

18 Week Patient Experience Survey

Brighton & Hove PCT

February 2009

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Summary

Overall satisfaction with care

Three quarters of patients rate the care they received as excellent or good. In contrast, less than a tenth of patients (7%) felt that the care they received was poor or terrible.

Wait for treatment

Perceptions of waiting times continue to lag behind improving performance; three in five patients were at least a little concerned about the wait for treatment. However, seven in ten patients who had started their treatment (70%) were actually happy with the length of time they had to wait for treatment, with only a quarter (26%) feeling they should have been treated at least a bit sooner.

Patient choice at time of referral

A third of patients were able to talk about their choice of hospital for treatment with their GP, while two thirds were unable to discuss their choice of hospital but most did not mind. Patients who did discuss their choice of hospital with their GP, were most likely to base their first selection on the location of the hospital. The majority of patients who talked with their GP about their choice of hospital were able to go to their first choice for treatment.

Making hospital appointments

Patients were most likely to have the GP or assessment centre doctor write to the hospital and have them contact patients to set up appointments. Although a fair proportion of patients were not offered different dates (67%) or times of the day (65%) when their first hospital appointment was made, over seven in ten of all patients felt the dates and times offered were convenient.

Arranging an initial appointment was generally found to be easy. Patients were most likely to be seen on time or early (32%) or up to 15 minutes later (22%) than their scheduled appointment.

Non-clinical aspects of care

Patients mostly felt the hospital was clean and the general condition of the hospital building was good. The majority of patients (88%) say the hospital was very clean or fairly clean while three quarters of the patients (75%) were satisfied with the general condition of the hospital building.

Overall patients were very positive about their treatment and care. Over three quarters of patients (78%) felt that the specialist clearly explained what the next step of their treatment would be; and the vast majority of patients felt that they were given enough privacy when examined or treated (97%), were involved in decisions about their care and treatment (91%) and were treated with respect and dignity during their hospital treatment (96%).

After-care

Following treatment or consultation, seven in ten patients (71%) discussed aftercare or exercise, lifestyle or diet recommendations with a healthcare professional, which would help to recover and improve their health; 49% discussed this fully with the healthcare professional. Less than half of all patients (48%) were given some written information after their treatment, whereas a little over half of the patients (52%) did not receive any written information; 27% did not receive any information and felt they didn't need it.

Sample profile

51% of all respondents who completed this survey are women versus 31% men. The majority of respondents (81%) are 35 years or older, while under a tenth of respondents (6%) are younger. A similar proportion of respondents or members of their households either have a long standing illness, disability or infirmity (40%) or don't (45%). The majority of respondents are White (84%) while only a small minority (4%) are from a BME background. Three in ten respondents (30%) have been admitted as part of their treatment, while seven in ten respondents (69%) have not been.

Introduction

Introduction

Background

The NHS wants to ensure that waiting time from referral to treatment does not exceed a maximum of 18 weeks. Within that time, all patients for whom it is clinically appropriate and who choose to do so should have started receiving their treatment, or a decision should be made that no treatment is required. From the start of 2009 virtually all patients can expect to be seen, diagnosed and start treatment within 18 weeks of their referral.

In order to guarantee this, the NHS needs to understand the overall experience that patients have of elective care waits and act on the results to drive improvement. The Department of Health has asked Primary Care Trusts (PCTs) to capture patients' experience of waiting times to help in driving this improvement.

The 18 Week Patient Experience Survey has therefore been designed by Ipsos MORI, on behalf of local PCTs, with the aim of establishing patients' experience of their care from referral to treatment and to assess whether patients are satisfied with the length of time they waited for treatment. It will also highlight local causes of patients' dissatisfaction with access and what action can be taken to improve the service experience for patients, in line with the competencies outlined in the World Class Commissioning assurance framework.

Objectives

Ultimately the 18 Week Patient Experience Survey seeks to establish patient experiences of waiting times and assess whether patients perceive that they have received care when they need it. One of the main objectives of this research was to provide PCTs with the data necessary for their service delivery improvement plans and in order to achieve this aim, this research provides:

- local flexibility in terms of questionnaire design to allow a focus on local issues/campaigns where appropriate;
- local flexibility in terms of sampling to ensure the research targeted patients at different stages of the pathway across a variety of specialities and services;
- patients' perceptions of waiting times from the date of their referral to the time at which they began treatment, or were told that no treatment is available/necessary;
- patients' assessment of their wider patient experience (including satisfaction with aspects of their non-clinical care, patient choice and the manner in which they were treated by NHS staff);
- coverage of patient experiences from a range of stages along the 18 Week pathway

Methodology

The research uses a self-completion postal methodology to collect the opinions of patients who have been referred by their GP or another healthcare professional to an NHS healthcare provider within the last 20 weeks for treatment or further assessment. This methodology was adapted from the National Patient Choice Survey (NPCS) in which NHS Trusts mail out a bi-monthly self-completion questionnaire. In the NPCS, patients who are referred for a first

outpatient appointment over a designated two week period are sent a questionnaire by the Trust which they then return to Ipsos MORI for analysis.

Questionnaire design

The 18 Week Patient Experience Survey was designed by Ipsos MORI in collaboration with each SHA. Whilst Ipsos MORI designed a core set of questions for the survey, in some cases these were complemented by locally focused questions at an SHA level or questions around issues of particular interest for the area.

The design of the core questionnaire has been heavily influenced by the 18 Week Pilot Survey which Ipsos MORI conducted on behalf of the Department of Health between June 2007 and March 2008. This Pilot phase provided tried-and-tested questions which successfully measure patient satisfaction with their wait for treatment as well as the wider patient experience. For instance questions around non-clinical aspects of care such as hospital cleanliness, the manner in which they were treated and patient choice were designed to be consistent with the *Healthcare Commission Inpatient Survey* and *The National Patient Choice Survey*. These questions were once again thoroughly reviewed by a panel of experts in questionnaire design at Ipsos MORI before inclusion in the questionnaire for this full phase of the 18 Week Patient Experience Survey.

Sampling and mailout

Due to restrictions around external access to patient records and patient confidentiality, the PCTs themselves were responsible for overseeing the sampling of patients and the administration of the survey mailout to this sample. Each PCT paired up with between one to four healthcare providers in order to sample patients for the survey. In the main, providers were selected by PCTs due to the high proportion of patient referrals dealt with through these hospitals. However, in some cases providers were chosen by PCTs due to a particular interest in one specific stage of the referral pathway, in a certain specialty of referrals, or in cases where a particular provider has been identified as a suitable focus for a local improvement plan.

Following the identification of a suitable provider(s), a sample of patients was drawn from the Patient Administration System using 'clock start' information. Again, to fulfil the aim of local flexibility for PCTs to ensure maximum value from the survey, the cohorts of patients sampled varied across PCTs. Generally, patients were selected if they had a 'clock start' around 20 weeks prior to the mailout date at the end of November (w/c 30 June and w/c 7 July). This time lapse since the initial referral was advised to be optimal by Ipsos MORI as the majority of these patients should have at least been able to book their appointment, and preferably attended their first appointment. Sampling patients from a time period earlier than 20 weeks introduces problems of recall for patients when they come to complete the questionnaire as discussed during the Pilot phase. It was also anticipated that patients approached after approximately 20 weeks would naturally be at different points in the pathway – many would have started treatment, while others would have had their appointments and been discharged, and others would still be awaiting treatment. Some PCTs did extend this sampling period down to around 10 weeks prior to mailout to ensure patients from various stages of the 18 Week pathway were captured.

The length of the sampling period was dependent on the desired sample size and the average number of referrals in a given week for any given PCT or provider. Generally, PCTs used a sample of 1,500 patients as based on a rough estimate of a 30% response rate the return of 500 questionnaires per PCT would allow an analysis of different patient groups.

All patients were eligible for the survey excluding:

- deceased patients;
- children under the age of 16;
- those who require a termination of pregnancy,
- those referred to maternity;
- mental health and psychiatric patients;
- patients who have no UK address;
- non-NHS patients;
- those who have been 'stop noted'.

Fieldwork

Cognitive testing of the questionnaire took place between 27th and 29th of August. The main fieldwork period took place between 24th November 2008 and 2nd January 2009 (i.e. this was the designated period between the mailout of the questionnaires by Trusts and the cut-off date for the completed questionnaires to be returned). Exact mailout figures and response rates for Brighton & Hove PCT are included in the Technical note included in the appendices of this report.

Report structure and interpreting the results

This report discusses the findings of the 18 Week Patient Experience Survey conducted in Brighton & Hove PCT. Please refer to the Technical note included in the appendices of this report for more details.

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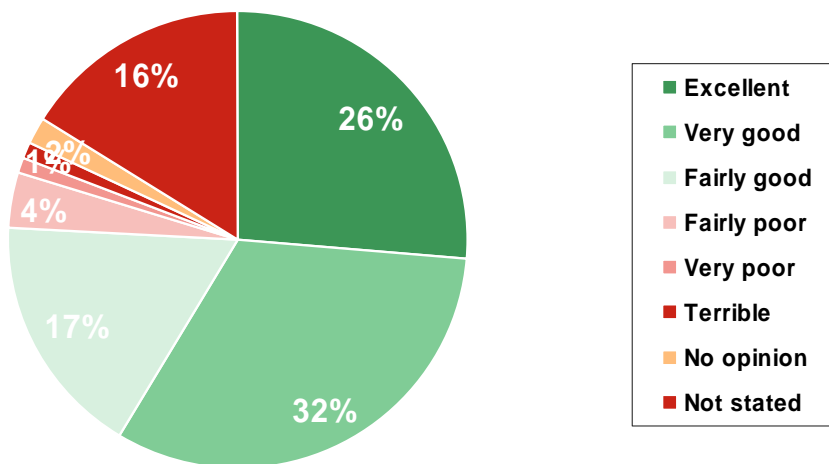
Overall satisfaction with care

Overall satisfaction with care

Three in four patients (75%) were positive about the care they received; 58% felt this care was 'excellent' or 'very good'. Few patients were negative about the care they received, with less than a tenth (7%) expressing dissatisfaction with it; only 2% of patients were particularly critical, saying the care was 'very poor' or 'terrible'. These findings are in line with those from the Public Satisfaction Survey in which 71% of residents said they were satisfied with attending hospital as an outpatient¹.

Perception of care quality

Q29 Overall, how would you rate the care you received since you were told you needed treatment?



Base: All respondents (361)



Care received was mostly considered to be excellent or good across all subgroups, with around eight in ten or higher considering this to be the case in the majority of instances. Satisfaction with care mostly shows a steady increase with an increase in age, which may reflect a lower expectation of public services amongst older patients, or may be related to their higher use of NHS services.

