

The English national patient survey programme

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Agenda

- How does the programme work?
- What does it cover?
- Uses at national level:
 - Department of Health
 - Healthcare Commission
 - Input to policy
- Uses at regional/local level

How does the programme work?

- Healthcare Commission requirement for all NHS organisations to conduct patient experience surveys
- Designed, co-ordinated and reported at **national level** by co-ordination centres - Picker Institute for acute and primary care
 - Consult stakeholders and patients
 - Design and test methodology and questionnaire
 - Oversee national study
 - Produce national reports
- Implemented at **local level** by trusts or approved contractors

Measuring patients' experience: underlying principles

- Focus on recent personal experience
- Ask patients what is important to them (focus groups and interviews)
- Questionnaires ask patients to report on what happened, NOT how satisfied they were
- Feed back actionable results
- Compare against appropriate benchmarks
- Develop an action plan

What does it cover?

More than 30 surveys since 1998 involving more than 1.5 million patients

- Inpatient
- Primary care
- Emergency
- Outpatient
- Mental health
- Ambulance
- Cancer/CHD/stroke/diabetes/maternity

Used by the Department of Health: to measure progress against targets.....

The national Public Service Agreement (PSA) targets define the patient experience in terms of five domains or dimensions:

- access and waiting
- safe, high quality coordinated care
- building closer relationships
- better information, more choice
- clean, friendly and comfortable place to be

..... and “Vital signs”, for example:

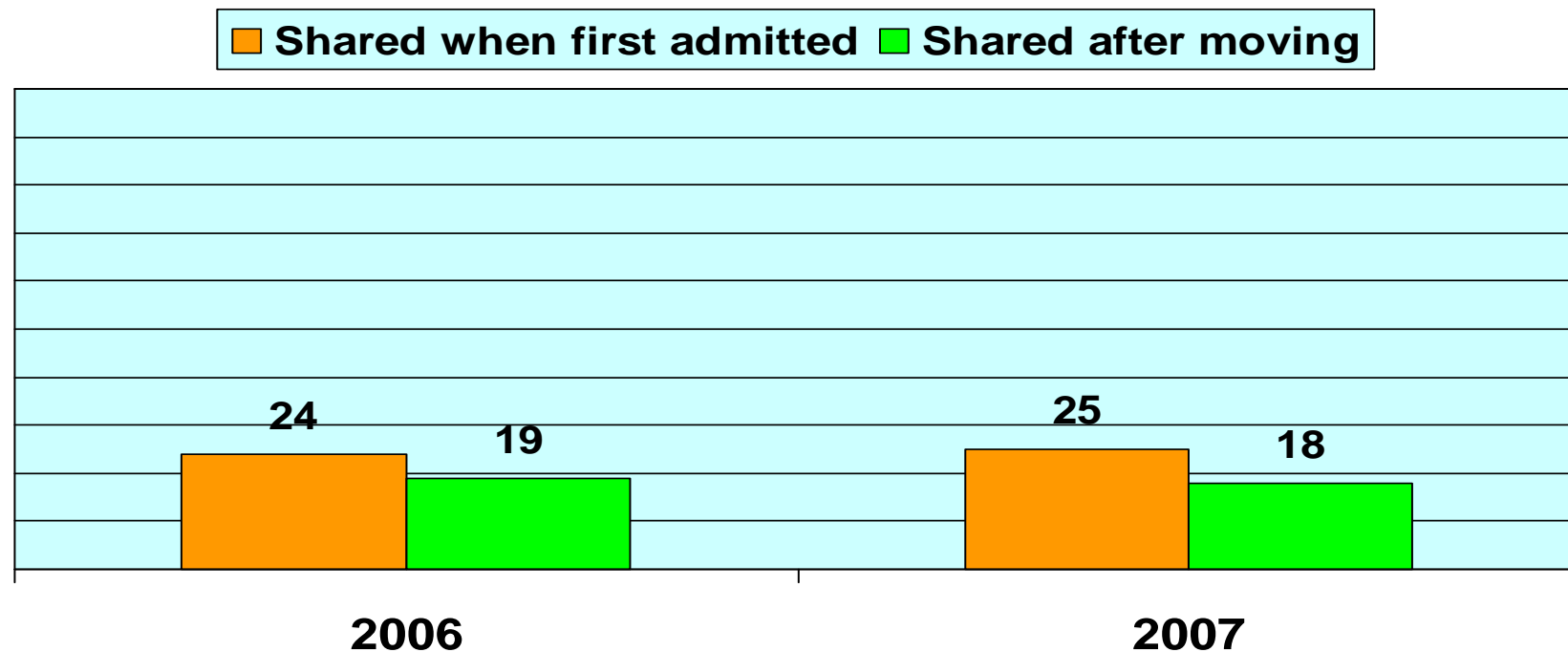
- **4-hour** maximum wait in A&E from arrival to admission, transfer or discharge;
- guaranteed access to a primary care professional within **24 hours** and to a primary care doctor within **48 hours**;
- a maximum wait of **13 weeks** for an outpatient appointment;
- a maximum wait of **26 weeks** for in-patients appointments;
- all ambulance trusts to respond to 75 percent of Category A calls within **8 minutes**;

