

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Quality standard for patient experience in adult NHS services

Quality standard advice to the Secretary of State for Health

Notes on the scope

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.

Outcomes

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.

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

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.

Evidence sources

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

Related NICE quality standards

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

Overview of statements

A total of 65 recommendations from the draft guidance 'Patient experience in adult NHS services: improving the experience of care for people using adult NHS services' were developed into 17 draft quality statements by the Guidance Development Group (GDG). These were presented for consultation, each with associated quality measures. Following consultation, the GDG prioritised 14 quality statements for inclusion into the final quality standard.

Quality measures

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

Quality measures are high-level quality indicators. 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, which can be found at www.ic.nhs.uk. 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 health and social care. As part of developing these audit criteria the audit standards or levels of expected achievement should, unless otherwise stated, be decided locally. Reference is made to national standards where these exist. While typical aspirational achievement is likely to be 100% or 0%, realistic standards should take account of patient safety, patient choice and clinical judgement.

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

Diversity, equality and language

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

Quality standard for patient experience in adult NHS services

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.

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 has produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard, available from www.nice.org.uk.

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.

No.	Quality statements
1	Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
2	Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
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.
4	Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.
5	Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
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.
7	Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8	Patients are made aware that they can ask for a second opinion.
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.
10	Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
11	Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
12	Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
13	Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
14	Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

Quality statement 1: Respect for the patient

Quality statement	Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
Quality measure	<p>Structure: Evidence of local arrangements to provide guidance to staff on how to treat patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty.</p> <p>Outcome: Evidence from patient experience surveys and feedback that patients feel they have been treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>Health and social care professionals treat patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty.</p> <p>Commissioners ensure they commission services that have guidance that enables staff to treat patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty.</p> <p>Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.</p>
Guidance references	'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.2.1.
Data source	<p>Structure: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

Quality statement 2: Demonstrated competency in communication skills

Quality statement	<p>Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.</p>
Quality measure	<p>Structure:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Denominator – the number of staff involved in providing NHS services.</p> <p>Outcome: Evidence from patient experience surveys and feedback that patients feel staff communicated with them in a clear and understandable way.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to train and assess staff competency in relevant communication skills.</p> <p>Health and social care professionals ensure that they receive training in relevant communication skills and can demonstrate this competency.</p> <p>Commissioners ensure they commission services that have arrangements for competency-based training and assessment of relevant communication skills.</p> <p>Patients are cared for by staff who can communicate with them in a clear and understandable way.</p>
Guidance references	<p>'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.5.10.</p>
Data source	<p>Structure: a) and b) Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

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	<p>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.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that local policies are in place to make sure that patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.</p> <p>Health and social care professionals ensure that they introduce themselves to patients and give a clear explanation of their role and responsibilities.</p> <p>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.</p> <p>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.</p>
Guidance references	'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendations 1.4.4 and 1.4.5.
Data source	<p>Structure: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

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

Quality statement	<p>Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.</p>
Quality measure	<p>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.</p> <p>Process: Proportion of patients given the opportunity to discuss their health beliefs, concerns and preferences.</p> <p>Numerator – the number of patients in the denominator who were given the opportunity to discuss their health beliefs, concerns and preferences.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence 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.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>Health and social care professionals establish the patient's health beliefs, concerns and preferences and use them to inform individualised care.</p> <p>Commissioners ensure they commission services in which the patient's health beliefs, concerns and preferences are established and used to individualise care.</p> <p>Patients have opportunities to discuss their health beliefs, concerns and preferences, and these are taken into account when making decisions about their care.</p>
Guidance references	<p>'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.1.4.</p>
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

Quality statement 5: Understanding treatment options

Quality statement	<p>Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.</p>
Quality measure	<p>Structure: Evidence of local arrangements to ensure that healthcare professionals support patients to understand relevant treatment options, including benefits, risks and potential consequences.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to support patients to understand relevant treatment options, including benefits, risks and potential consequences.</p> <p>Health and social care professionals support patients to understand relevant treatment options, including benefits, risks and potential consequences.</p> <p>Commissioners ensure they commission services in which patients are supported to understand relevant treatment options, including benefits, risks and potential consequences.</p> <p>Patients are helped by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences of care.</p>
Guidance references	<p>'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.</p>
Data source	<p>Structure: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

Quality statement 6: Shared decision making

<p>Quality statement</p>	<p>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.</p>
<p>Quality measure</p>	<p>Structure:</p> <p>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.</p> <p>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.</p> <p>c) Evidence of local arrangements to ensure that information provided to facilitate shared decision making is evidence-based, understandable and clearly communicated.</p> <p>Process:</p> <p>a) Proportion of patients who were asked about any issues that may prevent them being actively involved in decisions about their care.</p> <p>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.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>b) Proportion of patients supported to use an evidence-based patient decision aid.</p> <p>Numerator – the number of patients in the denominator supported to use an evidence-based patient decision aid.</p> <p>Denominator – the number of patients accessing NHS services for whom there is a relevant evidence-based decision aid.</p> <p>Outcome:</p> <p>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.</p> <p>b) Evidence from patient experience surveys and feedback that patients feel able to make decisions that reflect what is important to them.</p>
<p>Description of what the quality statement means for each audience</p>	<p>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.</p> <p>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</p>

	<p>reflect what is important to them</p> <p>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.</p> <p>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.</p>
Guidance references	'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	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

