

Patient Surveys Annual Report for 2007/2008

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Survey Period: April 2007 – March 2008

Date of Report: June 2008

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Introduction

In accordance with the NHS plan and as part of the wider gathering of clinical information, the clinical audit and research department includes patient surveys in its annual programme. All patient surveys are conducted with the general aim to keep aware of the feelings and expectations of patients, to involve patients in the care and services they receive and to monitor the quality of care and service provided.

“The NHS Plan requires each NHS Trust to obtain feedback from patients about their experience of care. Listening to patients views is recognised as essential to delivering the commitments given in the NHS Plan to provide a patient centred health service.”

Healthcare Commission web site

This report summarises the patient survey activity for the year April 2007 – March 2008. There will be a brief summary of each survey and its results and any recommendations made following the survey. This report will also look at the implementation of any recommendations to establish what progress has been made over the past year.

Systems

Through surveys, patients can actively impact on the service the Trust provides. Patient surveys can be a valuable learning tool through which the Trust can identify aspects of service in which it performs well, and also aspects of service that require development. All surveys are conducted in line with the Trust Policy for Obtaining Patient Feedback. The policy is approved by the Trust Board and sets out the principles and standards for all Trust patient feedback activity. Surveys are designed with the manager or department commissioning the project, and all designs are reviewed or approved by the Trust Ethics Group. All survey results are discussed with relevant managers and when opportunities for development arise action plans are devised with managers and progress monitored to ensure the Trust is reacting to and reflecting patient views. The Trust Expert Strategic Clinical Group monitors results and the Integrated Governance Group (IGG) oversees activity and review all results. All results are publicised throughout the Trust to ensure there is a Trust wide awareness of patients’ perspectives. It is crucial that the Trust continues to ensure the Trust remains a patient centred service.

Patient Survey Programme April 2007- March 2008

Emergency Service (ES) and Primary Care Service (PCS)

Throughout the year April 2007 - March 2008, 8 surveys have been conducted for the Trust Emergency Service (ES) and 1 survey for EEAST OOH Norfolk have been conducted by the Clinical Audit and Research Department (CARD) for the Trust ES and PCS Services. 7 of these surveys were patient postal surveys, 1 was an online survey, and 1 a face-to-face interview survey of the public. The Trust run Essex OOH service also conduct their own telephone patient survey and report on results separately.

NES

Non- Emergency Services (NES), comprising of patient and courier transport services, is a key pillar in the strategic direction of the trust. The continued success and growth of non-

emergency services is an essential element of the trust vision and values which places patient care at the heart of all that we do.

Patient Transport Services undertake approximately 1 million patient journeys per annum. Conducting a survey of patients and carer's who use our service is fundamental in the consideration and focus of improving the experience we offer to patients when they attend hospital.

Patient surveys for non-emergency services are conducted twice per annum. This year the Non Emergency Services surveys have shown that patients using the Patient Transport Service are satisfied with the service the Trust provides. Due to staff retirement it was only possible to conduct one user survey this year. Although results of the Edith Cavell survey were still positive staff were less positive about the PTS service than patients with 75% answering that they were satisfied with the service provided compared to 89.5% of patients surveyed this year.

All aspects of NES undertake their own patient surveys and are not included in the CARD programme.

This main body of this report will discuss in detail the patient survey activity conducted by the CARD.

Survey Progress

This was the first year where the Trust Patient Survey Programme has covered all 6 counties of the Trust enabling the analysis of the consistency of care across the whole of the Trust. This expansion led to significant changes in the patient survey process. The construction of survey packs, and data entry is now carried out by the Clinical Quality Assistant in the Chelmsford office, and survey design, analysis, and reporting continues to be conducted by the Trust Patient Survey Co-ordinator in the Norwich Office. The initial set up of this new system proved challenging however, during the course of the year increased proficiency and development of procedures has ensured the patient survey process has run smoothly.

The greatest hindrance to the running of patient surveys this year has been problems in the gathering of sample details for Bedfordshire and Hertfordshire. This has been due to lack of staff at the Bedford office which has caused delays in sample collection. This can hold up the sending out of survey packs. However, so far it has been possible to include patients from Bedfordshire and Hertfordshire in survey samples, although usually in smaller numbers than would be liked, by assistance from occasional light duties staff and temps, and Norwich office staff travelling to Bedford to undertake this work. This is not ideal and without a permanent member of Clinical Audit and Research Department staff being based in the Bedford Office. It is envisaged the collection of sample data from these counties can be expected to continue to be problematic.

The use of ePCR by clinicians should have significantly increased the number of patient survey samples it was possible to obtain from this database for the counties of Norfolk, Suffolk, and Cambridgeshire (NSC). This should have alleviated the need to search paper records and enable significantly faster collection of sample data, speeding up the survey process and hopefully allowing more time for more patient surveys to be completed. However, significant numbers of patient records are still paper records and so the benefits to

the patient survey process from the use of ePCR have not been as extensive as it was hoped it would be. Problems with extracting data from the ePCR database has also been a hindrance requiring every ePCR to be looked at individually to obtain sample data, rather than relevant information being extracted by querying the database using Microsoft Access. This would make it possible to obtain a complete patient survey sample in a matter of minutes once a relevant database query was set up. Although this problem can be rectified current lack of resources in information management and technology has meant so far it has not been possible to do this.

