#), a comprehensive information service that helps people to manage their healthcare and provides patients and carers with information and choice about their care. Initiatives, such as patient advice and liaison services (PALS), have also been introduced.

Despite these initiatives, there is evidence to suggest that further work is needed to deliver the best possible experience for users of NHS services. The Government signalled in its White

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Paper, '[Equity and excellence: liberating the NHS](#)' (July 2010) that more emphasis needs to be placed on improving patients' experience of NHS care.

High-quality care should be clinically effective, safe and be provided in a way that ensures the patient has the best possible experience of care. This quality standard on patient experience aims to ensure that patients have the best possible experience of care from the NHS.

This quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for patients using adult NHS services in the following ways:

- enhancing quality of life for people with long-term conditions
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm.

The NHS Outcomes Framework 2012/13 is available from [www.dh.gov.uk](http://www.dh.gov.uk).

In addition, this quality standard should contribute to:

- enhancing quality of life for people with care and support needs
- ensuring that people have a positive experience of care and support.

The 2011/12 Adult Social Care Outcome Framework is available from [www.dh.gov.uk](http://www.dh.gov.uk)

It is important that the quality standard is considered by commissioners, healthcare professionals and patients alongside current policy and guidance documents listed in the [evidence sources](#) section.

## Overview

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

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Where reference is made to patient experience surveys and feedback, it is important that methodologies are robust and able to effectively represent views of the wide range of patients.

NICE quality standards are for use by the NHS in England and do not have formal status in the social care sector. However, the NHS will not be able to provide a comprehensive service for all without working with social care communities. In this quality standard care has been taken to make sure that any quality statements that refer to the social care sector are relevant and evidence-based. Social care commissioners and providers may therefore wish to use them, both to improve the quality of their services and support their colleagues in the NHS.

Subject to legislation currently before Parliament, NICE will be given a brief to produce quality standards for social care. These standards will link with corresponding topics published for the NHS. They will be developed in full consultation with the social care sector and will be presented and disseminated in ways that meet the needs of the social care community. As we develop this library of social care standards, we will review and adapt any published NICE quality standards for the NHS that make reference to social care.

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## List of quality statements

Statement 1. Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

Statement 2. Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.

Statement 3. Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

Statement 4. Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

Statement 5. Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

Statement 6. Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.

Statement 7. Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.

Statement 8. Patients are made aware that they can ask for a second opinion.

Statement 9. Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

Statement 10. Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.

Statement 11. Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.

Statement 12. Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

Statement 13. Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.

Statement 14. Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

In addition, quality standards that should also be considered when commissioning and providing NHS services are listed in related NICE quality standards.

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## Quality statement 1: Respect for the patient

### *Quality statement*

Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

### *Quality measure*

**Structure:** Evidence of local arrangements to provide guidance to staff on how to treat patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

**Outcome:** Evidence from patient experience surveys and feedback that patients feel they have been treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place giving guidance to all staff on treating patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

**Health and social care professionals** treat patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

**Commissioners** ensure they commission services that have guidance that enables staff to treat patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

**Patients** are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

### *Source guidance*

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendation 1.2.1.

## ***Data source***

**Structure:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 2: Demonstrated competency in communication skills

### *Quality statement*

Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.

### *Quality measure*

#### **Structure:**

a) Evidence of local arrangements to ensure that annual appraisals or performance assessments of staff include mentoring for and evaluating compliance with the NICE guidance on patient experience.

b) Proportion of staff involved in providing NHS services who have compliance with the NICE guidance on patient experience examined at their annual appraisal or performance assessment.

Numerator – the number of staff in the denominator who have compliance with the NICE guidance on patient experience examined at their annual appraisal or performance assessment.

Denominator – the number of staff involved in providing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that patients feel staff communicated with them in a clear and understandable way.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to train and assess staff competency in relevant communication skills.

**Health and social care professionals** ensure that they receive training in relevant communication skills and can demonstrate this competency.

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**Commissioners** ensure they commission services that have arrangements for competency-based training and assessment of relevant communication skills.

**Patients** are cared for by staff who can communicate with them in a clear and understandable way.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendation 1.5.10.

## ***Data source***

**Structure:** a) and b) Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 3: Patient awareness of names, roles and responsibilities of healthcare professionals

### *Quality statement*

Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

**Outcome:** Evidence from patient experience surveys and feedback that patients were introduced to all healthcare professionals involved in their care, and were made aware of the roles and responsibilities of the members of the healthcare team.

