

A person centred health service

Our vision for the NHS

MARCH 2024

Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

© Picker 2024

Published by and available from:

Picker Institute Europe
Suite 6, Fountain House,
1200 Parkway Court,
John Smith Drive,
Oxford OX4 2JY
Tel: +44 (0) 1865 208100
info@pickereurope.ac.uk
picker.org

Registered Charity in England and Wales: 1081688

Registered Charity in Scotland: SC045048

Company Limited by Registered Guarantee No 3908160

Picker Institute Europe has UKAS accredited certification for ISO20252:2019 (GB08/74322) via SGS and ISO27001:2013 (GB10/80275) via Alcumus ISOQAR. We comply with Data Protection Laws including the General Data Protection Regulation, the Data Protection Act 2018 and the Market Research Society's (MRS) Code of Conduct.

A Vision for the NHS

People in the United Kingdom strongly support the NHS and its values. Asked to select up to three things that make them proud to be British, 55% choose the NHS – placing it comfortably top of the list and ahead of our history, the Royal Family, and our system of democracy¹. What citizens want and value from the NHS is a service that they can rely on to be there for them when they need it; that is open to all and free at the point of use²; and that is person centred³.

Despite wide consensus on the value of and priorities for the NHS, the public and patients have seen the quality and availability of their care deteriorate over recent years. This is shown both in Picker's large-scale surveys and in general population studies like the British Social Attitudes Survey, which found that only 29% are 'very' or 'quite' satisfied with the way the NHS is run⁴.

Our surveys of patients, carers, and staff show that urgent action is needed to improve many features that have deteriorated in recent years. Improvements should be prioritised in eight areas that have been shown to matter most to the majority of users – the Picker Principles of Person Centred Care.

The message is clear. Patients and the public believe in the NHS but are dissatisfied with its standards of care and worry about its future. The NHS workforce, hugely committed though they are, are increasingly jaded and under pressure. What is needed is a clear and credible vision of a person centred health service to begin the process of healing and to catalyse change and improvement.

Over the following three pages, we:

- 1 highlight examples of deteriorating patient experiences across a range of important areas, using data from the national survey programmes that we are involved in;
- 2 present our recommendations for innovative policy initiatives that would help to improve people's experiences of care and restore public confidence in the NHS; and
- 3 describe how Picker's expertise in measuring, understanding, and improving people's experiences – and our knowledge of person centred care – can support change.

The Eight Picker Principles of Person Centred Care



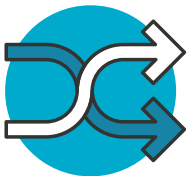
Fast access to reliable healthcare advice

Waiting times for general practice, elective care, and emergency services have declined dramatically. Four in ten (41%) recent inpatients say that their health deteriorated while waiting for hospital treatment⁵.



Effective treatment by trusted professionals

Addressing workload pressures and hiring more staff are people's top priorities for the NHS⁶ amid growing gaps in care. For example, the proportion of pregnant women who got the help they needed when they contacted midwifery teams fell from 75% in 2019 to 69% in 2022⁷ – and only 7% of midwives say there are enough staff in their organisation for them to do their jobs properly⁸.



Continuity of care and smooth transitions

People want different staff and different care providers to work together to provide integrated support – but all too often this does not happen. In 2022, less than half (46%) of recent inpatients said they “definitely” got enough support to help them recover after leaving hospital⁹. And people with multiple long-term conditions, who require their care to be well co-ordinated, report worse experiences in hospital¹⁰.



Involvement of and support for family and carers

Involving patients' loved ones in care can help them to manage their conditions, particularly when people have long-term or complex needs. Only half (51%) of community mental health service users said that the NHS had “definitely” involved a family member or someone else close to them as much as they would like¹¹.



Clear information, communication and support for self-care

Patients should be supported to manage their own conditions through the provision of understandable information and resources. In 2022, only 51% of people using accident and emergency (A&E) services said they were “definitely” given enough information to care for their condition at home, compared to 60% in 2020¹².



Involvement in decisions and respect for preferences

Involving people in their own care is a fundamental part of person centredness. In 2022, one in five (21%) hospital inpatients in England said that staff did not involve them in their care either “at all” or “very much” – significantly worse than in 2020, when 18% said this¹³.



