

UNDERSTANDING THE LINK BETWEEN CANCER PATIENTS' EXPERIENCE AND OTHER OUTCOMES

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Background

Positive patient experience is a vital component of quality healthcare. However, across the NHS, patient experience is still not regarded as having equal importance as clinical effectiveness and patient safety. Evidence on the link between the experiences of cancer patients and other outcomes (such as living longer or living well) would strengthen the case to improve patient experience. This could help ensure experience is given the same weight as clinical outcomes and safety, helping to improve the outcomes of people with cancer.

Methods

A feasibility study was conducted to set the direction for further work in this area. A literature review was conducted on the relationship between patient experience and outcomes, with specific reference to cancer care. Relevant literature was located by; following up references in systematic reviews, and searching databases. This was followed by a consultation with key stakeholders in cancer services to identify and prioritise patient experience and outcomes from their different perspectives (e.g. those of patients, clinicians, nurses, service managers & commissioners). 25 semi structured interviews were completed and analysed thematically.

Results

The interviews highlighted the tendency for clinicians and managers to prioritise waiting times and survival, whilst patients valued a range of quality of life outcomes alongside survival, as well the way in which their care was delivered and the information and support provided alongside clinical care.

Findings from the literature demonstrated consistent positive associations between patient experience and patient outcomes both in cancer care and other conditions. However the types of experience and outcome in these studies varied considerably.

In the general literature:

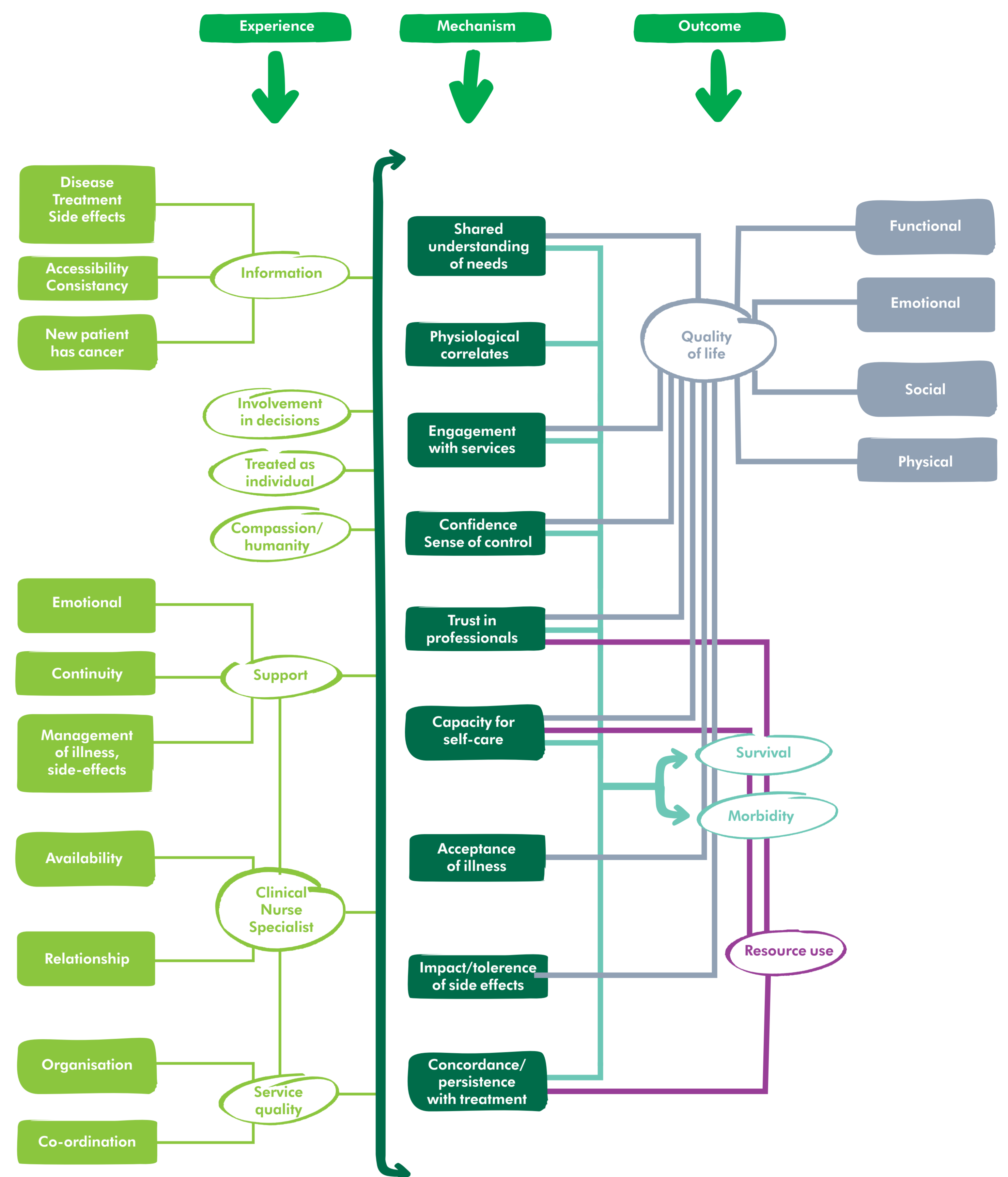
- Increased continuity of care associated with decreased hospitalisation and A&E visits ^[1], although evidence was mixed on whether continuity associated with reduced costs ^[2]
- Good communication associated with a number of outcomes including patient's provision of information aiding accurate diagnosis ^[3], adherence to treatment ^[4], symptom resolution and emotional health ^[5]
- Patient trust associated with continuity with a treatment provider, whilst lack of trust may explain reluctance to seek appropriate care ^[6]
- Control is associated with tolerance of pain, recovery, daily functioning and decreased length of stay in hospital ^[7]

Where cancer specific literature was available these were findings we replicated:

- Good communication associated with adherence to treatment ^[8]
- Involvement in decisions is associated with improved quality of life ^[9]

Insights from the literature, together with the stakeholder interviews point to a number of hypothesised associations between experiences of cancer patients, and other outcomes (see Figure 1).

Figure 1: Hypothesised links between experience and outcomes



Conclusions

Dignity and respect are basic human rights. But there is growing evidence that good patient experience is in fact intrinsically linked to good clinical outcomes. This highlights the importance to all organisations across the NHS and government of ensuring good communication, co-ordination and relational care alongside safe and effective clinical care.

The current work provides a framework for further research needed to understand the nature of these links. The other important question that goes beyond this is whether improving patient experience will also result in improvements in other outcomes. Here the evidence is much more limited, with mixed findings depending on the type of study and the nature of the intervention, so further research is needed to test interventions across the dimensions of patient experience, safety and effectiveness.

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