### *What the quality statement means for each audience*

**Service providers** ensure that local policies are in place to make sure that patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

**Health and social care professionals** ensure that they introduce themselves to patients and give a clear explanation of their role and responsibilities.

**Commissioners** ensure they commission services that have local policies in place requiring that all healthcare professionals introduce themselves to patients and give a clear explanation of their role and responsibilities.

**Patients** are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.4.4 and 1.4.5.

## ***Data source***

**Structure:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 4: Giving patients opportunities to discuss their health beliefs, concerns and preferences

### *Quality statement*

Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that patients have opportunities to discuss their health beliefs, concerns and preferences, and these inform their individualised care.

**Process:** Proportion of patients given the opportunity to discuss their health beliefs, concerns and preferences.

Numerator – the number of patients in the denominator who were given the opportunity to discuss their health beliefs, concerns and preferences.

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that patients feel they had opportunities to discuss their health beliefs, concerns and preferences, and these informed their individualised care.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to provide opportunities to establish patients' health beliefs, concerns and preferences and use them to inform individualised care.

**Health and social care professionals** establish the patient's health beliefs, concerns and preferences and use them to inform individualised care.

**Commissioners** ensure they commission services in which the patient's health beliefs, concerns and preferences are established and used to individualise care.

**Patients** have opportunities to discuss their health beliefs, concerns and preferences, and these are taken into account when making decisions about their care.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.1.4.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 5: Understanding treatment options

### *Quality statement*

Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that healthcare professionals support patients to understand relevant treatment options, including benefits, risks and potential consequences.

**Outcome:** Evidence from patient experience surveys and feedback that patients were supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to support patients to understand relevant treatment options, including benefits, risks and potential consequences.

**Health and social care professionals** support patients to understand relevant treatment options, including benefits, risks and potential consequences.

**Commissioners** ensure they commission services in which patients are supported to understand relevant treatment options, including benefits, risks and potential consequences.

**Patients** are helped by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences of care.

### *Source guidance*

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.5.20 to 1.5.22, 1.5.24 and 1.5.25.

## ***Data source***

**Structure:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 6: Shared decision making

### *Quality statement*

Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.

### *Quality measure*

#### **Structure:**

- a) Evidence of local arrangements to ensure that patients are actively involved in shared decision making, including using the most effective way of communicating to maximise the patient's participation in decisions.
- b) Evidence of local arrangements to ensure that patients are supported to make informed choices using risk communication and decision support, such as patient decision aids.
- c) Evidence of local arrangements to ensure that information provided to facilitate shared decision making is evidence-based, understandable and clearly communicated.

#### **Process:**

- a) Proportion of patients who were asked about any issues that may prevent them being actively involved in decisions about their care.

Numerator – the number of patients in the denominator who were asked about any issues that may prevent them being actively involved in decisions about their care.

Denominator – the number of patients accessing NHS services.

- b) Proportion of patients supported to use an evidence-based patient decision aid.

Numerator – the number of patients in the denominator supported to use an evidence-based patient decision aid.

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Denominator – the number of patients accessing NHS services for whom there is a relevant evidence-based decision aid.

**Outcome:**

a) Evidence from patient experience surveys and feedback that patients found that the information provided to facilitate shared decision making was understandable and clearly communicated.

b) Evidence from patient experience surveys and feedback that patients feel able to make decisions that reflect what is important to them.

## ***What the quality statement means for each audience***

**Service providers** ensure that systems are in place to actively involve patients in shared decision making and to support patients to make fully informed choices about investigations, treatment and care that reflect what is important to them.

**Health and social care professionals** actively involve patients in shared decision making and support patients to make fully informed choices about investigations, treatment and care that reflect what is important to them

**Commissioners** ensure they commission services in which patients are actively involved in shared decision making and supported to make fully informed choices about investigations, treatment and care that reflect what is important to them.

**Patients** are actively involved in shared decision making and supported to make fully informed choices about investigations, treatment and care that reflect what is important to them.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.1.2, 1.5.4, 1.5.23 and 1.5.25 to 1.5.27.

## ***Data source***

**Structure:** a), b) and c) Local data collection.

**Process:** a) and b) Local data collection.

**Outcome:** a) and b) Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 7: Supporting patient choice

### *Quality statement*

Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that patients are made aware of their right to choose, accept or decline treatment and that these decisions are respected and supported.