The Healthcare Commission uses the results

- to feed into the **annual health check** for all NHS organisations
- in relevant **service reviews** and **investigations**
- to **promote quality improvement** at local level
- and to **inform the public**

Highlighting problems or issues for policy development

(1) The Mixed Sex wards problem



Q13 When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?

Q15 After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?



Thursday, 10 May 2007

NHS 'failing on mixed-sex wards'

The NHS is failing to ensure all non-emergency hospital patients are kept in single-sex accommodation, the government has admitted.

Last year, ministers said NHS managers had reported just 1% of patients were seen in mixed wards.

But the government launched an inquiry after reports from patients and **a survey by the Healthcare Commission** cast doubt on the claim.

2008

Telegraph.co.uk

Labour 'gives up' on mixed-sex hospital wards

29 Jan 2008

THE INDEPENDENT

Mixed-sex wards: pressure grows to end scandal

Thursday, 31 January 2008

MailOnline

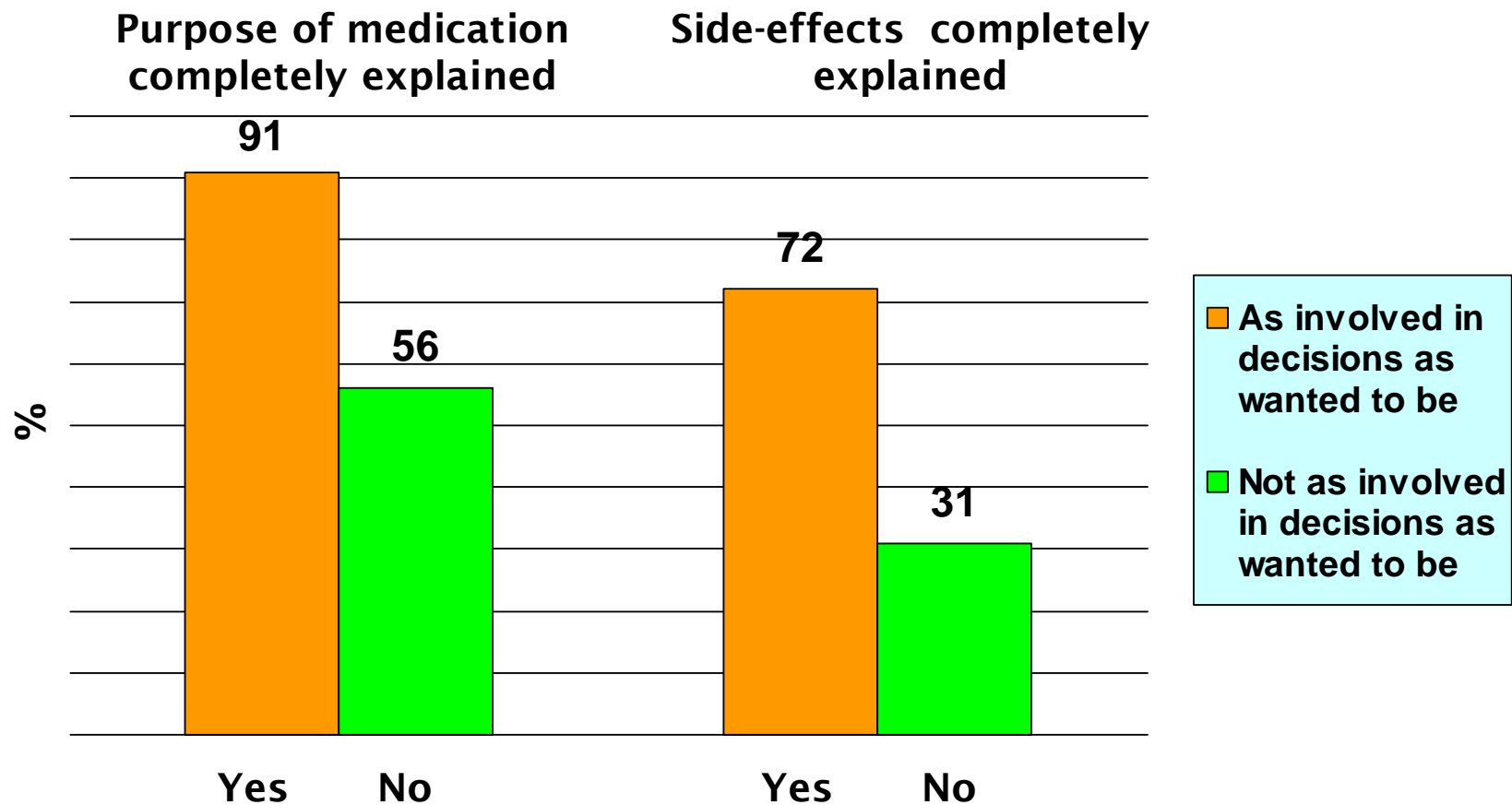
One-fifth of patients STILL forced to stay on mixed sex wards