Since the Trust began conducting patient surveys not knowing whether the patient has died after the Trust has attended them has proved problematic and potentially causes distress to patients relatives when they receive a questionnaire for a relative who has died. One of the most significant and positive developments this year was the introduction of the use of the NHS tracing service to trace patient samples to identify patients who have died, so that they can be removed from the sample. This year the details of 4959 patients in survey samples were sent to the tracing service, with 64.9% of these patients being successfully identified and traced. Patients who had died were then removed from the samples. This significantly reduced the number of calls received from relatives of patients notifying us that their relative (the patient) had died. This is a positive improvement to the patient survey process and efforts to increase the percentage of patients successfully traced will continue, with the eventual aim of being able to trace every patient to prevent any survey being sent out to a deceased patient and possibly causing distress to relatives.

Continuing from last year all surveys are available on the Trust website for completion online. In attempts to increase participation online letters sent to patients state the financial benefits to the Trust for questionnaires to be completed online. A survey project which aimed to increase online participation through not providing paper questionnaires (see appendix for details of online survey) was also conducted. However, the number of participants completing surveys online remains very low and paper questionnaires continue to be the primary method of data collection.

Clinical Audit and Research Department Patient Feedback Activity 2007/2008

The addition of a Clinical Quality Assistant to aid in the patient survey process has enabled us to increase patient survey sample sizes and to ensure that patients from all 6 counties of the Trust can be included in survey samples.

Survey	Service	Type of Survey	Sample Size	Response Rate	Percentage Satisfied
Community First Responder Patient Survey	ES	Postal/online	758	43.5%	100.0%
ES General Patient Survey	ES	Postal/online	1035	35.2%	98.6%
ES General Patient Survey online	ES	Online	1123	30.6%	98.9%
Diabetic Patient Survey	ES	Postal/online	549	40.1%	98.5%
Asthma Patient Survey	ES	Postal/online	408	39.0%	96.4%
ePCR Patient Survey	ES	Postal/online	1000	39.9%	97.3%
Young Patient Survey	ES	Postal/online	858	26.4%	97.6%
The Royal Norfolk Show Public Survey	Public	Interview	100	-	Question not asked
EEAST OOH Norfolk Ongoing Patient Survey April - September	PCS	Postal/online	717	25.7%	86.3%
EEAST OOH Norfolk Ongoing Patient Survey October - March	PCS	Postal/online	464	32.3%	80.4%

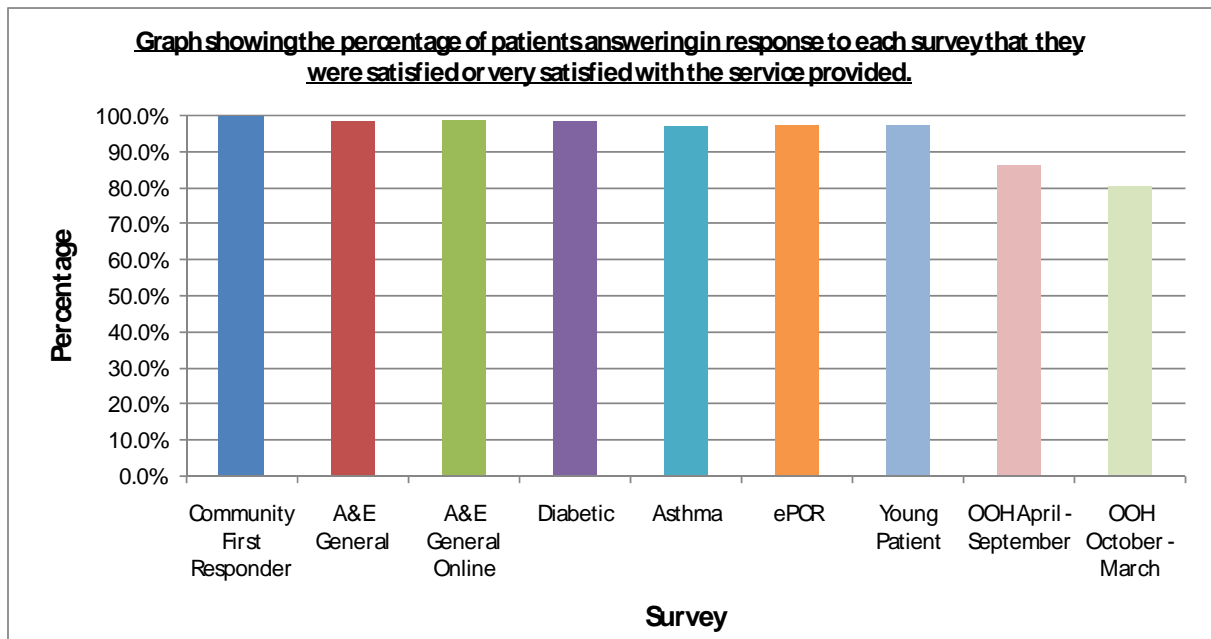
Online Questionnaire

The ES General Online questionnaire has been left on the Trust website through out the year to collect the views of anyone who may be browsing the website or looking for a way to express their views on the Ambulance service but have not been invited to complete a survey by receiving a letter from the Trust. 12 participants completed the questionnaire online without receiving the invitation letter from the Trust. (Results are discussed in the appendix)