Patients who were admitted are significantly happier with their care than those who were not admitted (91% versus 76%) and those who waited a reasonable time for their treatment were also significantly happier with their care than those who felt they should have been treated

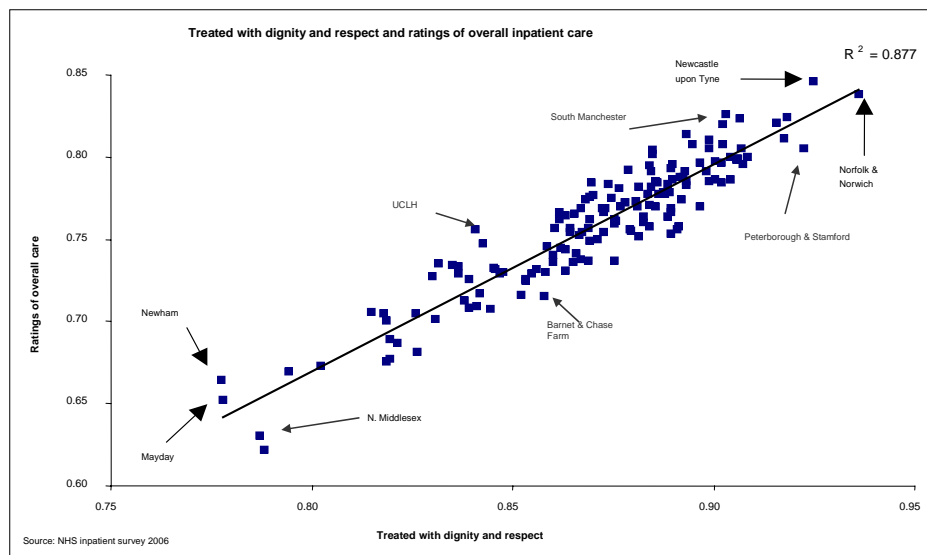
¹ Source: NHS South East Coast: Public Satisfaction Survey, South East Coast SHA/ Ipsos MORI , June 2008. Question wording and methodology differ so not directly comparable.

quicker (88% versus 67%); it should be noted, however, that the base sizes are quite small in these instances.

Other research conducted with patients for the NHS by Ipsos MORI - as well as by the Healthcare Commission - shows a strong relationship between levels of *overall* satisfaction with care and perceptions that patients have been 'treated with dignity and respect' (which is discussed under 'Non-clinical aspects of care').

In Brighton & Hove, the majority of patients believe they *were* treated with dignity and respect during their referral-to-treatment pathways. The graph below, taken from our Frontiers Analysis using Healthcare Commission data², illustrates the strength of this relationship across a range of PCTs around the country.

Overall satisfaction and dignity and respect



* *National Survey of Adult Inpatients 2006, Healthcare Commission*

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² This graph is taken from Frontiers of Performance in the NHS II, Ipsos MORI, 2008

Wait for treatment

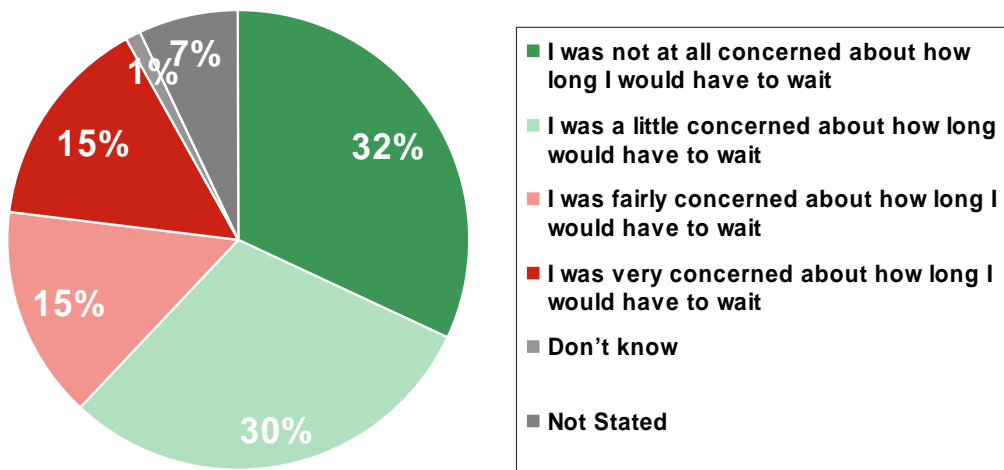
Wait for treatment

Expectation of wait for treatment

A third of patients (32%) were not at all concerned about how long they would have to wait to receive treatment, while in comparison, three in five were at least a little concerned about the length of time they would have to wait.

Concern with waiting time

Q16 When you were first told you needed to see a specialist, how concerned, if at all, were you with how long you would have to wait to receive treatment?



Base: All respondents (361)
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Men were much more at ease with the waiting time than women were, as 43% of men were not concerned with the wait while 27% of women were.

Patients without a disability expressed less concern about their waiting time than those who have a disability (39% versus 23%). Patients aged 75+ were also more likely to be comfortable with the waiting time they faced prior to their treatment, possibly reflecting lower expectations – although this finding should be treated with caution as it is based on a small base size.

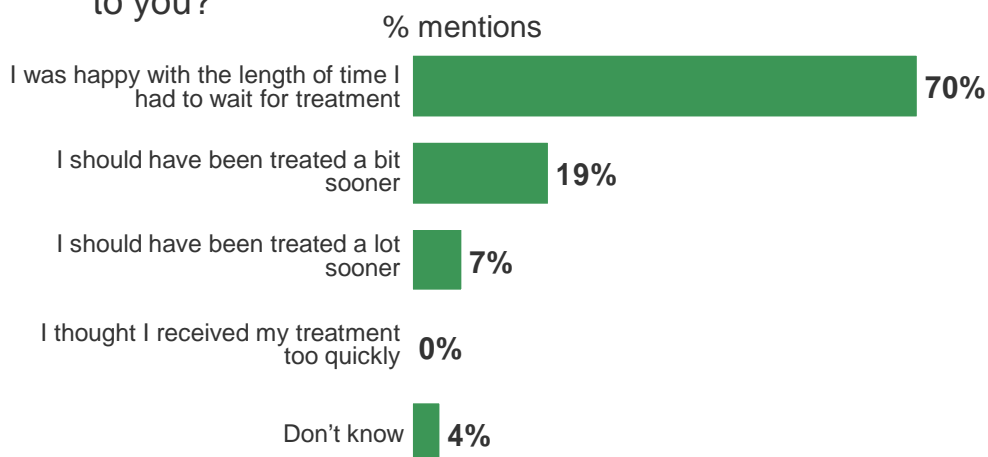
Satisfaction with wait for treatment

Despite low expectations of referral to treatment waiting times, on the whole, patients were mostly happy with the length of time they had to wait for treatment. This indicates that there is a perception gap between expectations of waits and actual waiting times.

Seven in ten patients who had started treatment, say they were happy with their waiting time, while a quarter (26%) felt they should have been treated sooner. Only 7% felt that they should have been treated a lot sooner than they were.

Experience of waiting time between referral and treatment

Q21a Thinking about the time between your referral to a specialist by your GP/assessment centre doctor and the time when you started receiving treatment, which of the following apply to you?



Base: All who have started treatment (232)

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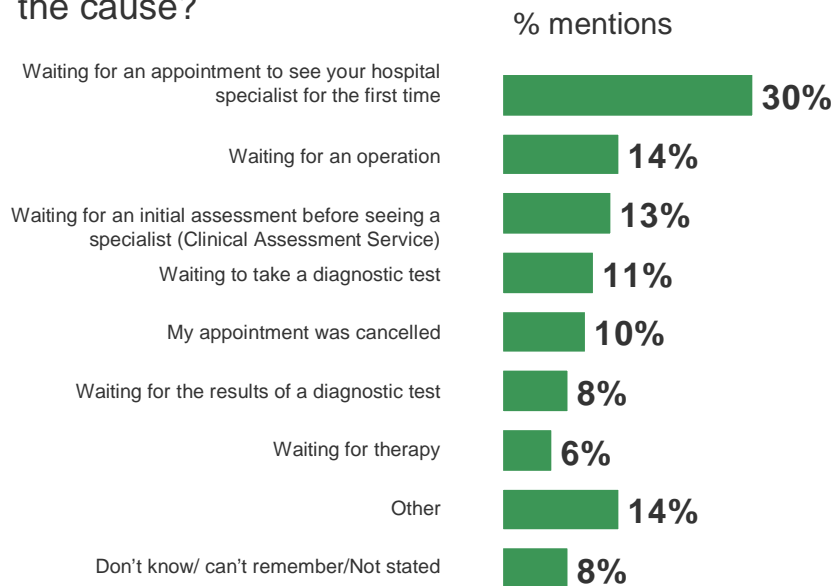


Causes of delay in receiving treatment

Around three in ten patients (29%) say there was a delay in their receiving treatment; and according to these patients, delays were most likely to have occurred due to waiting for an appointment to see their specialist for the first time (30%). Over a tenth of patients say they were waiting for an operation (14%) or waiting for an initial assessment (13%).

Cause of delay in treatment

Q22a If there was a delay in you receiving treatment, what was the cause?



Patient choice at time of referral

Patient choice at time of referral

Discussion of patient choice

Choice of hospital for treatment was not typically discussed with patients, with just a third of patients (33%) reporting that they had talked about this with their GP. Approaching two thirds of patients (64%) on the other hand, did not have any discussions about their choice of hospital. Patients who did not discuss hospitals with their GP (64%) were largely unconcerned about this. According to long-term trends collected by the *Perceptions of the NHS tracking study*³, GPs are the most positively viewed aspect of the NHS, and so trust in their judgement is likely to be high. This may in turn account for the relative lack of concern around choice here.

