

# **The NHS inpatient survey: using it well**

## **Lessons from an analysis of trends in 2005-2013**

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# Introduction & background

- Patient experience recognised globally as a key marker of healthcare quality
- England's patient survey programme one of the largest and longest-running internationally
- Dates back to 1999 NHS Performance Assessment Framework (PE 1 of 6 domains), leading to the introduction of NHS inpatient surveys in 2002
- Focus on patient experience reinvigorated by 2008 Darzi Review's quality framework
- No systematic attempt to date to assess whether individual organisations are showing improvement or not
- Joint King's Fund / Picker Institute project to analyse trends in the inpatient survey

# Aims of project

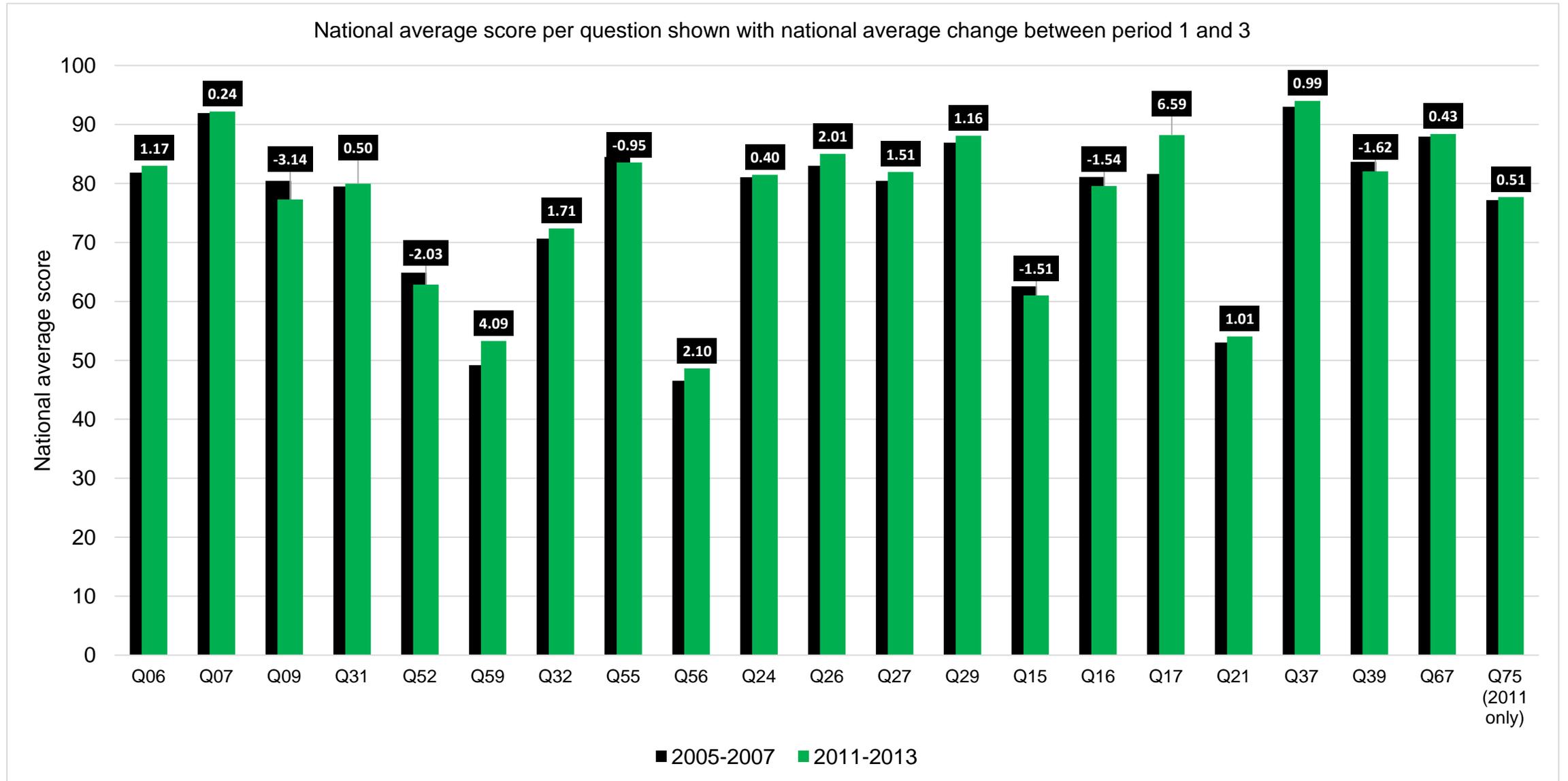
To support improvements in patient experience in the NHS by:

- Analysis of inpatient survey data for 156 NHS acute trusts in England during 2005-2013 to assess whether any organisations show consistent changes over time
- Follow-up with a few case studies
- KF/PIE report published December 2015 providing:
  - the findings
  - implications for policymakers, commissioners, providers
  - guidance on use of the data
  - the underlying nine years' data for every trust, with trend graphing facility