Key Performance Indicator Question Results

The questionnaire used for every patient feedback project includes a Key Performance Indicator (KPI) question the results of which are used to monitor overall performance and for comparison with other survey projects. The KPI question is:

Overall, how would you describe the service you received?



The results of the key performance indicator question show that the significant majority of participants responding to each survey are satisfied or very satisfied with the service they received. Patients attended by a Community First Responder were most satisfied with all participants answering that they were satisfied or very satisfied with the service they received. Patients responding to the Out of Hours service survey are less satisfied than A&E survey participants however, this was also the case last year and generally satisfaction of OOH patients remains about the same as it was last year. Overall, the average percentage of patients satisfied with the service provided by each area of the Trust is:

Emergency Service: 98.2%

EEAST OOH Norfolk Patient Survey: 83.4%

All Trust Patient Surveys lead by the CARD: 94.9%

Outcomes

In the surveys completed in April 2006- March 2008 seven action points were identified. Below is a list of all actions made this year and to date the work that has been done to carry out these actions:

Asthma and Diabetes Patient Surveys:

These patient surveys were run in conjunction with an audit of the same topic. As such joint action plans are due to be devised based on the findings of both the audit and the survey. These action plans are yet to be completed.

Royal Norfolk Show Public Survey:

Action - *Repeat response time survey based on this pilot with a larger sample.*

Although this topic is not on the 2008/2009 patient survey programme it is envisaged that there may be time to include an extra project in the programme summer 2008. If this is possible we plan to conduct a patient survey based on this pilot and to assess the patient perspective on call connect and satisfaction with response times.

A&E Online Survey:

Action - *Continue to encourage patients who have access to the internet to complete questionnaires online.*

All letters sent to patients inviting them to take part in a survey now include instructions on how to find the online questionnaire and a comment that says it helps save the Trust money if patients participate online. The number of patients completing questionnaires online is still very small.

Young Patient Survey:

Action - *Review Trust survey methodology on whether to include young patients in survey samples, and if any measures need to be taken to ensure patient confidentiality is maintained for this group, and widely disseminate report findings around the Trust.*

The Young Patient Survey report is due to be reviewed at the Trust Ethics Advisory Group meeting in July 08. The group will be asked to advise on the involvement of young patients in future survey projects and on any changes in methodology that need to be carried out to ensure young patient involvement is ethical. After this decision has been made details can be included in the final report which will be disseminated there after.

Out of Hours Patient Survey October – March:

The action plan for this survey is to be finalised.

Summary of the Demographic of Patients Responding to Surveys April 2007-March 2008

For every patient survey conducted by the Trust demographic information is collected. In line with the Trust Policy for Obtaining Patient Feedback, which states:

“In order to help assess that the Trust cares for all its patients with the same standard of care and dignity, data on the patient’s age, gender and ethnicity should be collected for analysis.”

By knowing who responds to the Trust patient surveys can help with interpretation of results, the needs of different patients, and ensure all patients regardless of age, gender, or ethnicity are receiving the service from the Trust they would expect and are satisfied with.

Gender of sample

Note: the number of questionnaires returned for each gender is calculated from the number of questionnaires returned completed and does not include other types of response.

Survey	Males	Females
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	Questionnaires sent	number of questionnaires returned	Percentage responding	Questionnaires sent	Number of questionnaires returned	Percentage responding
Community First Responder Patient Survey	unknown	156	unknown	unknown	153	unknown
A&E General Patient Survey	478	162	33.9%	557	195	35.0%
A&E General Patient Survey online	539	85	15.8%	583	129	22.1%
Diabetic Patient Survey	314	107	34.1%	235	101	43.0%
Asthma Patient Survey	161	50	31.1%	244	88	36.1%
ePCR Patient Survey	481	180	37.4%	518	194	37.5%
Young Patient Survey	405	100	24.7%	402	110	27.4%
EEAST OOH Norfolk Ongoing Patient Survey April - September	319	79	24.8%	396	121	30.6%
EEAST OOH Norfolk Ongoing Patient Survey October - March	204	60	19.7%	259	83	32.0%
Total from all surveys(minus CFR Survey)	2901	823	28.4%	3194	1021	32.0%

Looking at this years sample by gender shows females are slightly more likely to respond to a survey than males. In every survey conducted this year a greater percentage of females responded than males. This was also the case last year.

Survey Completed by...

