National Director of Patient Experience: To Do List

NHS England recently announced that Jacob Lant has been appointed as National Director of Patient Experience (NDPE) and will take up the role in the autumn.

Jacob is currently Chief Executive Officer of National Voices and was previously Head of Policy, Public Affairs and Research at Healthwatch England.

This briefing outlines the background and context to the role, our view on its creation as part of a wider directorate within the Department of Health and Social Care (DHSC) (see page 7), and a 'To do list' based on what we see as priorities for the newly appointed National Director.

Background and context

The government committed to appointing a National Director of Patient Experience (NDPE) as part of the Ten Year Plan for Health, published in July 2025. This new role would be "responsible for overseeing the collection of more informed feedback from both patients and carers – and making it publicly available" (p89). The Dash review of the patient safety landscape, published shortly after the Ten Year Plan, further expanded on the role of the new function and stated that "the patient experience directorate should:

- Take responsibility for significantly **improving the complaints function** across the NHS
- Seek to **improve wider patient voice and engagement work**
- Take **responsibility for advocacy support for people wishing to complain**, which is currently carried out in local authorities"

The NDPE role was advertised in April 2026 and closed to applications in May. The job description explained that the new role will report jointly to the Chief Nursing Officer for England and the Chief Executive of the NHS, sitting initially in NHS England before transferring to the Department of Health and Social Care as part of the merger of those two organisations. According to the job description, the role will focus on:

- Developing and embedding "innovative and technological solutions… to help local NHS systems **to see and improve care from patient perspectives**";
- Leading the **delivery of patient experience elements of the Ten Year Plan** and NHS Quality Strategy;
- Developing "**new and more ambitious and systematic intelligence systems to gather information** on how patients, unpaid carers, and service users are using and experiencing NHS care"; and
- Developing strategies to **increase public transparency** and **building engagement** with patient experience and VCSE organisations.

The King's Speech 2026 confirmed plans for a Health Bill, paving the way for the creation of a 'Patient Experience Directorate' within the DHSC. This Bill is now progressing through parliament.

The Bill is, naturally, wide reaching, as it sets out to provide a legal basis to deliver the government's vision of the future of the NHS – which includes a core commitment to transfer power to patients and staff. Whilst this shift is very welcome, our briefing on the draft Bill outlines concerns that the initial wording focuses on another transfer of power – from the system to the Secretary of State for Health and Social Care – and does not provide enough detail on how independent patient voice will be safeguarded within the new directorate structure at DHSC following the abolition of Healthwatch.

In parallel, NHS England recently published the Minimum standards for planned patient care, which include eight standards on patient experience that providers are to meet in delivering elective care. These were followed by the Quality strategy for NHS-funded care in England, which restates the NHS's definition of quality as comprising three "core domains… safety… effectiveness… [and] experience".

The new National Director of Patient Experience joins the NHS at a time when national bodies are being reorganised; where the future of independent patient voice remains unclear; and where policy imperatives around patient experience are already beginning to crystalise. Navigating these issues will be challenging, but there is considerable goodwill and support from organisations with an interest in person centred care who want the new directorate to succeed – because **if it does, it has the potential to meaningfully shift the needle on the quality of people's experiences with the NHS.**

To do list

The job description for the new National Director is broad – encompassing patient feedback, voice, and complaints, as well as structural, practical, and improvement responsibilities. All of these things are important, but what are the immediate priorities?

In our view, they are as follows:

National Director of Patient Experience: To do

- ☐ Establish a Directorate of Patient Experience
- ☐ Clarify the model for patient voice after the abolition of Healthwatch England
- ☐ Set out immediate strategic priorities
- ☐ Agree the Future of Patient Feedback

More detail on each of these items is included below.

1. Establish a Directorate of Patient Experience

The job description for the NDPE role did not specify the size, budget or composition of the new directorate – but these details will determine the capacity and capability that it has to drive its agenda. Getting the right team in place will be a crucial early step, and its shape should be informed by a vision of the tasks ahead.

