Picker

State of Person Centred Care

2025

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About 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.

We are commissioned by the Care Quality Commission (CQC) and NHS England (NHSE) to design, deliver, and analyse the NHS patient survey programme, the cancer patient experience surveys (adult and under 16), and the NHS staff survey. We have also been commissioned by NHSE to deliver the National Neonatal Care Experience Survey.

About the Picker Experience Network (PEN) Awards

The Picker Experience Network (PEN) Awards are the UK's only awards programme dedicated to recognising and celebrating best practice in patient experience across health and social care.

From hospitals and community services to independent providers and international organisations, the awards showcase work that puts patients, families, and carers at the heart of care. More than an accolade, they provide a platform to share inspiring stories, highlight innovation, and foster learning and improvement.

For 15 years, the PEN Awards have celebrated excellence in patient experience, and we look forward to doing so again in 2026.

Our 2025 winners were mapped against the core chapters of the Ten Year Plan for Health, and full details of shortlisted entries are in our Book of Best Practice.

Acknowledgements

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We would also like to thank colleagues at the CQC and NHSE, who commission the national programmes referenced within this report.

Each of the surveys referenced in this report rely upon the individual contributions of many thousands of patients, members of the public, or NHS staff who have generously taken time to share their experiences. We are grateful to everyone who has participated in these programmes and offered their feedback.

It should be noted that all views, conclusions and recommendations included in this report are Picker's own.

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Executive summary

The National Health Service (NHS) in England boasts one of the largest and longest running suites of patient and workforce experience surveys anywhere in the world. Its various national surveys have tracked changes in people's experiences of care for a quarter of a century and have provided a blueprint for similar collections internationally.

Although the NHS gathers feedback from patients, service users, and staff across a broad range of health and care settings, the results of these surveys tend to be viewed separately and in isolation. This report brings together the results from nine national patient and staff experience surveys that Picker coordinated across 2024 and 2025 on behalf of the Care Quality Commission (CQC) and NHS England (NHSE). It maps the results against the Picker Principles of Person Centred Care to give an overview of the state of person centred care in the NHS in England.

All insights included in this report were collected across 2024 and 2025 and were published between November 2024 and November 2025 (see Appendix 1). In total, these surveys included almost 900 questions and collected over one million responses. Patients and service users contributed 232,644 responses, while 799,146 were from substantive NHS staff and bank workers.

Key findings

Quality of care

- Patient perceptions of the overall quality of NHS care are largely positive, although variations in the level of positivity occur dependent on the setting. In particular, adult and child cancer care was viewed positively, while mental health services and accident and emergency (A&E) services[1] have clear room for improvement.
- Substantive NHS staff largely reported that they would be happy with the standard of care provided by their organisation if their friends or relatives needed treatment – however, only a small proportion 'strongly agree' with this statement.

Fast access to reliable healthcare advice

- Patients reported concerns about waiting times, with variation across different care pathways. Patients experienced long waits for care in urgent and emergency and adult inpatient care, and reported that long waits have negatively impacted their health in community mental health and inpatient care settings.

Effective treatment by trusted professionals

- People generally told us that they felt confident in the staff that were treating them. However, results were more mixed when parents of children and young people receiving hospital care were asked this question, and people receiving maternity care reported that their confidence in staff varied at different points along the pathway.
- There is room for improvement in the support offered to patients with pre-existing medical conditions, who require access to their regular medication while in a healthcare setting.
- The proportion of staff reporting that their team regularly meets to discuss effectiveness has improved in recent years, but there remains room for improvement.

Continuity of care and smooth transitions

- Patients and their families/carers generally reported poor experiences when asked whether staff seemed aware of their medical history, particularly in community mental health services and children's cancer care. However, collaboration between staff and teams was perceived to be strong in adult cancer care.
- Just over half of staff reported that teams in their organisation work well together to meet their objectives.

Clear information, communication and support for self-care

- Patients tend to understand the information they receive about their health and care: however, this is less likely in A&E departments. People would also like to receive clearer information about next steps, particularly when leaving hospital after receiving inpatient or urgent and emergency care.
- People's experiences of being informed about holistic support varies; adult cancer patients felt well-informed, but those accessing community mental health services did not.
- Staff reported high levels of pressure on their time while at work, which is likely to impact the ability of patients and their families/carers to ask questions.

Emotional support, empathy and respect

- The majority of people felt that they are treated with dignity and respect by healthcare staff. However, results from the community mental health and maternity surveys showed poorer patient experiences compared to other patient surveys.
- While most staff reported positive interactions with patients, their families/carers, and the public, we know from the NHS Staff Survey results related to discrimination, abuse, bullying and harassment that some interactions can result in staff experiencing unacceptable behaviours.
- Most staff agreed that they are treated with respect by their colleagues, and that their colleagues are polite, understanding and kind.

Involvement in decisions and respect for preferences

- National surveys showed that patients currently lack opportunities to feel fully engaged in decisions about their health and care, while only half of staff reported being involved in decisions that affect their work. These results suggest there is room for improvement in wider culture around involvement and decision-making, for both staff and patients.

Involvement and support for family and carers

- People receiving maternity care reported positive experiences of family involvement, but there are challenges in involving families in urgent care and in crisis mental health support.

Attention to physical and environmental needs

- Patients generally felt they were given enough privacy when accessing health care, with the exception of urgent and emergency care where there is room for improvement.
- Patient and staff feedback shows that there is a need to address access to food and amenities in care settings.
- Considering the aspirations for digital transformation outlined in the Ten Year Plan, the lack of access to reliable Wi-Fi suggests there is a fair way to go to improve NHS digital capabilities.

In bringing together the results of these national patient experience surveys, alongside findings from the NHS Staff Survey, this report highlights commonalities and variation in person centred care to demonstrate where improvements are required at a national level. This is of particular importance against the backdrop of the Ten Year Plan's ambitions to empower and engage patients.

Overall, the picture of the state of person centred care is mixed. There are areas of care where people are positive about their experience, but there are specific areas – both within pathways and across certain principles – where there is room for improvement. To drive this improvement, interventions need to be co-designed with staff and patients – and organisations, including national bodies, should learn from examples of best practice. To facilitate this, winners and runners up from the Picker Experience Network (PEN) Awards 2025 are signposted throughout this report to showcase examples of patient and staff experience innovation both within and outside the NHS in England.

This report concludes with recommendations for policymakers to suggest how the current state of person centred care in the NHS in England can be improved to deliver truly person centred care, for all, always.

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[1] References to 'Accident and Emergency (A&E)' departments throughout this report relate to results from the UEC1 survey which measures experiences in Type 1 services, while references to 'Urgent Treatment Centres (UTCs)' or 'Minor Injury Units (MIUs)' relate to results from the UEC3 survey, which measures experiences in Type 3 services (see Appendix 1).

Foreword

Ahead of the publication of the Ten Year Plan for Health in England in 2025, the Secretary of State Wes Streeting set out the principles for the new operating model for the NHS. "The most important one of all," he said, "is that the patient is king."

Streeting's words show the system's commitment to person centred care – a model where services are organised around the needs and preferences of their users and where the knowledge, experience, and contributions of patients are valued and respected. This commitment is not new: a succession of policies starting with the NHS Plan (2000) have expressed similar ideas. But the reality has not always matched the rhetoric. All too often patients report receiving care that is impersonal, insensitive, or ineffective – and public satisfaction with the NHS has collapsed, despite the best efforts of its dedicated workforce.

We know what good person centred care looks like. The seminal "Through the Patient's Eyes", produced by the Picker/Commonwealth Program for Patient-Centered Care and published in 1993, codified the key elements of person centredness. Today, these domains are the basis of the Picker Principles of Person Centred Care – an evidence-based framework for understanding what matters most to most people.

This report uses the Picker Principles to examine the state of person centredness in the NHS in 2025. More than just a reflection, it is a call to action. By examining current practice through the lens of the Picker Principles, it highlights both progress and areas that demand renewed attention. In doing so it offers an opportunity for insight and learning – and a rallying point for everyone concerned with the challenge of improving people's experiences of care.

The NHS has led the world in gathering patient feedback. We are able to produce this analysis only because of its commitment to understanding the patient perspective, and this should be celebrated and protected. Patient surveys offer a voice to those who may otherwise go unheard – and to create a truly person centred health service, we should pay attention to what they have to say. Throughout this report, we are pleased to be able to highlight some powerful examples of where this happened – and the difference it has made.