Emotional support, empathy and respect

We all want to be treated with respect when accessing healthcare, and inadequate emotional support can cause lasting harm. In 2022, only 71% of new mothers said that they were “always” treated with kindness and understanding by hospital staff after the birth of their baby, down from 76% in 2019¹⁴.



Attention to physical and environmental needs

Patients should be cared for in safe, comfortable environments, and their physical symptoms managed. The proportion of A&E patients who said staff “definitely” did everything they could to help control their pain dropped from 60% in 2020 to 51% in 2022¹⁵.

What needs to be done?

We recommend that policy makers should:

- Set out a **commitment and strategy to restore confidence in public health and care services**. Explain how waiting times will be reduced; what patients can expect from an improving service; and make sure that patients and the public are given the opportunity to share their views and build consensus before introducing important changes to services or processes – including, for example, using new technologies.
- Make it a priority to **improve staffing levels** and ensure staff have time to respond to patients' needs. Workforce planning should especially target growth in professions under the greatest pressure – including midwifery and ambulance services. Retaining experienced staff is part of this. Ending pay disputes with NHS professionals is essential, but so too is ensuring that staff are well looked after and able to work safely and effectively.
- **Empower NHS organisations to understand and act on feedback** from patients, family members, and staff by funding a national centre of excellence that can provide expertise and hands on support. Many organisations struggle to make effective use of the data that they already have, but with proper support this can be transformative.
- Require **all staff to be trained in person centred care**, including shared decision making and support for personalised self-management. A focus on putting patients at the centre should be present not just in health strategy or provider plans but in every individual interaction. In particular, people with multiple long-term conditions require personalised care that recognises individual needs: medicalised approaches that focus on conditions instead of people lead to fragmented and inefficient treatment¹⁶.
- **Prioritise clear communication** with patients, supporting providers and professionals to use a range of verbal and written channels, including digital technologies, to ensure that people have the right information at the right time. Each NHS provider should have a senior person accountable for information to patients and the public, and they should be supported by a well-resourced central hub.
- **Embrace the transformative potential of new and emerging technologies** to improve the efficiency and quality of care. Implementing technologies like AI could have significant benefits – but they will only succeed if they are introduced in ways that are acceptable to staff and patients. There should be a strong focus on ensuring that technologies are person centred, testing them with patients and staff and learning from their feedback.
- **The NHS Constitution must be updated** with the involvement of patients, carers, the public, and NHS staff, to ensure that it reflects these contemporary priorities. The current Constitution states that “the patient will be at the heart of everything the NHS does”, but omits some of the things most important to patients (including timely access to care) and could be strengthened to give patients greater rights – notably by incorporating Martha’s Rule¹⁷. Similarly, sections for staff exclude collective commitments to safe staffing levels, which are important for staff wellbeing and patient safety alike. Only 17% of patients and 43% of staff are aware of the NHS Constitution¹⁸, which was last updated in 2015: a well-publicised update should give it an important and visible role.

Overall: **we need a compelling and holistic vision for the future of the NHS**. This vision should consciously adopt the user perspective as an organising principle and engineer person centredness into the system as a primary motivating force – not as a bolt on to an outdated biomedical model.

What Picker can offer

As a registered charity, we want to support policy makers to develop evidence-based approaches to improving person centred care and supporting the health and social care workforce. We are experts in measurement and have unparalleled experience in developing national feedback programmes suitable for performance assessment, benchmarking, surveillance, and service improvement.

We also bring expertise in empowering providers. For more than 25 years we have worked with health and care organisations to help them understand and act upon feedback: we understand what they need to be able to improve. And we have access to an extensive catalogue of data covering the experiences of millions of NHS staff and patients, as well as a library of best practice examples about engaging people and improving care.

Our team is hugely experienced and offers a broad range of professional services, including:

- **Thought leadership and consultancy**, including policy analysis and development: we maintain a cutting-edge perspective on person centred care and on staff and patient experience, combining theoretical knowledge with applied experience and evidence. Our Board and Executive Team include experienced personnel with a strong track record of working at the highest levels, enabling us to provide meaningful advice and analysis at short notice. We have a number of specialist speakers and commentators who would be happy to contribute their knowledge and expertise in media and for events.
- **Measurement**: we are industry leading experts in measuring and understanding patient experience – recognised as one of the three key components of service quality in the NHS – and workforce experience. We have advised governments and regulatory bodies in the UK and internationally on the development of national level approaches to collecting user and staff data for performance management, surveillance, and service improvement: we understand what works, where there are likely to be challenges, and how to design optimal solutions that balance cost and quality considerations.
- **Primary research**: we regularly work with public bodies, academics, charities, and the private sector to design and conduct original research to better understand people's needs and priorities when accessing health services. As well as large-scale surveys, we are skilled in conducting qualitative research – including focus groups, interviews, and so on – to build in-depth understanding of the issues affecting people. These insights can be used to provide evidence for change and/or to assess the likely impact of proposed interventions, providing a cost-effective mechanism for incorporating patient, public, and staff voices into planning.