Quality statement 7: Supporting patient choice

Quality statement	<p>Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.</p>
Quality measure	<p>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.</p> <p>Process: Proportion of patients made aware of their right to choose, accept or decline treatment.</p> <p>Numerator – the number of patients in the denominator made aware of their right to choose, accept or decline treatment.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>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.</p> <p>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.</p> <p>Patients have their choices respected and supported when deciding whether to accept or decline treatment, and when choosing between treatments.</p>
Guidance references	<p>'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendations 1.3.7 and 1.3.8.</p>
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

Quality statement 8: Asking for a second opinion

Quality statement	Patients are made aware that they can ask for a second opinion.
Quality measure	<p>Structure: Evidence of local arrangements to ensure that patients are made aware that they can ask for a second opinion.</p> <p>Process: Proportion of patients made aware that they can ask for a second opinion.</p> <p>Numerator – the number of patients in the denominator made aware that they can ask for a second opinion.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence from patient experience surveys and feedback that patients know that they can ask for a second opinion.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to make patients aware that they can ask for a second opinion.</p> <p>Health and social care professionals ensure that patients are made aware that they can ask for a second opinion.</p> <p>Commissioners ensure they commission services in which patients are made aware that they can ask for a second opinion.</p> <p>Patients are made aware that they can ask for a second opinion.</p>
Guidance reference	'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.3.9.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection.</p>

Quality statement 9: Tailoring healthcare services to the individual

Quality statement	<p>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.</p>
Quality measure	<p>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.</p> <p>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.</p> <p>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</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Guidance reference	<p>'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendations 1.3.1 to 1.3.3.</p>
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

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	<p>Structure: Evidence of local arrangements to ensure that patients have their physical and psychological needs regularly assessed and addressed.</p> <p>Process: Proportion of patients who have their physical and psychological needs regularly assessed and addressed.</p> <p>Numerator – the number of patients in the denominator who have their physical and psychological needs regularly assessed and addressed.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>Outcome: Evidence from patient experience surveys and feedback that patients feel their physical and psychological needs were regularly assessed and addressed.</p>
Description of what the quality statement means for each audience	<p>Service providers ensure that systems are in place to regularly assess and address patients' physical and psychological needs.</p> <p>Health and social care professionals regularly assess and address patients' physical and psychological needs.</p> <p>Commissioners ensure they commission services in which patients' physical and psychological needs are regularly assessed and addressed.</p> <p>Patients are regularly checked and asked whether they need any extra support, for example with eating and drinking, pain relief, continence problems or anxieties.</p>
Guidance references	'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendations 1.2.4 to 1.2.9
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

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	<p>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.</p> <p>Process: Proportion of patients seeing the same healthcare professional or team throughout a single episode of care.</p> <p>Numerator – the number of patients in the denominator seeing the same healthcare professional or team throughout a single episode of care.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>Healthcare professionals ensure that, whenever possible, the patient sees the same healthcare professional or team throughout a single episode of care.</p> <p>Commissioners ensure they commission services in which, whenever possible, patients see the same healthcare professional or team throughout a single episode of care.</p> <p>Patients see the same healthcare professional or healthcare team throughout a course of treatment whenever this is possible.</p>
Guidance reference	'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.4.1.
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

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	<p>Structure: Evidence of local arrangements to support coordinated care through clear and accurate information exchange between relevant health and social care professionals.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>Health and social care professionals ensure that they support coordinated care through clear and accurate information exchange.</p> <p>Commissioners ensure they commission services in which coordinated care is supported through clear and accurate information exchange between relevant health and social care professionals.</p> <p>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.</p>
Guidance references	'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendations 1.4.2 and 1.4.3.
Data source	<p>Structure: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>
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.

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

Quality statement	<p>Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.</p>
Quality measure	<p>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.</p> <p>Process: Proportion of patients whose preferences for sharing information with partners, family members and/or carers are established, respected and reviewed throughout their care.</p> <p>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.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>Health and social care professionals establish, respect and review patients' preferences for sharing information with partners, family members and/or carers.</p> <p>Commissioners ensure they commission services in which patients' preferences for sharing information with partners, family members and/or carers are established, respected and reviewed.</p> <p>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.</p>
Guidance references	<p>'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.3.10.</p>
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

Quality statement 14: Information about contacting healthcare professionals

Quality statement	<p>Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.</p>
Quality measure	<p>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.</p> <p>Process: Proportion of patients made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.</p> <p>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.</p> <p>Denominator – the number of patients accessing NHS services.</p> <p>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.</p>
Description of what the quality statement means for each audience	<p>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.</p> <p>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.</p> <p>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.</p> <p>Patients are given clear advice about who to contact about their healthcare needs, how to contact them and when to contact them.</p>
Guidance references	<p>'Patient experience in adult NHS services' (NICE clinical guidance 138) recommendation 1.4.6.</p>
Data source	<p>Structure: Local data collection.</p> <p>Process: Local data collection.</p> <p>Outcome: Local data collection. Providers may be able to use questions contained within the patient surveys available from NHS Surveys.</p>

Appendix 1: Evidence sources

Policy context

Department of Health (2010) [The NHS Constitution for England](#). Available from www.dh.gov.uk

Department of Health (2010) [Essence of care 2010](#). Available from www.dh.gov.uk

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](#). Available from www.dh.gov.uk

Department of Health (2008) [High quality care for all – NHS next stage review final report](#). Available from www.dh.gov.uk

Key development sources

Patient experience in adult NHS services. NICE clinical guideline 138 (2012). Available from www.nice.org/guidance/CG138

Definitions and data sources

Care Quality Commission, Picker Institute Europe. NHS surveys: focused on patients' experience website. Available from www.nhssurveys.org