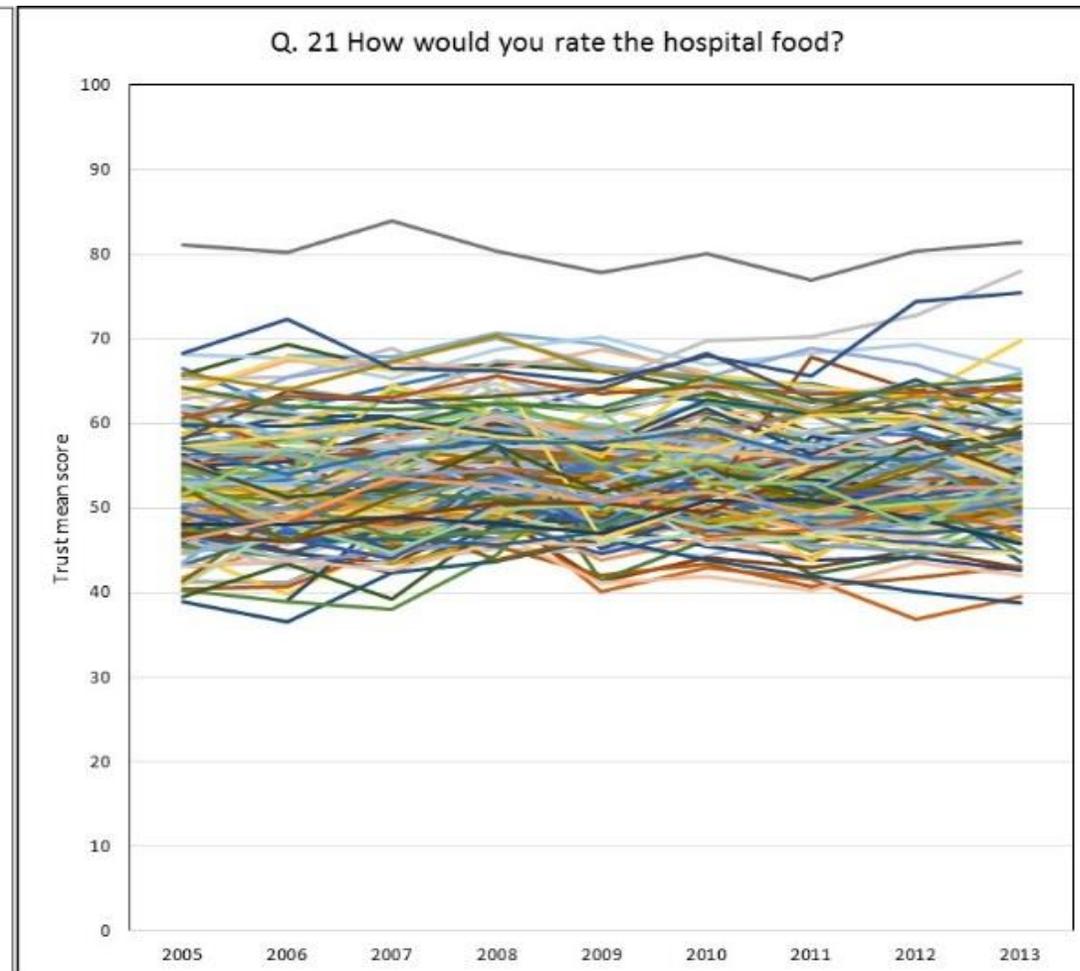
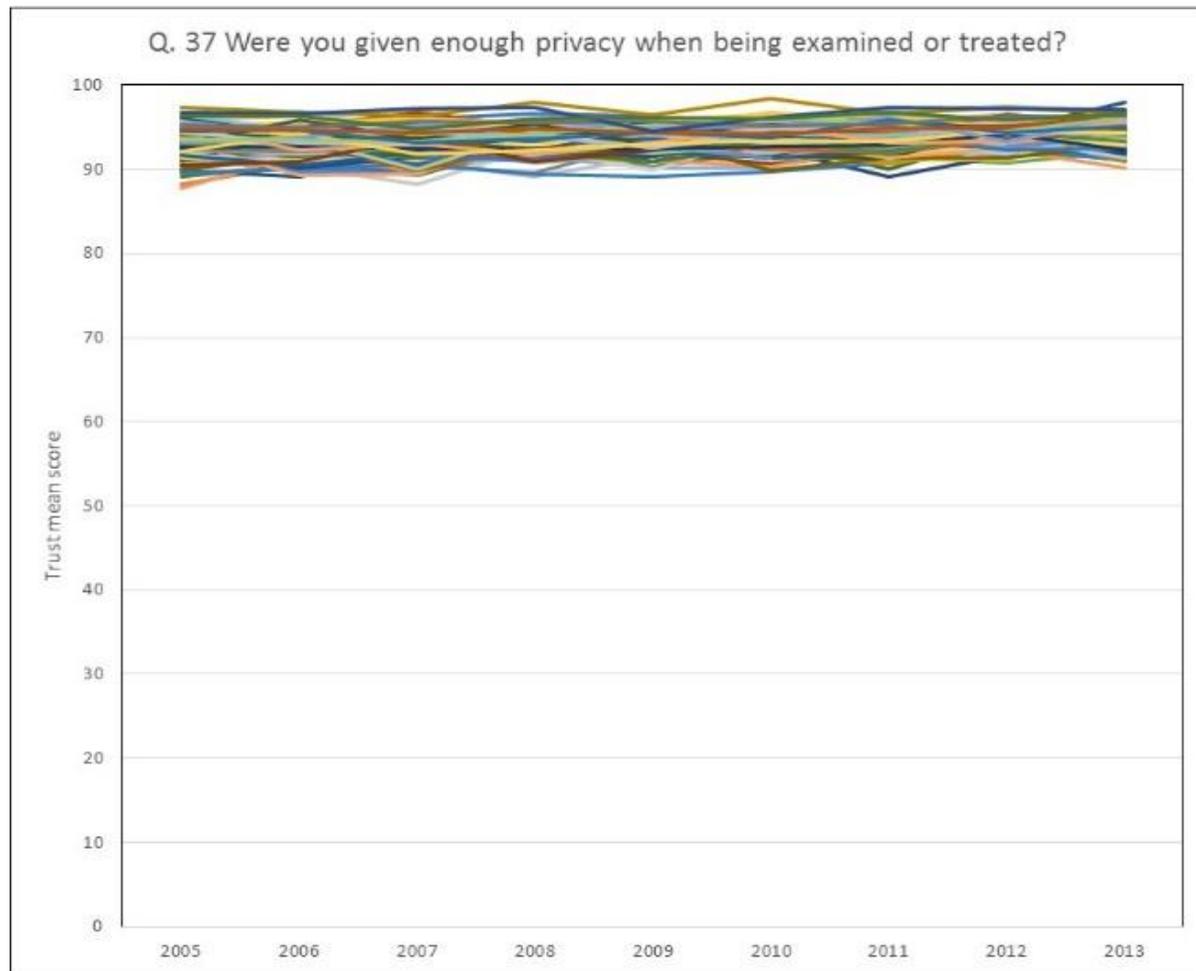
# Methods

- 20+1 questions making up 5 DH “domains” of patient experience used for analysis:
  - access and waiting
  - safe, high quality, coordinated care
  - better information, more choice
  - building better relationships
  - clean, comfortable, friendly place to be
  - overall rating
- 9 years’ data pooled into one data set for analysis
- Analysis of annual trends and change between baseline period (2005-07) and most recent period (2011-13)
- Data adjusted for age, gender, ethnic group, method of admission to enable comparisons across trusts and over time
- Follow-up with 5 case studies

# Results: national patterns

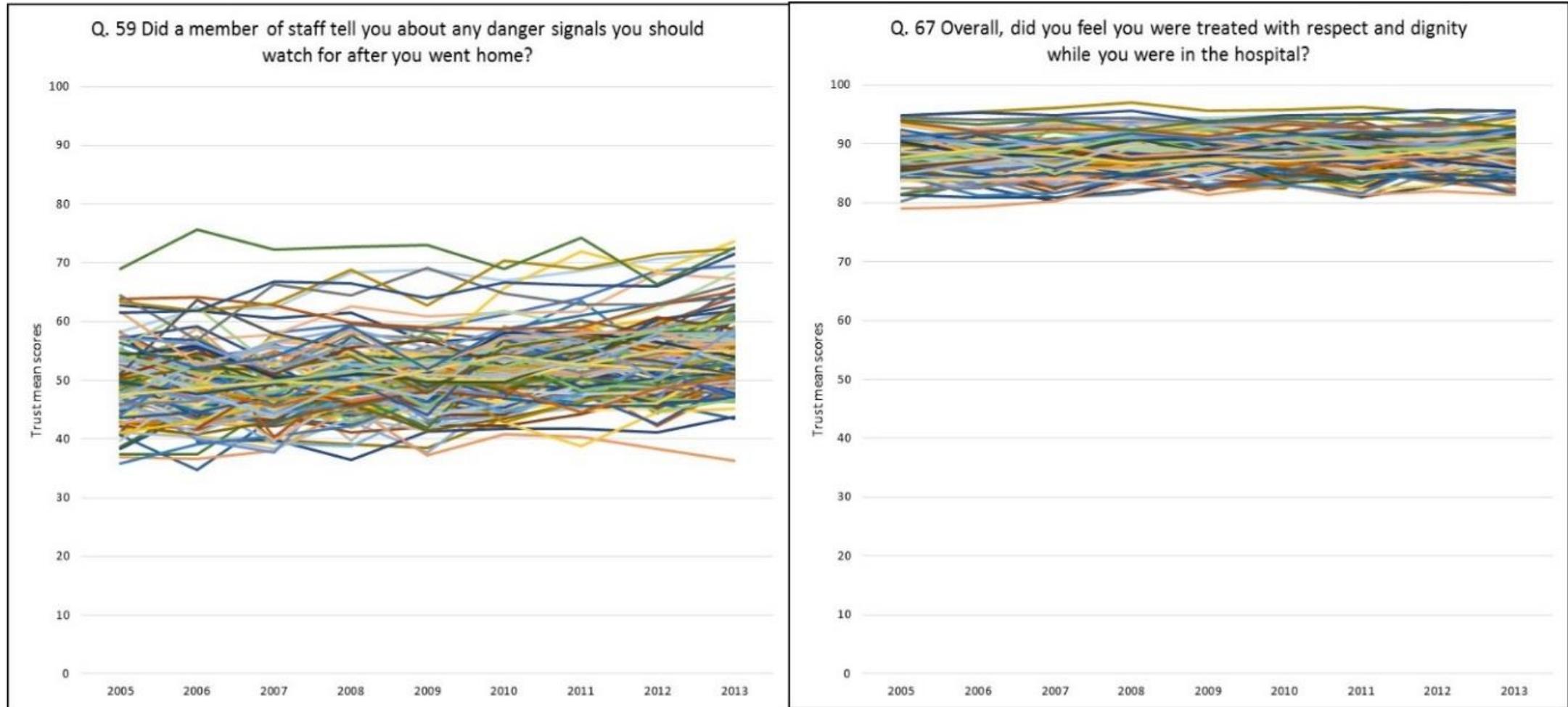


1. All trusts consistently show higher performance in some areas of patient experience than others.
2. Inter-trust differences are consistently wider in some areas than others.