Fundamentally, **we want a future where all patients can expect and receive the highest quality person centred care, always** – and we are committed to using our skills and expertise to help policy makers, providers, and professionals to realise this vision.

Endnotes

- 1 Ipsos MORI (15 August 2022). *What makes us proud to be British?* <https://www.ipsos.com/en-uk/what-makes-us-proud-be-british>
- 2 Health Foundation, the (23 February 2023). *Public perceptions of the NHS: a winter of discontent*. <https://www.health.org.uk/publications/long-reads/public-perceptions-of-the-nhs-a-winter-of-discontent> section 4.
- 3 Healthwatch (29 January 2020). *What people want from the next ten years of the NHS*. <https://www.health.org.uk/publications/long-reads/public-perceptions-of-the-nhs-a-winter-of-discontent>, pp15.
- 4 King's Fund, the (29 March 2023). *Public satisfaction with the NHS and social care in 2022: Results from the British Social Attitudes survey*. <https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-and-social-care-2022#nhs-overall>
- 5 Care Quality Commission (12 September 2023). *Adult inpatient survey 2022: statistical release*. <https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey> pp16-17.
- 6 Health Foundation, the (23 February 2023). *Op cit*
- 7 Care Quality Commission (11 January 2023). *Maternity survey 2022*. <https://www.cqc.org.uk/publication/surveys/maternity-survey-2022> (B13).
- 8 NHS England & Picker (2023). *NHS Staff Survey National Results*. <https://www.nhsstaffsurveys.com/results/national-results/>
- 9 Care Quality Commission (12 September 2023). *Adult inpatient survey 2022: statistical release*. <https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey> pp39.
- 10 eg Hewitson, P., Skew, A., Graham, C., Jenkinson, C., & Coulter, A. (2014). People with limiting long-term conditions report poorer experiences and more problems with hospital care. *BMC Health Services Research*, 14(1), 33. <https://doi.org/10.1186/1472-6963-14-33>
- 11 Care Quality Commission (27 October 2022). *Community mental health survey 2022: statistical release*. <https://www.cqc.org.uk/publications/surveys/community-mental-health-survey> pp30
- 12 Care Quality Commission (8 August 2023). *Urgent and emergency care survey 2022: statistical release*. <https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey>, pp51-53.
- 13 Care Quality Commission (12 September 2023). *Adult inpatient survey 2022: statistical release*. <https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey> pp17-18.
- 14 Care Quality Commission (11 January 2023). *Maternity survey 2022*. <https://www.cqc.org.uk/publication/surveys/maternity-survey-2022> (D6).
- 15 Care Quality Commission (8 August 2023). *Urgent and emergency care survey 2022: statistical release*. <https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey>, pp44-45.
- 16 Richmond Group of Charities, the. (October 2023). *One in four: a manifesto for people with multiple health conditions*. https://richmondgroupofcharities.org.uk/sites/default/files/trg_one_in_four.pdf, pp6-7.
- 17 eg Mills, M. (2023) Martha's rule: a hospital escalation system to save patients' lives. *British Medical Journal*, 383, p2319. <https://www.bmj.com/content/383/bmj.p2319>.
- 18 Department of Health and Social Care (January 2022). *Fourth report on the effect of the NHS Constitution*. <https://assets.publishing.service.gov.uk/media/61f268acd3bf7f78dc2cd944/fourth-report-NHS-constitution.pdf>



Picker Institute Europe
Suite 6, Fountain House,
1200 Parkway Court,
John Smith Drive,
Oxford OX4 2JY
Tel: +44 (0) 1865 208100
info@pickereurope.ac.uk
picker.org

Registered Charity in England and Wales: 1081688
Registered Charity in Scotland: SC045048
Company Limited by Registered Guarantee No 3908160