14 May 2008

January 2009

- Hospitals will no longer be paid for treatment of patients on mixed-sex wards (unless clinically justified)
- But, hospitals will receive financial help to overhaul accommodation

(2) The case for better patient involvement (primary care 2008)





making patients' views count

Regional/local use

Used by Strategic Health Authorities (SHAs) to monitor & manage performance of trusts within their region

Used by local trusts to:

- Track their own performance over time
- Benchmark their results against similar organisations
- Inform local improvement activities and monitor the impact of these activities on the patient experience.

Example of Benchmarks

Leaving hospital

How long was the delay to discharge?

Did hospital staff explain the purpose of the medicines you were to take home?

Did a member of staff tell you about medication side effects to watch for?

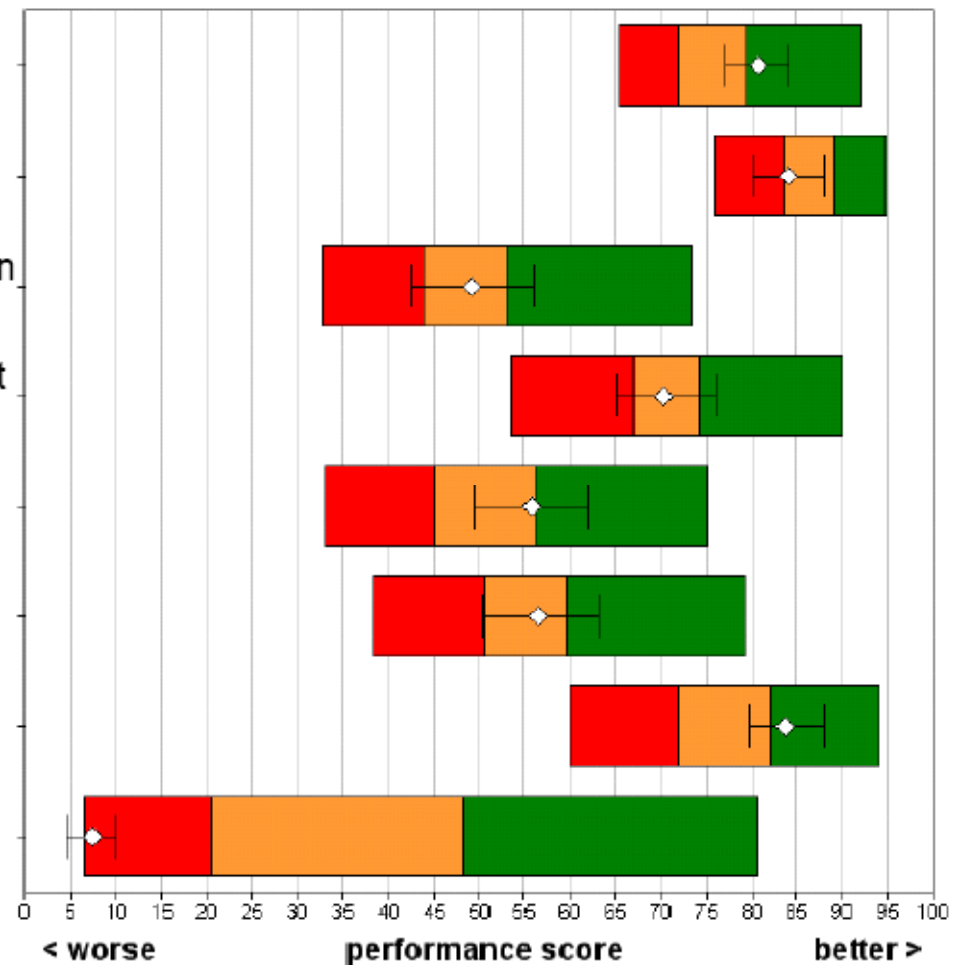
Were you given clear written information about your medicines?