Survey	Survey completed by patient	Survey completed on patients behalf
Community First Responder Patient Survey	230/308 (74.7%)	78/308 (25.3%)
A&E General Patient Survey	264/353 (74.8%)	89/353 (25.2%)

A&E General Patient Survey online	69/85 (81.2%)	16/85 (18.8%)
Diabetic Patient Survey	166/210 (79.0%)	44/210 (21.0%)
Asthma Patient Survey	114/139 (82.0%)	25/139 (18.0%)
ePCR Patient Survey	237/382 (71.5%)	109/382 (28.5%)
Young Patient Survey	69/184 (37.5%)	115/184 (62.5%)
EEAST OOH Norfolk Ongoing Patient Survey April - September	123/202 (60.9%)	79/202 (39.1%)
EEAST OOH Norfolk Ongoing Patient Survey October - March	84/144 (58.3%)	60/144 (41.7%)
Total from all surveys	1356/2007 (67.6%)	615/2007 (30.6%)

Where possible, it is preferable to receive surveys completed by the patient as these are more likely to accurately reflect the views of the patient, whereas a survey completed on a patient's behalf may also reflect those of the other person completing the questionnaire. It is encouraging to see that for most survey projects the majority of questionnaires are completed by the patient rather than by someone else on their behalf. Although for the EEAST OOH Norfolk Survey there are more patients completing questionnaires than others on their behalf the percentage of patients completing questionnaires themselves is lower than for ES patient surveys. This is due to a lower average age of patient using the OOH service than the age of patients using the ES (See age table below). The only exception where fewer patients completed the questionnaire than someone else on their behalf is young patient survey. This is because the age of the sample population meant that many were too young to complete a questionnaire themselves.

Age

Survey	Age of patients responding in years			
	Mean	Median	Mode	Range
Community First Responder Patient Survey	67.7	74	86	<1 to 98 yrs
A&E General Patient Survey	61.6	71	79	<1 to 100 yrs
A&E General Patient Survey online	56.7	61	No one mode	<1 to 89 yrs

Diabetic Patient Survey	60	63	44	5 to 94 yrs
Asthma Patient Survey	56.1	63	70	1 to 96 yrs
ePCR Patient Survey	64.6	72	No one mode	1 to 102 yrs
Young Patient Survey	8.4	8	1	<1 to 17 yrs
EEAST OOH Norfolk Ongoing Patient Survey April - September	36.3	37	1	<1 to 80 yrs
EEAST OOH Norfolk Ongoing Patient Survey October - March	45.6	49	No one mode	<1 and 61 yrs

The age range of patients responding to surveys remains consistent for all surveys spanning as wide a range as could be desired. However, there are differences in the average ages of patients responding to each survey. The average age for patients responding to OOH patient survey is significantly lower than the mean age for patients responding to A&E patient surveys.

Ethnicity

In accordance with Department of Health Guidelines since May 2007 it has been Trust policy to ask patients about their ethnicity in all patient feedback surveys, the purpose being to ensure that patient's experience of the ambulance service is the same regardless of ethnicity. Currently all new A&E patient survey projects include an ethnicity data collection question. The ongoing EEAST OOH Norfolk patient survey does not include this question but will do so from April 08, when the new survey year begins. The ethnicity question is asked in the PTS surveys and continues to be included in this work.

Some problems have been encountered in collecting information of patient ethnicity through patient surveys. Many patients do not want to disclose their ethnicity in a patient survey response. This has become apparent through comments received on patient questionnaires and in a proportion of cases the removal of the question page asking about ethnicity from the survey questionnaire. A number of surveys are being returned to the Trust without this page. From this we can assume these patients did not want to answer this question.

Also, patients have fed back to us that there they are not happy with the wording of the ethnicity question itself. In particular several patients who have responded that they are White British have objected to this classification and have written in the word 'English' preferring to identify themselves as English rather than British.

The table shows the results of satisfaction with the ambulance service and patient ethnicity for all patient surveys conducted this year where ethnicity data was collected.

All Patient Surveys Ethnicity	Overall, how would you describe the service you received?						Total number of responses
	No reply	Very satisfactory	Satisfactory	Fairly satisfactory	Unsatisfactory	Very unsatisfactory	
No reply	6	55	14	1	0	1	77

White British	19	1076	132	9	7	6	1249
White Irish	0	4	0	0	0	0	4
Any other White	0	20	4	1	1	0	25
White and Asian	0	5	3	0	0	0	8
White and Black Caribbean	0	4	0	0	0	0	4
White and Black African	0	2	0	0	1	0	3
Chinese	0	0	0	0	0	0	0
Indian	0	5	3	0	0	0	8
Pakistani	0	3	3	0	0	0	6
Bangladeshi	0	0	0	0	0	0	0
Caribbean	0	3	0	0	0	0	3
African	0	5	2	0	0	0	7
Any other Asian background	0	2	0	0	0	0	2
Any other Black background	0	0	0	0	0	0	0
Any other ethnic group	0	5	1	0	0	0	6
Any other mixed background	0	3	1	0	0	0	4

Ethnicity of patients completing surveys:

White British: 93.9%

Ethnic Minorities: 6.1%

Satisfaction with the service provided:

White British: 96.7% satisfied or very satisfied.

