

Royal College of Nursing response to the Care Quality Commission's Consultation on NHS Patient Survey Programme

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

General Comments

The RCN as an organisation does not directly use patient survey data, and so our response is based on our observations of the current and proposed arrangements.

While we accept the rationale behind the proposals, that of addressing response rates, improving the accessibility of gathered information and securing better value for money, we are less convinced that the measures being proposed will arrest the decline in response rates, or ultimately provide the level of granularity needed at organisational level to provide actionable insight.

Analysis by Angela Coulter and colleagues¹ provides a cogent summary of survey instruments being used and offers some ways forward. They point out that there is no national focus for narrative studies that may provide richer insights into patient and user experience. Nor is there any support for clinicians in making use of both quantitative and qualitative data for quality improvement. We support this position and recommend further consideration of this point in the future development of the survey programme.

We note that the plans seem to be at odds with the prevailing approach regarding the geospatial arrangements for health and care planning and delivery, such as 'Vanguards', 'Devolution' and 'Sustainability and Transformation Footprints', as well as the more long-standing direction of travel towards the greater integration of services. With this new

¹ See: 'Collecting data on patient experience is not enough: they must be used to improve care' BMJ (online) · March 2014 at https://www.researchgate.net/profile/Angela_Coulter/publication/261139862_Collecting_data_on_patient_experience_is_not_enough_They_must_be_used_to_improve_care/links/557fd08e08aeea18b779721a.pdf

landscape in mind we would thus argue that better and more effective methods for studying experiences that span organisational boundaries are urgently required.

A specific example would be in relation to community services, where we would like to see opinions gathered on how service providers could better work together and on the impact it would have for those using their services.

However, we do accept that these are difficult issues to solve and changing the frequency and accessibility of the surveys is less challenging than investing in mixed methods.

However we would urge further consideration of the potential for deeper reform and again, reference Coulter's work, specifically the model used for the Consumer Assessment of Health Plans in the U.S.A., as being an interesting approach that would be useful in considering how to develop the programme in the longer-term.

Against those concerns and recommendations, we do welcome the proposals as being a step forward towards ensuring that the overall survey programme is more and better able to capture the everyday patient experience. We feel it will enable commissioners, planners and most importantly those delivering healthcare services, to be better apprised of the needs of their patients and service-users, and enable them to respond to changing needs and developing trends.

We specifically welcome the proposals regarding services for children and young people, on the basis that much more needs to be done to ensure that the voice of children/young people (and not just their parents/carers) is heard across all care pathways, and especially in mental health, primary care, transition, and neonatal care. We would further like to see a firm commitment to sustain the children and young people's inpatient and day surgery surveys.

Responses to Consultation questions

Coverage of the survey programme

1. *We are proposing to discontinue the outpatient survey and instead incorporate relevant questions into the adult inpatient survey. Do you agree or disagree with our proposal?*

- Agree
- Neither agree nor disagree
- Disagree
- Not sure**

We are concerned that as not all outpatients will have been inpatients, this change risks excluding an important section of patients and service-users, as a significant number of people receive treatment as outpatients; for example, Chemotherapy, radiotherapy, dialysis, mental health, dermatology treatments and sexual health.

On that basis, we would like to see more information about how this risk will be managed to ensure as wide a sample of patient experiences as possible are gathered, so that they in turn can be used to provide improvement opportunities for as wide a range of services as possible.

2. *We are proposing to review the A&E survey to include all relevant urgent care services (for example, A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services). Do you agree or disagree with our proposal?*

Agree

Neither agree nor disagree

Disagree

Not sure

We believe that this change may give the opportunity to cover those group patients that fall between the classification of 'emergency' and 'inpatients', and thus are invisible to the current survey arrangement.

3. *We are proposing to include the children and young people's survey in the regular programme. Do you agree or disagree with our proposal?*

Agree

Neither agree nor disagree

Disagree

Not sure

We would be interested to hear more about the coverage of the proposed survey in relation to more challenging CYP services, such as CAMHs.

4. *We are proposing to pilot a new survey for community health services. Do you agree or disagree with our proposal?*

Agree

Neither agree nor disagree

Disagree

Not sure

We would be interested to see the scope of the survey and how it might address some of the inequalities and variation in the commissioning, provision and delivery of community services. In particular how the survey might obtain responses from sections of the

community who find it hard to access services and who are seldom heard. We would also find it beneficial to see what self-management and self-care initiatives were available.

Frequency of the surveys

We propose to adjust the frequency of specific surveys so that the results are renewed more frequently by re-running them at least every two years.

5. *We propose to continue with an annual adult inpatient survey for acute trusts and an annual community mental health survey for mental health trusts. Do you agree or disagree with our proposal?*

Agree

Neither agree nor disagree

Disagree

Not sure

We would like to see this include a survey for inpatients within mental health settings, rather than being solely for community settings, as is our reading of the proposal.

6. *We propose to run the A&E, children and young people's, and maternity surveys on a two-year cycle (rather than running the outpatient, A&E and maternity surveys on a three-yearly cycle). Do you agree or disagree with our proposal?*

Agree

Neither agree nor disagree

Disagree

Not sure

We believe this work, developing a methodology for inspection of UEC systems which includes identifying relevant metrics, to be connected to work being undertaken with NHS England on UEC system wide outcome measures, in order to ensure alignment of approach, and on that basis are very happy to support it.

We understand that the long-term plan for this work is to develop an UEC system-wide patient experience survey or similar.

We support this move, on the basis that expanding the A&E Survey to include all relevant urgent care services is more likely to reflect a patient experience of the system as a whole rather than one part.

Increasing the value of the programme

7. *In the consultation document, we propose to implement new approaches to improve response rates across all surveys. Do you agree or disagree with our proposals?*

Agree

Neither agree nor disagree

Disagree

Not sure

- *Do you have any other ideas for ways to improve response rates?*
- *What do you think are the main barriers to increasing response rates?*

As noted in the consultation document, we believe more work needs to be done to utilise behavioural change, so called ‘nudge’ techniques.

We think it important to give clear thought to how ‘service deliverers’ are engaged and supported to undertake the surveys, and how feedback mechanisms are used with regards to the subsequent implementation of interventions, as these can have a positive impact on response probability and quality. Evidence suggests that surveys do not run successfully without dedicated champion and implementation programmes.

We would also suggest that:

- when redesigning questionnaires they be piloted with representative user samples, and consideration given as to how comparable previous data will be with the new survey sweeps;
- consideration is given to improving the methodology used in piloting, as it is cross-sectional and only compared within one site, making it difficult to generalise and conclude that the intervention did not work. In particular a lack of comparison of before and after data means it is impossible to consider ‘increase’ or ‘decrease’.

It is worth noting that the response rates given seem very similar on all sites, irrespective of which approach was taken, which may indicate a natural upper limit to response rates in these the settings, with the chosen populations, or with the specific approaches, and which effectively cannot be overcome.

8. *As part of this consultation, we would like to collect feedback on the accessibility and usefulness of the current reporting, and the aspects that could be improved further to help you to make more use of the survey data in your work. How can we improve the presentation of data to make the survey results more accessible and useful to you in your work?*

We have no comment to make in response to this question, as we do not currently make direct use of the survey data in our work.

9. Do you have any further suggestions about how we can help you to make the most of the survey data in your work, so that you can gain more value from the surveys?

We have covered all of our concerns and comments in the preceding responses.

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