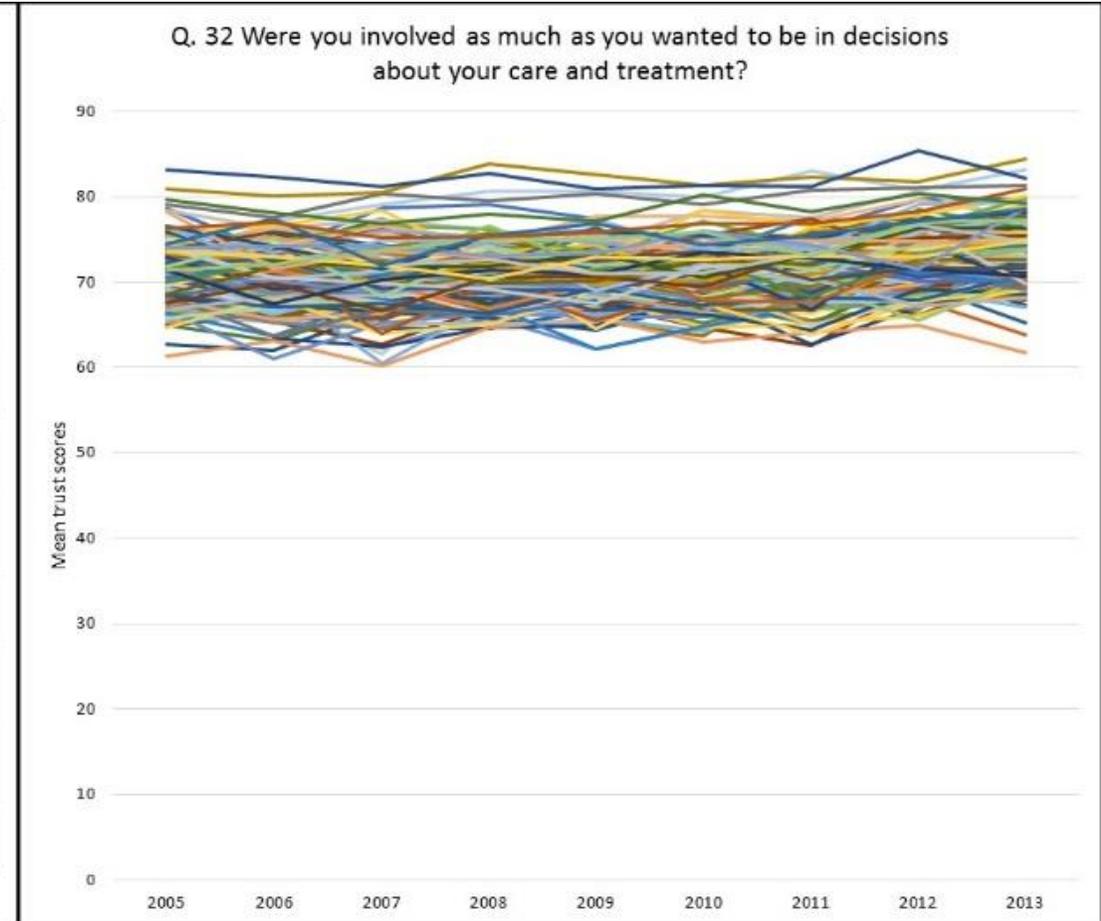
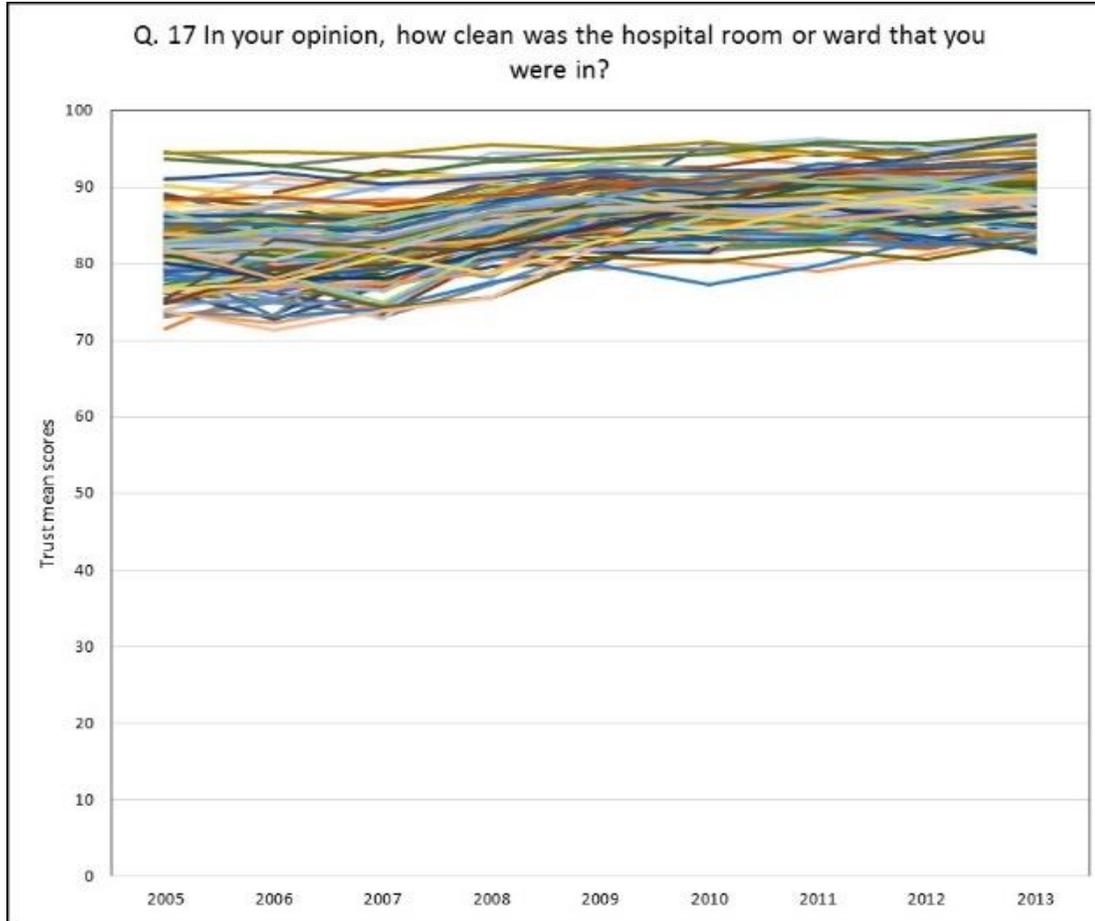
Q 37: Were you given enough privacy when being examined or treated? Q 21: How would you rate the hospital food?

### 3. Responses at trust level show more erratic year-on-year changes for some questions than for others.



Q 59: Did staff tell you about danger signals to watch for after you went home? Q 67: Overall, did you feel you were treated with respect & dignity?

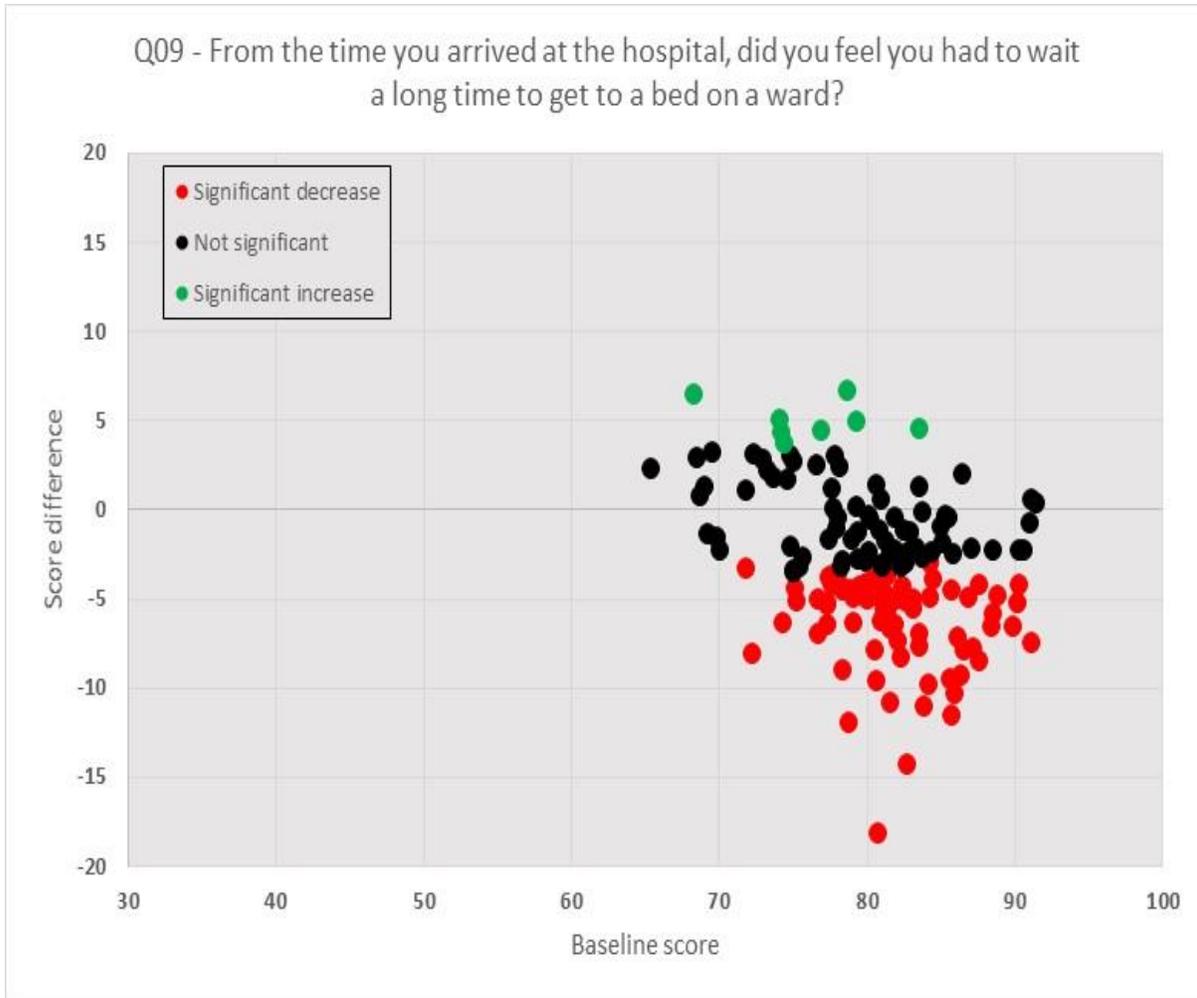
4. Performance in most trusts improved and Inter-trust differences narrowed in a few aspects of patient experience but there was little change in many others.