So – is the patient king yet? No. But there is good practice to build on, and by listening to patients further improvement is possible. This is our mission and we invite you to join us in it – to reflect, learn, and take action to promote person centred care for all, always.

Chris Graham
Group CEO

Introduction

In summer 2025, the government published its highly anticipated Ten Year Plan for Health: a blueprint for an NHS built around three core shifts from hospital to community; from analogue to digital; and from sickness to prevention.

Ahead of its publication, the government commissioned Lord Darzi to conduct an independent investigation into the NHS, which concluded that the health service "is in a critical condition, but its vital signs are strong" (p.11). This investigation also noted that "the patient voice is not loud enough" (p.9), signalling a re-prioritisation of patient voice in designing and delivering health and care services, and working together to improve the nation's health. On workforce, the review concluded that "many staff feel disempowered and disengaged" (p.112) due to range of factors, including underinvestment in processes and infrastructure, and the pressures of working through the Covid-19 pandemic.

The Ten Year Plan mirrored these messages related to patient voice, explicitly committing to making "patient voice and experience core to how we define what high quality care looks like" (p.94) and to "give power to the patient" (p.142). The Secretary of State even spoke about "making the patient king" ahead of the plan's launch. The plan also included a commitment to establish a patient experience directorate within the Department of Health and Social Care (DHSC). For staff, it includes a range of commitments from personalised career coaching to efforts to reduce high sickness absence levels, while the government has committed to delivering a new workforce plan by Spring 2026.

Shortly after the publication of the Ten Year Plan, the Dash review of the patient safety landscape concluded that 'experience' and 'effectiveness', two of the three pillars of the widely accepted definition of care quality, have received "relatively less attention" (p.56) compared to the third pillar, 'safety'. These developments all suggest that patient experience, voice, and person centred care could be experiencing an overdue renaissance. Yet, as ever, the devil is in the detail, and it would be remiss to ignore the wider context across both the health and social care landscape, and the economy more broadly.

With significant changes proposed to the governance structures of the NHS at national and local levels, as well as pressured finances, there is a risk that patient experience, voice and person centred care are sidelined by competing priorities and by a failure to properly embed person centred care as 'business as usual'. There are also questions about how patient experience, voice, and person centred care are defined, particularly within the context of a wholesale and rapid shift towards 'digital', which could risk further exacerbating inequities within the health service. Our upcoming Picker Principles of Person Centred Digital Care will provide an updated framework for person centred care, building on our established principles and reflecting on the increasing shift from analogue to digital.

As the delivery of the ambitions outlined in the Ten Year Plan will depend on staff, it is equally important that their workplace experience and wellbeing is improved, and that they feel supported, equipped and trusted to deliver significant reform. This will be a challenge under the aforementioned and ongoing changes to NHS governance structures and against the backdrop of pressured finances.

At this inflection point, this report draws on Picker's expertise, aligning our eight Principles of Person Centred Care to the data from the national patient and staff experience programmes we are commissioned to deliver by both NHS England (NHSE) and the Care Quality Commission (CQC). Within these programmes, patient experience is measured across diverse patient cohorts within specific pathways, including maternity, urgent and emergency and adult inpatient care, to name but a few. Similarly, the NHS Staff Survey – the world's largest collection of staff experience insights – collects data across the health service's diverse workforce.

In bringing this data together we highlight core themes, commonalities, and variation across care pathways to give an overview of the current state of person centred care in the NHS in England and to suggest a way forward to truly embed person centred care in a reformed healthcare service.

Methodology and data sources

This report uses the Picker Principles of Person Centred Care as its guiding framework for reporting.

These principles – developed following original research with patients, their families, and staff – set out a template for understanding what matters most to most people, and what constitutes high quality person centred care (see Figure 1).

We used data from nine national surveys to explore people's experiences of NHS care. Details of the surveys are included in Appendix 1, but they included the following collections:

Commissioned by CQC:

- Adult Inpatient Survey 2024
- Children and Young People Survey 2024
- Community Mental Health Survey 2024
- Maternity Survey 2024
- Urgent and Emergency Care Survey 2024.

Commissioned by NHS England:

- National Cancer Patient Experience Survey 2024
- NHS Staff Survey 2024
- NHS Staff Survey for bank only workers 2024
- Under 16 Cancer Patient Experience Survey 2024.

The research team firstly mapped all 891 questions from the surveys to the Picker Principles with the support of an Artificial Intelligence (AI) tool. The AI-tool provided the initial mapping, largely based on a keyword search. This output was reviewed, quality assured, and refined by two researchers.

Following this initial mapping, researchers identified sub-themes that sat under each Picker Principle. The team then manually mapped the sub-themes to approximately 15% of the questions and clearly defined the characteristics of each sub-theme. AI was then used to map the remaining questions into sub-themes. This provided a clear set of questions that sat within each Picker Principle of Person Centred Care. An AI-tool was not used after this point in the process of compiling the report.

As well as aligning detailed questions to the eight Picker Principles, we manually identified broader questions in most surveys that asked about overall views on the quality of care. These were identified as a separate theme and are discussed independently.

Given the scale of the national programmes and their associated surveys, this report does not cover every relevant question. Instead, it highlights statistics that best reflect the Picker Principles, illustrate notable strengths or opportunities for improvement, and relate most directly to the current policy context of the NHS in England.

A note on language: Throughout this report we mostly use the term 'patient(s)' as a broad term to refer to users of all health and social care services – including people who would not ordinarily be referred to as a 'patient'. This usage is intended to aid readability only and does not imply any prioritisation of physical health compared to other care and support settings.

Picker Principles of Person Centred Care

Figure 1

Results

Analysis of data from across the national surveys showed areas of commonality but also differences across care settings.

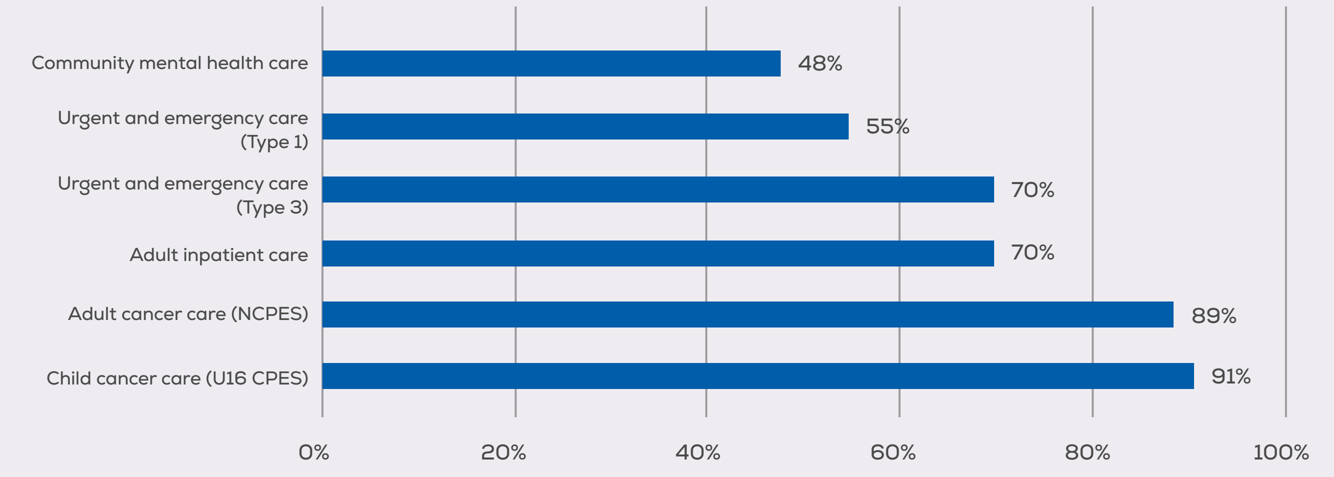
Throughout this report, we discuss the key findings relating to the overall 'quality of care' theme as well as to each of the eight Picker Principles of Person Centred Care. Alongside the results for each of the Principles, we present short vignettes describing examples of NHS organisations targeting improvement in these areas.

Quality of care

Overall, the perception of care quality varied by national survey, with the most positive experiences reported in surveys exploring cancer care (Chart 1).

