

# Patient and Public Involvement



The NHS Plan aims to make sure patients and the public have a real say in how NHS services are planned and developed. The Department of Health paper *'Involving Patients and the Public in Healthcare'* set out new patient and public involvement structures for how this would be achieved. Real patient and public involvement is about developing constructive relationships, building strong partnerships and communicating effectively to strengthen accountability to the local community, provide a health service that generally responds to patients and carers and fosters a sense of ownership and trust. The new duty under *Section 11 of the Health and Social Care Act 2001* to 'involve and consult' patients will lead to patient centred care and improvements.

The Trust is committed to providing services that are responsive and sensitive to the needs of patients, carers and the public and recognises that patient experience is a catalyst for doing things differently to improve the way we deliver our services.

The Trust's **Patient Involvement Committee** determined the strategy for Patient and Public Involvement which utilised a number of different approaches for involving and engaging with patients, carers and the public over the last year all of which have provided valuable feedback to inform the service planning and review process.

A **Community Advisory Panel** was established as part of the Patient and Public Involvement Strategy. The role of the Panel is to provide advice to the Trust

on the community perspective and actively engage in work to bring about patient centred improvements. Panel members were selected by open advertisement and are non-representative of specific interests, attending as individuals rather than representatives of particular organisations. The Panel members completed an introductory training programme providing a background into the NHS and Trust services as well as patient and public involvement. The Panel meets formally on a monthly basis and has already started work on a number of projects, for example:

- Participating in the review of inpatient and outpatient booklets
- Involvement in the PEAT 'Cleanliness in Hospitals' self assessment visits
- Membership on a number of Trust forums
- Involvement in commenting on designs for building redevelopment
- Review of information provided to patients attending daycase units

The Chair of the Panel is also an active member of the Patient Involvement Committee and has reported separately (see page 107)

A **database of patients, carers and the public** interested in becoming involved in patient involvement activity was also established and is being developed. Contacts have expressed an interest in becoming involved in a number of different activities such as taking part in surveys, focus groups, reviewing patient information and documents as well as taking part in staff training offering a patients perspective to relevant topics. Over the coming year the Trust will look to build upon this resource and begin to engage these users in a variety of activity. The contacts will also be used to support the work of the Community Advisory Panel.

The Trust *'Pathfinder'* **Patient Advice and Liaison Service** was evaluated, the findings of which were used to inform current service provision in this area. A Trust-wide Patient Advice and Liaison service was then established through **North of Tyne Patients Voice** on a partnership basis with the other local Health Trusts, which is now actively supporting patients with their concerns and information requirements. This partnership approach has offered a number of benefits including greater accessibility for patients and a more consistent quality of PALS support.

During the year the PALS has provided support to 257 patients, carers and families, with a variety of issues, concerns and information requirements. The feedback provided is reviewed on a quarterly basis by the Patient Involvement Committee and together with other patient, carer and public feedback and is used to determine actions or inform ongoing activities to bring about patient centred improvements.

The **Trust Patient Satisfaction programme** continued being refined in light of the NHS Patient Survey programme. During the year inpatients (in those areas not covered by the national survey); outpatients; day cases; and Accident & Emergency and Minor Injury patients were surveyed.

The programme gave the opportunity for patients to provide an opinion on a number of service aspects relating to their stay or visit, as well as the opportunity to provide comments and suggestions. The overall aim being to canvass ideas and opinions in a structured manner.

The surveys examined views in relation to:

- Admission process / prior to appointment
- Privacy, dignity and respect
- Hospital staff
- Discharge from hospital
- Environment
- Appointment and reception arrangements
- Catering services
- Other departments
- Information and discussion
- Overall opinion of stay
- Visiting arrangements

Of the surveys undertaken during the year, 1831 patients responded by completing and returning questionnaires. Of those patients responding to question regarding overall satisfaction with their stay or visit, 99.2% rated the experience as excellent, good or fair and of these 45% of patients felt their experience had been excellent.

When compared to 2001/02, the patients surveyed did identify increased satisfaction within a number of the individual aspects of care and in particular those relating to the inpatient/daycase experience.

Dissatisfaction did tend to focus on two areas:

- Environmental issues, such as catering, noise on the ward and facilities in particular within outpatient areas
- Delays such as waiting time in Outpatients, X-ray and Pharmacy

The results are reviewed both within the Directorates / Departments and also on a corporate basis with key areas for action identified and acted upon.

