

**PE4 – The service implements and monitors systems to ensure service delivery is patient-focused.**

- a. Guidance from government, health agencies and professional bodies asserts the need to place the patient at the centre of the service. Patients, and those accompanying them, should have equal access to the service, feel valued, and be treated with respect, dignity and compassion regardless of age, circumstances or any other factor. Processes and procedures used to ensure a patient-focused service should be grounded in current best practice and reflect professional guidance and statutory requirements.
- b. Good communication between staff, patients, those accompanying patients and others involved in the care of the patient, is vital to promoting understanding and enabling patients to make informed decisions about care (see also standard statements CL1 and PE3). Communication should take place at a time and in an environment that is acceptable to all parties and appointment times should be arranged to facilitate communication. Staff working with children and young people should have training in appropriate communication skills to enable them to work effectively with patients and parents, guardians or carers, and support them in becoming active partners in decision making. Information and explanations given to children and young people should be appropriate to the age and intellectual maturity of the individual concerned. Every effort should be made to ensure that children feel safe and reassured during their contact with the service.
- c. The processes used to develop and maintain a patient focus for the service should be clearly described, with clear allocation of roles and responsibilities for different aspects of the processes.
- d. All patients should be treated as individuals. Their specific requirements should be identified and addressed, ensuring the high-quality clinical care they receive is accompanied by consideration for their individual requirements at all times. Patients should be encouraged to ask questions and to communicate their specific requirements and preferences before, during and after their examination or procedure. If these cannot be met, then a suitable safe alternative should be offered.
- e. Consideration must be given to language and other needs to ensure equality of access to the service. A system should be in place to enable an interpreter service to be available as appropriate, (see standard statement FR1 for consideration of physical access).
- f. Appointment and booking processes should comply with guidance and organisational policy and seek to reduce disruption to patients and their carers or relatives. Patients should be offered choices, wherever possible, with regard to the booking and scheduling of their care. This often results in a reduction in the number of patients who do not attend. There should be a system in place to monitor the number of unattended/missed appointments. This should form part of a regular audit programme. Where possible, outpatient appointments for an individual should be reduced by introducing a 'one-stop approach' in which examinations and procedures are planned scheduled and booked to occur during a single visit.
- g. Patients waiting within the service should be informed of the length of time for which they are likely to wait for their examination or procedure and the reason for any delay, should that be necessary. In-patients should be consulted about planned examinations or procedures, which should not conflict with other requirements of the parent organisation, such as protected meal times. (See also standard statement FR1).
- h. Robust systems must be in place to ensure patient identity and examination or procedure details are checked at every stage in the patient's journey through the service. Specific

processes should be in place to identify and protect vulnerable adults and children. All staff should be aware of their own and others' responsibilities for patient identification at each stage. Staff should confirm with the patient how they wish to be addressed, rather than making assumptions regarding the appropriate appellation (see also standard statement CL1).

- i. Processes should be in place to ensure that patients and carers are fully informed about arrangements for transfer and continuity of care.
- j. Processes should be in place to ensure prompt referral to appropriate clinical management and, where necessary, counselling for those who become distressed during their contact with the service, for example, following an unexpected untoward finding.

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