Macmillan Cancer Support has identified eight behaviours that help healthcare staff build positive relationships with patients. Its standard highlights how getting communication right can improve care.

By Lynne Pearce

While clinicians may focus on diagnosis and treatment, for patients with cancer, the overall experience of care is as important as the outcome. Yet according to Macmillan Cancer Support, evidence suggests almost one in five people with cancer feel as though they are treated as a set of symptoms, rather than an individual.

Since 2009, the charity has been promoting its own values-based standard, which concentrates on the ‘moments that matter’ to those affected by cancer. Based on eight behaviours, the standard encourages better relationships between patients and professionals to improve the quality of care.
'Our research shows that patients are much more likely to tolerate issues such as peeling plasterwork if they are treated with compassion, dignity and respect,' says Macmillan’s head of inclusion Jagtar Dhanda. ‘This outweighs everything else and has a massive effect.’

Putting the standard into practice has led to a variety of small but significant changes. For example, at one trust, cancer patients who told staff they were unhappy about their food options now have a much more varied menu. Another trust has set up a storytelling scheme, enabling patients to share the pros and cons of their experience with staff.

Clinical nurse specialists in cancer undoubtedly play a major role in patient care, but the standard reinforces the understanding that all nursing staff are critical to better patient experiences. ‘It’s not just about senior nurses,’ says Mr Dhanda. ‘There are simple behaviours that professionals at any level of nursing can do.’

The Macmillan values-based standard

» Naming: patients are experts on themselves. The information they give helps you understand them.

» Private communication: patients decide if information can be shared and with whom.

» Communicating with more sensitivity: patients are much more than their condition. They need communication that reflects this, with support and the ability to share any concerns.

» Clinical treatment and decision making: patients need to understand what will happen to them, their treatment options and why recommendations are made. This includes how treatments might make them feel and longer-term effects.

» Acknowledging any urgent need of support: patients should not feel they are being ignored.

» Control over personal space and environment: patients should feel comfortable.

» Managing alone: patients should be supported to manage their own care, but know where to get help if they feel worried or need support. They shouldn’t feel they are coping alone.

» Getting care right: feedback should be encouraged and concerns acted on to improve future care.

This includes using the name the person prefers and being honest when you don’t know something, instead saying you’ll find out. ‘If you get it right at the beginning, you’re more likely to have patients with a positive experience of their care,’ he says.

Information-giving is one of the most important aspects of care, and an opportunity to demonstrate good practice. ‘Nurses have a lot of face time with patients, so they have a sense of when is best to give information and how to provide it,’ says Mr Dhanda.

Role models

‘Information can be complex, full of jargon and not personalised, or it can be tailored, provided in digestible chunks and with support offered. Nurses can act as role models for other professionals, showing how to have these conversations well.’

These discussions should also take into account issues such as whether English is the patient’s first language or a carer needs to be present. ‘If others in the team see this interaction being handled well, it can have a positive effect,’ he says. ‘Often they will see a noticeable difference, where trust is enhanced, the patient is more at ease and they feel they can confidently ask questions.’

In contrast, negative experiences can lead to further difficulties, warns Mr Dhanda. ‘If their experience was poor, it may mean that if symptoms return they don’t bother seeking help. They might stop complying with treatment.’

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He cites reviews that show the correlation between
patient experience, clinical effectiveness and outcomes, pointing to the Francis report into care failures at Mid Staffordshire NHS Foundation Trust. ‘In particular, there’s a strong connection to patient safety,’ he argues. ‘The report clearly showed the impact of not treating patients with dignity and respect.’

According to the results of the national cancer patient experience survey, Barts Health NHS Trust was the worst-performing trust in the country in 2014, and the second-worst the year before. The survey covers all 148 acute and specialist NHS trusts in England that provide adult acute cancer services. Barts is the largest trust in the country, with five London hospitals and 15,000 staff.

**Working together**

Nurse Ellen Sykes joined Barts in March 2015 as project lead for the Macmillan values-based standard. ‘The feedback was clear that we just weren’t getting this right,’ she says. ‘What we’re taking about essentially is a culture change. Staff are focusing on their vocational motivation to improve patients’ experiences.’

Rather than target separate professional groups, Ms Sykes works in inpatient clinical areas, bringing together a wide range of people to discuss challenges. Domestic and administrative staff are also asked to contribute their views. ‘Nursing staff spend the most amount of time with patients, so other staff may think they don’t have a role to play,’ she says. ‘But the more we can encourage others to become involved, the better,’ she says. ‘But nurses remain crucial to its eventual success. ‘There can be a perception that anything involving change is top down rather than getting people on board, but I’m saying “you’re the ones who will be driving this and it’s the voices of you and the patients at the centre”.’

The expertise is at the front line – the challenges are there, but so are the solutions.’

In an NHS under pressure, lack of time is often cited as an obstacle. ‘Part of it is getting people to think differently about the opportunities that are there,’ says Ms Sykes.

**Chance to talk**

‘For example, you have to help people wash, but that gives you the chance to spend time talking to them.’

This kind of interaction is sometimes wrongly dismissed as the ‘soft stuff’, she says. ‘There’s a wealth of evidence out there to say that these are the things that matter most to patients. How relationships are built really influences a person’s experience of their care. Get this right and other things fall into place.’

Understanding this can help staff to put the everyday challenges of their work into context. ‘We’ve done a lot of work finding out what patients think,’ says Ms Sykes. ‘They will say, “I had a long wait at the clinic, but I appreciate that the professionals are taking time with people, just as I want them to take time with me”.’

Then what upsets them is the way someone spoke to them. ‘We hear this all the time.’

She says the project is achieving results already. ‘There’s still a long way to go, but we can see that the feedback is improving,’ says Ms Sykes. ‘It’s like ripples in a pond. The impetus for change comes from within the team. It’s very much patients and staff coming together.’

**How to create better patient experiences**

» Ask patients how they want to be addressed, and make sure you act on what they say. ‘Just getting right what someone wants to be called can open up conversations about what else is important to them,’ says Mr Dhanda.

» Make sure consultations are private, or that patients are told if this isn’t possible.

» Give patients the opportunity to ask questions, including those about alternative treatments.

» Be honest with your patients; tell them when they might need to wait for care because others have more urgent needs.

» Be an agent for change, highlighting when the system is at odds with patient needs, so that improvements can be made.

» As patients prepare to go home, discuss lifestyle changes and ensure they know where to find help. ‘Transition times can be the worst for patients, leaving them feeling isolated,’ says Mr Dhanda.

» Seek feedback from patients about the quality of their care and respond positively, even if their comments are negative. ‘Take positive messages back to staff from the patients,’ says Ms Sykes. ‘Acknowledge where we need to improve, but also recognise some of the amazing experiences that people have had – we don’t do enough of that.’

Find out more about the Macmillan standard at tinyurl.com/Macmillan-values

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Lynne Pearce is a freelance health writer