

# **Patient Views** on **Quality** of Services



**Consumers champion for health and social care**

September 2014



# What does a quality service mean to you?

## Executive Summary

### Introduction

At some point in our lives we will all use at least one of the health care services available to us. In order to help make these experiences meet our expectations, Healthwatch Leicestershire is reviewing what a quality service means to the public.

We want to make sure that healthcare services have real value and are effective, understood and championed by everyone – including the people who provide them.

In order to do this, we need the public to tell us what they think about the quality of services provided, as this should be at the heart of decisions around how care services are designed and delivered. Patients are direct recipients of these services, and therefore are in the best position to provide suggestions for improvement.

It is important to note that this is not just about our engagement with communities, this is about the culture of healthcare, and making sure we are doing all we can to ensure services are accessible for all.

### Healthwatch Leicestershire

As a consumer champion, Healthwatch Leicestershire is committed to bringing the voice of the public and service users to the forefront of all conversations around health and social care services in Leicestershire.

### Aims

Our aims were to:

1. take a snapshot of what a quality service means to the patient, as this may be different from the perceptions of service providers; and
2. understand what changes or improvements the public would like to make in order to ensure their experiences better meet their expectations.



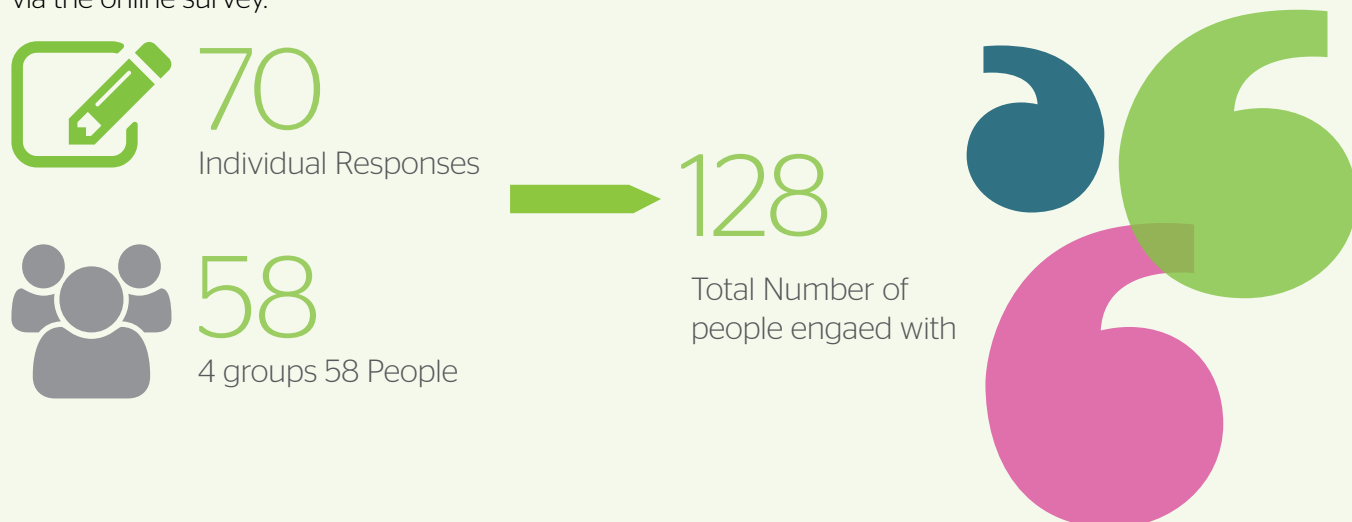
## Methodology

Healthwatch Leicestershire sought the views of its members and those of the public via:

- A short survey into the type of services accessed, perceptions of what makes a quality service and suggestions for improvement. In total of 70 people completed the online survey of which 18 of them were children and young people (CYP) under 25 years. We have highlighted the response from CYP on page 12.
- Attendance at Leicester Pride where we asked people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community to complete the survey. Fifteen people responded and have been included in the online survey results of 70 responses. We have highlighted the response from the LGBT community on page 10.
- Group meetings with adults and children with disabilities - specifically sight loss, poor mental health/dementia, and people with dual sensory impairments and learning difficulties. These sessions were hosted by Vista, a local leading charity that provides services and support.

Information was promoted from June to September via targeted emails to Healthwatch Leicestershire Membership, local networks, and voluntary and community sector representatives, social media and Healthwatch Leicestershire's website.

All percentages within this report are based on the 70 individual responses received via the online survey.