Chart 1

Percentage of respondents rating overall care quality as '8, 9 or 10' on a scale of '0 to 10'



Respondents to the Children and Young People (CYP), the Under 16 Cancer Patient Experience (U16 CPES) and the adult National Cancer Patient Experience (NCPES) surveys were most positive about their care quality. For example:

- When asked to rate their child's cancer or tumour care on a scale from '0' (very poor) to '10' (very good), 91% of parents felt positive about the care their child received and gave a score of '8, 9 or 10'.
- Respondents to the CYP survey also felt positive about the care received, with 73% of young people reporting they were 'very well' looked after in hospital.
- The majority of adults who received cancer care were very positive about the care they received, with 89% providing the top ratings of '8, 9 or 10'.

Care at Urgent Treatment Centres (UTCs) and inpatient care were also largely viewed positively – although overall ratings were lower compared to cancer care:

- More than two thirds of adult inpatients selected the top rating of '8, 9 or 10' when asked about their overall experience in hospital.
- People who received care at a UTC were positive were positive about their experience, with 70% rating it an '8, 9 or 10'.

However, respondents to other national surveys were less positive about the overall quality of the care they received:

- Less than half of respondents to the Community Mental Health (CMH) survey (48%) selected a rating of '8, 9 or 10'.
- Just over half (55%) of respondents who attended A&E provided a rating of '8, 9 or 10'.

Staff perspectives of care quality were also mixed:

- While 64% of substantive staff 'agree' or 'strongly agree' that if their friends or relatives needed treatment, they would be happy with the standard of care provided by their organisation, only 18% 'strongly agreed' with this statement.
- Bank workers were slightly more positive, with 67% 'agreeing' or 'strongly agreeing' with this statement. When split by response, only 21% of bank staff 'strongly agree' that they would recommend their organisation to family or relatives needing treatment.

The maternity survey does not currently contain a similar question but does ask respondents if they considered making a complaint at any point during their pregnancy: 37% said they had.

While the above provides an overview of care quality from a patient and staff perspective and provides a variable picture of the state of person centred care in the NHS in England, the remaining chapters of this report explore the data in more detail, looking at specific areas of care, mapped to the eight Picker Principles of Person Centred Care.

Fast access to reliable healthcare advice

Key findings:

- One third of respondents (33%) to the community mental health (CMH) survey waited over three months to access care, while over half of adult inpatients (53%) waited over six hours to be admitted to a ward.
- Two fifths of respondents waiting for community mental health (42%) and inpatient care (43%) reported that their mental or physical health worsened while waiting to access care.

Access to the right services at the right time is essential for high quality care that meets people's individual needs, but many are reporting long waits for care and experience worsening health while they wait. Areas covered in this principle include:

- Waiting for care
- Getting help while waiting
- Changes in health while waiting
- Access to help when needed

Waiting for care

Patients are asked about waiting time across four of the included national surveys. In the adult inpatient survey, patients are asked to report on their wait for a bed, while NCPES respondents are asked about their wait at a clinic on the day of their treatment. One third (33%) of patients responding to the inpatient survey reported that their wait for a bed was 'a bit' or 'far too long', while for NCPES, 21% of respondents said their wait for treatment at the clinic was 'a bit' or 'far too long'.

Despite differing contexts across the CMH, inpatient and Urgent and Emergency Care (UEC) surveys, the data tells us that for some, waiting times remain an issue. 33% of respondents to the CMH survey reported waiting over three months between their assessment and initial treatment, with 14% waiting more than six months.

When asked how long they waited before being admitted to a ward, 53% respondents to the inpatient survey said 'more than six hours', 18% said 'more than 12 hours' and 10% reported waiting 'more than 24 hours'. In urgent and emergency care, 49% of respondents waited 'more than 31 minutes' for their first assessment in A&E, compared to 40% in Urgent Treatment Centres (UTCs).

Getting help while waiting

Only 63% of parents or carers in the CYP survey said their child was 'always' able to get help from staff if they needed it. This was true for only 53% of adult A&E patients and 46% of patients treated in UTCs.

Changes in health while waiting

Evidence from the CMH and inpatient surveys shows that for over two fifths of respondents, their health deteriorated while they were waiting. 42% of CMH survey respondents said that their 'mental health got worse' while waiting and 43% of inpatient survey respondents said their health got 'a bit' or 'much worse' while waiting.

Access to help when needed

Four of the surveys include questions about whether people could access help from staff when they needed it, specifically while in a care setting receiving care or treatment. The results show variation in people's access to this type of support across different care settings. Respondents to the U16 CPES had more positive experiences on average, with 73% agreeing that they were 'always' able to get help from staff on the ward when their child was in hospital. This was lower for the CYP survey, where only 67% of parents or carers agreed that staff were 'always' available, and for the inpatient survey where 65% of respondents agreed staff were 'always' available when needed.

The picture is mixed when it comes to people's experiences of maternity care. While 64% of respondents to the maternity survey said they were 'always' able to get help from a member of staff when needed during labour and birth, only 54% said they were 'always' able to get help from staff when needed after the birth.

What does this tell us?

Cutting NHS waiting times is central to the Labour party's 2024 General Election manifesto and results from the British Social Attitudes Survey 2024 show that the public's priorities for the NHS are:

- Making it easier to get a GP appointment,
- Improving A&E waiting times,
- Improving waiting times for elective care, and
- Increasing the number of NHS staff.

The results from the national surveys mapped against this principle therefore mirror public concerns about waiting times and access. While there are variations in results across pathways, concerns about waiting times are particularly clear in the UEC and the inpatient survey data.

It is concerning to see a large proportion of respondents to the CMH and inpatient surveys reporting that their health worsened while they were waiting for care. With this in mind, and as plans to reduce waiting times will take time to implement, it is imperative that patients and service users have access to the appropriate level of support while they are waiting to access care. This includes access to education for self-management and peer support.

In the context of the ongoing National Maternity and Neonatal Investigation, it is also concerning that the proportion of people responding to the maternity survey who report 'always' having access to help when needed during and after birth is relatively low.

43%

of adult inpatients reported deteriorating health while waiting.

33%

of community mental health patients waited over three months for care.

Picker Experience Network (PEN) Awards 2025

Winner: The clinical navigator role – University Hospitals Bristol and Weston NHS Foundation Trust

This new role has improved access, reducing Did Not Attends (DNAs) and cancellations for those who faced barriers to accessing care, including people with a learning disability, mental health challenges or transitioning from child to adult services. Find out more here (p.10) and in our Book of Best Practice (pp.194–5).

Winner: Supporting every smile – Leeds Teaching Hospitals NHS Trust

This initiative addresses access challenges for children and young people with a learning disability or autism by seeking to reduce anxiety-related cancellations and reportable incidents. Find out more here (p.27) and in our Book of Best Practice (pp.106–7).

Winner: Patient Experience Monitor (PEM) – Dutch Federation of University Medical Centres (NFU)

This project – a coordinated effort to systematically collect patient experience feedback across network of hospitals in the Netherlands – has driven a range of improvements, including better communication of waiting times to patients. Find out more here (p.23) and in our Book of Best Practice (pp.122–3).

Using data to influence change

We use data from many of the national programmes we deliver in submissions to consultations, including the government's consultation to inform the development of the Ten Year Plan. Our response drew on patient experience data to call for a focus on 'waiting well' in the plan for NHS reform.

Senior Research Associate, Chrysa Lamprinakou, published a blog looking at what the 2024 Community Mental Health survey told us about people's experiences of NHS mental health care, with a particular focus on access to care.

Effective treatment by trusted professionals

Key findings:

- Patients largely reported feeling confident in the staff who are providing their care, but there is variation by care setting and at different points of the care journey.

Receiving clinically appropriate and effective care that meets individual needs and is respectful of preferences is fundamental to high quality person centred care. Areas covered in this principle include:

- Confidence in staff
- Care that meets individual needs

Confidence in staff

Participants across six surveys generally felt confident in the staff that were treating them. Four-fifths (80%) of inpatient survey respondents said they 'always' had confidence and trust in the doctors who treated them, with 78% feeling the same about nurses.

There were mixed responses from parents about the level of trust and confidence in staff. Of those who responded to the CYP survey, 64% 'always' had confidence and trust in the staff caring for their child. This was noticeably less positive than U16 CPES respondents, where 83% 'always' had confidence and trust in staff.