The NDPE will have a breadth of responsibilities including leading delivery of the patient experience elements of the Ten Year Health Plan and NHS Quality Strategy; championing transparent patient experience information; overhauling the NHS complaints system; and leading the transfer of functions from Healthwatch and the Patient Safety Commissioner. This is a long list, and it will require **a highly skilled multidisciplinary team** to deliver it – with expertise not only in patient experience but in a variety of areas including co-production; digital, AI, and technology; patient communications; and measurement and evaluation. Some of these skills will come from existing teams within NHS England and DHSC – but there will be a need to galvanise those teams, rebuild morale after a bruising restructure, and find a way to unite around a shared vision.

It is also clear that the new directorate will have many **internal and external stakeholders** – gaining their buy-in and leveraging their support will be necessary to make change a reality. The NDPE should actively engage with sector stakeholders and with patients and service users with lived experience, as well as their families and carers. The directorate should also engage closely with commissioners and providers and with local authority partners. This should include in-person engagement in local communities: an early '**patient experience roadshow**' would be a good way to foster a network and to listen to and learn from interested parties. Internally, it is essential that the Directorate is actively consulted on and involved from the beginning in the wider work of DHSC, ensuring that patient experience becomes business as usual.

As the Directorate becomes established, it should seek to model transparent, transformative leadership by:

- Setting out and publishing a **strategy for the directorate with associated timelines** and detail on how patients and service users will be engaged in co-production and co-design;
- Maintaining published **information about its role, remit, and responsibilities**, and offering **a clear point of contact** for members of the public; and
- Committing – if the Health Bill does not mandate it – **to publishing an annual patient voice impact report** that brings together evidence from Patient Reported Experience and Outcome Measures (PREMs and PROMs), complaints, and other sources and provides breakdowns by region and provider.

Ultimately the goal for the Directorate should be to become a **national centre of excellence on patient experience.** This is something that Picker has long advocated for – and with the right funding, skills, and capacity, it could offer invaluable **hands-on support** to providers and commissioners across the NHS to ensure that they are **empowered to understand and act on the feedback** they receive. But this is a big step, and reaching this status could take time: throughout this journey, the NDPE should show leadership by convening and boosting input from existing experts within and around the system.

2. Clarify the model for patient voice after the abolition of Healthwatch England

The Dash review into the patient safety landscape rightly noted the complexity of a system that offered many routes for patients to raise their voice and offer feedback. But assuming that the Health Bill passes and Healthwatch England and its local branches close, many of the independent routes for feedback and engagement will disappear. Whilst its functions will formally transfer to DHSC, there will be an **urgent need to clarify the model that will replace Healthwatch**.

The draft Health Bill, as originally laid before parliament, did not provide enough detail on how Healthwatch's functions will be safeguarded. As outlined in our Bill briefing, we would like to see:

- A **statutory reporting duty for the Secretary of State to provide regular reports to parliament, and the public, on patient experience** in the NHS and across social care services. This should not just focus on reporting survey results but **should include detail on what improvements have been made** as a result of feedback received.
- A **provision for the Secretary of State to work with an independent external advisory group on patient experience**, which should include patient presentation. While the Secretary of State would be accountable, we propose that the NDPE could be responsible for this external advisory group. As part of this, the directorate **should clearly and publicly outline how it will demonstrate independence** while located within DHSC.

The Health Bill is clear that Integrated Care Boards (ICBs) will have a statutory duty to report annually on their activities related to patient experience and what this insight has informed. **This should be a statutory duty for local authorities related to social care** provision as well.

As outlined in our 'Reforming the NHS Friends and Family Test' report, we would like to see **a review of the 'patient experience champion' role** outlined in 'Reforming Elective Care for Patients' (January 2025) by January 2028, with **a vision to introduce and mandate dedicated board-level 'Director of Experience' roles at all NHS provider organisations**. These roles should be coordinated and work closely with the NDPE and should be clearly visible on the trusts' website for transparency.

Finally, all NHS staff should be provided with **training in person centred care**, including shared decision making and support for self-management, equipping them with the tools to deliver truly person centred care.