# Key Findings

Our findings reveal that patients value the high quality care and treatment they have received. They suggest that a number of improvements could be made to healthcare services that would enhance perceptions of quality, and further contribute to a positive patient experience.

## The overall patient experience

The public responded positively to the NHS as an institution in principle, and critically to their own experience of receiving treatment from healthcare services.

## What improvements could be made for patients?

### Access to services

Where there was a general positive feeling towards the overall experience of using services, patients themselves had a number of suggestions for the ways in which the quality of service delivery could be improved. In short, patients felt services should put people at the heart of decision-making surrounding care.

There were some negative comments regarding to entry into the healthcare system. Improvements in access to services were evident in the comments and suggestions made by both patients and staff.

### Coordination between services

A lack of coordination across healthcare services was a key concern for patients. This extended to the processes of patient discharge from where patients felt there was a slow transition from hospitals to community settings or home.

### Improving the general public's perceptions of services

There was also a divergence between the perceptions of some service providers – who might not perceive any real problem related to quality – and those perceptions of the patients.

## What does quality look like for patients?

The vast majority **(68%) of patients felt that trained and qualified staff** were the most important factors facilitating quality service provision. Patients wanted to be confident that staff training encompassed their emotional needs. Patients spoke of health professionals being able to understand their needs both clinically and emotionally.

This finding is supported by the fact that over half **(54%) of patients felt that having knowledgeable staff** was an important factor. This extended to the healthcare professionals who were providing treatments; both in terms of the knowledge they hold about their profession and also the knowledge they hold with respect to the particular communities they serve. This gave patients a sense of reassurance.

Other features indicated being **Helpful (51%), friendly (49%) and caring (49%) staff** was also considered to be important factors for patients. These descriptions of a quality service featured highly across responses.

Alongside this, **46% of patients felt that communication and information sharing** between healthcare systems and between healthcare systems and the patient themselves, was an important factor.

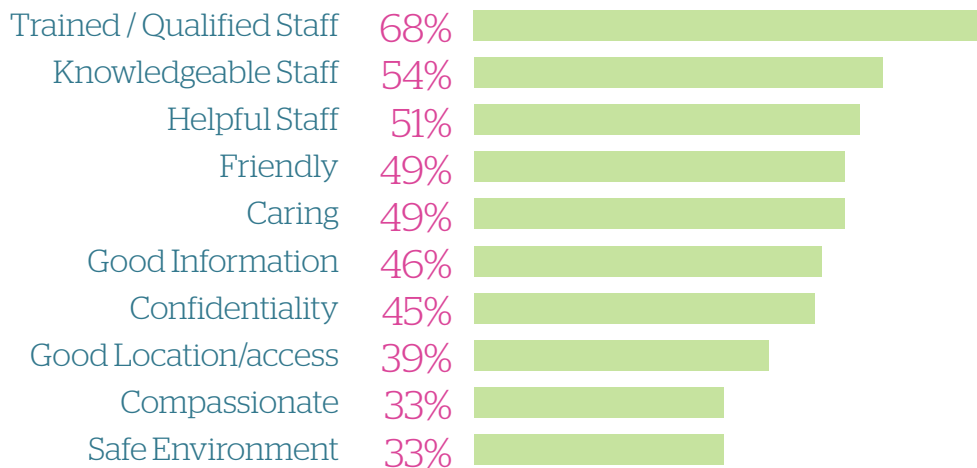
**Confidentiality (45%) and accessibility (39%)** were also found to be highly important.

We also noted that quality service provision looks different for particular 'communities of interest'.