Ethnic Minorities: 96.3% satisfied or very satisfied.

These results show that a patient's ethnicity does not appear to affect the service they receive from the Trust. With the majority of patients from all ethnic backgrounds being satisfied or very satisfied with the service they received. There have been two cases where patients from an ethnic minority group have been dissatisfied with the service provided. This was one patient responding to the A&E survey and one patient responding to the Asthma survey. However, looking at these cases shows that the reasons these patients were unhappy with the service were not because of an ethnicity issue, one was dissatisfied that the crew had made a diagnosis of their condition which was incorrect, the other with the length of time the ambulance took to arrive (however, a GP was with the patient within 6 minutes of the call). As there are only two case of a patient from an ethnic minority group being unsatisfied to be found so far there significance is difficult to judge. The question has to be asked whether these results are a representative of the views of patients in ethnic minority groups. As the number of patients from ethnic minority groups responding to surveys is relatively low (6.1%) the Trust may not have received enough survey responses from ethnic minority patients to make this conclusion. We also do not know how representative the patients responding to surveys are of the survey sample or the population of the area. This is because the Trust does not currently actively record the ethnicity of its patients on patient records. There is the function to do this on the electronic Patient Care record (ePCR) but it is very rarely completed by staff. However, ethnicity will be something to continue to monitor in the future to see if any other ethnic minorities are unsatisfied with the service they received for similar reasons.

Information not currently collected in patient feedback surveys includes:

Medical condition or disability (unless it is a condition specific survey)
 Sexual orientation
 Religion
 Language spoken

Costs

The approximate non-pay cost of all patient feedback survey projects conducted this year is show in the table below.

Survey	Questionnaire paper	Envelopes	Postage	Other Items	Total in £
Community First Responder Patient Survey	£19.40	£90.96	£225.12	£7.58	£343.06
A&E General Patient Survey	£43.06	£124.20	£292.74	£10.35	£470.35
A&E General Patient Survey online	£19.76	£134.76	£316.68	£11.23	£482.43
Diabetic Patient Survey	£22.83	£65.88	£159.81	£5.49	£254.01
Asthma Patient Survey	£16.97	£48.96	£117.39	£4.08	£187.40
ePCR Patient Survey	£33.60	£120.00	£291.06	£10.00	£454.66
Young Patient Survey	£27.32	£97.56	£214.83	£8.13	£347.84
EEAST OOH Norfolk Ongoing Patient Survey April - September	£24.09	£86.04	£192.99	£7.17	£310.29
EEAST OOH Norfolk Ongoing Patient Survey October - March	£15.59	£55.68	£128.94	£4.64	£204.85
Total	£222.62	£824.04	£1,939.56	£68.67	£3,054.89

Pay costs:

Trust Patient Survey Co-ordinator: £21,783 pa
 Clinical Quality Assistant: (2 days a week) £7441.60 pa
 Travel expenses: £400

Conclusions

Overall, results of patient surveys in the year April 07 to March 08 have been highly positive which is reflected in the key performance indicator result of 94.9% a 0.7% increase from the previous year in the percentage of patients very satisfied or satisfied with the service provided. Patients using the ES are most satisfied with 98.2% satisfied or very satisfied with the service provided. The OOH service received a slightly lower percentage of patient satisfied or very satisfied (83.4%) but this is also a positive result. This was the first year where the patient survey programme has covered all 6 counties and encouragingly there has been significant consistency in patient reports of the high level of care provided by the Trust in each area.

Results have shown patients feel the Trust responds to their call for help in a timely manner and consider the length of time the Trust staff took to arrive as very acceptable or acceptable. Patients consider staff to be very professional and are complimentary of their attitude. Patients feel they are being involved in the decisions made about their care and the majority feel their expectations of the service are being met or exceeded.

Dissatisfaction with the Trust continues to arise most commonly due to staff attitude despite this also being the area most highly praised. Results of surveys will continue to be publicised with patients' comments, both positive and negative, which highlight the importance of staff attitude.

Looking at the demographics of patients participating in surveys this year shows that participants continue to be representative of a wide range of ages from less than 1 year old to 102 years. There is still a greater proportion of patients at the older end of the age range, this is however representative of the Trust's patient population. Similarly to last year females remain more likely to respond to surveys than males, but both genders are fairly evenly represented. For the first time this year ethnicity data was collected. Results have indicated that patients from all ethnic backgrounds are satisfied with the service received and being from an ethnic minority group does not impact on the perceived quality of this service. Response rates continue to be positive with an average of 33.0% of patients responding to each survey. However, this is a decrease of 5.9% from last year. This maybe due to a small decrease in response rate to the OOH survey, and a lower response rate to the young patient survey than is received in other surveys. Evidence from other surveys suggests the patients in the age range of those participating in the young patient survey are usually less likely to respond than older patients. Therefore, although there has been a decrease in response rate this should not be considered as too significant, and in comparison to other figures reported for postal surveys the Trust continues to receive a high response rate.