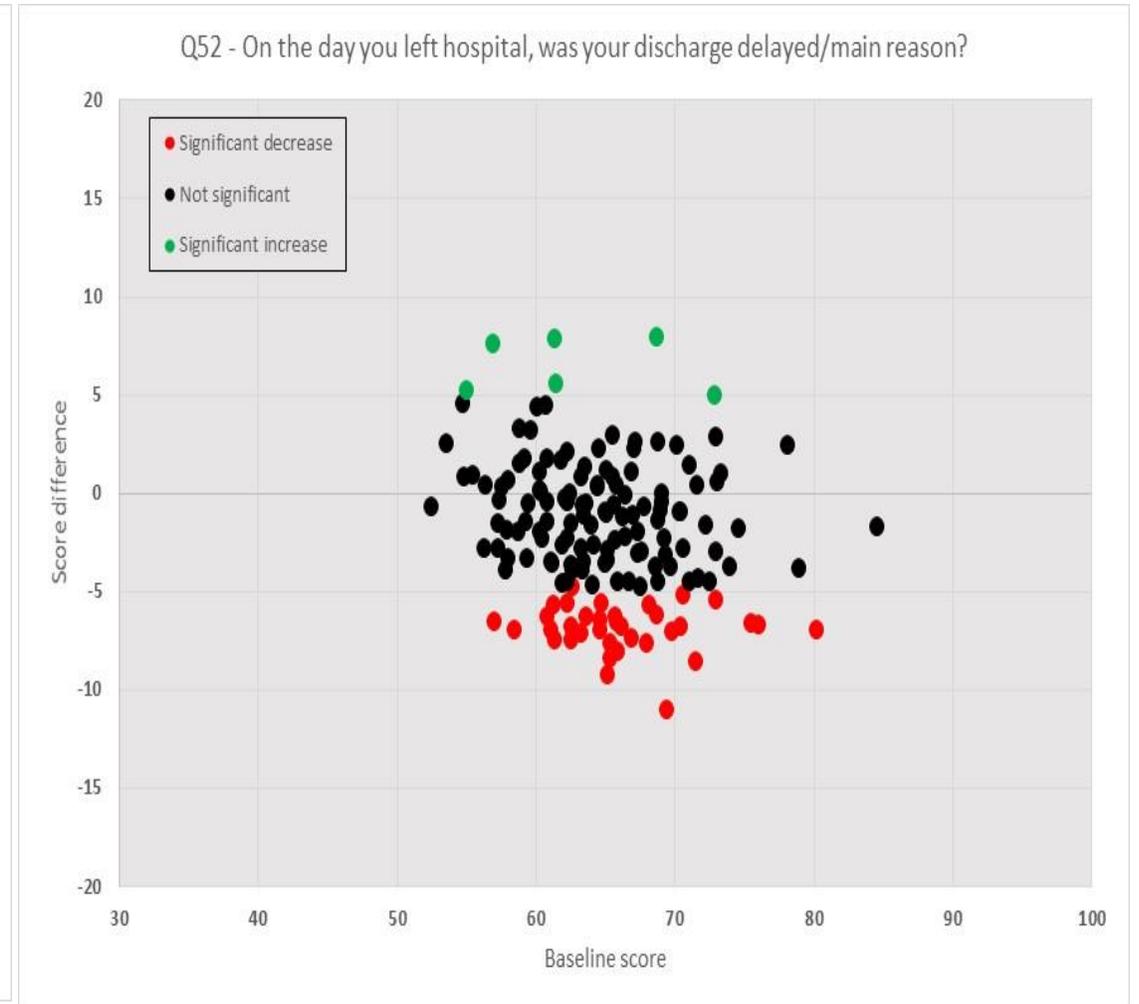
Q 17: How clean was the hospital room or ward that you were in?

Q 32: Involvement in decisions about your care and treatment?