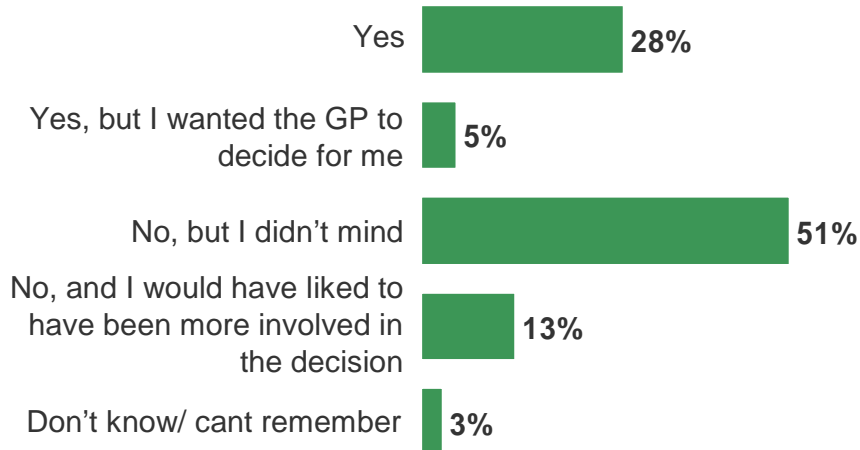
The proportion of patients discussing their choice of hospital is slightly lower than the proportion who discussed which hospital they might go to from the most recent wave of the National Patient Survey (41%)⁴; this might be because in this instance patients are being asked around 20 weeks after referral.

³ The *Perceptions of the NHS* tracking study is conducted by Ipsos MORI on behalf of the Department of Health quarterly with 1,000 English adults face-to-face in their homes.

⁴ Source: National Patient Choice Survey, DH/ Ipsos MORI, Wave 13, May 2008; The National Patient Choice Survey is run every two months by Ipsos MORI on behalf of the Department of Health. At every wave, around 250,000 postal questionnaires are sent to patients who have recently been referred by a GP to a hospital for elective care. The wording of the question in the National Patient Choice questionnaire – 'Did you discuss which hospital you might go to with your GP?' - is slightly different from the current survey, so results are not directly comparable. However, given the similarity between the two questions, findings from the National Patient Choice Survey could still provide interesting contextual information

Discussion about choice of hospital

Q1 At the time of your referral, did you talk about your choice of hospital for treatment with your GP (or another doctor assessing you)? % mentions



Base: All who were not referred to hospital from an Accident & Emergency Department (311)

Ipsos MORI



Figures are consistent for all subgroups with no major differences amongst them.

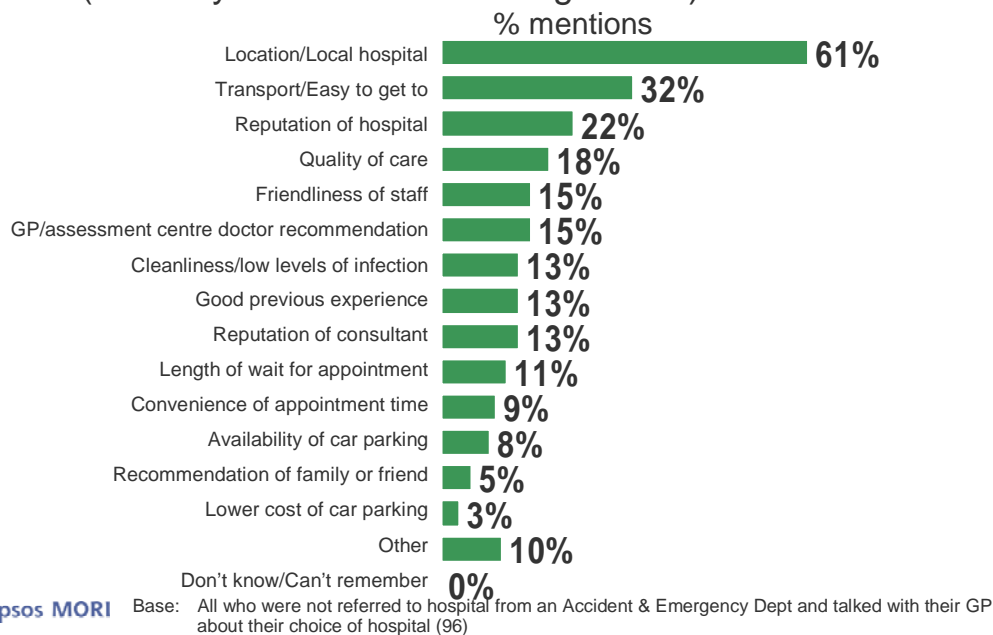
Reasons for hospital choice

Patients who discussed their choice of hospital were mostly influenced by location when deciding on which hospital they would most like to be treated in, with 61% of patients identifying location as a reason for their choice. A third of patients (32%) cited transport as a reason, while just over two in ten (22%) took the reputation of the hospital into account.

These results differ from the *National Patient Choice Survey* where 'cleanliness' and 'quality of care' top the list of criteria. The latest wave of the *Perceptions of the NHS* tracking study does however show public concern with hospital cleanliness and infections to be on the decline - and this may go some way towards explaining the fluctuating priorities.

Reasons for choice of hospital

Q2 What were your main reasons for your first choice of hospital (even if you were not able to go there)?

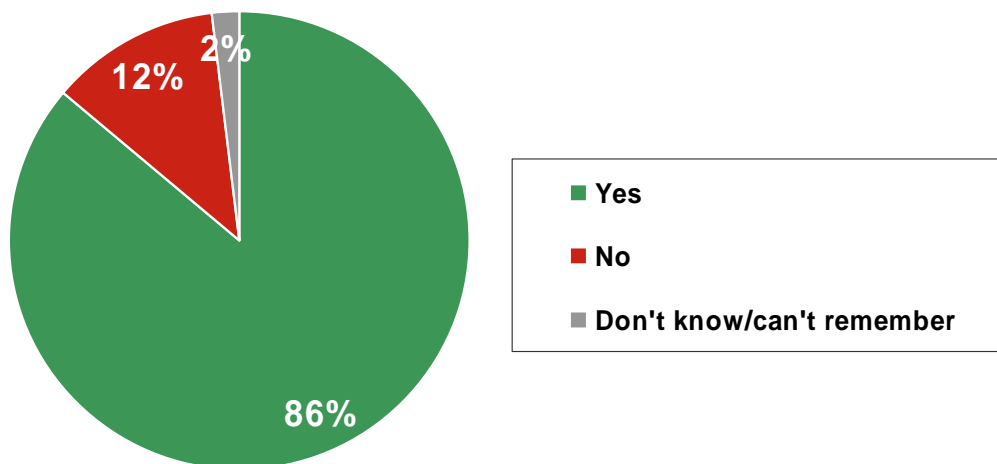


Able to attend first choice hospital?

The majority of patients who talked to their GP about choice (86%) were able to go to their first choice of hospital, having discussed this with their GP. Just over a tenth of patients (12%) say they weren't able to go to their first choice of hospital.

Attending first choice of hospital

Q3 Were you able to go to your first choice of hospital?



Base: All who were not referred to hospital from an Accident & Emergency Dept and talked with their GP about their choice of hospital (94)

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Subgroup analysis is limited due to the small base sizes involved.

Making hospital appointments

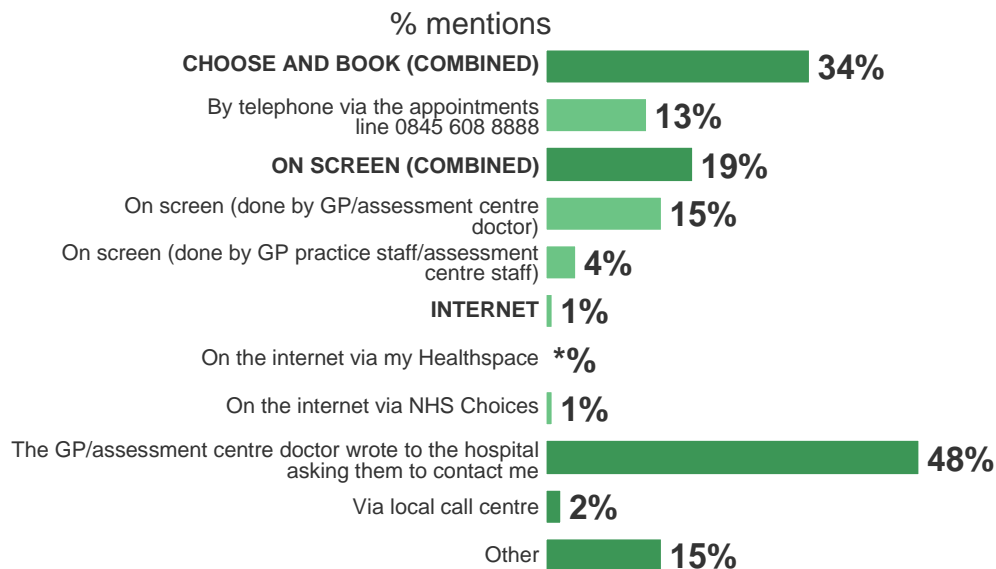
Making hospital appointments

Booking hospital appointments

In line with the National Patient Choice Survey⁵, patients are most likely to have had their first appointment booked by the GP/assessment centre doctor writing to the hospital asking them to contact patients to book their first appointment; around half of patients (48%) mentioned this method. A third of patients (34%) arranged their appointments using Choose and Book; 19% did this on screen, either through the GP/assessment centre doctor or other GP practice/assessment centre staff, and 15% by telephone. Only three people booked their appointment on the internet.

Booking first hospital appointment

Q4 How did you book your first hospital appointment?



Base: All who were not referred to hospital from an Accident & Emergency Dept (316)

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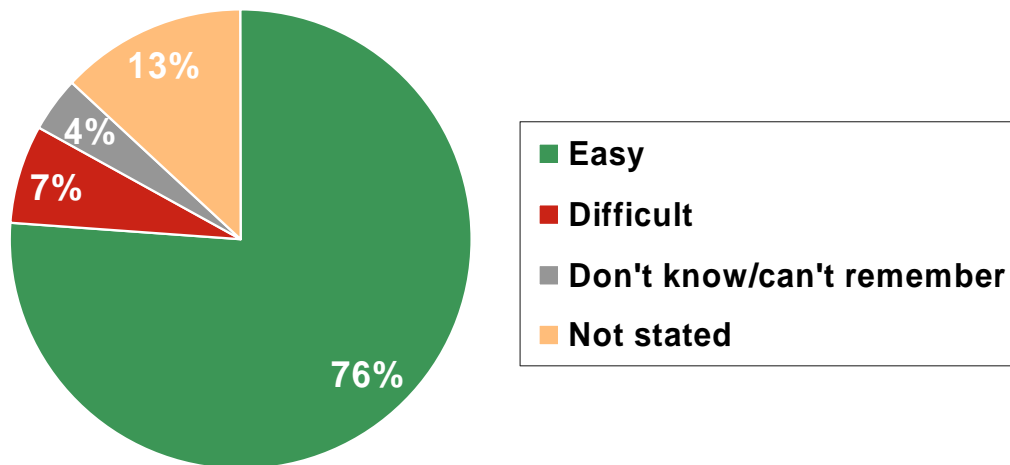
⁵ Source: National Patient Choice Survey, DH/Ipsos MORI

Most patients had no difficulty arranging their first hospital appointment, as three quarters of all patients (76%) found it easy to do this; in contrast, less than a tenth (7%) had some difficulty making the arrangement.