The number of actions identified in surveys this year has been fewer than last year. Many of the action points this year have related to the publishing of findings and changes in survey process, all of which have been implemented. Although some action plans are yet to be finalised the Trust Patient Survey Co-ordinator will follow these up and will request updates on progress to ensure they are carried out.

Summaries of patient survey results are published in Focus East and full reports sent to the communications team for publicity. Reports are also distributed to commissioning departments and relevant staff.

All reports for patient surveys conducting April 2007- March 2008 can be found on the Trust intranet site in *clinical directorate, research audit and survey, patient surveys* and on the Trust public website www.eastamb.nhs.uk in *patient surveys*.

Looking to the Future - Trust Patient Surveys April 2008- March 2009

This year the Trust patient survey programme has continued to provide a useful insight into the views of patients using the Trust services. In the next financial year April 08 to March 09 year the Trust will continue to survey patients from all 6 counties of the Trust with a diverse programme covering a wide range of topics. Where possible, next year will see a continuation of audit and survey projects running together as was the case this year with diabetes and asthma, to establish all round understanding of the patient experience and their care, and to develop joint action plans.

Following on from the success of the use of the NHS tracing Service in 07/08 all survey samples will continue to be traced and we will aim to increase the percentage of successful traces by ensuring all postal addresses are as accurate as possible and include postcodes.

The collection of ethnicity data will also continue with the possibility of expanding this to cover more equality and diversity information in order to generate a clearer picture of the diversity of Trust patients and those participating in surveys and to ensure there is consistency in the quality of care provided regardless of patient ethnicity.

Appendix

Patient Surveys April 2007 – March 2008

Royal Norfolk Show Public Survey

For the first time last year, a survey of members of the public was conducted at the Royal Norfolk Show at the Trust display stand. The success of the 2006 survey was encouraging and led to the Trust wanting to emulate this again in 2007. Topics covered in this survey included preference for different types of surveys, willingness to give the Trust an email address, and knowledge of the referral of cat C calls to a clinical advisor system. At the same time a survey was also conducted to investigate members of the public's views on response times.

Postal surveys continue to be members of the public's method of choice when asked in what way they would prefer their views to be collected. The largest percentage of participants gave this response but interestingly there is potential for the Trust to look at different methods for conducting surveys with 63.5% of patients choosing a method other than postal. The percentage of participants who would be willing to give out their email address is the same as the percentage of participants who do not have an email address. Therefore, it appears that any survey conducted by email or using the internet will exclude a large proportion of the population.

Response times:

This pilot survey which looked at response times proved particularly insightful showing the opinions of the public and how these contrast with Ambulance Trust practice. Participants consider electrocution; stab/ gun shot wounds, stroke, and heart problems to require the most rapid response with headaches, animal bites, and non traumatic back pain as least critical. However, generally participants consider a rapid response of 8 minutes to be necessary for the majority of incidents.

Action:

Repeat response time survey based on this pilot with a larger sample.

Community First Responder

This survey sampled patients who had been attended by a Community First Responder. It showed that Community First Responders are performing a valuable service that patients are very happy with. Patients could not be more satisfied with 100.0% describing the service they received as very satisfactory or satisfactory, 98.1% of patients responding approved of the use of CFRs, and 99.0% would be happy to receive care from a CFR again. 98.0% of respondents were satisfied with the care and treatment they received. CFR attitude was also described positively with 95.3% of respondents describing the CFR as confident or very confident.

There is mixed awareness of CFR schemes and their voluntary status, with approximately 50% of patients being aware of the schemes but a lesser 36.9% being aware that CFRs are volunteers.

No actions were identified.

Electronic Patient Care Record Survey

With the push to get all staff using ePCR the use of electronic records and electronic tablet computers is increasing. This was the first patient survey which has asked patients their views on electronic records. This survey has shown that patients support the use of electronic records. The majority of patients have no preference for how their assessment is recorded and they are satisfied with either an electronic or paper record. However, 70.3% of patients who did express a preference preferred electronic. Patient comments generally reflect their support of the use of ePCR and patients are particularly pleased that this system saves pen and paper, and believe it to be more efficient and quicker to use than paper. A small 3.1% of patients made negative comments about the use of ePCR. These concerned the time it takes to complete the ePCR, the ease of use, and that the computer distracted from patient care. However, the majority of patients who saw the portable computer being used believe it didn't interfere in their consultation with the clinician. This project has managed to address some concerns that the Trust may have had about ePCR and patients' perceptions of its use.

No actions were identified

A&E General Online Survey

This survey helped the Trust to investigate how we can make better use of the internet as a tool through which to receive patient feedback. Patients who had access to the internet were encouraged to complete the survey online, and paper questionnaires were only provided on request.

Not providing a paper questionnaire significantly increased the online survey response rate to 25%. However, a large majority of patients responded that they do not have internet access.