Did a member of staff tell you about any danger signals you should watch for?

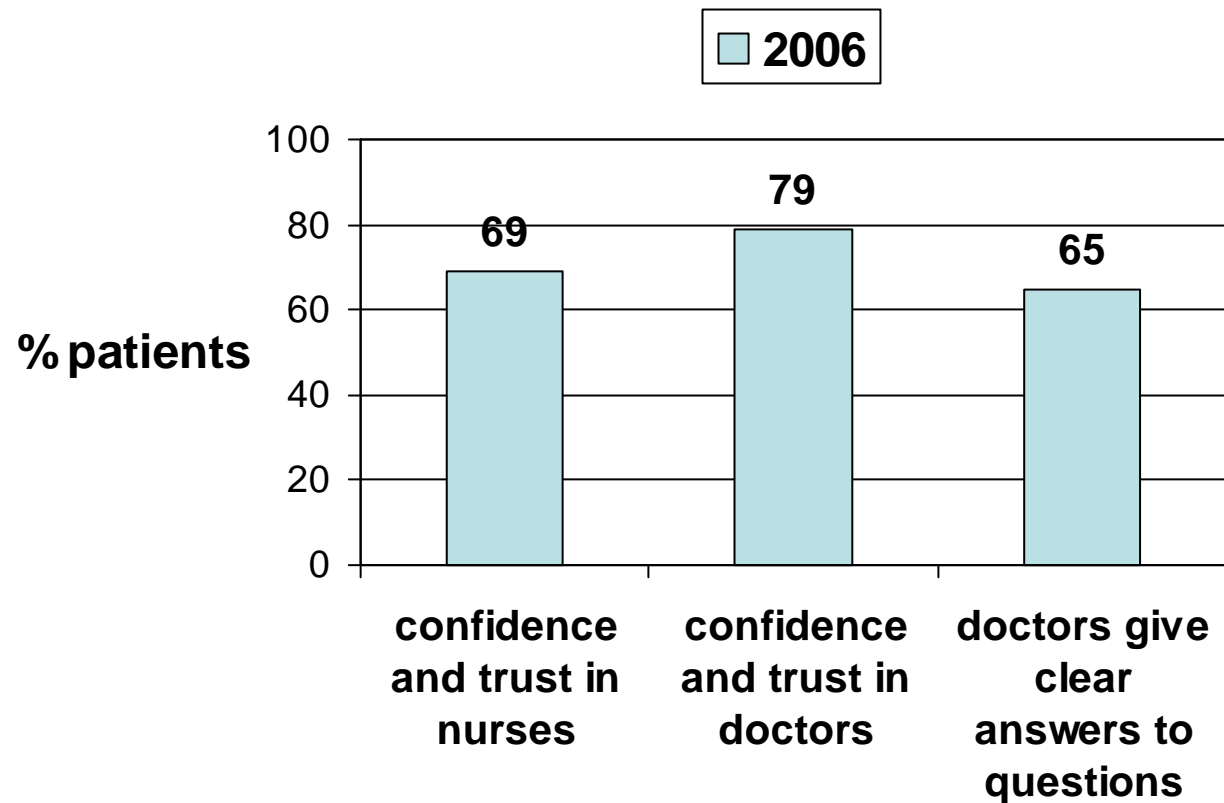
Did hospital staff give your family or someone close to you all the information they needed?