People also described how their trust in staff varied at different stages of their care journey; those responding to the maternity survey had more confidence and trust in staff during labour (77%), than when receiving antenatal care (70%) or when they received care after going home (69%).

Care that meets individual needs

Survey questions that explored how care met an individual's unique needs largely looked at the support patients received relating to their pre-existing medical conditions. Those that were asked within the inpatient and UEC surveys suggested there is room for improvement. Seventy percent of respondents in the inpatient survey were able to take medication that they had brought with them when at the hospital. For those that needed help to take medication for any pre-existing conditions, 72% of those that attended A&E felt staff helped them, along with 74% of those who attended a UTC.

Staff views on effectiveness

While the NHS Staff Survey does not directly ask staff about the effectiveness of care, it does include questions about the quality culture within organisations. In 2024, 63% of staff said that the team they work in often meets to discuss its effectiveness: this represented a third consecutive annual improvement from 57% in 2021.

What does this tell us?

Overall, patients report having confidence in the staff providing their care, but levels of confidence do vary at different stages of care, as shown by results from the maternity survey.

On care that meets individual needs, however, it is particularly concerning that around 30% of patients report not having access to their existing medication when in hospital as an inpatient or when accessing urgent and emergency care.

Picker Experience Network (PEN) Awards 2025:

Winner: Support in the community – The Patient and Client Council (PCC)

This project saw a team of senior practitioners work across 18 venues, to support and advocate for the health and social care of marginalised communities. Their empathetic, professional approach built trust and enabled early resolution of issues that previously felt inaccessible. Find out more here (p.11) and in our Book of Best Practice (p.150).

Using data to influence change

Senior Research Associate, Chrysa Lamprinakou, published a blog exploring what the maternity survey results told us about the challenges and opportunities facing NHS maternity care, with confidence in staff identified as an area for improvement.

Continuity of care and smooth transitions

Key findings:

- The vast majority (90%) of adult cancer patients said the team caring for them worked well together, compared to just over two thirds of patients accessing maternity care (74%) or the parents/carers of children and young people in hospital (73%).
- The sharing of medical history is variable across surveys, placing a burden on patients to repeat their history, and highlighting the urgent need for the Single Patient Record (SPR) committed to in the Ten Year Plan.

Care journeys often involve a host of different staff members, teams, and even providers. When patients move between professionals or providers, these transitions should be smooth – with information, plans, and relationships transferring as seamlessly as possible. Areas covered in this principle include:

- Collaboration and teamwork among healthcare staff
- Receiving treatment from the same staff
- Knowledge of medical history

Collaboration and teamwork among healthcare staff

The quality of teamwork between the staff providing care is visible to patients and their families and forms an important part of how patients evaluate care quality. The degree of teamwork between staff experienced by patients varies across different services according to national data. For example, when asked whether the whole team looking after them worked well together to give the best possible care, 90% of adult cancer patients said 'yes'. This is particularly important to patients, with key driver analysis completed in 2022 showing that 'the whole care team worked well together' was one of the top three drivers of a high rating of care.

However, people accessing maternity care reported a less positive experience of teamwork, with just 74% feeling that the midwives and/or doctors providing their care 'always' worked well together. Parents responding to the CYP survey reported a similar level of teamwork among staff, with 73% saying that staff caring for and treating their child 'definitely' worked well together.

Only 54% of substantive staff responding to the NHS Staff Survey agreed that teams within their organisation work well together to achieve their objectives.

Receiving treatment from the same staff

Another important aspect of care continuity is being treated by the same staff, as this promotes positive relationships between patients and healthcare staff. While there will be times when the staff or team providing treatment will need to change, for example when a patient is discharged from hospital to receive care in the community, working consistently with a particular member of staff can allow patients to build rapport and trust.

Data from national surveys suggests there is plenty of progress to be made in this area: just 61% of respondents to the maternity survey said they saw the same midwife at their antenatal check-ups 'all of the time' or 'most of the time'. The picture is similar for U16 CPES respondents, where 59% of patients 'always' saw the same staff members for their treatment and care. When asked about the nurses that came to their home or school, only 43% of children and parents said the nurses were 'always' the same.

Knowledge of medical history

When a patient's care moves between teams or providers, it is vital that their medical history is communicated effectively. Ensuring all staff have the relevant information supports person centred care and prevents patients having to repeat their medical history at each interaction.

Results from the U16 CPES show that only 60% of parents said different staff providing care were 'definitely' aware of their child's medical history, illustrating room for improvement.

Responding to the maternity survey, 76% reported that their midwife or midwifery team appeared to be aware of them and their baby's medical histories. When asked about needing to repeat their mental health history, 40% of respondents to the CMH survey said they 'sometimes' had to repeat this information to their mental health team, while a further 36% said they 'often' had to repeat their medical history. While repeating information can sometimes be necessary for safety, unnecessary repetition can undermine people's experiences of care.

Pressures affecting staff

The NHS Staff Survey includes a number of items on the pressures faced by staff: these are relevant here as it is reasonable to expect that this might affect the continuity of care experienced by patients and service users. More than two in five NHS staff reported having felt unwell as a result of work-related stress in the last 12 months: while this is an improvement from a high of 47% in 2021, stress is an important driver of absences that can affect continuity of care.

What does this tell us?

While there is evidence of effective collaboration between teams providing cancer care in the NHS, the results across other national surveys show that there is variability across different pathways.

These results also suggest that while patients perceive there to be a more effective system of medical history knowledge sharing in maternity services, compared to children's cancer care and in community mental health care, improvements are still needed. This is why it is welcome to see commitments to a Single Patient Record (SPR) in the recently published Ten Year Plan.

Priority has been given to maternity care as part of its rollout, but these results suggest that there are other areas of care that could benefit from prioritisation, including community mental health care.

59%

of children receiving cancer care always saw the same staff.

Picker Experience Network (PEN) Awards 2025

Winner: Optimising cancer personalised care – Royal Devon University Healthcare NHS Foundation Trust

This trust designed a personalised end of treatment summary document which strengthens continuity of cancer care by including clear information about diagnosis, treatment and follow-up. Find out more here (p.21) and in our Book of Best Practice (pp.158–9).

Runner up: Innovating the traditional lung cancer patient pathway – Northumbria Healthcare NHS Foundation Trust

This trust launched the UK's first lung oncology virtual ward which improves continuity between acute and community services. Find out more here (p.24) and in our Book of Best Practice (pp.132–3).

Clear information, communication and support for self-care

Key findings:

- Patients tend to report that they understand information provided to them by healthcare professionals, but less so in A&E settings.
- There is considerable room for improvement in sharing information about more holistic elements of wellbeing – including access to support groups and government benefits – and in informing patients about the next steps when leaving hospital.

Knowledge is power, and people using health and care services should receive accurate, reliable and high quality information in a format that meets their needs and preferences. Areas covered in this principle include:

- Accessible information and clarity of communication
- Having a main point of contact
- Asking questions
- Being informed about the next steps

Accessible information and clarity of communication

Across a number of national surveys, patients are asked if they were spoken to by staff in a way that they understood. Patients responding to the maternity survey reported a better experience on these questions compared to other surveys, with 88% saying they were 'always' spoken to in a way they could understand when receiving antenatal care and 85% agreeing when asked about the information provided to them during labour and birth.

Patients in A&E, however, reported poorer experiences with only 60% agreeing that staff 'completely' explained their condition and treatment in a way that they could understand. This increases to 73% in UTCs. Children and young people reported similar experiences – with 69% of U16 CPES respondents saying that staff spoke to them in a way they could understand, compared to 73% of CYP survey respondents.

In recognition of the wider social determinants of health and taking a holistic view of health and social care, respondents to the CMH survey and NCPES are asked if they received any help or advice on accessing support groups or financial support. It is promising that 92% of NCPES respondents said they had received information about accessing self-help groups, events and resources, while 72% said they had also received information about their entitlement to benefits or financial assistance[2]. The picture is poorer for people using community mental health services, as only 29% of respondents said they had 'definitely' received help or advice on joining a group or activity, while only 17% said they had 'definitely' received help or advice on access to financial support.