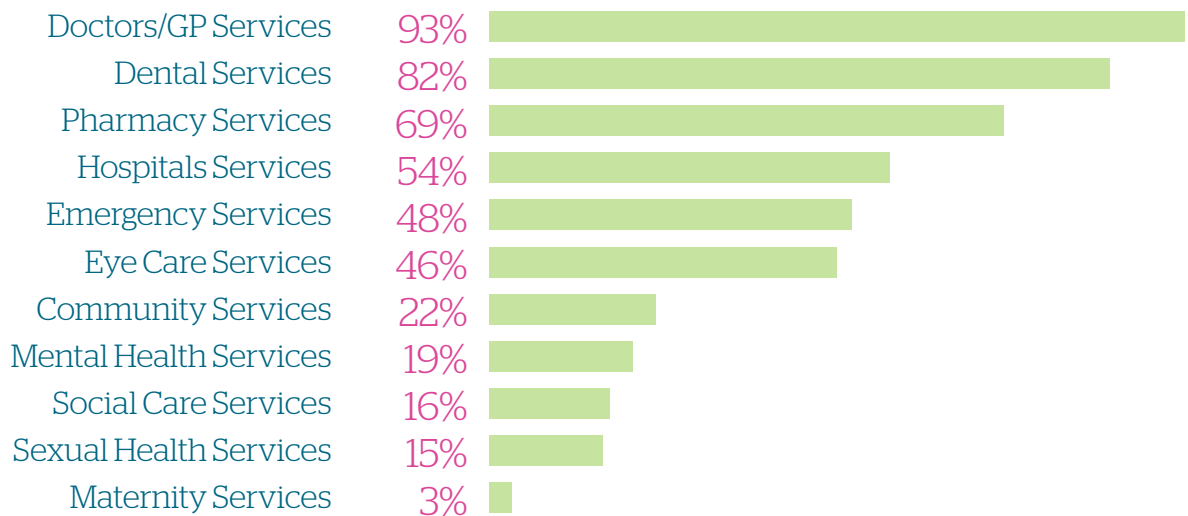
- Patients who identified as Lesbian, Gay, Bisexual or Transgender (LGBT) rated confidentiality 15% higher than overall respondents.
- Children and young people under the age of 25 valued confidentiality 16% more of an important factor in facilitating quality service provision. This group also considered the caring (67% which is 18% higher than the overall responses) and friendly (61% which is 12% higher than the overall responses) nature of staff to be important factors.
- Patients who reported a learning difficulty or disability placed emphasis on staff being adequately trained in responding to a person's disability.



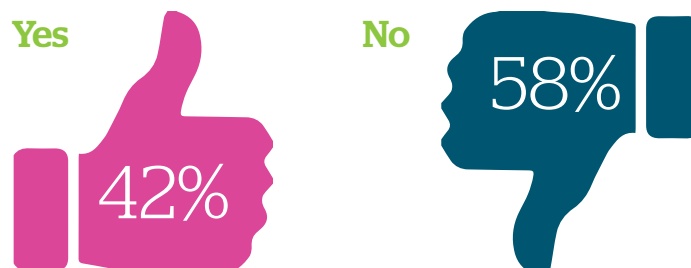
## When you think about receiving a good service, how would you describe it?



## Do you use any of the following services?



## Do you think those that deliver services listen to the public's opinions when attempting to improve services?





## What will we do with this report?

- We will share our findings with public and statutory stakeholders and partners, both at county and district levels including councillors and MP's.
- We will use it to influence service provision in conjunction with other Healthwatch Leicestershire reports; and to strengthen the public voice at a strategic level, through Healthwatch Leicestershire representation.
- We will share it with Healthwatch England so that the feedback can help to form a national picture around the quality of healthcare services.

## Recommendations

We propose a set of workable recommendations. These include:

- 1. Workforce** - Training of healthcare staff and existing strategies for staff development should continue to be supported and extended with a specific focus on local knowledge. Given that highly trained, qualified and knowledgeable staff were the most important factors reinforcing notions of quality for patients, it is important to continue driving development across the healthcare workforce.
- 2. Client focus** - Targeted work aimed at specific vulnerable or marginalised patients. Vulnerable groups of patients are more affected by issues around patient confidentiality. More research is needed in this area, followed by targeted intervention work with the identified groups to ensure healthcare is accessible for all.
- 3. Transparency and candour** - Better transparency on the performance of healthcare services and adequate resourcing of marketing campaigns with a focus on enhancing the credibility of healthcare services. We found that negative perceptions undermined notions of quality, which may well affect a patient's decisions to access healthcare services.







# Main Findings

## Overall patient experience

Overall, patients had a highly positive attitude to the health and social care system. There was a general sense that patients valued the principles of the NHS both in terms of the ability to access healthcare and the quality of services being provided. This feeling was reflected in both the survey work and through group meetings with key stakeholders.

Opinions expressed included:

"I am a strong believer in the NHS. I believe in it as a principle and love the fact that we have one and we should take care of it as an institution"

"I have received excellent care in my lifetime"

"Staff generally are trying to do a good job but the system as a whole does not always help"

"I need more support because I have mental health issues, so far the support is good"

As expected, patients utilised a range of healthcare services from Doctors/GP services (cited by 93 per cent of patients), to services accessed in the community (cited by 22% of patients).