Did hospital staff tell you who to contact if you were worried about your condition?

Did you receive copies of letters sent between hospital doctors and your family doctor?



Example 1: confidence, trust and communication

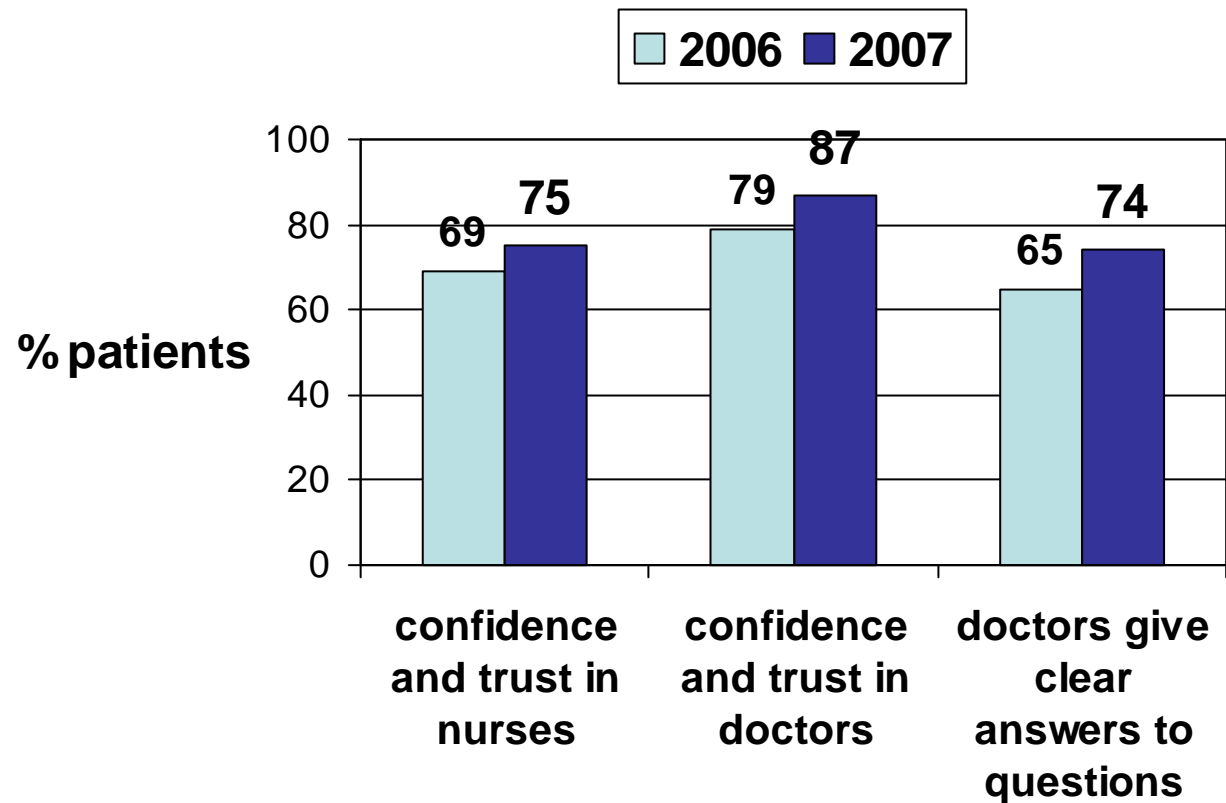


Actions taken:

Training in customer care for nursing and medical staff

Reminders of key patient indicators (e.g. bookmark for junior doctors)