Having a main point of contact

Patients generally report positive experiences when asked if they had a main contact person, particularly in cancer care for both adults (91% said 'yes') and for children and young people (90% said 'yes'). Parents or carers of children receiving hospital care also reported positive experiences, with 90% reporting that they had a main contact person to reach out to if they were worried about their child once they got home. When asked if they had a main contact to reach outside of office hours if they had a crisis, 78% of community mental health service users agreed, while 74% of respondents to the inpatient survey said they had a contact they could reach if they were concerned about their condition or treatment once they left the hospital.

Asking questions

Feeling comfortable and empowered to ask questions for clarification is essential to person centred care, yet data from the national surveys shows that there is variation across different parts of the NHS. Respondents to the U16 CPES generally reported positive experiences when asked if they were able to ask questions about their or their child's cancer care and treatment: 85% said they were 'definitely' able to ask questions following the diagnosis, while 89% said they were 'definitely' able to ask questions about care and treatment.

Similarly, the majority of parents, carers and children responding to the CYP survey reported that they were 'always' or 'definitely' able to ask staff questions, with 74% of parents and carers and 70% of children agreeing. It is concerning, however, that only 49% of respondents to the maternity survey said they 'completely' had the opportunity to ask questions about the labour and birth after their baby was born.

Being informed about the next steps

People's experiences of healthcare do not start and end at a hospital, clinic or practice – and much like the experience of waiting for care, the experience post-treatment can be stressful without access to the correct information.

Across two national surveys, we ask patients if they were told what was going to happen next. Parents and carers reported slightly better experiences of being informed about next steps compared to their children, with 66% saying they 'definitely' knew about the next steps compared to 60% of children. For adult inpatients, only 46% of respondents said they 'definitely' knew what would happen next with their care.

Staff experiences of time pressures

One of the key reasons why patients can feel unable to ask questions or receive clear communication is that staff may have insufficient time. This is illustrated by results from the NHS Staff Survey, which show that only 27% of substantive NHS staff said they 'never or rarely' had unrealistic time pressures – while less than half (47%) said that they were able to meet all of the conflicting demands on their time at work. Although both of these figures show improvement since 2021, they nevertheless illustrate how many staff feel under time pressure in their roles.

What does this tell us?

Overall, patients report that generally the information received about their health, condition and treatment is understandable, but there is room for improvement in how this information is communicated to patients in A&E.

While it is reassuring to see that cancer patients feel well informed about accessing holistic care, the responses from service users in community mental health show there is significant room for improvement in access to information about support groups and access to financial support. A holistic approach to people's health and wellbeing is a central tenet of plans to move more care from hospitals to the community, so these results suggest there will be challenges to overcome to achieve this shift.

National results also point to two other priorities for improvement – firstly, in maternity care, people report poor experiences of being able to ask questions about the birth of their child once their baby has been born, and secondly, there is need for improvement in informing patients about next steps when leaving hospital.

This will be particularly important as the NHS seeks to shift from analogue to digital, as while the Ten Year Plan promises significant expansion of the NHS App and its functionality – including functions like 'My Companion' to provide extra support and to ensure "there are always two experts in every room" (p.50) – there will be a pressing need to ensure that this expansion is inclusive and does not exacerbate existing inequalities related, but not limited to, socioeconomic deprivation and age.

Picker Experience Network (PEN) Awards 2025

Winner: The Lichen Sclerosus Guide – University of Bristol and University of Nottingham

A digital, co-produced online resource that offers clear, accessible information via written content, videos, animations and downloadable tools. Find out more here (p.20) and in our Book of Best Practice (pp.202–3).

Runner up: Using technology to enhance stroke rehabilitation care – Liverpool University Hospitals NHS Foundation Trust

A digital stroke rehab model that empowers patients to take control of their recovery. Find out more here (p.25) and in our Book of Best Practice (pp.116–7).

Using data to influence change

We utilised data from the National Cancer Patient Experience Survey (NCPES) and the Under 16 Cancer Patient Experience Survey (U16 CPES) in our submission to the government's consultation on the upcoming National Cancer Plan, calling for more holistic support for patients.

Senior Research Associate, Nene Ibokessien, and Research Manager, Samantha Guymer, wrote a blog on what the 2024 Adult Inpatient survey results show us about patient experience in the NHS, with a focus on patient involvement in discharge processes and clarity in the communication of information about virtual wards as a 'step-down' approach.

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[2] Analysis of this question excludes respondents who stated: 'No, I did not need information' and who responded, 'Don't know/can't remember'.

Emotional support, empathy and respect

Key findings:

- Most patients report being treated with dignity and respect or were shown kindness and compassion by the staff caring for them; however, experiences are poorer in postnatal care and community mental health care.
- The appropriateness of support offered at different stages of pregnancy varies, with support around labour and mental health support better than support around feeding.
- Patients generally feel that their fears and concerns are managed well, particularly in cancer care.

Emotional support, empathy, and respect for the patient are at the heart of the principles of person centred care. Areas covered in this principle include:

- Worries and fears
- Showing compassion and respect
- Level and appropriateness of support

Worries and fears

Accessing healthcare and receiving treatment can be a source of anxiety for patients, their families, and carers. A person centred approach recognises these concerns and provides reassurance throughout care, taking time to listen and work collaboratively on plans to address worries.

National survey results show that support for anxiety, worries and fears varies across services. In NCPES, 94% of respondents said that a member of the team looking after them had helped to create a plan to address their needs or concerns. Among cancer patients being treated as an outpatient or day case, 80% reported 'always' being able to talk to hospital staff about their worries or fears if they needed to. In contrast, only 60% of inpatient survey respondents said they were 'always' able to do so.

For children responding to the CYP survey, 71% said staff 'always' took time to listen to their worries and fears, and 76% said staff 'always' tried to help them with their worries and fears. However, only 59% of parents felt staff 'always' took time to listen to their child's concerns.

Showing compassion and respect

Patient and staff experiences of empathy, compassion, dignity and respect received – both from healthcare professionals during care and treatment, and amongst colleagues – are assessed in most of the national surveys conducted by Picker.

The majority of patients receiving maternity care reported positive experiences regarding empathetic support from healthcare professionals across different stages of care. When asked about their antenatal care, 87% of respondents stated that they were 'always' treated with respect and dignity. During labour and birth, 85% said they were 'always' treated with respect and dignity, 82% said they were shown kindness and compassion. Postnatally, experiences were less positive: 71% reported 'always' being treated with kindness and understanding in hospital after the birth of their baby.

A high proportion of inpatients and parents of children receiving cancer care also reported positive experiences of empathetic healthcare staff. In the inpatient survey, 80% of respondents said they were 'always' treated with kindness and compassion, and 82% reported 'always' being treated with respect and dignity while in hospital. Similarly, in the U16 CPES survey, 91% of parents stated that they and their child were 'always' treated with respect and dignity by staff, while 86% felt they were 'always' treated with empathy and understanding by members of staff caring for their child. For adults receiving cancer care, 88% reported that they were 'always' treated with respect and dignity during their hospital stay.

In the CYP survey, 74% of parents/carers reported 'always' being treated with dignity and respect, and 72% reported being treated with kindness and compassion by staff. For urgent care patients, 70% said they were treated with respect and dignity 'all of the time' in A&E, and 81% said the same in UTCs.

The poorest experiences were observed in the CMH survey where only 65% of respondents reported that they were 'always' treated with care and compassion. Similarly, 65% of CMH respondents said they were 'always' treated with respect and dignity by NHS mental health services.

Finally, in the NHS Staff Survey, staff are asked about whether they are treated with respect and kindness by their colleagues. More than two thirds of substantive staff 'agree' or 'strongly agree' (71%) that their colleagues are understanding and kind to one another, while 72% 'agree' or 'strongly agree' that their colleagues are polite and treat each other with respect. These results are similar for bank workers (72% and 74% respectively). The majority of respondents to these questions answer 'agree' instead of 'strongly agree'.

Level and appropriateness of support

Respondents to the maternity survey are asked a number of questions related to the additional support they were offered at different stages of their pregnancy: only 60% reported that they 'always' received enough support and advice from midwives on feeding their baby. When asked if they felt they received appropriate advice and support when they contacted a midwife or the hospital at the start of labour, 84% of respondents agreed.

