

NHS Patient Surveys in Acute Trusts 2002/3: Outpatients and Emergency Departments

Background to the surveys

The Outpatient and Emergency Department patient surveys in Acute Trusts are part of the rolling programme of NHS Patient Surveys, which is now being managed by the Commission for Health Improvement (CHI). CHI has taken over responsibility for the national NHS patient survey programme from the Department of Health, following the establishment of the Office for Information on Health Care Performance.

Last year there was a survey of inpatients in acute trusts. This year, two surveys are planned in acute trusts, covering outpatients and emergency department (A&E) patients. This paper outlines the content and methods for these forthcoming surveys. The surveys will take place in spring 2003, and the results will feature in the 2003 performance ratings.

The Acute Inpatient survey, which first ran in 2001/2, will **not** be re-run in 2002/3. It will be repeated in 2003/04, to provide Trusts with more opportunity to implement service improvements, in response to the survey results.

Objectives of the surveys

The objectives of the surveys are to provide:

- patient feedback to service providers which can be used to identify areas for improvement;
- measures of the experience of patients using outpatient and emergency department services, including performance indicators for use in the ratings process.

Content of surveys

Research about what matters to patients has been used to develop the content of both the outpatient and emergency department surveys.

The surveys cover the topics shown in the table below.

Domain	Outpatient survey topics	Emergency department survey topics
Access and waiting	<ul style="list-style-type: none"> - waiting for an appointment - waiting at the clinic - travel time 	<ul style="list-style-type: none"> - waiting to be seen, at reception and by doctor - waiting for tests - waiting for a bed - travel time
Safe, high quality, coordinated care	<ul style="list-style-type: none"> - arrangements for the appointment: choice of time; changes to the appointment or who it was with; how delays were dealt with - continuity of care: professionals knowledge of problem and patient details; consistent communication about condition; explanation of process, tests, treatment, who patient is seeing - overall coordination of clinic - team-working - time spent in appointment - confidence and trust in staff 	<ul style="list-style-type: none"> - how any delays were dealt with - explanation of process, tests, treatment and who patient is seeing - arrangements for further care - overall coordination of clinic - team-working - management of pain - confidence and trust in staff
Better information, more choice	<ul style="list-style-type: none"> - information about the appointment: reason for appointment, what would happen, who you would see - information about condition: who to contact about deterioration or concerns (before or after appointment); - patient involvement in care; - explanation of tests and treatment, including risks; explanation of side effects and impact on usual activities; explanation of medicines 	<ul style="list-style-type: none"> - information about condition or treatment: explanation about care or treatment; about what to do at home; - patient involvement in care; - explanation of tests and treatment, including risks; explanation of side effects and impact on usual activities; explanation of medicines;
Building relationships	<ul style="list-style-type: none"> - communication with the doctor and other professionals: quality and openness of communication; understanding and opportunity to discuss condition; written information 	<ul style="list-style-type: none"> - communication with the doctor and other professionals: quality and openness of communication; understanding and opportunity to discuss condition; written information;
Clean, comfortable, friendly place to be	<ul style="list-style-type: none"> - privacy and dignity, eg at reception, during examination - cleanliness, incl toilets - parking - telephone facilities 	<ul style="list-style-type: none"> - privacy and dignity, eg at reception, during examination - cleanliness, incl toilets; - help with contacting family or friends; - parking; - telephone facilities

Questionnaires

As with the Acute Inpatient survey in 2001/02, the questionnaires will include a set of core questions to be used in all Trusts, with scope for Trusts to add further questions selected from a larger question bank.

Sample, methods and timing

Both the Outpatient and Emergency Department surveys will be postal surveys, with two reminders required.

For each survey, a probability sample of 850 patients will be drawn from each group of patients, with the aim of achieving 500 completed questionnaires in each Trust for outpatients and 500 for emergency department patients.

The sample for the outpatient survey will not include patients using maternity, mental health or sexual health outpatient services.

The survey fieldwork will be carried out in February-April 2003. To give Trusts time to adapt the questionnaire to local needs, we plan to provide Trusts with the questionnaires and guidance for the Outpatient survey before Christmas 2002 and for the Emergency Department survey in January 2003.

As with the inpatient survey, there will be a list of approved survey contractors, from which Trusts can identify a contractor to carry out their surveys, if required. Contact details for the approved survey contractors will be included in the guidance notes and on the nhssurveys website (www.nhssurveys.org).

Results

The survey results will be used to:

- Derive measures of performance for each aspect of patient experience
- Provide Trusts with their full results, along with national benchmarks. This data will also inform CHI/CHAI's CGRs and inspections.
- Produce national reports which will cover: the overall picture of patient experience in outpatient and emergency care departments in the NHS; analysis to identify variations, geographically, for different Trust types, and for different patient groups.

Further information

Further information about the NHS survey programme can be found at www.nhssurveys.org, or from the NHS survey advice centre on 01865 208127.

Sarah Scobie, Assistant Director, Office for Information on Health Care Performance, Commission for Health Improvement

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