Action:

Continue to encourage patients who have access to the internet to complete questionnaires online

A&E General Survey Autumn 2007

This survey sampled patients from all 6 counties of the Trust being attended by the Trust's A&E service.

Results of this survey were very positive with 98.6% of patients responding that they are satisfied with the service they received and 94.3% having their expectations met or exceeded. Overall, patients believe the Ambulance Trust is responding in a timely manner with only 1.2% of patients describing the length of time the ambulance took to arrive as unacceptable or very unacceptable which shows the vast majority of patients are satisfied with this aspect of the service. Generally patients view Ambulance Trust clinicians as performing well with 97.4% introducing themselves to patients and 94.9% being described as very professional. 93.5% of patients believe clinicians are describing the care and treatment they give in a way that is easy to understand, and 95.3% of patients reported that they were satisfied or very satisfied with the advice they received.

No actions were identified.

Diabetes Patient Survey

This latest survey aimed to take a general look at the views of diabetic patients attended by the ambulance trust, both what is working well, and where the service can improve in terms of diabetic patient care. This survey was run in conjunction with the diabetic hypoglycaemic patient clinical audit and will sample all patients who were also involved in the audit with the aim to achieve a rounded view of the patients care both clinically and from the patient's perception. This will also be the first EEAST patient survey to look at the care of diabetic patients trust wide.

This survey has shown that diabetic patients are very positive about the care they receive from the Ambulance Trust with 97.6% reporting that the service met or exceeded their expectations and 98.5% describing the service they received as satisfactory or very satisfactory.

Asking patients about the background of the incident and about the management of their condition, has helped produce an understanding of why diabetic patients are using the ambulance service, most often this is due to mismanagement of food intake or other illnesses causing them to experience a hypoglycaemic event. There appears to be a link between education and recognition of warning signs, therefore increasing the education of diabetic patients has a value, both benefitting the patient and the NHS. The comparison with previous surveys has shown that there has also been a positive increase in the percentage of clinicians providing advice to patients as to what to do if their condition deteriorates. However, clinicians could improve their use of the referral to PSIAM Clinical Advisor system which may help in avoiding hospital admission.

Action:

The trust will use the information in this report together with the 2008 Diabetes Audit Report to create an action plan, with the aim to improve care given to diabetic patients suffering an episode of hypoglycaemia.

Young Patient Survey

The Trust regularly undertakes patient surveys of our patient population to find out their satisfaction with the service provided. However, until now the Trust has not focused specifically on young patients below the age of 18 years. Although survey samples have included young patients numbers are usually quite low and those that are returned are often completed by parents/guardians on behalf of the child. Therefore, the Trust decided to conduct a survey of young patients using questionnaires specifically designed with children in mind. The aim of this being to encourage young patients to complete the questionnaire themselves to ensure a high number of responses are received that accurately represent young patients' views and to enable the Trust to become aware of the feelings and expectations of young patients.

This was a challenging topic which required significant consideration before the project could commence. However, results have been an interesting insight into the views of young patients and their parents/ guardians.

Overall, the results of this survey have shown young patients are as satisfied with the service they received from the Trust with 97.6% of young patients having answered that they are happy or very happy with the service they received.

The majority of patients were with their parents/ guardians when they needed the ambulance service and understandably as a result of this it was most likely that when a patient was conveyed to hospital parent/guardian went with them in the ambulance. The majority of patients have also said that if their parents/guardians were not present at the time of the incident they would want them told. For most young patient' confidentiality from their parents/ guardians is not an issue.

Specifically asking parents/ guardians their views on patients surveys have shown that 97.8% of parents/ guardians are happy for the Ambulance Trust to survey their children about the care and service they received. However, there are mixed views on who parents/guardians would prefer the questionnaire to be sent to and it appears to greatly depend on the age of the child. Generally, results have supported the method used in this survey.

By conducting this survey the Trust has learnt a lot about the process of directly obtaining feedback from children, the issues involved, and the potential ways to overcome them. It is evident that the age of the patient does not affect the level of care patients perceive they

Actions:

- 1) Review Trust survey methodology on whether to include young patients in survey samples, and if any measures need to be taken to ensure patient confidentiality is maintained for this group.
- 2) Widely disseminate report findings around the Trust.
- 3) Reiterate to clinicians the importance of ensuring that wherever possible young patients who need to be conveyed are accompanied by an appropriate adult as well as ambulance trust staff.

Asthma Survey

This was a survey looking specifically at patients attended for an asthma attack. This project was run alongside the asthma audit to assess patient satisfaction and clinical care, and to monitor asthmatic patient experience of the ambulance service.

94.9% of patients attended for an asthma attack had their expectations met or exceeded by the Ambulance Trust and 96.4% of patients were satisfied or very satisfied with the service received. Interestingly, 36.0% of patients did not know the cause of the asthma attack. The first action for the majority of patients was to take their inhalers, and when the asthma attack was becoming severe or their inhalers were not taking effect they called the Ambulance service. The majority of patients attended for an asthma attack were taken to hospital and 30.3% then received a follow up call or visit after the incident to discuss their condition.