**Process:** Proportion of patients made aware of their right to choose, accept or decline treatment.

Numerator – the number of patients in the denominator made aware of their right to choose, accept or decline treatment.

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that patients know about their right to choose, accept or decline treatment and feel that their decisions were respected and supported.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to make patients aware of their right to choose, accept or decline treatment, and to make sure that healthcare professionals respect and support these decisions.

**Health and social care professionals** ensure that they make patients aware of their right to choose, accept or decline treatment, and respect and support these decisions.

**Commissioners** ensure they commission services in which patients are made aware of their right to choose, accept or decline treatment and these decisions are respected and supported.

**Patients** have their choices respected and supported when deciding whether to accept or decline treatment, and when choosing between treatments.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.3.7 and 1.3.8.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 8: Asking for a second opinion

### *Quality statement*

Patients are made aware that they can ask for a second opinion.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that patients are made aware that they can ask for a second opinion.

**Process:** Proportion of patients made aware that they can ask for a second opinion.

Numerator – the number of patients in the denominator made aware that they can ask for a second opinion.

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that patients know that they can ask for a second opinion.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to make patients aware that they can ask for a second opinion.

**Health and social care professionals** ensure that patients are made aware that they can ask for a second opinion.

**Commissioners** ensure they commission services in which patients are made aware that they can ask for a second opinion.

**Patients** are made aware that they can ask for a second opinion.

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## ***Source guidance***

'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.3.9.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection.

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## Quality statement 9: Tailoring healthcare services to the individual

### *Quality statement*

Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that care is tailored to patients' needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

**Process:** The proportion of patients with care tailored to their needs and preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

Numerator – the number of patients in the denominator who have care tailored to their needs and preferences, taking into account their circumstances, their ability to access services and their coexisting conditions

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that care was tailored to the patient's needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to tailor care to patients' needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

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**Health and social care professionals** ensure that they tailor care to patients' needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

**Commissioners** ensure they commission services in which care is tailored to patients' needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

**Patients** experience care that is tailored to their needs and personal preferences, taking into account their circumstances, how easy it is for them to use the services they need, and any other health problems they have.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.3.1 to 1.3.3.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 10: Physical and psychological needs

### *Quality statement*

Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that patients have their physical and psychological needs regularly assessed and addressed.

**Process:** Proportion of patients who have their physical and psychological needs regularly assessed and addressed.

Numerator – the number of patients in the denominator who have their physical and psychological needs regularly assessed and addressed.

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that patients feel their physical and psychological needs were regularly assessed and addressed.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to regularly assess and address patients' physical and psychological needs.

**Health and social care professionals** regularly assess and address patients' physical and psychological needs.

**Commissioners** ensure they commission services in which patients' physical and psychological needs are regularly assessed and addressed.

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**Patients** are regularly checked and asked whether they need any extra support, for example with eating and drinking, pain relief, continence problems or anxieties.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.2.4 to 1.2.9.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 11: Continuity of care

### *Quality statement*

Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure continuity of care and that, whenever possible, patients see the same healthcare professional or team throughout a single episode of care.

**Process:** Proportion of patients seeing the same healthcare professional or team throughout a single episode of care.

Numerator – the number of patients in the denominator seeing the same healthcare professional or team throughout a single episode of care.

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that, whenever possible, patients saw the same healthcare professional or team throughout a single episode of care.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place for care to be delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.

**Healthcare professionals** ensure that, whenever possible, the patient sees the same healthcare professional or team throughout a single episode of care.

**Commissioners** ensure they commission services in which, whenever possible, patients see the same healthcare professional or team throughout a single episode of care.

**Patients** see the same healthcare professional or healthcare team throughout a course of treatment whenever this is possible.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendation 1.4.1.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 12: Coordinated care through the exchange of patient information

### *Quality statement*

Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

### *Quality measure*

**Structure:** Evidence of local arrangements to support coordinated care through clear and accurate information exchange between relevant health and social care professionals.

**Outcome:** Evidence from patient experience surveys and feedback that patients feel that information about their care was shared clearly and accurately between relevant health and social care professionals.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to support coordinated care through clear and accurate information exchange between relevant health and social care professionals.

**Health and social care professionals** ensure that they support coordinated care through clear and accurate information exchange.

**Commissioners** ensure they commission services in which coordinated care is supported through clear and accurate information exchange between relevant health and social care professionals.