The general pattern holds true across all patient groups.

Ease of arranging a hospital appointment

Q11 Was it easy or difficult to arrange your first hospital appointment?



Base: All respondents (361)

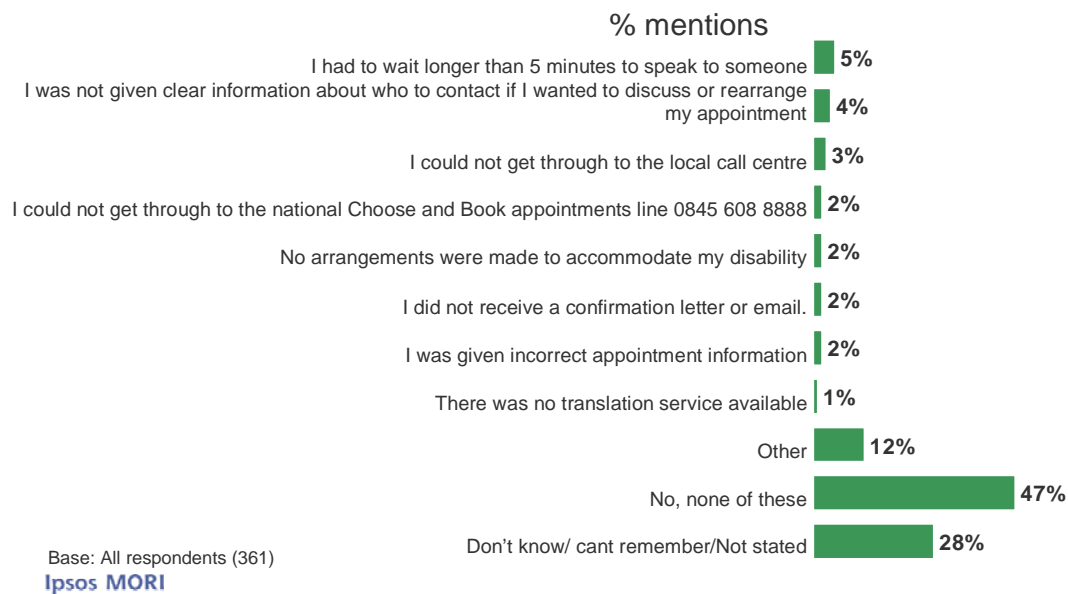
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Nearly half of all patients (47%) had no issues while arranging their first hospital appointment, while a quarter of patients did have one or more. None of the problems appeared to be widespread as no more than 5% complained about any single issue. Patients were most likely to have an issue with waiting for longer than five minutes to speak to someone.

Experiences of arranging an appointment

Q12 Did any of the following apply to you while you were arranging your first hospital appointment?



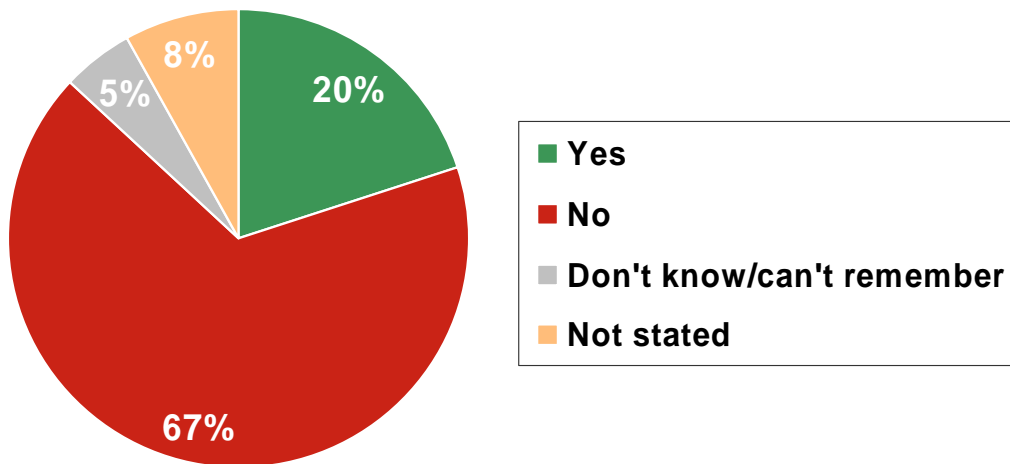
Men appear to have had fewer problems when arranging an appointment than women, as around six in ten (57%) say they had no issues.

Convenience of appointment dates and times

Around two thirds of patients (67%) were not offered a choice of different dates when their hospital appointment was first made. However, around three quarters (76%) found the date they were given convenient. Patients who didn't find the date for their appointment convenient mostly felt this way because they didn't think it was soon enough and because there wasn't enough of a choice, although these findings should be treated with caution due to the small base size of 38.

Choice of hospital appointment date(s)

Q5 When your first hospital appointment was made, were you offered a choice of different dates?

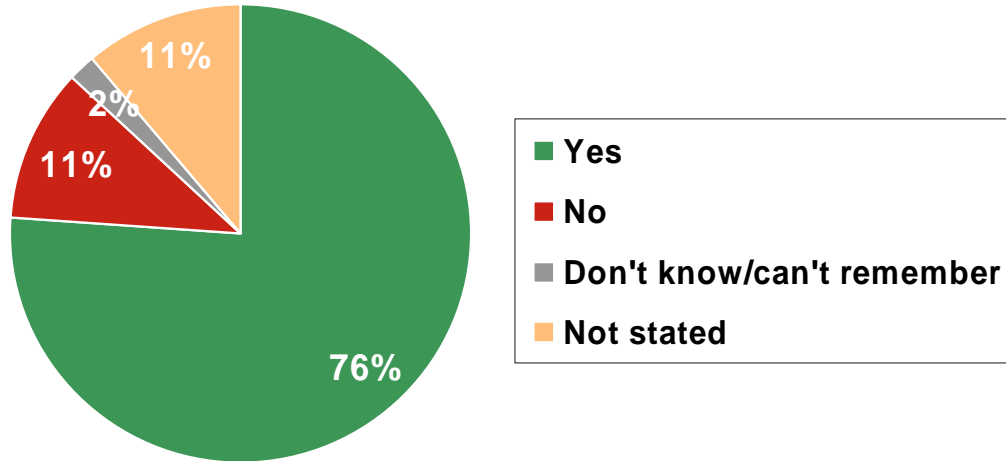


Base: All respondents (361)
Ipsos MORI



Convenience of appointment date(s)

Q6 Were the date(s) offered convenient? (sufficient to allow you to make childcare or work arrangements, for example)



Base: All respondents (361)

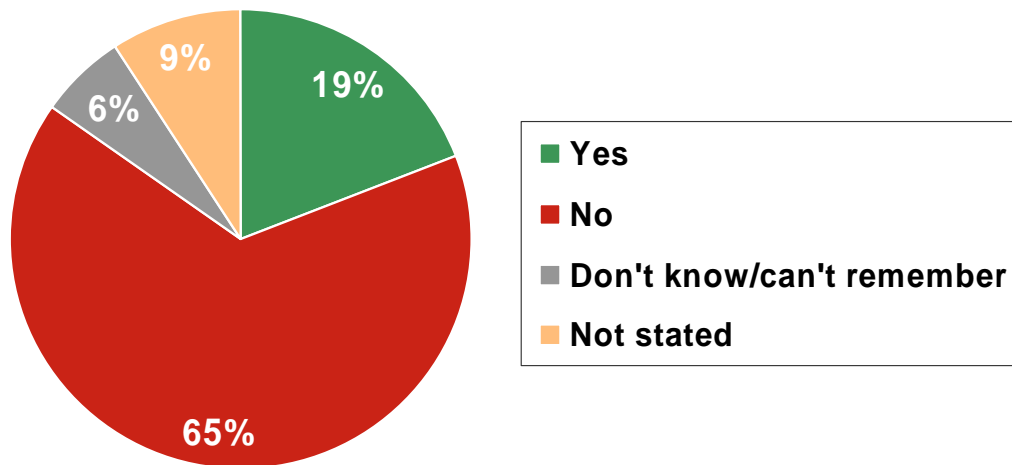
Ipsos MORI



Patients typically weren't offered a choice of time of the day for their appointment; around two-thirds (65%) say they didn't have a choice. However, seven out of ten patients (72%) were happy with the time of the day they were given and just a tenth (11%) found the time inconvenient. The biggest issue with the time of day offered, amongst those who found it inconvenient, was that it was not outside working hours; due to the small base size these findings should be treated with caution.

Choice of appointment time(s)

Q8 When your first hospital appointment was made, were you offered a choice of times of day?



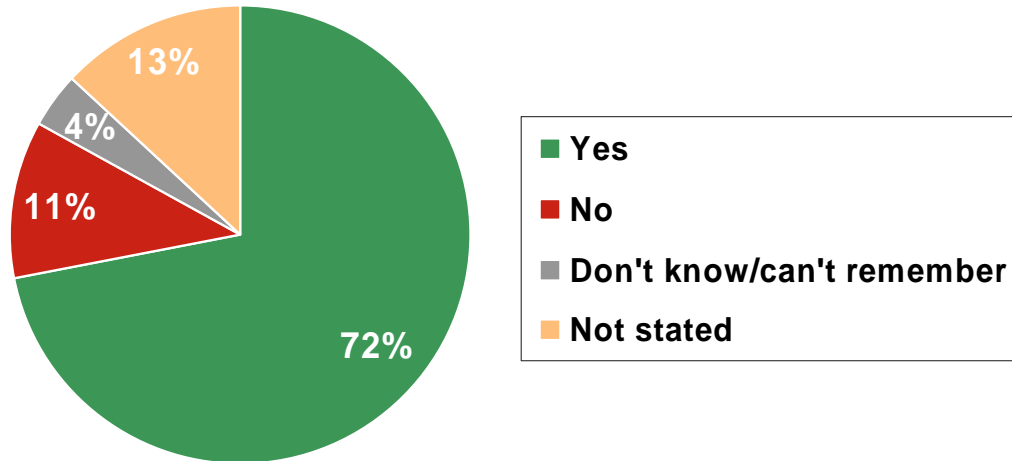
Base: All respondents (361)

Ipsos MORI



Convenience of appointment time(s)

Q9 Were the time(s) of day offered convenient?