During the year the findings of the **NHS Patient Survey Programme** - (Inpatient Survey 2002) were progressed, in order to ensure year on year improvements in patient experience. The key priority areas identified from the survey included:

- Nutrition
- Discharge delays and advice
- Patient Movement



*'Pat a dog' at Walkergate Hospital*



*Nick Brown MP, Ward 23, Childrens Heart Unit*



- Information provision by medical and nursing staff
- Planned Admission
- Noise at night

A number of actions were taken to bring about improvements and these included:

- Nutritional Screening Tool audited across the Trust
- Nutritional Observation Audits carried out across the Trust and issues highlighted being addressed
- Nutrition education programme developed for Health Care Assistants and Support Workers.
- Bed management policy review
- Process mapping and patient tracking exercises to identify the bottlenecks in the patient's journey
- Access, booking and choice initiative is being developed in line with 2005 target
- Discharge policy reviewed
- Patient, Carer and Relative information booklet regarding discharge process developed and is currently out for comment by patients
- An audit of noise at night has been undertaken through the use of patient diaries, the findings have been used to raise awareness with Modern Matrons and Ward Sisters

During the year the Trust also took part in two further surveys as part of the NHS Survey Programme, these included Emergency (A&E) Departments and Outpatient Departments (results detailed page 38) improvement plans are currently being determined.

The provision and development of high quality patient information remained a key priority with a number of developments taking place over the year, including:

- the expansion and evaluation of the Patient Information website allowing access to good quality information at ward and department level
- awareness raising with staff to support the production of good quality accessible information through the development of quick reference guides and awareness raising material
- the development of an archiving and review system for all internally produced information contained on the information website
- the commencement of a review of information provision including internal and externally used titles, which will draw upon patient feedback to identify any gaps or overlaps in information provision

- review of current corporate inpatient, outpatient information provision in preparation for future developments such as bedside audio-visual systems
- the introduction of patient outpatient appointment letters in other languages

The Trust Equality and Diversity Working Group continued to give a voice to local minority groups, including ethnic minorities, disabled people and carers. The group undertook a number of collaborative projects with local community and voluntary organisations for example:

- Undertaking focus groups with people with Learning Disabilities to determine their views on the aspects of care outline in 'Essence of Care'
- The provision of training for staff allowing a person centred perspective
- The development of an action plan to address carers issues with Newcastle Carers Project.

In addition the Trust took part in a number of local listening events including:

- A listening event for Asylum seekers and refugees run by the Health Partnership
- A disability access event run by the HAZ Area of Special Action for Disability
- A Black and Minority Ethnic Health Advocacy workshop for community workers

The Trust continued to work in partnership with a number of external organisations and partnerships, including the Primary Care Trust, North of Tyne Patients Voice, Health Action Zone Areas for Special Action for Disability and Race, Joint Advisory Group for Physical and Sensory Disability, Learning Disability Partnership Board and the Newcastle Health Partnership.

The Trust has been working with Newcastle City Council through the Newcastle Health Partnership to establish and support the development of Health Overview and Scrutiny locally. From January 2003 all local authorities with social services responsibilities have had the power to "scrutinise health services".

This contributes to a wider role in health improvement and reducing health inequalities for their area.

During the year there was corporate level support for Directorate and Department patient and public involvement. A baseline assessment was undertaken which demonstrated a wide range of initiatives using a variety of different methods to involve users in service development and evaluation.

Examples include:

- Engagement with deaf school children, to identify issues regarding hearing impairment services
- Renal patients forum, providing the opportunity to obtain patient feedback on patient experience, whilst offering support for patients
- Surgical Modern Matrons meetings with Liver North to seek feedback on patients experiences of services
- Annual patient open day for colorectal cancer and stoma patients to provide information / education on stoma products
- Development of an information resource for visitors for all critical care areas across the Trust with input from users, providing written and visual information
- Audit of the needs of deaf patients visiting ophthalmology
- Review of antenatal care and education, using a series of user involvement approaches including interviews, questionnaires, comment books, feedback from minority groups, resulting in a number of developments and service improvements.
- Brain Tumour support group, providing ongoing support to patients in addition to information / education regarding support links and care.

The development and delivery of staff training in respect of patient and public involvement also took place on regular staff induction and development programmes. A Directorate network was established via the Modern Matrons and other representatives to promote the sharing of good practice in relation to patient and public involvement across the Trust.

# What our patients say



The table below identifies the % of **inpatients/daycases** who responded excellent or good to each of the questions regarding their stay and clearly demonstrates the main themes. The arrows indicate performance in relation to last year.