Overall, the goal here is about providing **clarity and simplicity for patients and the public**. The people who use health and care services need to know where and how they can share their experiences, good or bad – and they need to know who is able to support and advocate for them when things go wrong.

3. Set out immediate strategic priorities

One of the most exciting features of the new NDPE role is its **explicit focus on improvement** as a deliverable. The post holder will not simply be tasked with finding ways to collect patient feedback and complaints, but they must go further to "design and deliver transformational change programmes that improve experience and outcomes and reduce inequalities in experience across the NHS".

This is an ambitious goal and the NDPE should recognise its enormity but not shy from it. They **should identify early strategic priorities** – areas where improvement is most urgently needed, based on patient and public feedback – and **focus on change within those to create proofs of concept**, in partnership with patients, service users, their families and carers.

In our 'State of Person Centred Care 2025' report, we reviewed findings from nine of the national surveys we are commissioned to deliver on behalf of Care Quality Commission (CQC) and NHS England. Together with data from other sources, these give a good sense of the areas of patient experience and person centred care where the need for change is most pressing. These include:

1. A **'waiting well' strategy and a measure of the patient experience of waiting for care**. More than six million people are on the waiting list for NHS elective treatment; 2.5 million of them have already been waiting for more than 18 weeks. Unsurprisingly, patients say that their health can deteriorate and they can feel lost in the system. But there are evidence-based changes that can improve people's experiences of waiting. The NDPE should set out a 'waiting well' strategy that encourages the adoption of these changes, and should monitor their impact by commissioning a new national study to systematically gather the feedback of people who are waiting for care.
2. A **self-management and peer support plan**. This might be part of the 'waiting well', but it goes further, too. Self-management and peer-support are effective strategies for reducing the impact of waits, but they also help people to be active and informed in their own care. As well as being explicitly person centred, they have the potential to reduce demand on services.
3. A **patient experience strategy for urgent and emergency care**. Satisfaction with A&E services sits at only 22% and people who are dissatisfied with A&E services are 3.3 times more likely to be dissatisfied with the NHS as a whole. Whilst the Urgent and Emergency Care Plan targets some of the causes of this dissatisfaction, it takes a transactional approach and does not consider experience as a quality domain in its own right, nor does it address the relational aspects of care that are so important to patients. An experience strategy should target these, including domains like communication, involvement, and coordination of care.

Of course, the new Directorate will not exist in a vacuum – it enters an already busy landscape where many stakeholders are juggling priorities. It's work on inequalities, for example, will need to align with Core20PLUS5, whilst specific services have their own plans and targets. How can the Directorate cut through the noise? By showing awareness of these system commitments whilst offering a distinct voice that explicitly adopts the patient perspective as its priority.

4. Agree the Future of Patient Feedback

NHS England recently commissioned a 'Future of Patient Feedback' project, which will review the existing architecture for patient feedback in England and is expected to "set out how feedback, PREMs, and other insight can be used more effectively" (Quality Strategy for NHS-funded care in England). This should include consideration of:

- The appropriate coverage of different health conditions;
- Data timeliness and granularity for local-level use; and
- Addressing fragmented data presentation.

This 12-15 month project is expected to deliver around the second quarter of 2027/28. The outcomes of this project should provide clarity on a feasible model for reform of patient experience insights. It will be a critical input for the new NDPE.

The NHS already manages a wide range of patient experience collections – and this is, if anything, continuing to grow. CQC and NHS England oversee a programme of national surveys that, between them, cover a range of settings including inpatients, maternity and (separately) neonatal services, general practice, cancer, and mental health. The Friends and Family Test (FFT) is a mandatory requirement that collects more than 20 million responses a year. In recent years, NHS England has added the Health Insights Survey, which collects close to 100,000 responses a month, and there are plans to commission a new national maternity and neonatal PREM too.