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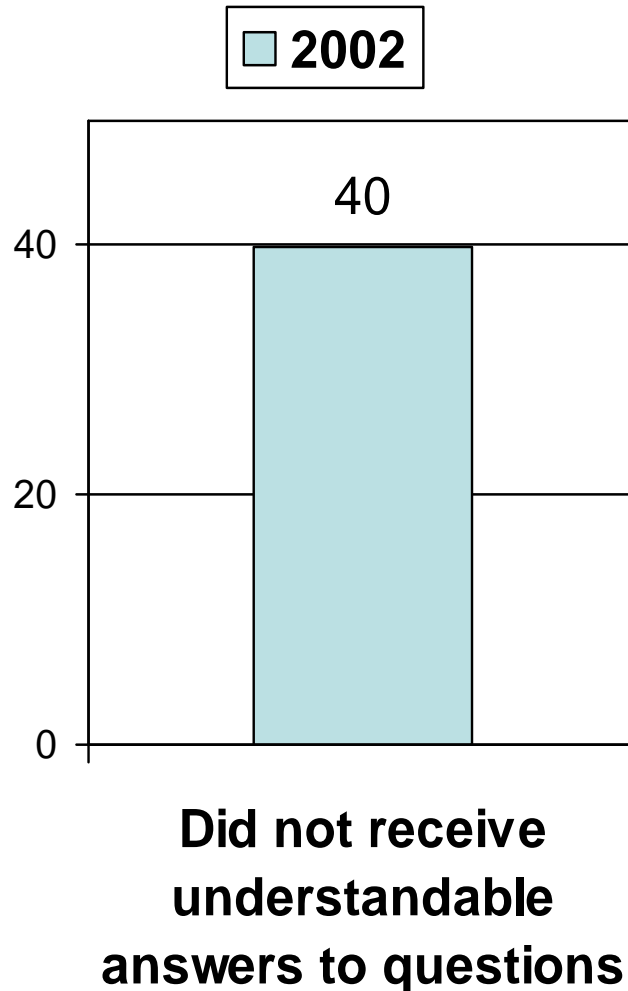


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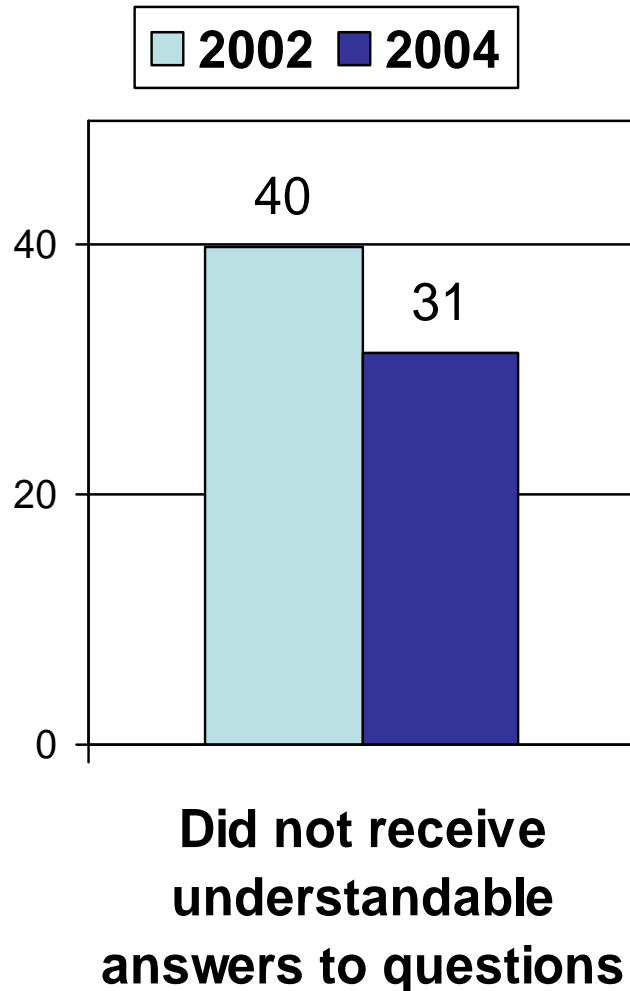
Example 2: Clear answers to questions



Actions taken:

- Patient survey improvement group
- Improved information for patients (especially written materials)
- Staff nurse development programme