Base: All respondents (361)

Ipsos MORI



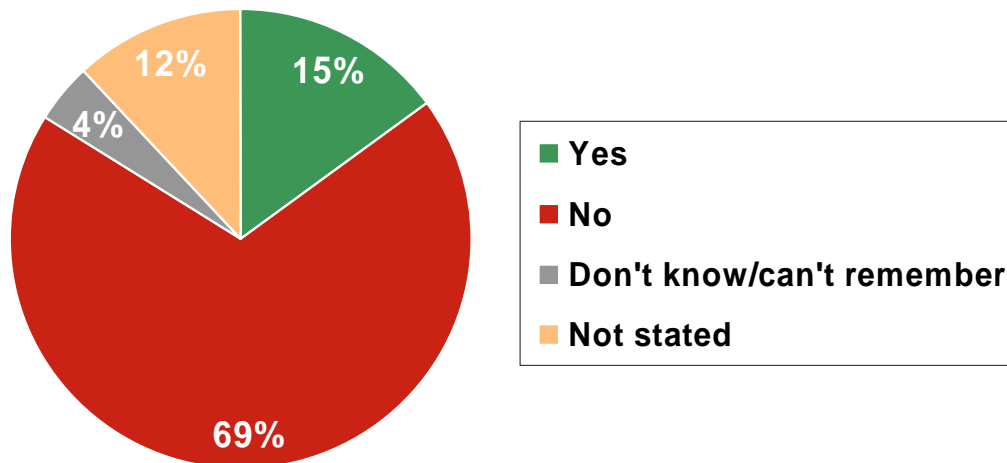
Patients dissatisfied with their waiting time for treatment were more likely to have felt the times of day offered were inconvenient, compared to their counterparts who were satisfied with their waiting time (20% versus 7%); it should be noted, however, that the base sizes are quite small in this instance.

Rearranging hospital appointments

Around seven in ten (69%) did not have their initial hospital appointment changed by their hospital and neither did patients (76%) change their appointments themselves; only 15% of patients had their appointments changed by their hospital, while 13% of patients changed these themselves. Patients who cancelled or rearranged their appointment mostly found this easy to do (67%); although these findings are based upon a small base size.

Hospital cancellation/rearrangement of appointment

Q13 Did the hospital or call centre cancel or rearrange your initial hospital appointment?



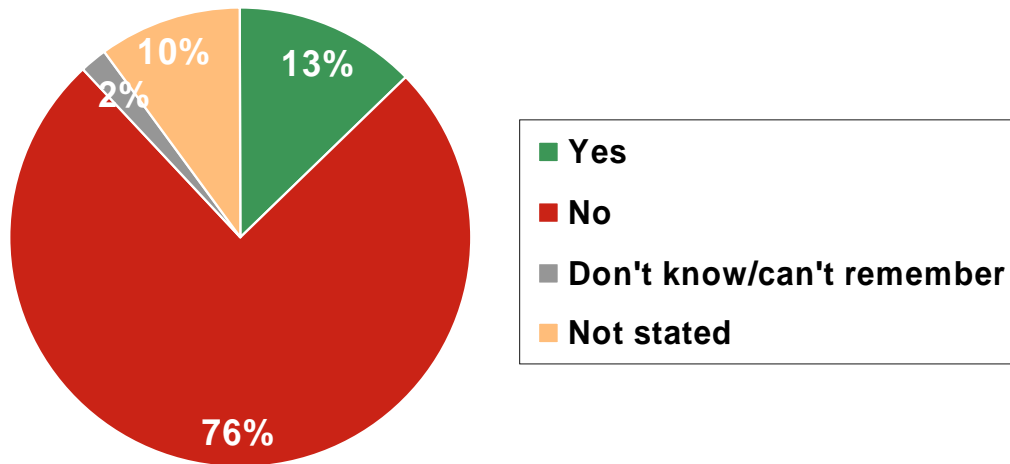
Base: All respondents (361)

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Patient cancellation/rearrangement of appointment

Q14 Did you cancel or rearrange your initial hospital appointment?



Base: All respondents (361)
Ipsos MORI

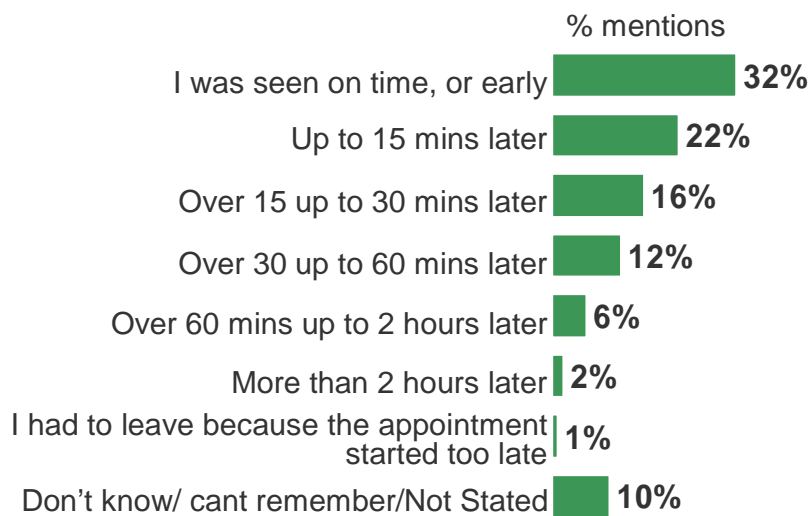


Wait at time of appointment

A third of patients (32%) had their appointment on time or early, while around a tenth (8%) said they were seen over an hour after their scheduled appointment time. Very few patients felt they had to leave because the appointment started too late.

Length of waiting time

Q17 How long after your appointment time were you seen?



Base: All respondents (361)

Ipsos MORI

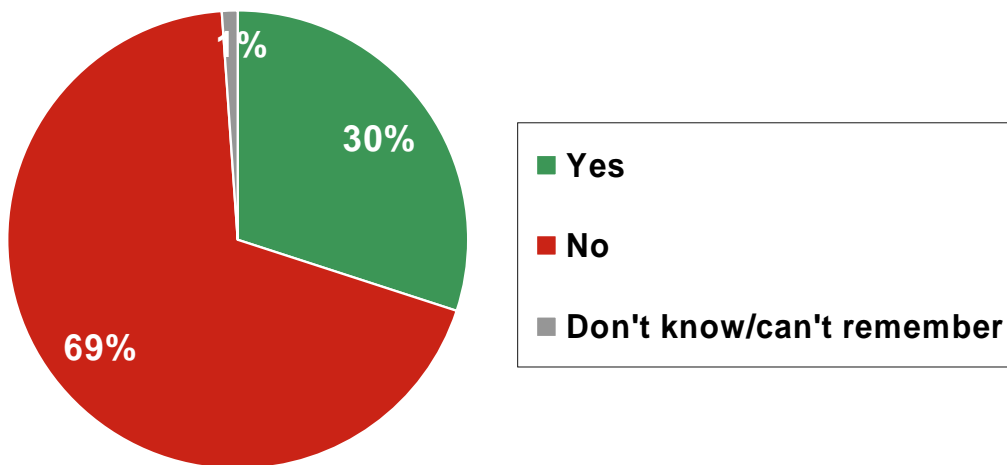


Admitted for care

Three in ten patients had been admitted or said they would have to be, while 69% had not been and had not been told they would need to be.

Admitted Patients

Q23 Have you stayed in a hospital bed as part of your treatment, or have you been told that you will need to stay in a hospital bed as part of your treatment?



Base: All answering (257)

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Non-clinical aspects of care

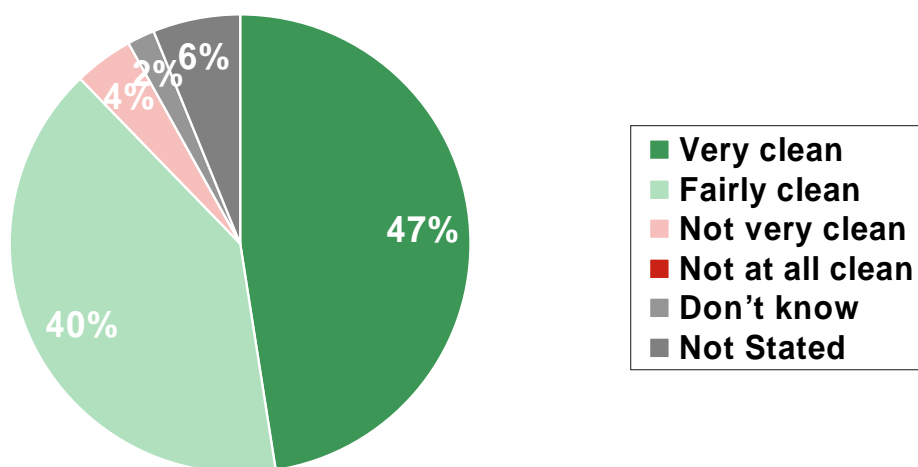
Non-clinical aspects of care

Hospital cleanliness and general condition

We know from other research that perceived cleanliness can have a huge impact on patients' broader satisfaction with hospital care. The majority of patients (88%) felt the hospital was at least fairly clean. Few patients (4%) felt the hospital was not very clean and none thought it not at all clean. These opinions appear to be more positive than views given by residents in the NHS South East Coast Public Satisfaction Survey, where just 15% said there is no need for the NHS to improve the cleanliness of hospitals and around a third (32%) felt a lot of improvement was needed⁶.

Cleanliness of hospital/clinic

Q18 How clean was the hospital or clinic?



