



# 2011 Outpatient Survey

**Whittington Health**

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**Quality Health**

# Policy Framework



- ▶ Detailed policy framework now in place to encourage and monitor quality of acute Trust patient services:
  - National Standard Contract: Commissioning for Quality and Innovation (CQUIN) schemes agreed with lead PCT – quality an “organising principle” of commissioner-provider discussions; proportion of provider income conditional on quality and innovation. Payments of 0.5% of provider income linked to locally set quality goals
  - National Operating Framework requirements set out in Operational Plans Technical Guidance Master. Key part of OF is “ensuring we improve the patient experience... improving patient experience is an explicit priority rather than an assumption” (D Nicholson)
  - Vital Signs – agreed locally with PCTs
  - Quality Accounts: Requirement springs from legislation - start in 2010 (for 2009). Include mandatory information on CQC returns; information required by PCT for CQUIN; info supplied to cancer networks / re clinical audits. Much local freedom to use data; guidance from SHA on coherent approach across Region linked to 8 pathways of care in Next Stage Review



# Policy Framework



- ▶ Independent Inspection, Monitoring and Registration system organised through CQC: data will be used as background for scheduled and unannounced inspections
- ▶ Requirements set through MONITOR for FTs
- ▶ Programme of national surveys of patient experience organised by CQC – now supplemented through localisation programme enabling local implementation of tracker surveys, day case, maternity, paediatrics, acute etc. Approved methodology is postal.
- ▶ Patient survey data is key part of Quality Accounts: good invigilation of patient pathways and key monitoring points
- ▶ Now multiple levers encouraging quality and innovation: incentive payments; independent inspection regime; national contracts; quality accounts springing from legislation. Huge change from 1990s laissez faire approach



# Key Points

- ▶ Provide patient perspective of experience – different to managers / clinicians views of service
- ▶ All Acute Hospital national patient surveys – 2004 to 2011 – used same methodology: postal survey to eliminate halo effect – official CQC mandated methodology
- ▶ Last OPD survey was in 2009. Some questions changed, tweaked or removed (some moved to / from bank) but high level of comparability between 2009 and 2011 surveys
- ▶ Comparisons here with c. 21,500 respondents in 45 Trusts ; 40,000 patients surveyed
- ▶ National Response rate 56% in QH Trusts; 55% in 2009.

Response rate: 43% ( 355 respondents)





# Performance Issues

## Performance variations between hospitals caused by:

- ▶ Differences in practice and quality – but also
- ▶ Demographic differences –
  - **Specialty Mix:** Those in more specialised areas tend to be more positive, eg cardiac, cancer
  - **Ethnicity:** Some BEM patients less positive than white patients, especially Asians
  - **Age:** Young patients 20-30% less satisfied than middle aged - older patients 55-74 are usually the most satisfied
  - **Gender:** Women more critical than men
- ▶ So, the kinds of patients in your sample are crucial
- ▶ Standardisation of data undertaken on national CQC dataset but only for age and gender and not for ethnicity. DH national surveys do not use standardised data (eg GP, cancer surveys)



# Key Scores



From the time you were first told you needed an appointment  
how long did you wait? - 3 months or less

How long after the stated appointment time did the  
appointment start? - 30 minutes or less

In your opinion, how clean was the Outpatients Department?  
- very clean

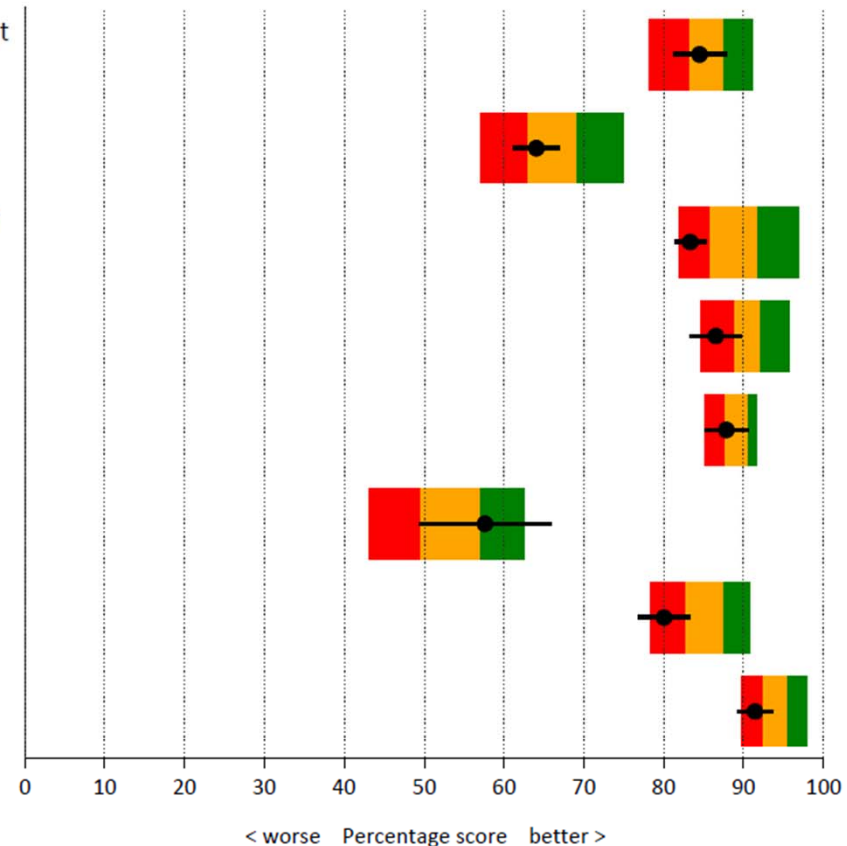
Did you have confidence and trust in the doctor examining  
and treating you? - definitely