## 5. Some aspects of patient experience showed quite widespread evidence of deterioration.

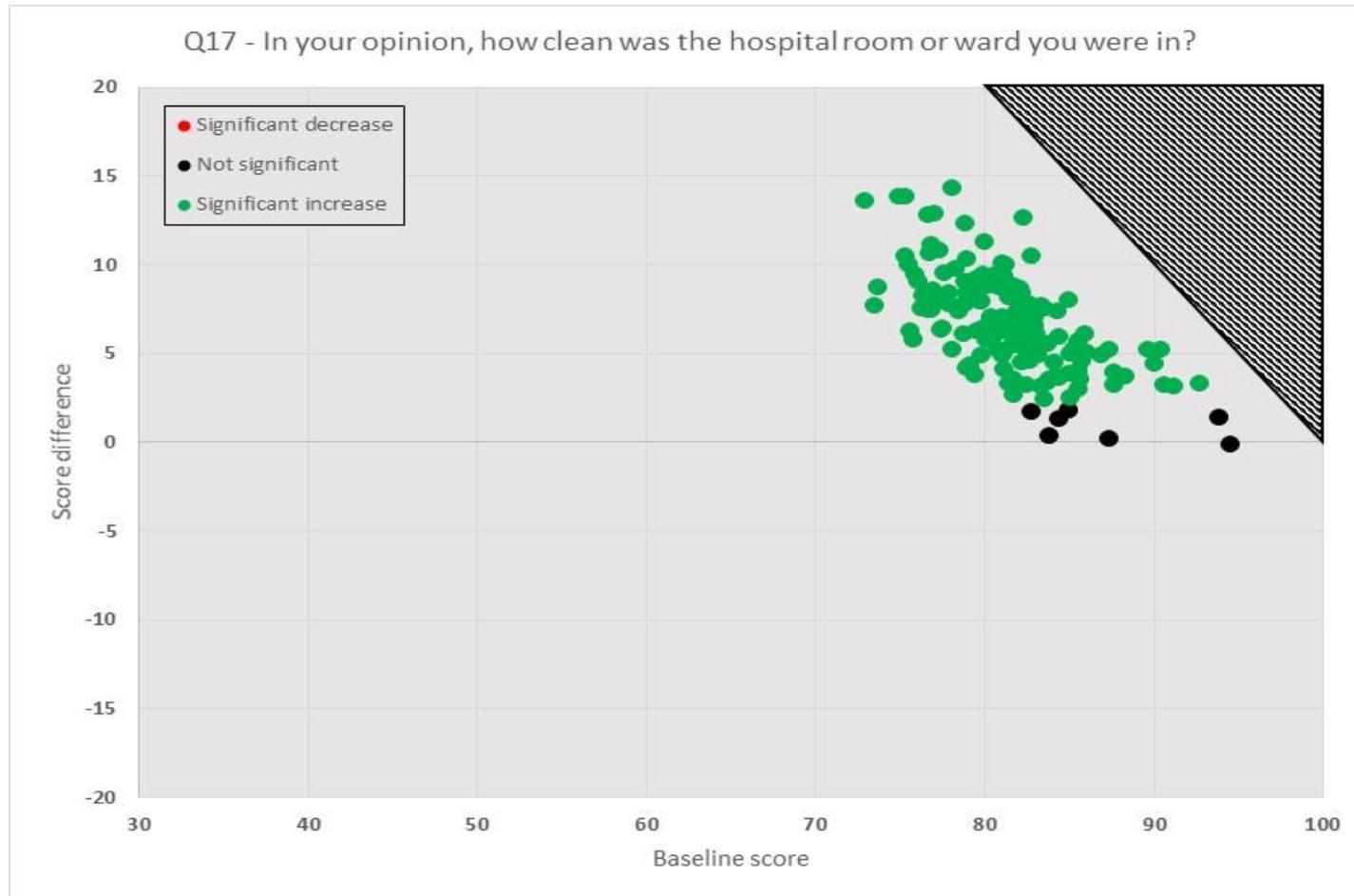


Q9 From arrival at hospital, length of wait to get to a bed on a ward



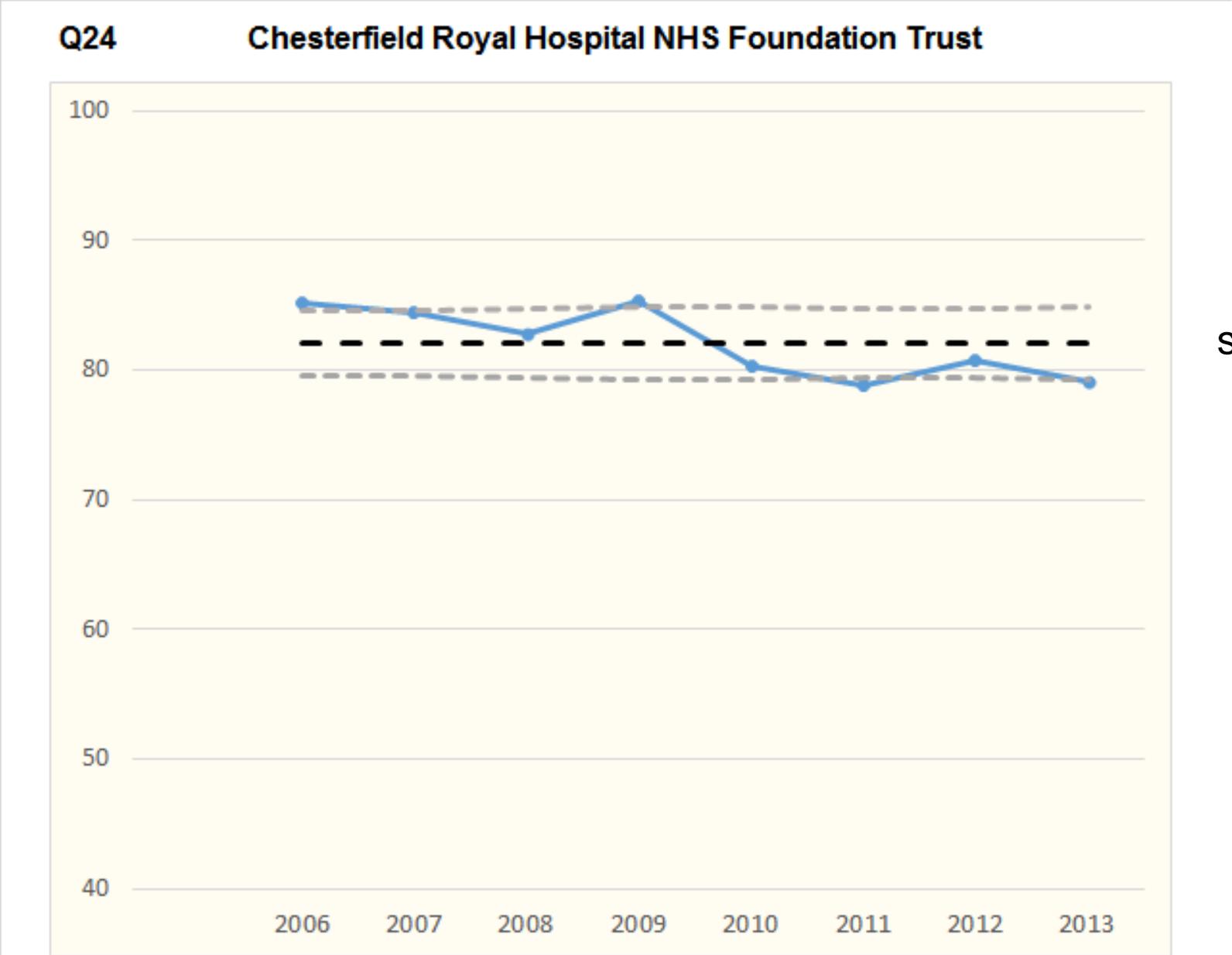
Q52 On the day you left hospital, was your discharge delayed/?

## 6. Evidence of more improvement where performance is lower and a ceiling effect.



Q 17: How clean was the hospital room or ward that you were in?

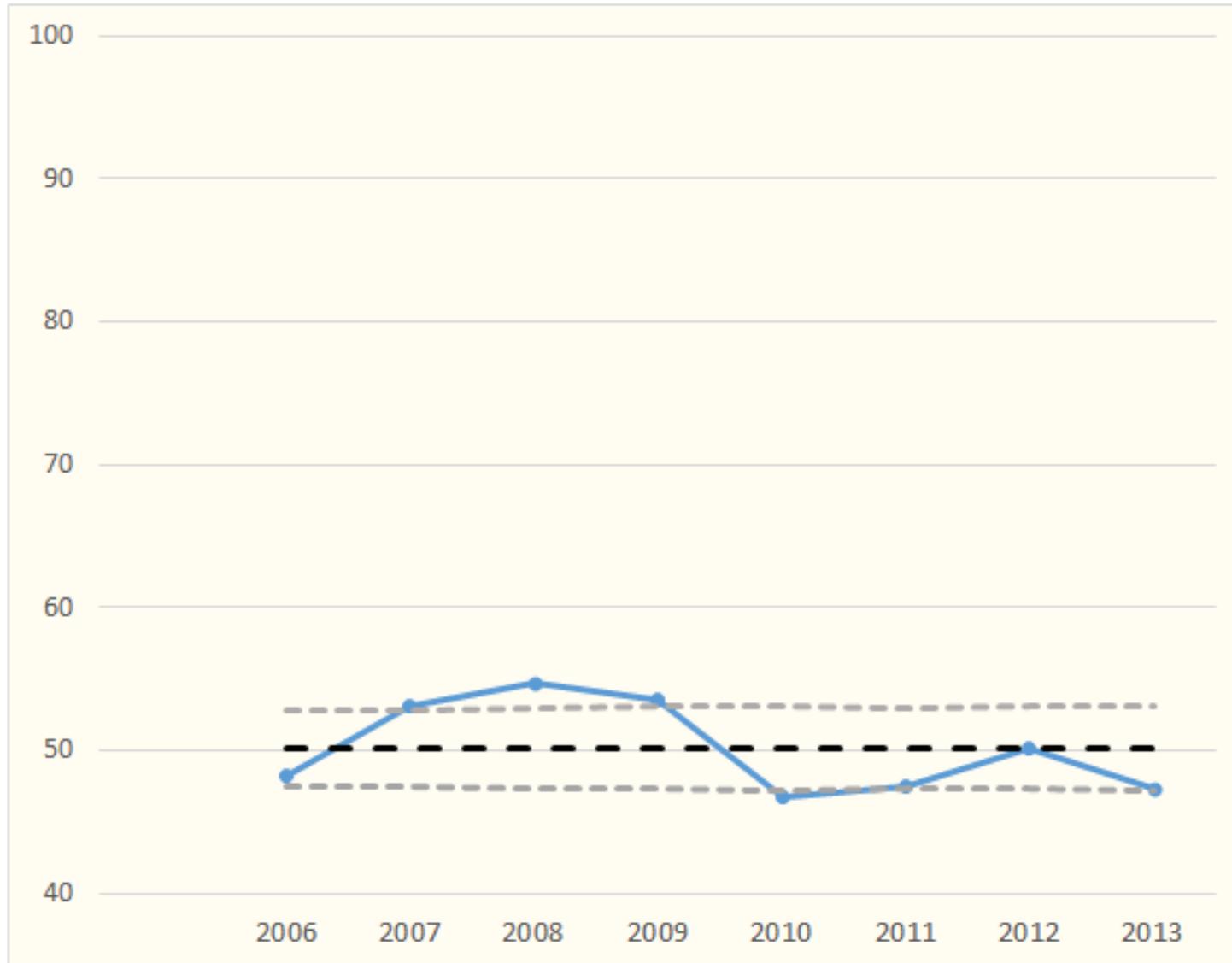
Q 24: When you had important questions to ask a doctor, did you get answers that you could understand?