Base: All respondents (361)

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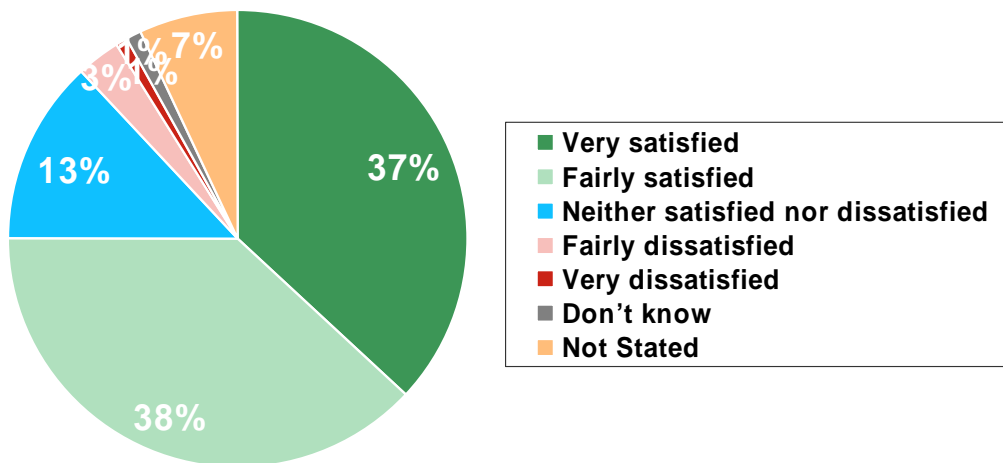
Older patients aged 75+ were most impressed with the cleanliness of their hospital or clinic (72% found it very clean) and this probably reflects their propensity to be more positive about public services generally; although this finding should be viewed with caution as it is based on a small base size. In addition, patients without a disability were more positive about the cleanliness of the hospital compared to those with a disability (97% versus 86%).

⁶ Source: NHS South East Coast: Public Satisfaction Survey, South East Coast SHA/ Ipsos MORI, June 2008. Question wording and methodology differ so not directly comparable.

The general condition of a hospital building can also impact on patients' views of the wider treatment. Three quarters of patients (75%) were satisfied with the general condition of their hospital buildings; a similar proportion were either very satisfied (37%) or fairly satisfied (38%). Conversely, around one in twenty (4%) were dissatisfied with conditions. As with cleanliness, when compared to residents' views, patients appear to be more positive about the condition of the hospital; only a quarter of residents (24%) felt there was no need for the local NHS to improve the general condition of hospital buildings⁷.

Satisfaction with condition of hospital

Q19 How satisfied or dissatisfied were you with the general condition of the hospital building(s) where you were seen or treated?



Base: All respondents (361)

Ipsos MORI



Older patients (75+) were most likely to be very satisfied with the condition of their hospital building (57%), while male patients and those who were admitted were generally very satisfied also (45% and 50% respectively). It should be noted that the base sizes are quite small in these instances.

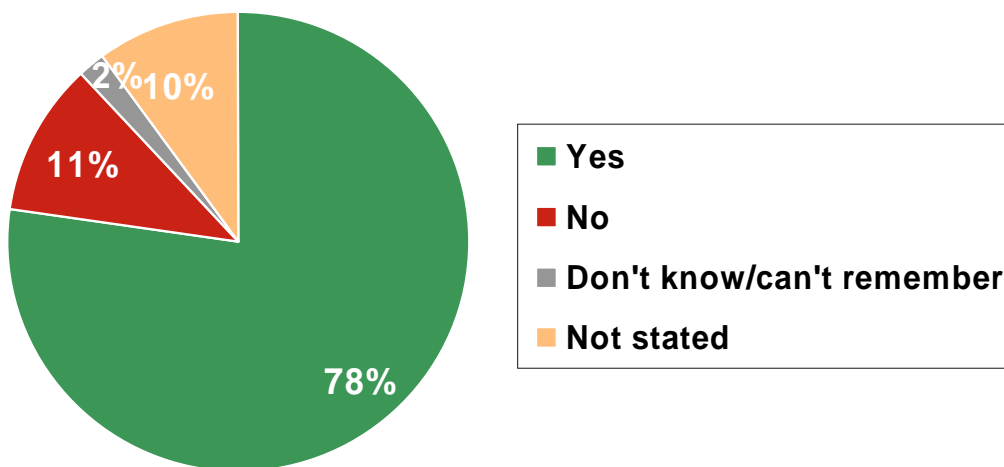
⁷ Source: NHS South East Coast: Public Satisfaction Survey, South East Coast SHA/ Ipsos MORI , June 2008. Question wording differs so not directly comparable.

Discussions with a specialist

Nearly eight in ten patients (78%) felt the specialist explained clearly what would happen in the next part of their treatment.

Explanation of follow up treatment

Q20 After you saw the specialist, did they explain clearly what would happen next in your treatment?



Base: All respondents who cancelled their appointment (361)

Ipsos MORI

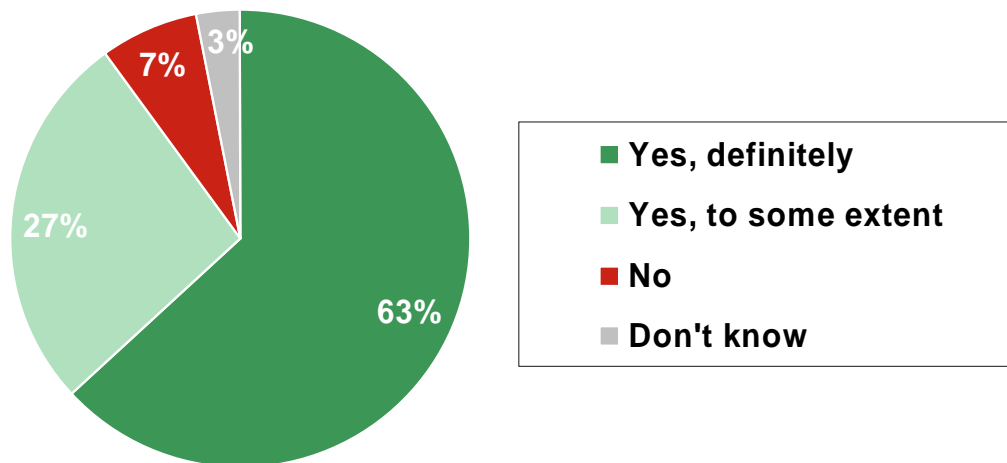


Women were more likely than men to report having received an explanation. Patients who aren't disabled or who are not hindered by their disability, were clearer on what would happen next than those who are affected substantially by their disability; although the small base sizes should be noted in this instance.

The vast majority of patients felt that they were as involved as they wanted to be in decisions about their care and treatment; nine out of ten patients (91%) said this; conversely just 7% felt they had not been involved.

Involvement in decisions about treatment and care

Q25 Were you involved as much as you wanted to be in decisions about your care and treatment?



Base: All answering (254)

Ipsos MORI



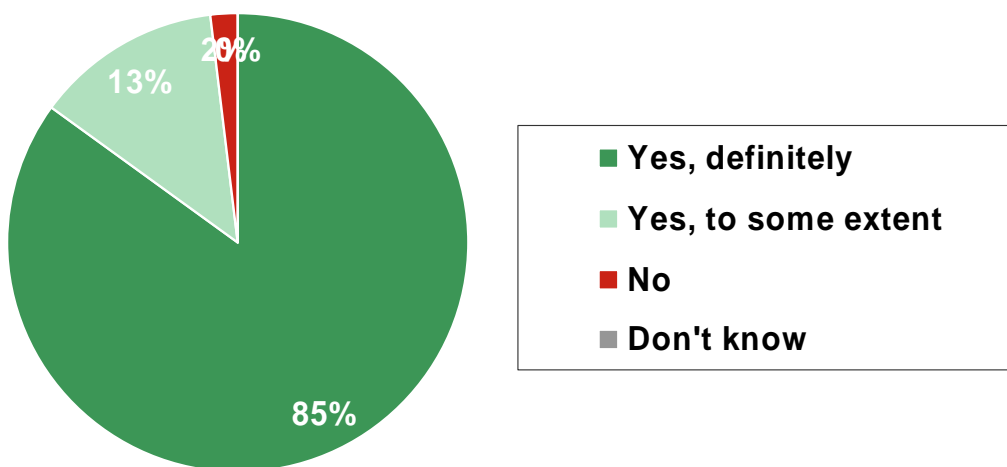
Women were more likely to have only partially discussed their care and treatment in comparison to the men, who were usually more involved.

Privacy and respect

Nearly all patients (97%) felt they had been given enough privacy when being examined or treated; 85% were adamant about this while 13% believed they had received some level of privacy. There are no major differences in figures across the subgroups.

Privacy during examination/treatment

Q24 Were you given enough privacy when being examined or treated?



Base: All answering (255)

Ipsos MORI

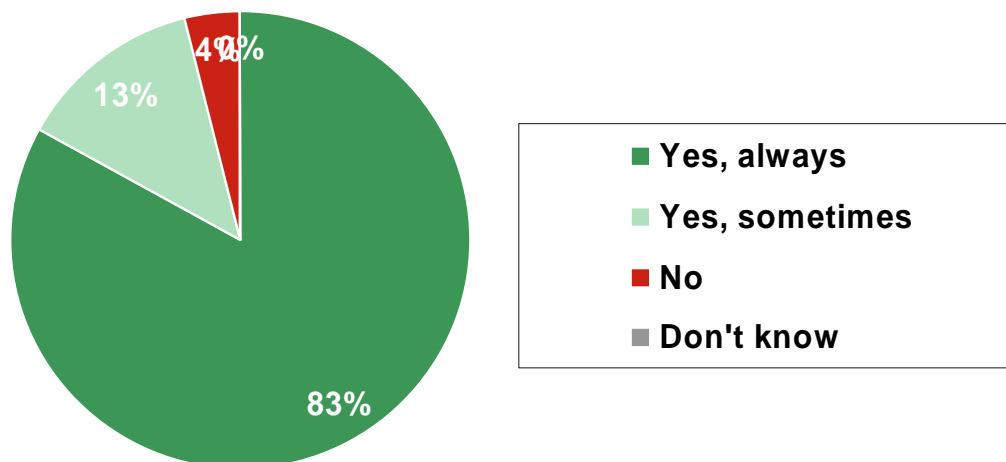


Being treated with respect and dignity was not seen as a problem by patients as nearly all of them (96%) felt that they were granted respect during their treatment; 83% felt they were treated with respect all of the time, while 13% say they were treated with respect sometimes. Very few patients felt they were not treated with respect or dignity.

This is a very positive finding given other research for the NHS shows perceptions of dignity and respect to be strongly correlated with overall satisfaction. Research among residents in the South East Coast area also shows that people are positive about being treated with respect and dignity⁸. Around half of residents (52%) felt that the NHS did not need to make any improvements in this area and a quarter (23%) felt a little improvement was needed.

Respect and dignity during treatment

Q26 Overall, did you feel you were treated with respect and dignity during your hospital treatment?



Base: All answering (255)

Ipsos MORI



Men were more likely to feel they were always respected relative to women, while women were more likely to feel they were only sometimes respected relative to men.