Action:

Action plan to be written in conjunction with Asthma Audit.

OOH April –September

Through out the year this ongoing survey of patients using EEAST Out of Hours (OOH) Norfolk is being conducted. Over the first 6 month period of the EEAST OOH Norfolk patients views have shown the service is performing well and it is hoped this positivity will continue in the future. Between April – September 86.3% of patients described the service as very satisfactory or satisfactory. 83.0% of patients stated that the OOH service had met or exceeded their expectations, 93.0% of patients describe this call as being answered promptly, and 80.2% of patients experienced no difficulty in being asked to attend a clinic out of hours.

Staff are reported to be performing well with 86.5% - 91.3% of patients describing clinicians, call takers, and receptionist as having a very professional attitude. The majority of patients were pleased with the clinician's skills in listening, diagnosing, suggesting treatments and treating patients with respect during their consultation. Many positive comments were received from patients praising and thanking the service. It is good to see this encouraging feedback.

No actions were identified.

OOH October- March

EEAST OOH Norfolk is keen to improve the out of hours medical service it provides and believes that the views of the patient and their satisfaction with the service they received from EEAST OOH Norfolk should be a key motivator for any such improvement. Through out the year an ongoing patient survey is being conducted of patients using the OOH service, to provide an ongoing awareness of patient views and the level of satisfaction with the service

provided. This report presents the results of the EEAST OOH Norfolk survey for the 6 month period October 2007 – March 2008.

EEAST OOH Norfolk continues to perform well with the majority of patients satisfied with the service they received. However, some issues have been identified which should be monitored to ensure high performance is maintained.

Staff are performing well with the significant majority (80% to 88.5%) being described as very professional with positive comments and letters of appreciation being received which praised staff attitude. When asked specifically about clinicians, patients believe they are diagnosing, and suggesting treatment well, listening to patients and treating them with respect.

80.4% of patients are satisfied or very satisfied with the service provided showing that for the significant majority of patients EEAST OOH Norfolk is performing well. However, patient satisfaction steadily declined for the majority of this 6 month period. The specific reason for this increase in negative responses is unclear, however, reviewing patient comments has shown patients who are unhappy with the service they received have referred to problems with receiving call backs, the length of time clinicians take to visit, and staff attitude. However, it is important to consider that the significant majority of patients are happy with the service they received.

Suggested Action: (to be confirmed)

Review the systems for call backs to decrease the number of patients being missed, or experiencing delays.

Online Survey completed by participants not sent an invitation letter by the Trust

12 participants completed this question online. 2 said they received a letter from the Trust therefore it is assumed they completed this questionnaire by mistake instead of one of the others online. 7 were patients of the Trust and 3 had not been patients and had found the questionnaire while browsing on the website.

75.0% of these participants answered the majority of questions positively, 25.0% were negative about the service and referred to specific events when they or their relatives had used the service. The 3 patients who answered negatively made the following comments:

“My mother waited in excess of 5 hours to be taken back to a residential care home. In the end I gave up and took her back in my car. She has dementia and was disorientated and confused. This level of service is totally unacceptable.” (Presumably a patient using the PTS service)

“The ambulance staff were extremely obnoxious and derogatory to my mother and brother who were made to feel like they had done something wrong when in reality all they were doing was asking for help. Absolute shame on the ambulance crew they were pathetic and so so rude!”

“This refers to a call at approx midnight Wednesday. How different it was to the service I received Saturday night. On Saturday an ambulance GP and an ambulance attended they were patient kind and understanding and did all they could to help and ease my pain. The crew on

Wednesday were just the opposite all though the call was for very severe thigh pains I was made to walk downstairs and walk out to the ambulance, there I WAS NOT ALLOWED TO LAY DOWN AND WAS REFUSED ENTONOX If I had known I would have to walk downstairs which was extremely painful I would not have dialled 999. On the Saturday night they had used a tracked chair and laid me on the bed.”

These comments show patients want to give feedback about the service provided and the online questionnaire allowed them to do so. It may be useful to include at the end of the survey the telephone number for PALS so that those patients wishing to make a complaint are advised how to do so. However, the reason these patients completed the questionnaire rather than contacting PALS may be because they wanted to remain anonymous.

Abbreviations

CARD – Clinical Audit and Research Department

EAAT – East Anglian Ambulance NHS Trust

EEAST – East of England Ambulance Service NHS Trust

ePCR – Electronic Patient Care Record

ES – Emergency Service

KPI – Key Performance Indicator

NES – Non Emergency Service

NSC – Norfolk, Suffolk, Cambridgeshire

NSC- CAMS – Norfolk, Suffolk and Cambridgeshire Capacity and Activity Monitoring System

OOH – Out of Hours

PCS – Primary Care Service

PSIAM - Priority Solutions Integrated Access Management

PTS – Patient Transport Service

IGG – Integrated Governance Group