How much information about your condition or treatment  
was given to you? - right amount

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

Was the main reason you went to the Outpatients  
Department dealt with to your satisfaction? - completely

Overall, did you feel you were treated with respect and  
dignity while you were at the Outpatients Department?  
- definitely



RKE

# Respondents Details



	TRUST	ALL
○ Women	67%	57%
○ Men	33%	43%
○ 16-34 Years Old	11%	8%
○ 65 Years Old and Over	37%	50%
○ White British	51%	90%
○ Ethnic Minority	23%	5%
○ Patients with long-standing conditions	58%	62%
○ Had 4 or more appointments in last 12 months	37%	36%





# Before the Appointment



- Length of wait for appointment:

- + Up to 1 month

- + More than 5 months

- + Went without an appointment

- Given choice of appointment times

- Appointment *not* changed by hospital

- Definitely knew what would happen during appointment

TRUST

ALL

43%

46%

3%

2%

6%

5%

53%

36%

75%

78%

47%

45%





# At the Clinic



	TRUST	ALL
○ Wait before appointment started:		
+ Seen within 5 minutes of appointment time	31%	38%
+ Waited 30 mins or more after appointment time	19%	19%
○ Those waiting told how long wait would be	40%	36%
○ Cleanliness:		
+ Department very clean	52%	67%
+ Toilets very clean	45%	63%



# About the Doctors



	TRUST	ALL
○ All or part of appointment with a doctor	75%	79%
○ Definitely had enough time with the doctor	69%	77%
○ Doctor explained reasons for treatment	72%	78%
○ Doctor definitely listened	76%	82%
○ Definitely got answers to important questions	69%	74%
○ Definitely had confidence and trust in doctor	77%	83%
○ Doctor knew enough about medical history	70%	79%



# About Other Staff



	TRUST	ALL
○ All or part of appointment with other staff	64%	62%
○ Of those seeing other staff, main staff seen:		
+ Nurse	51%	61%
+ Radiographer	16%	15%
○ Definitely got answers to important questions	72%	77%
○ Definitely had confidence and trust in staff	76%	83%



# Information and Care



	TRUST	ALL
○ Doctors / other staff did not talk in front of patient as if they were not there	78%	89%
○ Given right amount of information on condition	83%	88%
○ Not given conflicting information	81%	88%
○ Given enough privacy discussing condition	85%	88%
○ Involved as much as wanted to be in decisions	60%	73%
○ All of the staff introduced themselves	65%	68%



# Tests and Treatment



	TRUST	ALL
○ Patients having tests during visit to OPD	63%	50%
+ Staff explained completely why tests needed	71%	74%
+ Staff explained results of tests understandably	61%	64%
○ Patients having treatment during visit to OPD	39%	33%
+ Staff definitely explained what would happen	79%	78%
+ Staff definitely explained risks and benefits	67%	69%



# Leaving OPD



	TRUST	ALL
○ Patients having new medications prescribed	32%	23%
+ Staff explained completely how to take meds	87%	84%
+ Staff explained completely the purpose of meds	83%	82%
+ Staff explained completely side effects	45%	44%
○ Received copies of all letters sent to GP	41%	33%
○ Told completely about danger signals	40%	46%
○ Told who to contact if worried	57%	63%



# Overall



- Main reason for going dealt with to complete satisfaction
- Treated with respect and dignity all of the time
- Rating of care received - excellent / v good

