

National Outpatient Survey 2011

1.0 Introduction

The 2011 National Outpatient Survey for Whittington Health (WH) outpatient clinics was carried out by Quality Health between June and October 2011. The last survey was conducted in 2009.

2.0 Background

The survey required a sample of 850 outpatients to be drawn from those who had an outpatient appointment during one month in the period of March, April or May 2011. The target response rate set nationally was to achieve at least 60% from the usable sample (at least 500). 355 completed questionnaires were returned from a sample of 851 (18 were excluded). The overall response rate was 43%.

The survey questions are grouped under the following seven headings

1. Before the appointment (waiting, health while waiting ,previous visits, app times and changes made, knew what would happen)
2. In the clinic (waiting for app to start, told about wait, cleanliness,)
3. Tests and treatment (incidence of tests, explanation, told how to find test results, explanation, risks and benefits of treatment)
4. Doctors and other staff (time with doctor, doctor aware of medical history ,reason for treatment ,doctor listened, questions to doctor, confidence in doctor, time with other staff, other staff seen, confidence in other staff)
5. About the appointment (familiarity with staff, staff introduce themselves, acknowledging the patient , information, privacy contradictory information ,involvement in decision making & treatment, LTC or illnesses, management of condition)
6. Leaving OPD (given new medication, taking new med. Purpose/ side effects / changes explained, copies of clinical letters, danger signals, contact point after leaving hospital)
7. Overall (satisfaction with outcome, respect and dignity ,overall rating of care)

3.0 Preliminary results

In December 2011 the Trust received preliminary results and invited Quality Health to present theses to the January meeting of the QIPP Board. Laura Bell, Kat Mc Can and Sally Reilly (divisional managers with responsibility for leads for outpatient clinics) were invited to attend to ensure they were familiar with the contents of the survey results and key actions required.

4.0 Final survey results

In mid January 2012 Quality Health provided the Trust with the final results of the survey in a management report and a separate list of anonymised patient comments. The management report provides an analysis of issues where WH is achieving good results as well as where management action is required.

4.1 Scores which have improved since the 2009 survey

1. Number of patients seen within 3 months
2. Right amount of information given re treatment / condition



3. Told about side effects of medicine
4. Treated with respect and dignity
5. Overall rating of care as excellent/very good.

4.2 Scores which show WH to be in the lowest 20% of all Trusts in 2011

1. Appointment delayed by more than 2 hours
2. OP cleanliness
3. Toilet cleanliness
4. Enough time with doctor
5. Doctor knew medical history
6. Doctor explaining reasons for treatment
7. Doctors listening to patients
8. Understandable answers to patient questions
9. Confidence in doctors
10. Trust in other staff
11. Amount of info given to patients
12. Given enough privacy
13. Doctors/other staff talking in front of patients
14. Conflicting information
15. Involved in decisions about care
16. Who to contact if worried
17. Main reason for visit dealt with
18. Overall rating of care received

4.3 Patient comments

The narrative report includes very positive feedback about the hospital and the outpatient clinics. However, it also highlights prolonged waiting time/lack of explanation when there is a wait/attitude of staff and interruptions to the consultations. To assist the lead managers to provide meaningful feedback to clinic teams, JW has contacted Quality Health to determine if the survey results (and comments) can be broken down by speciality.

5.0 Next steps

Following the presentation of the survey results at the January 2012 QIPP Board JW and Cassie Williams interim complaints manager met with LB, KM and SR to discuss the development of a patient experience improvement plan aligned with the existing performance measures. Two following actions for immediate implementation agreed at this meeting :

1. Leads to order name badges for all staff.
2. Ensure staff to be made aware of the Trust's zero tolerance of poor attitude at February/March team meetings.

JW asks the committee to note that the lead managers in each of the three divisions and respective Heads of Nursing are already driving a number of initiatives to improve the patient experience within clinics. This is particularly evident in the division of Cancer Surgery and Diagnostic SC&D where the interim Matron has been providing visible leadership and support to the clinic nurses. There has also been a considerable amount of refurbishment taking place during January and February 2012.

JW is in the process of drafting an overarching patient experience improvement plan to address the issues identified in the 2011 survey / complaints and PALS and CQC feedback in the 2011 Compliance Review report. The draft will be shared with the accountable leads at the end of February before being presented to the divisional directors for comment/approval during March .

The draft improvement plan includes an action to introduce 5 patient experience KPIs into all clinics. The KPI proforma is designed to be publically displayed in the reception area of each clinic and includes a monthly patient experience survey. The accountable leads will be responsible for seeking approval for the plan from their respective boards in advance of a paper being presented to EC at the end of March.

Once the plan has been amended and approved at divisional level each accountable lead will be expected to share the improvement plan, KPIs and survey with their teams. JW and CW are ready to support the leads with this task. JW would propose the KPI and survey template is piloted to provide staff and patients with an opportunity to provide feedback.

6.0 Assurance and monitoring

JW will continue to provide the QIPP Board with monthly updates on the implementation of an agreed improvement plan.

The Patient Experience Committee will expect the accountable leads to provide assurance on the implementation of the approved improvement plan and progress will be reflected in the quarterly patient experience report provided to the Quality Committee.

Performance against the agreed targets in the plan will be monitored by the divisional boards as part of their monthly performance report.

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