% of those who answered and responded excellent or good 2002/2003	Aspect of care	% of those who answered and responded excellent or good 2002/2003	Aspect of care
▲ 98.8%	Addressing the patient by their preferred name	▲ 93.2%	The arrangements made to ensure privacy and dignity
▲ 98.8%	Courtesy and respect shown by medical staff	▯ 93.1%	Organisation of discharge letter
▲ 98.7%	Courtesy and respect shown by nursing staff	▼ 92.9%	Attitude of portering staff in terms of helpfulness and courtesy
▲ 98.2%	Respect shown for personal or religious beliefs	▲ 92.8%	Involvement and consultation in care /opportunities to discuss care/concerns
▲ 97.7%	Respect shown to the patient as an individual	▲ 92.5%	Privacy of toilet and washing facilities
▲ 97.0%	Safety	▼ 92.5%	The standard of cleanliness in the ward
▲ 96.8%	Overall opinion of stay	▲ 92.4%	Information given to relatives to keep them up to date
▯ 96.0%	Attitude in terms of helpfulness and courtesy of other healthcare professionals	▼ 92.2%	Information sent prior to planned admission
▲ 95.2%	Provision made during stay for any special needs	▼ 91.9%	Attitude of domestic staff in terms of helpfulness and courtesy
▲ 95.1%	Attitude of clerical staff in terms of helpfulness and courtesy	▲ 90.9%	Signs and directions
▲ 95.0%	Accommodation of and care shown to visitors	▲ 90.2%	Quality and helpfulness of written information
▲ 94.9%	The ease of getting settled on the ward following admission	▼ 90.1%	Condition of the ward
▲ 94.9%	Information provided to keep patient informed during emergency admission	▯ 90.0%	Organisation of discharge medication
▲ 94.8%	Explanations given about treatment	▯ 87.9%	Provision of feeding assistance at mealtimes if required
▼ 94.5%	Concern and caring shown during stay	▼ 87.9%	The suitability of visiting times
▲ 94.3%	Ease of getting information – willingness of staff to answer questions	▲ 84.1%	Level of noise on the ward during the day
▯ 94.3%	Information given on discharge regarding aftercare	▲ 83.8%	Temperature of the ward
▲ 94.2%	The amount of information given during stay	▲ 83.0%	Portion size of food
▲ 94.0%	Organisation of discharge	▲ 79.6%	Provision made for discussing personal details without being overheard
▯ 94.0%	Provision made to assist with personal hygiene if required	▼ 78.1%	Catering for individual dietary requirements
▯ 93.9%	Information given on discharge regarding medication	▲ 76.8%	Level of noise on the ward at night
▲ 93.8%	Attention to individual needs on admission	▲ 76.6%	Passing the time on the ward
▯ 93.6%	Information given on discharge regarding follow-up	▯ 74.2%	Opportunities for getting food as and when required
		▼ 61.7%	Choice of menu
		▼ 57.2%	Overall quality of the food

▯ = New Question  
Survey undertaken by Newcastle Hospitals

# What our patients say



The table below identifies the % of **outpatients** who responded excellent or good to each of the questions regarding their visit and clearly demonstrates the main themes. The arrows indicate performance in relation to last year.

% of those who answered and responded excellent or good 2002/2003	Aspect of care	% of those who answered and responded excellent or good 2002/2003	Aspect of care
▲ 97.3%	The doctor/s seen in the clinic	▯ 87.2%	Clinic environment
▼ 96.5%	The nurses in the clinic	▼ 86.8%	Ease of changing your appointment
▯ 96.2%	Registration process on arrival	▼ 85.3%	Organisation in the clinic
▲ 96.0%	Other treatment received i.e. blood tests, X-rays	▲ 84.1%	Amount of information received before your visit
▯ 95.9%	Respect for religious and cultural beliefs	▼ 83.8%	Usefulness of the information received
▯ 95.4%	Attitude of reception staff	▼ 83.6%	Toilet facilities
▼ 95.4%	Level of courtesy and respect shown	▲ 83.4%	Atmosphere in the clinic
▯ 95.1%	Being called by preferred name	▼ 82.7%	Finding your way to other departments
▲ 95.1%	Cleanliness of the clinic	▲ 81.9%	Ambulance transport
▲ 93.5%	Arrangements for booking your next appointment	▼ 76.5%	Seating in the waiting area
▼ 92.7%	Overall opinion of visit	▼ 73.0%	Public telephone facilities
▯ 92.4%	Willingness of staff to answer questions	▼ 71.2%	Pharmacy service
▲ 92.2%	Level of concern and caring shown	▲ 69.9%	Waiting time in X-ray Department
▼ 92.0%	Information given regarding your care and treatment	▼ 63.6%	Breast feeding facilities
▲ 91.7%	Signposting within the hospital	▼ 62.4%	Waiting time in clinic
▲ 91.2%	Privacy in the consulting room	▼ 60.1%	Information relating to any delays
▼ 89.8%	Reception arrangements in the clinic	▯ 50.1%	Waiting time in pharmacy
▼ 88.7%	Attention to any special needs	▼ 46.6%	Refreshment facilities
▼ 88.7%	Opportunities for discussing care	▲ 43.0%	Reading material in the waiting area
▲ 88.2%	Privacy in the X-ray Department		