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# Q 21: How would you rate the hospital food?

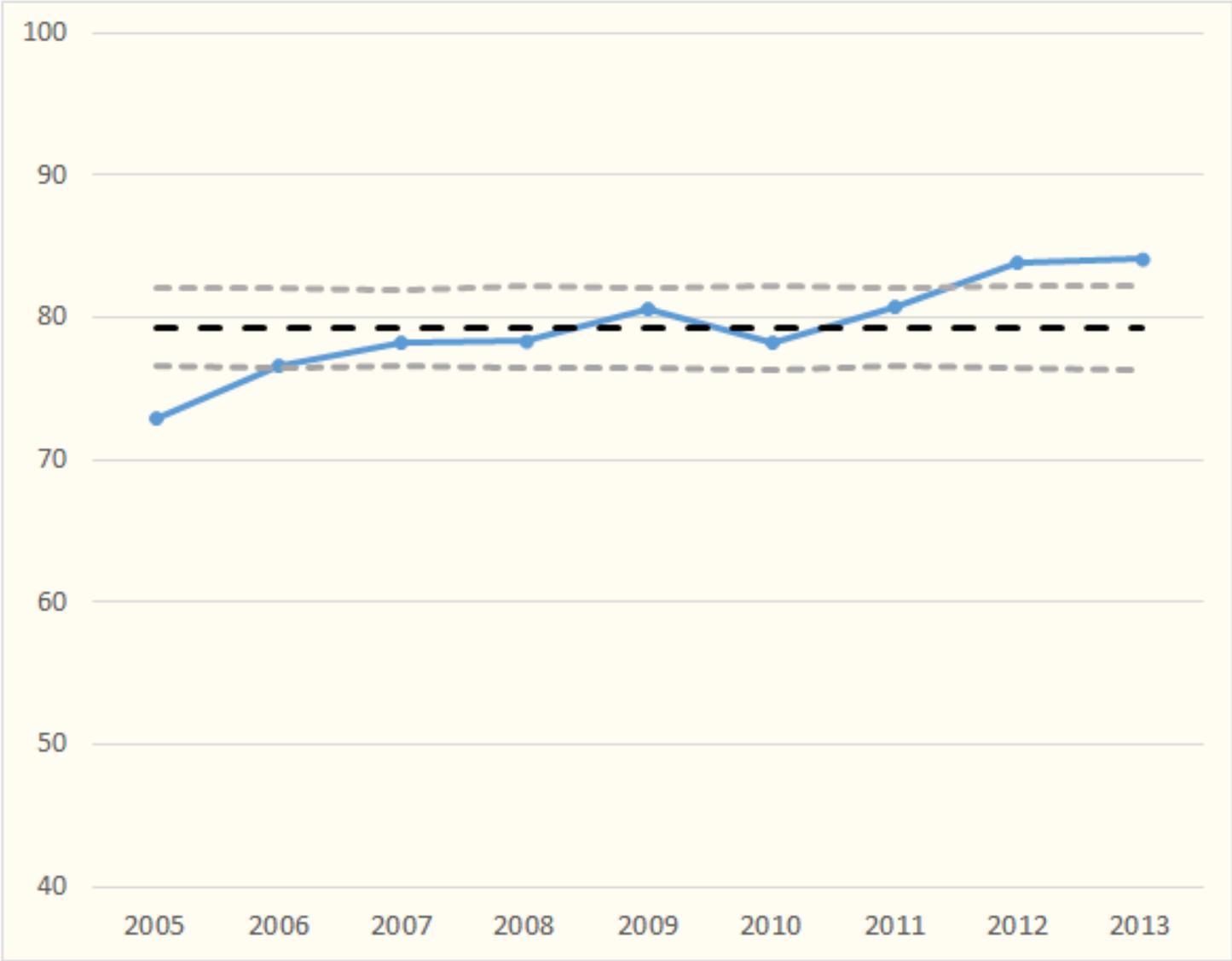
**Q21** **Chesterfield Royal Hospital NHS Foundation Trust**



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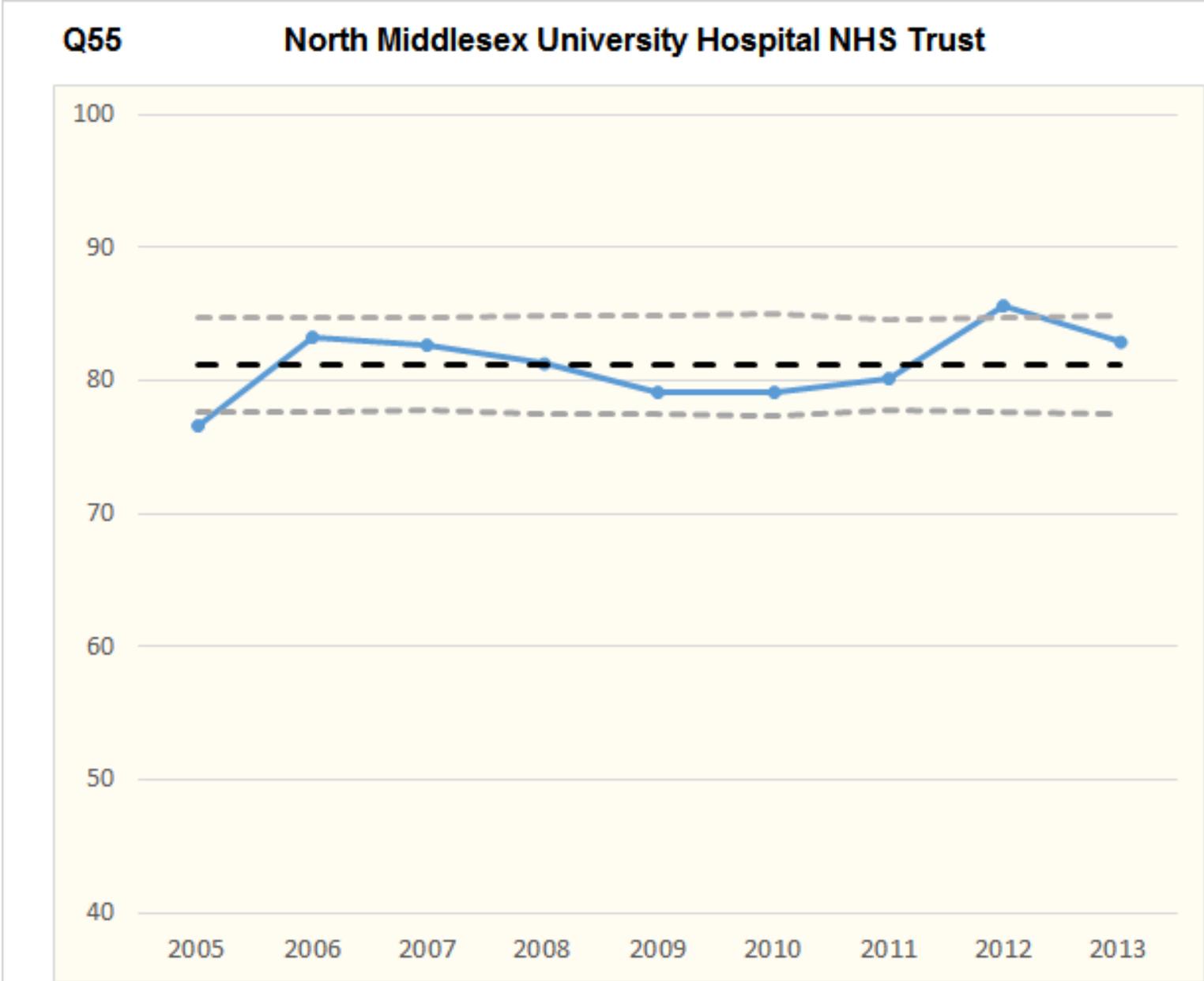
Q 29: Did nurses talk in front of you as if you weren't there?