Much of the feedback generated by these programmes is hugely valuable (although in making this assessment, we should declare an interest – we coordinate several of these collections). They are also tied into a host of national targets and measures: there a complex assortment of dependencies at both national and local level. This creates an understandable drive for stability – but there are legitimate questions about whether the NHS is getting the best out of the data it has. Results from long-running surveys all too frequently show flat or declining trends rather than the improvement that might be expected from a well-monitored system.

Given that the 'Future of Patient Feedback' work was already commissioned before the new Director was appointed, they will inherit rather than define its goals – and its timetable. Recommendations for the future system architecture will take some time to arrive, and will likely be accompanied by an implementation plan that runs over at least a further year. The challenge for the new Director and Directorate, then, is not simply to set out a new approach – it is to find ways to rapidly make more effective use of what the system already does, and to manage the transition, if and when, a new model is to be introduced.

There is already a good deal of work on the barriers that prevent the NHS from making effective use of patient experience information. They include micro-level factors at the front-line; meso-level factors around patient experience and quality improvement functions in providers; and then the macro-level factors associated with organisational and national design and strategy. **Painting the big picture might make time, but there are valuable changes that could make a difference within providers** – such as supporting the development of board-level patient experience directors within providers and providing a consistent training and development offer to upskill local teams. This work must be done in collaboration with stakeholders and patients and service users.

Our view on the National Director of Patient Experience role

Responding to the publication of the Ten Year Plan, we said:

"We are pleased to see the plan announce there will be a National Director of Patient Experience within DHSC, which is important for accountability and ensuring a focus on person centred care across the department, and hopefully, across government. Whilst we expect further details of the scope of this role to follow, ***it will be key for the National Director to engage with experts by lived experience and from the third sector from the outset.*** *The Government should also consider supporting the establishment of a national centre for excellence on patient experience to empower NHS organisations around the country – something that Picker has long advocated."*

In response to the Dash review of the patient safety landscape, we said:

"We support the review's central aim of making it easy for patients and users to offer feedback and raise concerns about the care that they receive. ***This should continue to include systematic, independent feedback to hear from people who might otherwise be reluctant to share their views.*** *Above all,* ***patients must know that their feedback is not only valuable but that it can be given safely, confidentially, and without fear of repercussions****."*

Our view on the Minimum Standards for Planned Patient Care

We welcomed the publication of the Minimum Standards for Planned Patient Care as a positive step forward but cautioned that **their impact will depend on how they are used and monitored**. We also noted that **providers should hold themselves to a higher standard** than the minimum the standards set out.

We expressed concern that **the standards could be confusing to patients** as they have a narrow remit within elective care – future initiatives should be designed to align with how patients actually use and experience services. We would like to see the standards **expanded to all secondary care services and the launch of a systematic, comparable measure of patient experience during waiting periods** as part of a 'waiting well' strategy.

Our view on the NHS Quality Strategy

We published a joint response with The Patients Association where we welcomed the Quality Strategy's recommitment to a definition of quality that **comprises safety, experience, and effectiveness as equal, core components**. We were also pleased to see high quality care positioned as a **shared responsibility across the health service**. However, we called for a **stronger commitment to patient partnership** – noting that the Ten Year Health Plan's ultimate goal was not simply to give patients a voice, but to give them power.

About Picker

Picker is an independent health and social care charity with expertise in understanding, measuring, and improving people's experiences of care. We pioneered the patient experience approach, now widely adopted around the world, and advocate for the delivery of the 'highest quality person centred care for all, always' – centred around our eight principles of person centred care.

We work with policy makers, providers, professionals, and patients and the public alike to influence, inspire, and empower person centred care. 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, the neonatal care experience survey, and the NHS staff survey.

Further reading

- State of Person Centred Care 2025
- Reforming the NHS Friends and Family Test
- Learning from the Best – Picker Experience Network (PEN) Awards 2025
- Briefing on the NHS Modernisation Bill
- Briefing on Patient Power Payments
- 'Change NHS' consultation response
- Measuring what matters: how patient experience drives person centred care
- From collection to action: making the most of experience data to embed person centred care in the NHS of the future
- Transparency, voice, and choice: patients must lead on the path to quality improvement in the NHS