**Patients** can expect information about their care to be exchanged in a clear and accurate way between relevant health and social care professionals, so that their care is coordinated with the least possible delay or disruption.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendations 1.4.2 and 1.4.3.

## ***Data source***

**Structure:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

## ***Definitions***

Recommendation 1.4.3 in NICE clinical guidance 138 highlights that consent should be obtained from the patient before information is shared between relevant health and social care professionals.

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## Quality statement 13: Sharing information with partners, family members and carers

### *Quality statement*

Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that patients' preferences for sharing information with partners, family members and/or carers are established, respected and reviewed throughout their care.

**Process:** Proportion of patients whose preferences for sharing information with partners, family members and/or carers are established, respected and reviewed throughout their care.

Numerator – the number of patients in the denominator whose preferences for sharing information with partners, family members and/or carers are established, respected and reviewed throughout their care.

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that patients' preferences for sharing information with partners, family members and/or carers were established, respected and reviewed throughout their care.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place to establish, respect and review patients' preferences for sharing information with partners, family members and/or carers.

**Health and social care professionals** establish, respect and review patients' preferences for sharing information with partners, family members and/or carers.

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**Commissioners** ensure they commission services in which patients' preferences for sharing information with partners, family members and/or carers are established, respected and reviewed.

**Patients** are asked if they want their partner, family members and/or carers to be given information about their care, and their preferences are respected and reviewed throughout their care.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendation 1.3.10.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Quality statement 14: Information about contacting healthcare professionals

### *Quality statement*

Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

### *Quality measure*

**Structure:** Evidence of local arrangements to ensure that patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

**Process:** Proportion of patients made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

Numerator – the number of patients in the denominator made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

Denominator – the number of patients accessing NHS services.

**Outcome:** Evidence from patient experience surveys and feedback that patients know who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

### *What the quality statement means for each audience*

**Service providers** ensure that systems are in place so that that patients are made aware of who to contact about their ongoing healthcare needs, and how and when to contact them.

**Health and social care professionals** ensure that patients are made aware of who to contact about their ongoing healthcare needs, and how and when to contact them.

**Commissioners** ensure they commission services in which patients are made aware of who to contact about their ongoing healthcare needs, and how and when to contact them.

**Patients** are given clear advice about who to contact about their healthcare needs, how to contact them and when to contact them.

## ***Source guidance***

'[Patient experience in adult NHS services](#)' (NICE clinical guidance 138) recommendation 1.4.6.

## ***Data source***

**Structure:** Local data collection.

**Process:** Local data collection.

**Outcome:** Local data collection. Providers may be able to use questions contained within the patient surveys available from [NHS Surveys](#).

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## Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in the [development sources](#) section.

## ***Commissioning support and information for patients***

NICE has produced a [support document](#) to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard. [Information for people](#) using the quality standard is also available on the NICE website.

## ***Quality measures and national indicators***

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

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so aspirational achievement levels are likely to be 100% (or 0% if the quality statement states that something should not be done). However, it is recognised that this may not always be appropriate in practice taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the NHS Information Centre through their [Indicators for Quality Improvement Programme](#). For statements where national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of healthcare.

For further information, including guidance on using quality measures, please see '[What makes up a NICE quality standard](#)'.

## ***Diversity, equality and language***

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

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## Development sources

### *Evidence sources*

The documents below contain clinical guideline recommendations or other recommendations that were used by the GDG to develop the quality standard statements and measures.

Patient experience in adult NHS services. NICE clinical guideline 138 (2012).

### *Policy context*

It is important that the quality standard is considered alongside current policy documents, including:

Department of Health (2013) The NHS Constitution for England.

Department of Health (2011) Equity and excellence: Liberating the NHS.

Department of Health (2010) Essence of care 2010.

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

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

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

### *Definitions and data sources*

References included in the definitions and data sources sections can be found below:

Care Quality Commission, Picker Institute Europe. NHS surveys: focused on patients' experience website. Available from [www.nhssurveys.org](http://www.nhssurveys.org)

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## Related NICE quality standards

Service user experience in adult mental health. NICE quality standard (2011).

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## The Guideline Development Group and NICE project team

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## About this quality standard

NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with NHS and social care professionals, their partners and patients, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

The methods and processes for developing NICE quality standards are described in the [healthcare quality standards process guide](#).

We have produced a [summary for patients and carers](#).

### Changes after publication

**April 2013:** minor maintenance.

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