**Q29** North Middlesex University Hospital NHS Trust



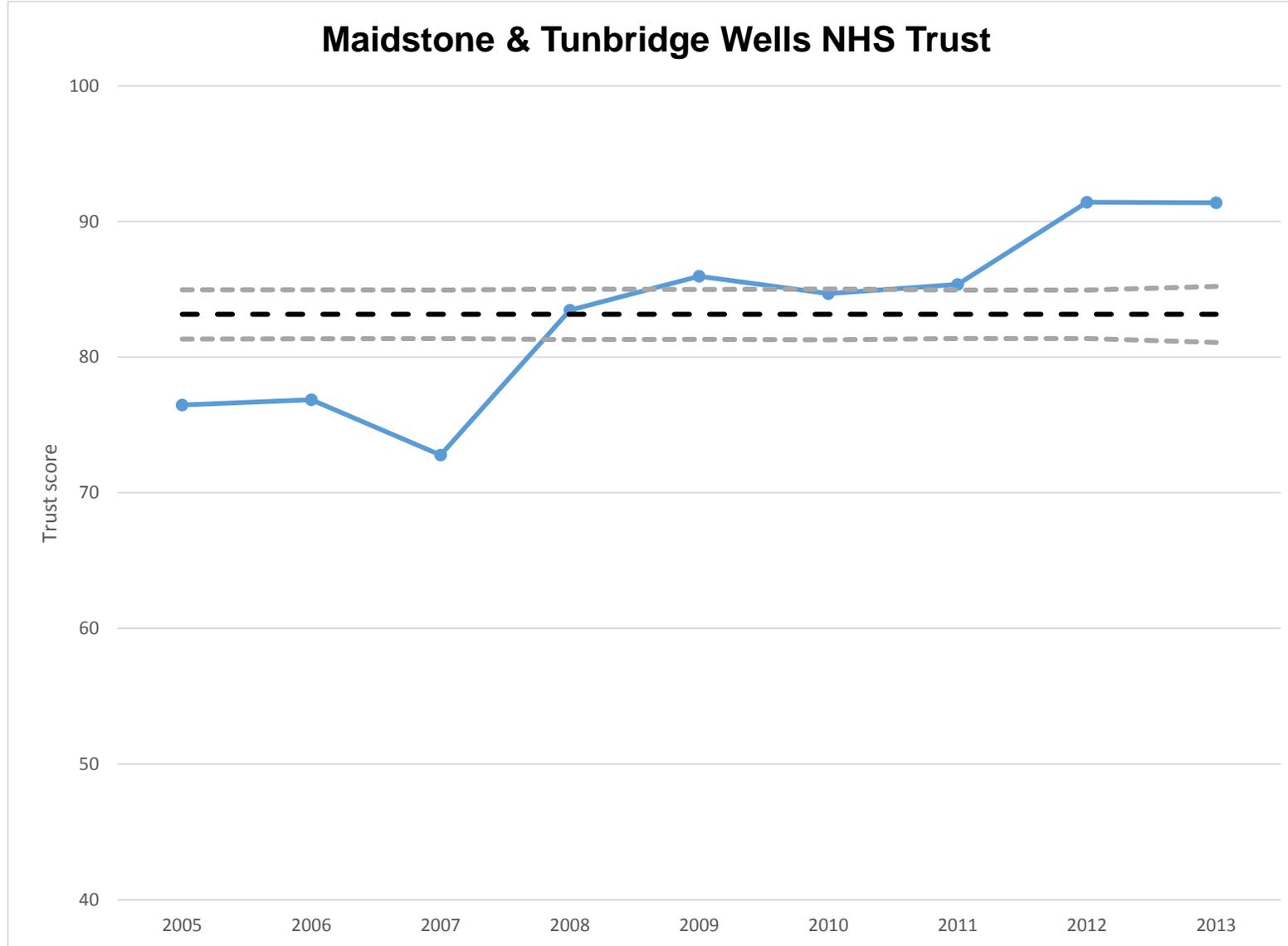
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Q 55: Did staff explain the purpose of the medicines you were to take at home in a way you could understand?



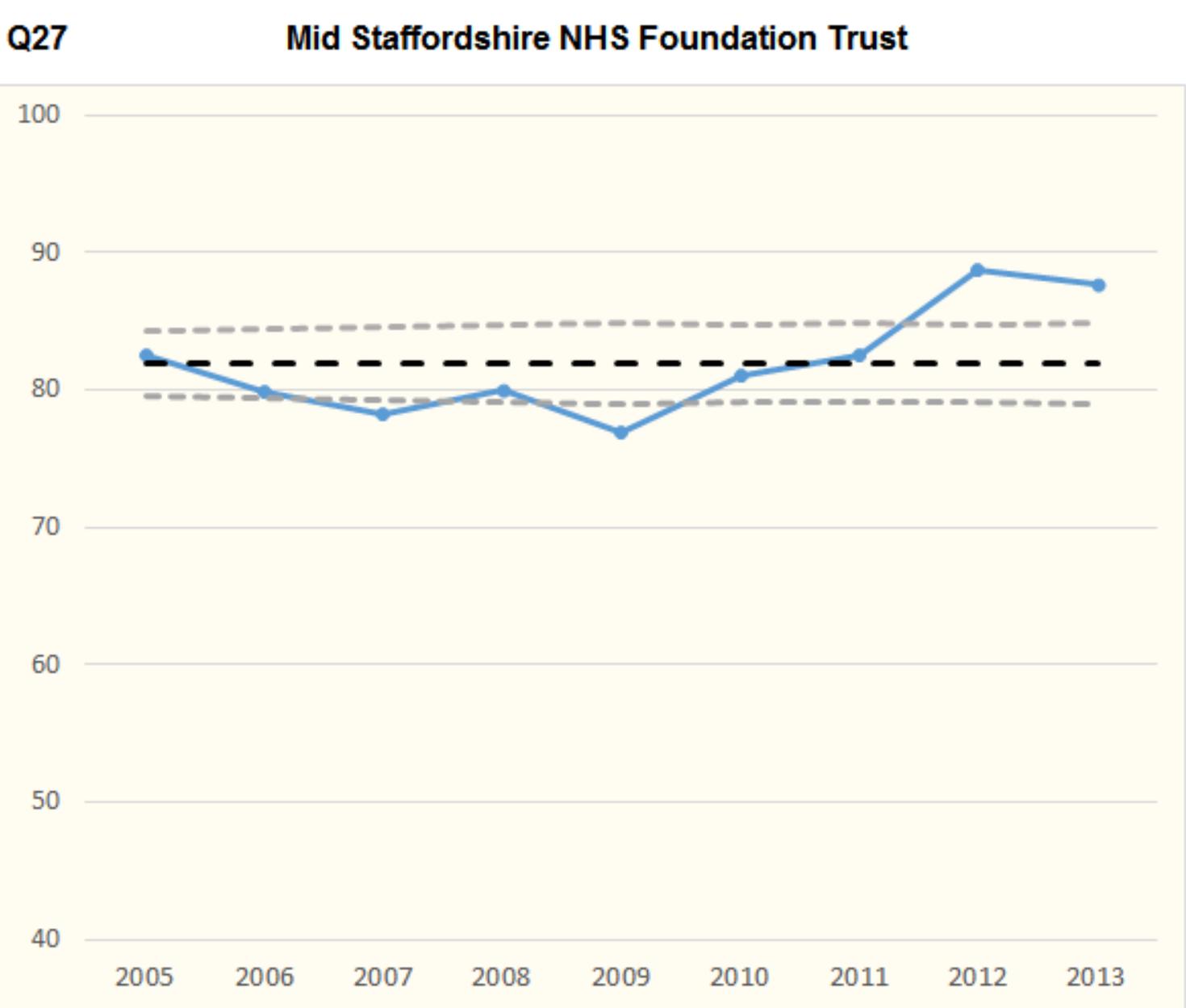
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# Q17 How clean was the hospital room or ward that you were in?