Respondents to the maternity survey are asked about the support they received around their mental health and wellbeing: 76% of respondents reported that midwives 'definitely' asked them about their mental health during their antenatal check-ups, and 89% felt they received enough support for their mental health needs during their pregnancy, with 93% reporting that a midwife asked them about their postnatal mental health.

Cancer patients also report generally positive experiences when asked about receiving the 'right amount of support': 78% of NCPES respondents said they 'definitely' received the right amount of support for overall health and wellbeing from hospital staff, however, only 48% said they 'definitely' received adequate support from staff at their GP practice during cancer treatment. Key driver analysis completed in 2022 shows that receiving the 'right level of support for their overall health and wellbeing from hospital staff' was one of the top three drivers of a high rating of care for NCPES respondents.

78%

of adult cancer patients 'definitely' received the right level of support for their overall health and wellbeing from hospital staff.

What does this tell us?

While there is variation in the reported levels of dignity and respect shown to patients by staff, overall, patients and service users report positive experiences in their interactions with staff and about the level of emotional support provided. However, results from the CMH and maternity surveys show there is room for improvement, particularly in postnatal care.

That staff and patients report generally positive experiences related to dignity and respect, is positive as this is fundamental to person centred care, and to a positive care and working environment.

Picker Experience Network (PEN) Awards 2025

Winner: High quality care for patients through exceptional care for staff – University College London Hospitals NHS Foundation Trust

The Be Well initiative was developed from staff feedback and supports physical, emotional, financial and professional wellbeing. It contributed to UCLH achieving the highest satisfaction scores in the NHS Staff Survey and becoming the most recommended acute trust to work at for three consecutive years. Find out more here (p.33) and in our Book of Best Practice (pp.190–1).

Winner: The PaCT workshop – University of Greater Manchester

Co-produced and led by service users and carers, this model spans all three years of the adult nursing programme to educate students in person centred care, ethical awareness, and emotional intelligence. Find out more here (p.34) and in our Book of Best Practice (pp.206–7).

Using data to influence change

Policy and Public Affairs Manager, Olli Potter, wrote a blog for the Health Service Journal (£) on the need for the upcoming National Cancer Plan to amplify patient voices and tackle health inequalities, using data from the 2024 National Cancer Patient Experience Survey (NCPES).

Involvement in decisions and respect for preferences

Key findings:

- People receiving maternity and cancer care reported feeling more involved in decisions, while patients in inpatient settings and A&E departments, as well as service users in community mental health services, reported poorer levels of input in decision-making.

For care to be truly person centred, individuals must have an active role and voice in decisions about their care and treatment, however, views about the level of input and empowerment facilitated by services varied substantially across national surveys. Areas covered in this principle include:

- Involvement and empowerment

Involvement and empowerment

The majority of the surveys conducted by Picker ask respondents about the extent of their involvement in decisions about their care. The maternity survey explored perceived collaboration between people receiving maternity care and their care team during and after pregnancy. Overall, respondents felt most involved in decisions during antenatal care, with involvement reported as slightly lower during labour and birth and lower again during postnatal care. Specifically, 80% reported 'always' feeling involved in decisions while receiving antenatal care, compared with 75% during labour and birth and 72% during postnatal care. Fewer respondents felt involved in the decision to be induced (59%).

Just over half (58%) of respondents who received urgent and emergency care in an A&E department were involved 'as much as they wanted to be' in decisions about their care and treatment, compared to 71% of patients who attended a UTC.

Respondents to the NCPES survey reported generally positive experiences of involvement: 80% stated they were 'definitely' involved in decisions about their treatment options, and 72% reported 'always' being involved in decisions about their care and treatment while in hospital. However, reported involvement was lower in inpatient settings, where only 37% felt that staff involved them 'a great deal' in decisions about their care and treatment.

When looking at the experience of children and young people with cancer, 69% of parents/carers and children felt that they were definitely involved 'as much as they would like to have been' in decisions about their/their child's care and treatment. Children responding to the CYP survey were slightly more positive, with 87% reporting that they 'definitely' felt involved 'as much as they would like to be' with decisions about their care. Parents/carers were more positive about their level of involvement, with 92% reporting they 'definitely' felt involved 'as much as they would like to be'.

More broadly, the CMH survey asked respondents whether they felt in control of their care, taking a holistic view rather than focusing on specific decisions or points in the care journey. Fewer than one-third of respondents (29%) reported feeling in control of their own care.

Staff experiences of involvement

The NHS Staff Survey does not directly ask whether staff feel able to involve patients in their care, but it does include a number of questions around workforce involvement. For example, only half (50%) of staff say that they are involved in deciding on changes that affect their work area. This suggests scope for improvements in partnership working with professional stakeholders as well as with patients and the public.

What does this tell us?

National survey findings highlight opportunities to strengthen patient empowerment, with experiences of involvement in decision-making varying across care settings and stages and influenced by contextual factors such as urgency and clinical complexity. Taken together, these results suggest that further improvement may be needed if the government's ambition to "above all else… give power to the patient" (p.142) is to be realised.

Picker Experience Network (PEN) Awards 2025

Winner: Health Equity Action Leadership (HEAL) – Barts Health NHS Trust

The East London Citizens Organisation and Barts Health NHS Trust partnered to create the HEAL initiative – a community-led programme that empowers local residents to shape healthcare services. HEAL trains champions in health literacy and community organising, equipping them to advocate for their communities, gather lived-experience insights, and co-design campaigns that tackle systemic barriers to care. Find out more here (p.28) and in our Book of Best Practice (pp.38–9).

Runner up: Connect North Community Appointment Day – The Northern Health and Social Care Trust

This initiative developed a co-designed, integrated prescribing model supporting adults facing social, emotional or practical challenges. Evaluation showed 100% of attendees felt listened to, informed, and involved in decisions. Find out more here (p.15) and in our Book of Best Practice (pp.126–7).

Runner up: Service excellence, You+Us=Together – Cleveland Clinic London

Developed from insights gathered from nearly 200 caregivers and extensive patient feedback, this initiative to improve patient experience was co-designed with service users to ensure their preferences and needs were being heard. Find out more here (p.16) and in our Book of Best Practice (pp.72–3).

Involvement and support for family and carers

Key findings:

- Generally, patients report a high level of family and/or carer involvement in their care, particularly in adult cancer care and for children and young people in hospital.
- Involvement of family and carers is reported to be lower across the community mental health and urgent and emergency care surveys, highlighting challenges in engaging family and carers in moments of urgency.

Family, carers, friends and wider support networks are essential partners in care, helping to improve outcomes and the overall wellbeing of people receiving care. Areas covered in this principle include:

- Family and carer involvement
- Support for carers

Family and carer involvement

The NCPES and maternity surveys asked patients about their family and carers' involvement in their care. Most patients reported their family or carers were involved as much as they wanted: 85% of adult cancer patients and 94% of people accessing maternity care. Additionally, 83% of adult cancer patients reported they were told that they could have a family member, carer, or friend present when they were first informed of their cancer diagnosis. The CYP survey showed that 92% of parents felt involved in decisions about their child's care and treatment 'as much as they wanted to be'.

However, the CMH and UEC surveys highlight poorer experiences of family and support network involvement: in the CMH survey, only 45% of patients definitely agreed that mental health services involved a family member or someone close to them as 'much as they would like'. In the UEC surveys, 66% of patients attending a UTC and 54% attending A&E reported 'yes, definitely' when asked if a family member, friend or carer had enough opportunity to talk to a health professional.

Support for carers

Family carers, often called 'unpaid carers', need to feel supported by healthcare professionals to effectively manage their caring responsibilities. This can include clear information on treatment and medication, guidance on side effects, signposting to financial or community services, and emotional or mental health support. The CMH survey found that only 30% of service users reported their mental health team provided support to their family or carer during a crisis.

What does this tell us?

Areas showing lower involvement of family, friends and carers – particularly mental health and urgent and emergency care settings – are often areas where treatment requires urgency which can limit opportunities for family, friends and carer input. This underscores a need for targeted strategies to enhance family and carer involvement in these settings to overcome these challenges. Despite these challenges, results across the other national surveys asking about family and carer involvement show patients report positive experiences, particularly in maternity care.

It is also important to note the need for ongoing support for family and carers, even after a patient's treatment has ended, as the emotional and practical burden can persist beyond the hospital setting. Continuity of care and access to post-treatment support or bereavement services can make a significant difference in family and carers' health and wellbeing.