▯ = New Question  
Survey undertaken by Newcastle Hospitals



# National Patient Survey Programme 2003

# Benchmarking data produced by the Commission for Health Improvement

## Outpatient Department Survey

Trust Score  
Threshold score for best 20% of Trusts

### Access and Waiting

How long did you wait to get an outpatient appointment	80	82
Was your appointment changed by the hospital	92	92
How long did you wait in the outpatients department before the appointment started	67	65

### Safe, High Quality, Co-ordinated Care

Before your appointment, did you know who to contact if your symptoms got worse	78	82
Did you have confidence and trust in the doctor	93	91
Was the doctor aware of your medical history	91	90
Did you have confidence/trust in other healthcare professional	92	92
Did different members of staff give conflicting information	95	94
Were you told the danger signals to watch out for after going home	62	58
Were you told who to contact after going home, if worried about condition/treatment	85	86
How well organised was the outpatients department	84	82

### Better Information, More Choice

Before your appointment, did you know the reason for the appointment	91	93
Did doctors explain the reasons for any treatment/action	91	89
Were you given the right amount of information about your condition/treatment	90	89
Were you involved in decisions about your care and treatment	85	84
Did staff explain why any tests were needed	88	84
Did staff tell you how you would find out the results of tests	86	82
Did staff explain the results of tests	82	75
Did staff explain what would happen before any treatment	91	89
Did staff explain the risks / benefits before any treatment	83	81
Did staff explain how to take any new medications	95	93
Did staff explain the purpose of any medications given to take at home	94	92
Did staff tell you about medication side effects	60	57

### Building Relationships

Did you have enough time to discuss your problem with the doctor	89	88
Did the doctor listen to what you had to say	91	90
Did you think the doctor was deliberately not telling you things you wanted to know	94	96
Did the doctor answer your questions clearly	86	84
Did other healthcare professionals answer your questions clearly	87	87
Did doctors/other staff talk in front of you as if you weren't there	93	94

### Clean, Comfortable Friendly Place to be

Were you told how long you would have to wait for the appointment to start	34	35
Were you told why you had to wait	52	51
How clean was the outpatients department	91	90
How clean were the toilets in the outpatients department	91	88
Were you treated with respect and dignity	95	94

### Overall Impression

Overall how would you rate the care received in the outpatients department	85	84
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Individual patient responses scored on a scale of 0 - 100 depending on the extent to which patient experience could be improved with 100 representing the best possible response

Survey undertaken by Maritz Research



## Emergency (A&E) Department Survey

Trust Score  
Threshold score for best 20% of Trusts

### Access and Waiting

How long did you wait for your priority to be assessed	70	67
Were you told your priority level	47	45
Was the priority system fair	91	92
How long did you wait to be examined	66	68
Overall how long were you in the emergency department	69	73
How long did you wait for tests to be carried out	68	69
How long did you wait to get to a room or ward and bed	74	79

### Safe, High Quality, Co-Ordinated Care

Did you have confidence and trust in the doctors and nurses	86	87
Did the doctors and nurses know enough about your condition or treatment	82	81
Did different members of staff give conflicting information	91	91
Were you told the danger signals to watch for after leaving the emergency department	64	58
Were you told who to contact afterwards, if worried about condition/treatment	84	86

### Better Information, More Choice

Did a doctor/nurse explain condition / treatment	80	82
Were you given the right amount of information about your condition/treatment	88	86
Were you involved in decisions about your care and treatment	81	80
Were the results of tests explained	81	79
Were the purposes of medications explained	91	92
Were you informed of medication side effects to watch for	42	49

### Building Relationships

Did you have enough time to discuss your problem with the doctor/nurse	79	81
Did doctors/nurses listen to what you had to say	88	87
Were doctors/nurses not telling you things you wanted to know	94	95
Did a doctor or nurse discuss any anxieties you had about your condition/treatment	71	69
Did doctors/nurses talk in front of you as if you were not there	91	91

### Clean, Comfortable Friendly Place to be

Were you told how long you would have to wait to be examined	44	41
Were you given enough privacy when discussing your condition/treatment	86	86
Were you given enough privacy when being examined or treated	92	91
How much of the time were you in pain while in the emergency department	23	22
How long did you wait for pain medicine after requesting it	59	66
Did hospital staff do everything they could to help control your pain	69	73
How clean was the emergency department	83	86
How clean were the toilets in the emergency department	78	83
Did you feel threatened by other patients	91	96
Were you treated with respect and dignity	86	90

### Overall Impression

Overall how would you rate the care received in the emergency department	79	80
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Legend:  indicates Best Performing 20% of Trusts  indicates Intermediate (60% of Trusts)  indicates Worst Performing 20% of Trusts (not applicable in any respect to the Newcastle Hospitals)

Survey undertaken by Maritz Research