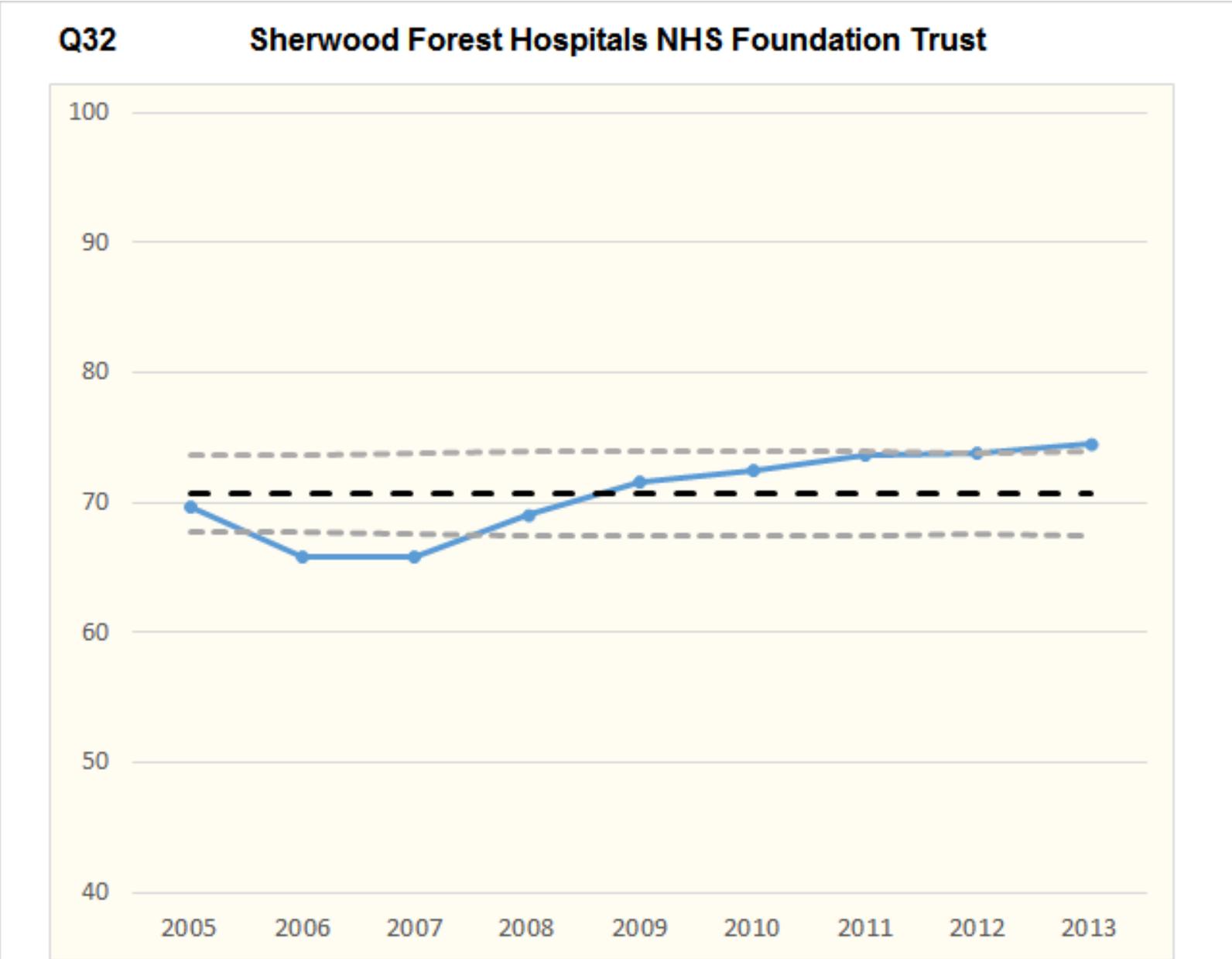
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Q 27: When you had important questions to ask a nurse, did you get answers that you could understand?



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Q 32: Were you involved as much as you wanted to be in decisions about your care and treatment?



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# Trust level patterns (2011-13 vs 2005-07)

## Most consistently improved

Question	Trusts	
	UP	DOWN
Q17. In your opinion, how clean was the hospital room or ward that you were in?	149	0
Q59. Did a member of staff tell you about any danger signals you should watch for after you went home?	62	0
Q21. How would you rate the hospital food?	45	24
Q26. Did doctors talk in front of you as if you weren't there?	39	0
Q27. When you had important questions to ask a nurse, did you get answers that you could understand?	31	3
Q56. Did a member of staff tell you about medication side effects to watch for when you went home?	27	4
Q32. Were you involved as much as you wanted to be in decisions about your care and treatment?	26	2
Q37. Were you given enough privacy when being examined or treated?	23	0
Q29. Did nurses talk in front of you as if you weren't there?	20	2
Q06. How do you feel about the length of time you were on the waiting list before your admission to hospital?	15	6

# Trust level patterns (2011-13 vs 2005-07)

## Most consistently deteriorated

### Trusts

Question	Trusts	
	UP	DOWN
Q09. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8	76
Q15. Were you ever bothered by noise at night from other patients?	9	35
Q52. On the day you left hospital, was your discharge delayed/main reason?	6	35
Q16. Were you ever bothered by noise at night from hospital staff?	3	29
Q39. Do you think the hospital staff did everything they could to help control your pain?	2	25
Q21. How would you rate the hospital food?	45	24
Q55. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8	24

# Findings from case studies

- Variations in extent and patterns of using survey data for improvement
- Tendency towards single year-on-year comparisons as a measure of change
- Perceived barriers to using survey data:
  - resource and system pressures
  - conflicting executive priorities
  - poor staff engagement
  - PE often seen as a “nursey” thing
  - scepticism about validity of the data: timeliness, response rates, aggregated data
  - lack of statistical expertise
  - lack of expertise in effective interventions
  - blame culture
- But also:
  - data seen as a robust tool for action planning and improvement
  - many anecdotal examples of tailored, responsive interventions and impact

# Summary findings (1)

- Responses consistently more positive for some aspects of patient experience eg privacy than others eg food
- Areas of low performance also show the largest inter-trust differences
- Evidence of a response to policy drivers eg improvement in reported cleanliness
- Evidence of system pressures eg length of waits for a bed, noise, delayed discharge
- Specialist trusts and trusts outside London perform better than non-specialist trusts and London trusts respectively
- No prominent “winners” or “losers” in terms of improvement
- Statistically significant change apparent for only a few questions, and size of change is generally small

# Summary findings (2)

- Overall, more improvement than deterioration, upward trend in overall rating
- Potential for improvement exists (a) across all trusts for some aspects of patient experience (eg food, noise) (b) in reducing inter-trust variations
- Much year-on-year variation is random - need for caution in using data
- Wider health system policies and pressures impact on patient-reported experience
- Overall, the survey data is under-used nationally and locally

# Implications: for policymakers / commissioners

- Identifying dimensions of PE amenable to interventions which can be prioritised in national, local campaigns?
- Tackling system-wide pressures beyond the hospital that impact on PE
- Analysis of past data should inform future policy development
- Use of the data for 'judgemental' purposes (eg performance assessment, P4P, contract monitoring) should be guided by technical issues eg case mix, random variation
- Risks in inappropriate use of data eg misuse of resources
- Setting realistic expectations about the potential for performance improvements

# Implications: for providers

- Scope for improvement and reducing inter-trust variations
- Taking the short and long view: review of survey data year-on-year and longitudinally can be useful - specially when triangulated with local knowledge
- Requires skills in and time for data analysis
- Risks in inappropriate use of data eg misuse of resources
- Longitudinal data can illustrate that impact of interventions may take time to be realised
- Key enablers: leadership, trust-wide coordination, staff engagement

# Postscript on using the various data sources on patient experience

# Aims of measurement

- Important to be clear about the aims, purpose of measurement
- They drive the choice of data, indicators, and how they are applied
- Common misconception in the NHS that one tool can serve multiple aims eg FFT
- Data is a powerful tool but needs to be used discriminately
- Same applies to different forms of data on patient experience
- Their strengths & weaknesses vary depending on the context in which they are used

# Features of data sources on patient experience

Features of data	DATA COLLECTION MODE (some examples)		
	Surveys	FFT, other real-time data collections	Social media
Large, representative sample	√		
Standard data collection methods	√		
Standard data analysis methods	√		
Statistically reliable data	√		
Comparative data across organisations	√		
Timely data		√	√
Locality specific data		√	√
Free text data		√	√

# Making appropriate use of data

DATA COLLECTION MODES (some examples)	AIM		
	<b>INTERNAL USE</b> Quality improvement	<b>EXTERNAL JUDGMENT</b> Performance management / assessment, CQC ratings, P4P etc	<b>PUBLIC USE</b> Information for patients, public
Surveys	√	√	√
FFT, other real-time data collections	√	X	√
Social media	√	X	√

# **Patients' experience of using hospital services: an analysis of trends in inpatient surveys in NHS acute trusts in England, 2005-13**

V Raleigh et al

December 2015

<http://www.kingsfund.org.uk/publications/patients-experience-using-hospital-services>