83%

of adult cancer patients were told they could have a family member, carer, or friend present when first informed of their cancer diagnosis.

Picker Experience Network (PEN) 2025:

Winner: Service users, carers and family working to improve patient safety – The Independent Neurology Liaison Group

The Liaison Group partnered with Northern Ireland's Department of Health to create a five-phase model that established a unified definition of patient safety, mandated Patient Safety and Quality Committees, and revised complaints and incident procedures. These changes amplify patient voices and lived experience in policy making and help rebuild trust. Find out more here (p.31) and in our Book of Best Practice (pp.178–9).

Winner: Co-designing compassion – Barts Health NHS Trust

This trust developed an accessible survey to ensure bereaved families' and carers' voices are heard and are at the centre of compassionate, inclusive end of life care. Feedback has been used to clarify the role of coroner guidance, to revise property return policies, and to enhance staff training. Find out more here (p.30) and in our Book of Best Practice (pp.32–3).

Using data to influence

We utilised data from the 2023 Community Mental Health Survey in our submission to the Health and Social Care Committee's inquiry into community mental health services, highlighting that service users would like to see improvements in the support they receive while waiting to access care, crisis care support and access. Disabled service users were less likely to report that family and friends had been involved in their care.

Attention to physical and environmental needs

Key findings:

- Patients report positive experiences when asked about the level of dignity and privacy offered to them while receiving care, except for when first arriving at reception to access urgent and emergency care.
- Access to food and amenities are highlighted as areas for improvement, both by patients and staff.

Patients should be treated in care environments that are safe, comfortable, and provide for their needs. Areas covered in this principle include:

- Privacy and dignity
- Meeting individual needs
- Accessing food and drink
- Staying connected in hospital

Privacy and dignity

Ensuring that treatment and care take place in safe, comfortable spaces which afford both privacy and dignity is essential. Generally, people report receiving a good level of privacy during care. In the CYP survey, 83% of children said they were 'always' given enough privacy, with the same proportion of parents reporting this for their child's care. In the inpatient survey, 89% said they were 'always' given enough privacy when they were being treated or examined. While for community mental health service users, 74% said they 'definitely' had enough privacy to talk comfortably in their last therapy session.

For people accessing urgent and emergency care services, experiences of privacy varied. For patients accessing A&E services, 75% felt they were 'definitely' given enough privacy while being examined and treated. This rose to 87% for those receiving treatment in UTCs. However, when speaking with the receptionist, only 51% of patients attending a UTC said they 'definitely' had enough privacy, and for patients attending an A&E, the experience was poorer with only 46% saying they 'definitely' had enough privacy.

Meeting individual needs

Patients have different needs when discussing their condition with healthcare staff, and each should be given sufficient time to talk about their condition, treatment and concerns. Survey results highlight variation across services. Only 51% of community mental health service users said they were 'definitely' given enough time to discuss their needs and treatment. There are also poor results for patients in A&E – just 61% say they 'definitely' had enough time to discuss their condition and treatment with the doctor or nurse. Findings were more positive for UTCs, where 76% said they 'definitely' had enough time for discussion, and among parents responding to the U16 CPES, 79% reported 'definitely' being offered enough time to make decisions about their child's treatment.

Accessing food and drink

When asked about their ability to access food and drink, patients generally reported unsatisfactory experiences. Just 44% of patients in A&E services reported that they could 'always' access food and drink. This is only marginally better for patients in UTCs (47%). CYP survey respondents reported similarly poor results with only 49% of parents and 43% of children saying there was 'always' enough choice of hospital food. When asked about their overall access to food in hospital, only 27% of respondents to the CYP survey rated it as 'very good'.

To promote the delivery of person centred care, healthcare environments must meet the needs of the staff working in them. However, when NHS staff are asked whether they can eat nutritious and affordable food while working, only 22% of substantive staff and 27% of bank workers said they 'always' could.

Staying connected in hospital

One of the three shifts underpinning the Ten Year Plan is moving from analogue to digital. Two national surveys asked respondents about the quality of hospital Wi-Fi, providing insight into digital development in the NHS. Just 42% of parents responding to U16 CPES said the Wi-Fi in hospital was 'always' good enough to meet the needs of them and their child. In the CYP survey, parents rated hospital Wi-Fi slightly more positively than their children, with 49% saying it was 'always' good enough, compared with 43% of children.

What does this tell us?

Overall results under the theme of privacy are generally positive, however patients accessing urgent and emergency care are clearly concerned about the lack of privacy afforded to them when speaking to reception staff at both A&E departments and UTCs. As a first point of contact, it is important that patients feel confident to discuss their concerns in private, not only to afford them dignity, but to aid with accurate triage.

Patients and staff are both concerned about access to food in healthcare settings, which is concerning considering the role of nutrition in recovery, and in ensuring a healthy and productive workforce.

Finally, as a proxy for wider digital transformation in the health service, the results from questions about the quality of Wi-Fi available to young patients across the U16 CPES and CYP surveys, shows that there is room for improvement. It is well-documented that staff struggle with slow and outdated technology, which impacts their ability to work effectively and efficiently, but for patients, particularly younger patients, access to good quality Wi-Fi is essential to staying connected to family and friends, as a source of entertainment and to assist them in learning as they take time away from school.

Picker Experience Network (PEN) 2025:

Winner: Teddy bear hospital – Ulster University

This initiative was designed to help young children overcome fears around healthcare. Now in its second year, the project has grown from a local event into a nationally recognised programme. Parents and schools have praised its ability to reduce anxiety and build trust. Find out more here (p.12) and in our Book of Best Practice (pp.188–9).

Runner up: Leri cancer unit – Hywel Dda University Health Board

This health board created a space which improves patient comfort and dignity as well as staff morale by integrating public art into the design of the unit. Find out more here (p.14) and in our Book of Best Practice (pp.96–7).

Conclusions

Patient experience, voice, and choice have all featured prominently in recent government publications, particularly the blueprint for the NHS of the future – the Ten Year Plan.

For everyone to experience person centred care in the NHS of 2035, it is important that feedback from patients and staff is heard and acted upon. The survey results described in this report highlight numerous areas for improvement, with varied challenges across different themes and within specific care pathways. For staff, who are central to the successful delivery of the Ten Year Plan, it is essential that they feel supported and empowered to progress this ambitious blueprint for change.

In general, patients report poorer experiences in urgent and emergency care and in community mental health settings. Improvement in these areas should be considered a priority, but they are not the only settings where patients described problems. Even in services where patient experience is generally more positive, such as cancer care, there are specific areas that need targeted improvement to deliver more person centred care.

Some of these areas are already under consideration by government and form part of an existing strategy, including:

- Improving waiting times and access to care, with a particular focus on urgent and emergency and inpatient care, as outlined in the Ten Year Plan and Reforming Elective Care for Patients.
- Greater consistency in awareness of medical records among staff to prevent burden of repetition on patients and carers, as outlined in the Ten Year Plan's commitment delivering a Single Patient Record (SPR).

Some areas for improvement are included in existing government strategies, but would benefit from greater clarity:

- Clearer communications so that patients understand their conditions, tests results, treatment and next steps, as committed to in the Ten Year Plan, although largely via the shift from analogue to digital, which risks increasing existing inequalities and digital exclusion without appropriate mitigation.
- Improved holistic support as outlined to some extent in the Ten Year Plan's ambitions related to shifting to the community.
- Better engagement of patients in decisions about their care, as outlined in the Ten Year Plan's commitment to patient engagement and choice.

Many of these are areas that are central to the government's plans to build an NHS 'fit for the future', including moving 'from analogue to digital' and 'from hospital to community'. This demonstrates that public engagement in the design of the Ten Year Plan has resulted in public priorities being reflected in the blueprint: with the plan delivered, successful implementation is now essential and must be done in partnership with patients and service users.

Additionally, there are other areas of concern that do not currently form part of a government strategy for improvement, these include:

- Improved waiting times and better access to community mental health care, alongside better holistic support for people accessing these services, and their families and carers. The Health and Social Care Committee (HSCC) published its final report as part of its inquiry into community mental health services in December 2025, which we submitted written evidence to. We hope that their recommendations will lead to a commitment from government to improve services.
- Better access to self-management education and peer support while waiting for care.
- Stronger family and carer involvement in urgent or crisis scenarios and better communication of information related to their care in A&E departments.
- More privacy when 'checking in' to urgent and emergency care (both A&E and UTCs).
- Better access to nutritious food and drink – for both patients, their families/carers, and staff – and improved digital amenities in healthcare settings.