⁸ Source: NHS South East Coast: Public Satisfaction Survey, South East Coast SHA/ Ipsos MORI , June 2008. Question wording and methodology differ so not directly comparable

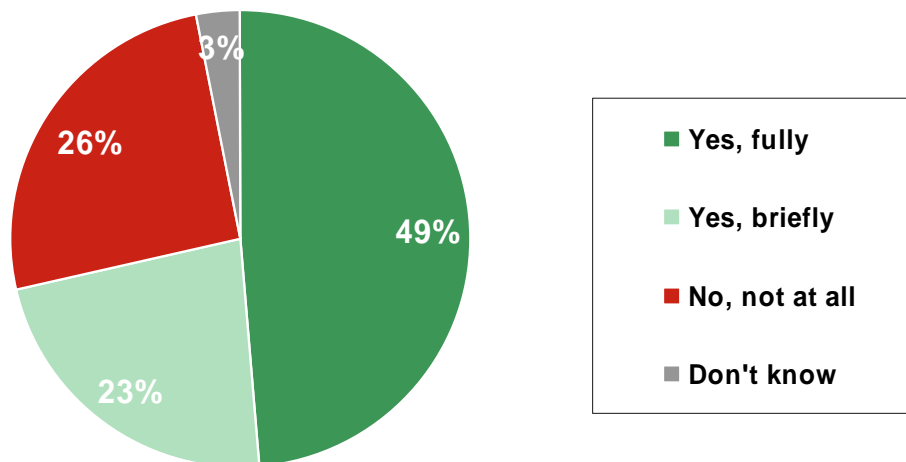
Aftercare

Aftercare

Seven in ten patients (71%) discussed some form of aftercare with a healthcare professional following their treatment and just under half (48%) were actually given some written information on this; 6% were told where they could find some information on aftercare.

Discussion of aftercare with a healthcare professional

Q27 Following your treatment (or being told you did not need treatment), did you discuss any aftercare or recommendations on exercise, lifestyle or diet with a healthcare professional that would help you to recover and improve your health?



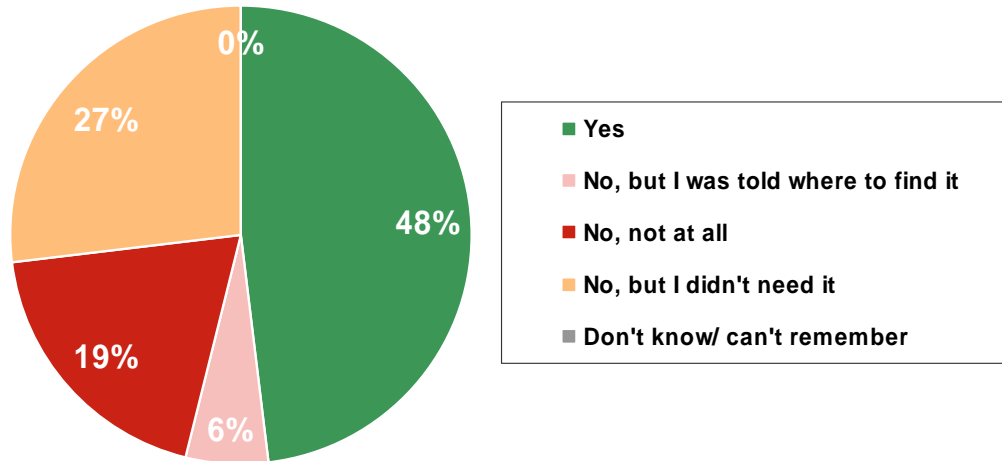
Base: All answering (253)

Ipsos MORI



Provision of written information

Q28 Were you given any written information?



Base: All answering (259)

Ipsos MORI



Patients who were admitted and have therefore spent longer in hospital, possibly with more serious conditions than non-admitted patients, were far more likely to have been given some advice or written information on aftercare than those who were not admitted.

Appendices

Appendices

Technical note

This technical note is intended to provide the information and details required to read and understand the data generated by the 18 Week Patient Experience Survey. The following sections are included:

- Mailout and response rate figures
- Sample profile
- Guide to statistical reliability
- Reading computer tabulations

Mailout and response rate figures

The survey was conducted among 361 patients through a self-completion questionnaire between 24th November 2008 and 2nd January 2009. Self-completion questionnaires were sent by Brighton & Sussex University Hospitals to a sample of their patients who had a 'clock start' up to 20 weeks prior to fieldwork.

Overall, of the 1500 surveys that were mailed out, 361 were returned, which represents a response rate of 24%.

Results are available in the data tables.

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Sample profile

	Brighton & Hove PCT	
	N	%
Total	361	100
Gender		
Male	122	34
Female	185	51
Transexual	-	-
Age		
16-34	20	6
35-54	94	26
55-64	68	19
65-74	62	17
75+	67	19
Ethnicity		
White	302	84
BME	13	4
Mixed	2	1
Asian/Asian British	4	1
Black/Black British	2	1
Chinese or other ethnic group	5	1
Disability		
Yes	144	40
No	164	45
Admitted		
Yes	78	30
No	177	69
Care rating		
Good/Excellent	270	75
Poor/Terrible	24	7
Wait for care		
Too quick	-	-
Reasonable	162	45
Should have been quicker	61	17

Please note the results presented in the tables, and throughout this report, are based on unweighted data. This is due to the lack of respondent profile information across every PCT.

Guide to statistical reliability

Because a sample, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a sample of 361 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than five percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). The tolerances that may apply in this report are given in the table below.

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
<i>Unweighted base</i>	10% or 90% ±	30% or 70% ±	50% ±
Size of sample on which survey result is based			
361 (All patients from Brighton & Hove PCT)	3	5	5
78 (Patients admitted for care)	7	10	11
144 (All patients with long standing illness)	5	8	8
<i>Source: Ipsos MORI</i>			

Strictly speaking the tolerances shown here apply only to random samples; in practice good quality quota sampling has been found to be as accurate.

Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons between sub-groups.

Differences required for significance at the 95% confidence level at or near these percentages			
<i>Unweighted base</i>	10% or 90% ±	30% or 70% ±	50% ±
Size of sub-groups involved in this survey			
122 (Male patients) vs 185 (Female patients)	7	11	12
177 (Non-admitted) vs 78 (Admitted)	8	12	13
<i>Source: Ipsos MORI</i>			

Guide to Using Computer Tabulations

The accompanying tables provide the findings from the study. They present the number of patients, expressed as percentages or numbers, who gave a response to each question and are analysed against a breakdown of other key questions to show which types of patients have given a particular response.

Each table contains:

- the wording of the question and the question number;
- headings for the downbreak categories (see below);
- headings for the crossbreak categories (see below);
- a description of who answered each question;
- the number of respondents in each crossbreak that answered the question (the base); and
- total figures.

The Downbreaks

The downbreaks are listed down the left-hand side of each table and include the range of all possible responses to a particular question. They include all the pre-coded responses that were available to the respondent.

When interpreting the findings, it is important to remember that the results are based on a sample of patients and not the entire population of NHS outpatients. Consequently, results are subject to sampling tolerances, and not all differences between sub-groups will be statistically significant. In the computer tables the crossbreaks have been tested as to whether they contain statistically significant differences. A guide to statistical significance is included in the “Guide to statistical reliability” section of this website.

Where percentages do not sum to 100%, this may be due to computer rounding, the exclusion of ‘don’t know’ categories or multiple responses. An asterisk (*) denotes a value of less than 0.5% that is higher than zero.

The tables also include “combination” scores. These are combined responses to two or more response categories on the same side of a scale, for example, “very/fairly satisfied” and “very/fairly dissatisfied”.

The crossbreaks

The crossbreaks are found across the top of the table as column headings. The crossbreaks include Gender, Age and whether the patient knew about choice. Viewing the results in this way can highlight any notable differences in the responses of these different groups of patients. The tables also include additional subgroups based on other relevant categories.

Bases

The 'base' is the number of respondents overall, and for each crossbreak, the number that answered the question.

Ideally, every subgroup base will be at least 100 to allow apparent differences between subgroups to be taken as real. Normally where the base number is very low (<50) it is not advisable to make any inferences about that sub-group.

Interpreting the Data

Develop a method which works for you. A sensible approach is to start with the overall picture and then look at specific details. Look first at the total column, absorb it, decide whether there appears to be anything particularly interesting and look to see whether anything is different to what you had expected. Then look at the rest of the table. Are there any major differences between sub-groups? Are things similar where you expected to find differences?

PATIENT EXPERIENCE QUESTIONNAIRE

Your answers to this survey about your recent NHS experiences will help to improve local services.

What is the survey about?

The survey asks about your experience as a patient and the care you have received since you were first told that you were being referred for further assessment or treatment. This care may have been provided in an NHS or private hospital, a treatment centre, a clinic, an assessment centre or another kind of health care centre. **This survey calls all these places "hospitals".**

Please answer all the questions only in relation to your referral on the date shown in the covering letter. By "referral" we mean when the GP or doctor assessing you first told you that you needed to see a specialist.

By "treatment", we mean anything which helps to improve your health problem. Your doctor may treat you using medicines or you may have an operation, receive some other therapy such as physiotherapy or be discharged as no treatment is needed.

Who should complete the questionnaire?

The questions should be answered by the **person named in the covering letter**. If that person needs assistance the answers should be given from his/her point of view, **not** the person assisting.

Completing the questionnaire

For each question please place a tick ✓ clearly inside one box using a blue or black pen.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please **do not** write your name or address anywhere on this questionnaire unless you are happy to be re-contacted for further research. If you are happy to be re-contacted, please provide your details on the back page.

Questions or help

The cover letter includes some general information about the questionnaire.

If you have any queries about the questionnaire, or need a LARGE PRINT VERSION please call the FREEPHONE helpline number on **0800 975 3022**.

Details about how to get the questionnaire in other languages are on the covering letter.

Taking part in this survey is voluntary and will in no way affect the treatment you receive. Your answers will be treated in confidence.

Please post this questionnaire back in the FREEPOST envelope provided by Friday 19th December 2008 – THANK YOU.

FOR PCT/TRUST USE ONLY

100	101	110	120	130	140	160	300	301	320	330	340	400	410	430	501	502	X01	

Sample:

10wks	20wks

Hospital Reference:

PCT Reference:

START HERE

YOUR REFERRAL TO HOSPITAL

If you were referred to hospital from an Accident and Emergency Department, please move on to question 5. Otherwise, please answer question 1.

Q1 At the time of your referral, did you talk about your choice of hospital for treatment with your GP (or another doctor assessing you)?

PLEASE TICK ONE BOX.