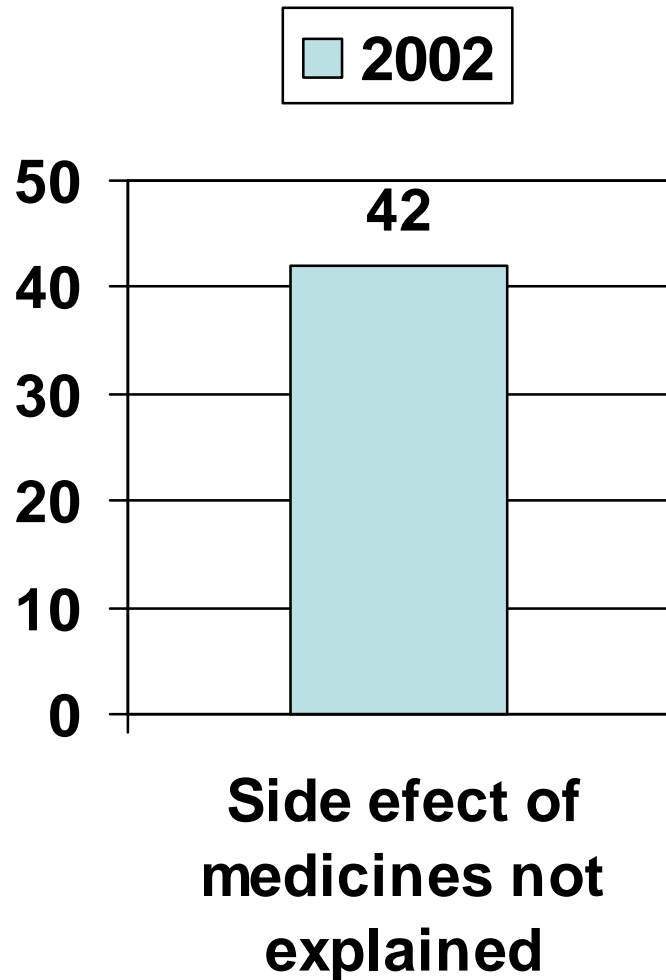
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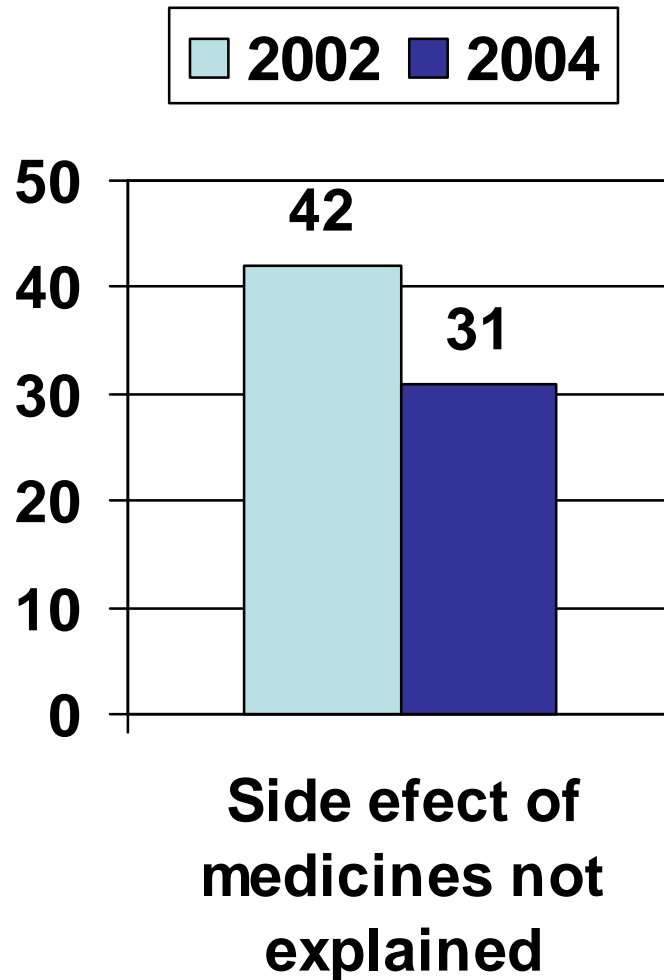
Example 3: side effects of medicines



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- Set up Safer Medications Group
- New patient information leaflets must include information about risks as well as benefits of treatment
- Trust-wide training in risk management

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For more information.....

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Or any of the pilot project team

- **Qualitative research –**

- Helen Sheldon



- **Pilot Management & reporting –**

- Jason Boyd



- **Quality Improvement –**

- Danielle Swain