TRUST

ALL

66%

74%

84%

90%

75%

83%





# National Comparisons



- Patients having appointment within 3 months of referral
- Patients seen within 30 minutes of appointment time
- Outpatients Department very clean
- Definitely had enough time to discuss health with doctor
- Had confidence and trust in doctor
- Had confidence and trust in other staff
- Right amount of information given about condition / treatment
- Not given conflicting information
- Told about medication side effects completely
- Told about danger signals to watch for
- Told who to contact if worried
- Main reason for going dealt with to patients complete satisfaction
- Treated with respect and dignity all of the time
- Overall rating of care excellent / very good

## TRUST

80%

78%

52%

69%

77%

76%

83%

81%

45%

40%

57%

66%

84%

75%

## ALL

85%

79%

67%

77%

83%

83%

88%

88%

44%

46%

63%

74%

90%

83%



# Time Comparisons



- Patients having appointment within 3 months of referral
- Patients seen within 30 minutes of appointment time
- Outpatients Department very clean
- Definitely had enough time to discuss health with doctor
- Had confidence and trust in doctor
- Had confidence and trust in other staff
- Right amount of information given about condition / treatment
- Not given conflicting information
- Told about medication side effects completely
- Told about danger signals to watch for
- Told who to contact if worried
- Main reason for going dealt with to patients complete satisfaction
- Treated with respect and dignity all of the time
- Overall rating of care excellent / very good

2009	2011	
82%	80%	■
72%	78%	↗
51%	52%	■
72%	69%	■
79%	77%	■
74%	76%	■
78%	83%	↗
78%	81%	■
36%	45%	↗
41%	40%	■
57%	57%	■
64%	66%	■
76%	84%	↗
70%	75%	↗



# National Movement 2009 - 2011



## ► Summary of Key Changes:

- + Cleaning ratings continue to rise: clinic very clean 2009, 61%; 69% 2011; toilets very clean 2009 57%; 63% 2011.
- + Some information scores also continue to rise: definitely got answers from other staff to important questions, 2009 73%; 2011 77%; and from doctors 2009 71%; 2011 74%.
- + Patients definitely knew what would happen during their appointment 2009 38%; 2011 45%.
- + Fewer tests being performed in OPD, reflecting increased prevalence of tests in primary care setting: patients having tests in OPD 2009, 60%; 2011, 50%
- + Rating for care overall has improved. 2009, 40%; 2011, 46%.
- + Score for number told completely about danger signals related to condition risen again after significant decline in 2009. 2009, 30%; 2011, 46%
- + Waiting times have fallen back. 90% seen within 3 months in 2009; 85% in 2011.
- + Fewer patients told how long they would have to wait in clinic. 40% in 2009; 36% in 2011.
- + Information on risks and benefits of tests has fallen slightly. 2009, 72%; 2011, 69%

- Generally, scores have remained about the same across the board in many Trusts, but big differentials still exist on some questions between top performing Trusts and those at the bottom of the range.





# Issues for Action

- ▶ Continue monitoring of 18 week referral to treatment pathway in light of OPD survey results for particular specialties
- ▶ Continue to monitor DNA rates by clinic – DNA costs £600m pa nationwide and high rates regarded as possible evidence of inappropriate referrals (Men in early 20's worst DNA rates). Email, text messaging may reduce DNA for some groups. Strong evidence it works.
- ▶ Give patients choice of appointment times and dates where possible within clinical limits set
- ▶ Limit number of appointment changes initiated by the hospital by controlling unplanned late changes to doctor availability
- ▶ Control overbooking of clinics as major influence on waiting time in clinic for patient; control late starts
- ▶ Give information on waiting times to patients and apologies where necessary
- ▶ Review training packages for doctors and other clinical staff to ensure strong emphasis on clear verbal communication with patients on condition, treatment, test results and their meaning
- ▶ Ensure that patients who are given new medications are given clear information on purposes and side effects
- ▶ Experience based co design can assist construction of efficient and responsive pathways
- ▶ Review need for front end electronic systems to give patients access to web information and information about their personal care (eg Microsoft portals)





# The Next Steps

- ▶ Integrate with Quality Accounts and PCT based Vital Signs strategy.
- ▶ Specific action plans in place to deal with top patient related issues. Pick 3-4 issues, don't write a 20 page action plan
- ▶ ***Build a performance management system which makes managers accountable. Exec Team needs to set your own targets, task individuals, and monitor progress regularly***
- ▶ Lead the process within the Trust. Keep the pressure up, don't stop. Repeat messages
- ▶ Publicise achievements. Next survey is inpatients, running now. Cancer Survey starts January 2012; Cancer Survivorship (PROMs) roll out March 2012. PROMs programme likely to expand to 3 million elective surgery patients nationwide
- ▶ Further CQC approved but voluntary surveys now available, essential for Quality Accounts