Looking forward

While it is positive to see a commitment to patient experience, voice, and choice in recent government plans for the future of the NHS, and to see elements listed for implementation that will go some way to empowering patients, the Ten Year Plan is clear that it should be considered "unashamedly [as] a means of redistributing power in our society" (p,22).

To make this bold vision a reality, it is essential that a broad definition of what constitutes patient experience and person centred care is deeply embedded in the everyday reality of the NHS – both locally and in a reformed Department of Health and Social Care after the abolition of NHS England.

Only when patient experience and person centred care are truly embedded as 'business as usual' at both a national and local level, can the risk of patient experience being deprioritised in the face of other priorities, both operational and financial, be mitigated. The proposed National Director of Patient Experience within the Department of Health and Social Care offers an opportunity to embed patient experience in the health service, but only if its design and remit is effectively mapped out and implemented, and if there is clear accountability for patient experience within the Department's senior leadership team.

Recommendations

Based on the findings outlined in this report, we make the following recommendations, grouped by theme, to the Department of Health and Social Care:

Listening to and acting on patient voice

1. **Plans to rapidly expand the use of the NHS App should be accompanied by appropriate measures to support those who are at risk of digital exclusion,** while acknowledging and respecting personal preference and the diversity of reasons why members of the public might not want to use the NHS App.
2. After the announcement that the government intends to abolish Healthwatch England and its local bodies, **an independent patient voice should be safeguarded in the NHS, in some form.** This has been a central feature of the NHS in England for over 50 years in various formats, and it is imperative that all members of the public continue to feel empowered to share their concerns to an independent body. This is key to building trust and demonstrating transparency, particularly for patients and communities who have experienced harm.

Embedding person centred care

3. **NHS organisations should be empowered to understand and act on the feedback they receive from patients** – to facilitate this, a national centre of excellence should be established to provide this expertise and to deliver hands on support to provider organisations.
4. **All NHS staff should be trained in person centred care**, including shared decision making and support for personalised self-management.
5. **An update should be provided on the creation of a Patient Experience Directorate within the Department,** including details on its remit and structure, and how third sector bodies with relevant experience will be involved in co-designing it.
6. As outlined in our recent report on reforming the NHS Friends and Family Test (FFT), the 'patient experience champion' role and its effectiveness should be reviewed by January 2028 – three years after the publication of 'Reforming Elective Care for Patients' – **with a vision to introducing and mandating a dedicated board-level 'Director of Experience' role in all NHS provider organisations in the future.** These roles should be coordinated and work closely with the National Director of Patient Experience within the Department.

Filling key gaps identified in 2025

7. **The current gap in understanding the patient experience of waiting for care should be filled,** as at present we only ask patients about their experience of waiting after they have received care. Picker has developed, and tested with patients and service users, a measure to address this gap.
8. To resolve issues identified by patients across the patient experience surveys included in this report, **strategies should be co-produced with patients, service users and their families and carers.** These include:
   - a. **A 'waiting well' strategy:** To be developed to improve the experience of patients waiting for care. This should learn from other examples, including the Royal National Institute of Blind People's (RNIB) Eye Care Support Pathway framework, while also building on lessons learned from the implementation of Diagnosis Connect.
   - b. **A self-management and peer support strategy:** As part of a 'waiting well' strategy, patients should have better access to self-management education and peer support while waiting for care. This empowers patients and supports wellbeing while waiting to access care. Similarly, lessons learned from the implementation of Diagnosis Connect can be utilised as part of this.
   - c. **A family and carer involvement strategy:** Many patients would like to see stronger family and carer involvement in their care, particularly in urgent or crisis scenarios. A strategy, co-designed with patients, their families and carers, should include information for staff and patients and service users, as well as their families and carers.
   - d. **A healthy and nutritious food strategy:** Access to nutritious food and drink – for both patients, their families and carers, and staff – is important to wellbeing and maintaining good health. For patients, it is important to recovery, while to staff it is essential to a healthy and productive workforce. The Ten Year Plan has committed to new staff standards, including access to nutritious food and drink while working. This should be used as a model for improving catering for patients and service users, aligned with the government's wider ambitions around prevention, including recent interventions related to the advertising of products high in fat, salt or sugar (HFSS).
   - e. **A patient digital amenities strategy:** Patients report a need for improved digital amenities in healthcare settings, particularly reliable Wi-Fi, which is important to help patients maintain contact with family and friends, access entertainment and, for children and young people in particular, to access educational materials. Learnings can be taken from successful projects, including Great Ormond Street Hospital for Children NHS Foundation Trust's patient bedside digitisation platform (p.22).
   - f. **A patient experience strategy for urgent and emergency care:** Patients would like to receive clearer communications related to their condition and/or treatment, particularly in A&E departments and more privacy when 'checking in' to urgent and emergency care, both in A&E and at UTCs. Addressing concerns raised by patients accessing UEC care should be done in collaboration with patients and service users.

Limitations

This report combines feedback from hundreds of thousands of patients and staff across NHS services, linking their experiences to the Picker Principles of Person Centred Care. The surveys included in this report are all delivered by Picker and offer a comprehensive overview of patient experience. They are not, however, exhaustive as there are other patient experience data collections in England, including for example, the GP Patient Survey (GPPS).

In presenting these insights, we also set out the methodological limitations that accompany the data sources used.

All data come from national experience surveys (see Appendix 1). The cross-sectional design of these surveys and the methodological approaches used give rise to a few limitations:

- **Comparability:** Differences in question wording and response options across surveys may affect responses, meaning some variation could stem from question design. We reduce this risk by exploring multiple items within each survey.
- **Population differences:** Each survey represents different patient and population groups with different demographic and socioeconomic profiles. Some of those differences may be associated with different response tendencies in surveys.
- **Seasonal effects:** Surveys were conducted at different time periods across 2024 and 2025 which may lead to 'seasonal' effects in the data.

Although these limitations should be noted, the scale and consistency of the findings mean they do not fundamentally undermine the analysis. The handling and presentation of the data have been designed with these constraints in mind.

Appendix 1

This report uses publicly available data from the national patient and staff experience surveys we deliver for NHS England and the Care Quality Commission (CQC) to provide a holistic picture of the state of person centred care. All surveys were conducted across 2024 and 2025, with the majority published in 2025. The below table is ordered by publication date.

Commissioner	Survey	Survey year	Publication date	No. of responses	Response rate	Eligibility
CQC	Maternity	2024	November 2024	18,951	41%	People who gave birth between 1 and 29 February 2024 (and during January if a trust did not have a minimum of 300 eligible births in February).
CQC	Urgent and Emergency Care (UEC) 1 Urgent and Emergency Care (UEC) 3	2024	November 2024	35,670 10,325	29% 26%	People who attended a Type 1 service (A&E department) in February 2024. People who attended a Type 2 service (Urgent Treatment Centre or Minor Injury Unit) in February 2024.
NHS England	NHS Staff Survey	2024	March 2025	774,828	50%	See technical guidance.
CQC	Community Mental Health (CMH)	2024	April 2025	14,619	20%	People aged 16 and over who received treatment for a mental health condition between 1 April and 31 May 2024.
NHS England	NHS Staff Survey for bank only workers	2024	April 2025	24,318	19%	See technical guidance.
CQC	Children and Young People (CYP)	2024	May 2025	25,821 (of which 12,917 were aged 8–15 years)	20%	Children and young people in hospitals in England during March, April and May 2024. Respondents were children and young people aged between 8 to 15 years old and their parents or carers, and the parents or carers of children aged 0 to 7 years old.
NHS England	National Cancer Patent Experience Survey (NCPES)	2024	July 2025	64,055	50%	All adult NHS patients with confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2024.
CQC	Adult Inpatient	2024	September 2025	62,444	41%	People who stayed in hospital for at least one night for tests, medical treatment or surgery during November 2024.
NHS England	Under 16 Cancer Patient Experience Survey (U16 CPES)	2024	November 2025	759	22%	Children under the age of 16 and their parents or carers who have recently had care at certain hospitals in England. Those hospitals are Principal Treatment Centres (PTCs).

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