- Yes
- Yes, but I wanted the GP to decide for me
- No, but I didn't mindSKIP TO Q4
- No, and I would have liked to have been more involved in the decisionSKIP TO Q4
- Don't know/can't rememberSKIP TO Q4

If you did talk with your GP about your choice of hospital, please answer questions 2 and 3. Otherwise, please move on to question 4.

Q2 What were your main reasons for your first choice of hospital (even if you were not able to go there)?

PLEASE THINK ABOUT THE MOST IMPORTANT REASONS AND TICK ALL THAT APPLY.

- Availability of car parking
- Lower cost of car parking
- Location/Local hospital
- Transport/Easy to get to
- Cleanliness/low levels of infection
- Friendliness of staff
- Quality of care
- Recommendation of family or friend
- GP/assessment centre doctor recommendation
- Reputation of hospital
- Reputation of consultant
- Good previous experience
- Convenience of appointment time
- Length of wait for appointment
- Other (If you ticked other, please write your reason in the box below)

- Don't know/can't remember

Q3 Were you able to go to your first choice of hospital?

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

MAKING YOUR APPOINTMENT

Now thinking about when the hospital appointment was made...

Q4 How did you book your first hospital appointment?

PLEASE TICK ONE BOX.

- By telephone via the appointments line 0845 608 8888
- By telephone via a local call centre
- On screen (done by GP/assessment centre doctor)
- On screen (done by GP practice staff/assessment centre staff)
- On the internet via my Healthspace
- On the internet via NHS Choices
- The GP/assessment centre staff
- Wrote to the hospital asking them to contact me
- Other (If you ticked other, please write in the box below)

- Don't know/can't remember

Everyone should answer from question 5 onwards.

Q5 When your first hospital appointment was made, were you offered a choice of different dates?

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

Q6 Were the date(s) offered convenient? (sufficient to allow you to make childcare or work arrangements, for example)

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

Q7 Why did you think the appointment date(s) you were offered were not convenient?

PLEASE TICK ALL THAT APPLY.

- Too soon (in the next two weeks, for example)
- Not soon enough
- Not enough choice
- Does not apply, dates were convenient
- Other (If you ticked other, please write in the box below)

- Don't know/can't remember

Q8 When your first hospital appointment was made, were you offered a choice of times of day?

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

Q9 Were the time(s) of day offered convenient?

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

Q10 Why did you think the appointment time(s) you were offered were not convenient?

PLEASE TICK ALL THAT APPLY.

- They were too early in the day
- They were too late in the day
- They were not outside working hours
- Does not apply, times of day were convenient
- Other (If you ticked other, please write in the box below)

- Don't know/can't remember

Q11 Was it easy or difficult to arrange your first hospital appointment?

PLEASE TICK ONE BOX.

- Easy
- Difficult
- Don't know/can't remember

Q12 Did any of the following apply to you while you were arranging your first hospital appointment?

PLEASE TICK ALL THAT APPLY.

- I could not get through to the local call centre
- I could not get through to the national Choose and Book appointments line 0845 608 8888
- I was not given clear information about who to contact if I wanted to discuss or rearrange my appointment
- I had to wait longer than 5 minutes to speak to someone
- I was given incorrect appointment information
- I did not receive a confirmation letter or e-mail
- There was no translation service available
- No arrangements were made to accommodate my disability
- Other (If you ticked other, please write in the box below)

- Don't know/can't remember
- No, none of these

Q13 Did the hospital or call centre cancel or rearrange your initial hospital appointment?

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

Q14 Did you cancel or rearrange your initial hospital appointment?

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

Q15 Did you find it easy or difficult to cancel or rearrange your appointment?

PLEASE TICK ONE BOX.

- Easy
- Difficult
- Don't know/can't remember
- Does not apply, did not cancel appointment

Q16 When you were first told you needed to see a specialist, how concerned, if at all, were you with how long you would have to wait to receive treatment?

PLEASE TICK ONE BOX.

- I was not at all concerned about how long I would have to wait
- I was a little concerned about how long I would have to wait
- I was fairly concerned about how long I would have to wait
- I was very concerned about how long I would have to wait
- Don't know

AT YOUR LAST HOSPITAL APPOINTMENT

Now thinking about your last hospital appointment.

Q17 How long after your appointment time were you seen?

PLEASE TICK ONE BOX.

- I was seen on time, or early
- Up to 15 minutes later
- Over 15 up to 30 minutes later
- Over 30 up to 60 minutes later
- Over 60 minutes up to 2 hours later
- More than 2 hours later
- I had to leave because the appointment started too late
- Don't know/can't remember

Q18 How clean was the hospital or clinic?

PLEASE TICK ONE BOX.

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know

Q19 How satisfied or dissatisfied were you with the general condition of the hospital building(s) where you were seen or treated?

PLEASE TICK ONE BOX.

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know

Q20 After you saw the specialist, did they explain clearly what would happen next in your treatment?

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

If you have completed your treatment for your condition, or if you have been discharged, please answer questions 21 to 28.
IF YOU HAVE NOT RECEIVED ANY TREATMENT, PLEASE SKIP TO Q29.

Q21 Thinking about the time between your referral to a specialist by your GP/assessment centre doctor and the time when you started receiving treatment.

Which of the following apply to you?

PLEASE TICK ONE BOX.

- I was happy with the length of time I had to wait for treatment
- I should have been treated a **bit** sooner
- I should have been treated a **lot** sooner
- I thought I received my treatment too quickly
- I am still waiting for my treatment to start
- I have been advised to make some lifestyle changes before my treatment can start
- Don't know

Q22

If there was a delay in you receiving treatment, what was the cause?

PLEASE TICK ALL THAT APPLY.

- My appointment was cancelled
- Waiting for an initial assessment before seeing a specialist (Clinical Assessment Service)
- Waiting for an appointment to see your hospital specialist for the first time
- Waiting to take a diagnostic test
- Waiting for the results of a diagnostic test
- Waiting for therapy
- Waiting for an operation
- Other (If you ticked other, please write in the box below)

- Don't know/can't remember
- None of these, there was no delay

YOUR CARE AND TREATMENT

Thinking now about the care you received...

Q23

Have you stayed in a hospital bed as part of your treatment, or have you been told that you will need to stay in a hospital bed as part of your treatment? This could mean a stay overnight or occupying a bed during the day.

PLEASE TICK ONE BOX.

- Yes
- No
- Don't know/can't remember

Q24

Were you given enough privacy when being examined or treated?

PLEASE TICK ONE BOX.

- Yes, definitely
- Yes, to some extent
- No
- Don't know

Q25

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

PLEASE TICK ONE BOX.

- Yes, definitely
- Yes, to some extent
- No
- Don't know

Q26

Overall, did you feel you were treated with **respect and dignity** during your hospital treatment?

PLEASE TICK ONE BOX.

- Yes, always
- Yes, sometimes
- No
- Don't know

AFTER YOUR TREATMENT

Q27

Following your treatment (or being told you did not need treatment) did you discuss any aftercare or recommendations on exercise, lifestyle or diet with a healthcare professional that would help you to recover and improve your health?

PLEASE TICK ONE BOX.

- Yes, fully
- Yes, briefly
- No, not at all
- Don't know

Q28

Were you given any written information?

PLEASE TICK ONE BOX.

- Yes
- No, but I was told where to find it
- No, not at all
- Don't know/can't remember

Everyone should answer from question 29.

Q29 Overall, how would you rate the care you received since you were told you need treatment?

PLEASE TICK ONE BOX.

- Excellent
- Very good
- Fairly good
- Fairly poor
- Very poor
- Terrible
- No opinion

OTHER COMMENTS

Please write any other comments you may have in the box below.

ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. Your responses will be used for analysis purposes only and will be treated in confidence.

Q1 Please indicate which of the following applies to you.

PLEASE TICK ONE BOX ONLY

- I am the patient named in the letter
- I am a carer who is not a family member or friend filling in the questionnaire on behalf of the patient
- I am a family member or friend filling in the questionnaire on behalf of the patient

If you are filling in this questionnaire on behalf of someone else, please ensure the **patient's details** are entered here, not those of the person filling in the form. Please remember that throughout the following questions **"you"** refers to the patient.

Q2 Are you (the patient) male or female?

PLEASE TICK ONE BOX ONLY.

- Male
- Female
- Transsexual

Q3 How old are you (the patient)?

(PLEASE WRITE IN E.G.)

- I am over 100

Q4 Do you (the patient), or anyone else in your household have any long standing illness, disability or infirmity?

PLEASE TICK ONE BOX ONLY.

- Yes I do
- Yes, someone else in my household does
- No

IF YOU HAVE A LONG-STANDING ILLNESS, DISABILITY OR INFIRMITY, PLEASE ANSWER QUESTIONS 5 AND 6.

OTHERWISE, PLEASE MOVE ON TO QUESTION 7.

Q5

What is the nature of your condition?

PLEASE TICK ALL THAT APPLY.

- Physical impairment (such as using a wheelchair to get around and/or difficulty using your arms or walking)
- Sensory impairment (such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment)
- Mental health condition (such as depression, schizophrenia or severe anxiety)
- Learning disability, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head injury)
- Longstanding illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Other
- Don't know

Q6

How much of an effect does this condition/do these conditions have on your ability to carry out day-to-day activities?

PLEASE TICK ONE BOX ONLY.

- A great deal
- A fair amount
- Not very much
- None at all
- Don't know

Everyone should answer from question 7 onwards.

Q7

To which of these ethnic groups would you say you belong?

PLEASE TICK ONE BOX ONLY.

White

- British
- Irish
- Any other White background

(PLEASE WRITE IN THE BOX IF YOU TICKED "ANY OTHER")

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

(PLEASE WRITE IN THE BOX IF YOU TICKED "ANY OTHER")

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

(PLEASE WRITE IN THE BOX IF YOU TICKED "ANY OTHER")

Black or Black British

- Caribbean
- African
- Any other Black background

(PLEASE WRITE IN THE BOX IF YOU TICKED "ANY OTHER")

Chinese or other ethnic group

- Chinese
- Any other ethnic group

(PLEASE WRITE IN THE BOX IF YOU TICKED "ANY OTHER")



Q8

In the next six months, Ipsos MORI may want to re-contact some people to talk about your experiences in more detail.

PLEASE PROVIDE YOUR NAME, ADDRESS AND TELEPHONE NUMBER IF YOU WOULD BE HAPPY FOR US TO CONTACT YOU.

Your contact details would be used to invite you to take part in any further research related to this survey. They would stay confidential to the research team at Ipsos MORI and will be separated from your responses to this survey.

PLEASE USE BLOCK CAPITALS.

Name

Signature

Address

Post code

Daytime telephone number:

Thank you for completing this questionnaire.