## A range of other services were accessed by patients including:



82%

Dental Services



48%

Emergency Services



16%

Social Care Services



69%

Pharmacy Services



46%

Eye care Services



15%

Sexual Health Services



54%

Hospitals



19%

Mental Health Services



3%

Maternity Services



## What improvements could be made for patients?

Patients provided a number of suggestions for improvement based on their experience of different healthcare services.

### Access to services

There was an obvious connection between the experience of the patient and suggestions for improvement regarding the quality of service design and delivery. Indeed, patients made a number of suggestions for the ways in which service delivery could be improved, particularly relating to access to healthcare services. A comment made by one patient summed up the concerns in relation to healthcare access:

“More flexible appointment times. Sometimes it is a long time before a doctors appointment becomes available. This isn't helpful and is not for the benefit of the patient.”

There is no doubt that concerns around access to healthcare (namely GP appointments) is an issue. Many patients did not understand the reasons why it was so difficult to access GP services in particular (depending on which GP surgery they belonged to). Knowing the reasons behind the issue often helped to dilute any negative feedback. To this end, improving communications would go some way in helping patients understand the issue.

### Better Coordination

Patients expressed a number of concerns regarding the lack of coordination across the health and social care sector. One patient gave this account, placing emphasis on the need for a joined up system:

“I have experienced reluctance by social care providers to consider input from health practitioners when assessing social care needs.”

Another patient told us:

“A neighbour who has severe Multiple Sclerosis now travels to their regular appointments by self-funded taxi because using ambulance transport means that they would spend a full and very tiring day away from their home for a 15-minute appointment”.

Patients also expressed their frustrations regarding a slow discharge process and transition from hospital to a community setting or home.

### Improving perceptions

The credibility of a service is influenced by a person's perception of it. For example, patients make a judgement about the credibility and quality of service provision based on the public perception. In many cases what the patient perceives is not the actual case, but due to limited information an opinion is formed, which may well influence a patient's decision to access healthcare services.

In our survey, 58% of respondents thought that those who deliver services would not listen to the public's opinions when attempting to improve services. Many respondents to this question were skeptical that their comments would not lead to any meaningful change. One respondent said:

“Their concerns are mainly financial not customer focused”.

There was also a general feeling among patients that their suggestions for improvement would not be considered and that decisions had already been formed before asking members of the public.

“Individual staff may listen and provide for individual needs but perhaps it's the contracts that aren't specific enough to include effectiveness of provision. If providers were accountable for effectiveness of what they do, they may want to do the right thing”.





## What does quality mean for patients?

We asked respondents to identify, describe and prioritise six attributes they look for in a good service, the top six were as follows:

1. **68% of respondent's valued trained/qualified staff** – Patients felt that it was very important for professionals to be adequately trained and qualified. This provided an extra level of security and confidence in the person treating them. Comments related to better-trained staff also made reference to administration and support staff.
2. **54% of respondent's valued knowledgeable staff** – Patients wanted to be reassured that those who are providing treatments were not only knowledgeable about their profession but also knowledgeable about the communities they serve.
3. **51% of respondent's valued helpful** – Patients mentioned that having helpful staff at a time when they are feeling most vulnerable could help to aid their recovery. Often this help was related to quick access to medications, help in accessing appointments, signposting to other services that may be beneficial, and explaining the reasons behind decision-making.
4. **49% of respondent's valued friendly staff** – Patients spoke of the need for an improved and consistent bedside manner. Patients felt rushed within appointments, and also mentioned that the role of receptionists is vital to portraying a friendly service.

5. **49% of respondent's valued caring** - Patients wanted more compassion and care, and to feel that their individual needs were considered as important. Often, if the health professionals displayed compassion even with bad news, the patient's opinion of the care received would be improved.

“A more personal touch, feeling you are known and understood”.

6. **46% of respondent's valued good information** – As conditions become more complicated, patients felt that the sharing of good clear information was vital. Providing information at the right time in the right place is a common theme from patient feedback.

It is noted that many of the above choices relate to things that the patient can see and feel on the front line and which directly influence their experience. The things that were of less importance were back office functions such as meeting targets (6%) and good administration (11%).

“I was a receptionist and often the service that the patient receives and the extent to which you are prepared to go to try and get them an appointment, depends on your own stress levels and your fear of getting told off by the doctors for allowing extra patients to be added to their schedule. Improving this aspect of frontline service would subsequently improve the patients' experience”.





# Communities of interest

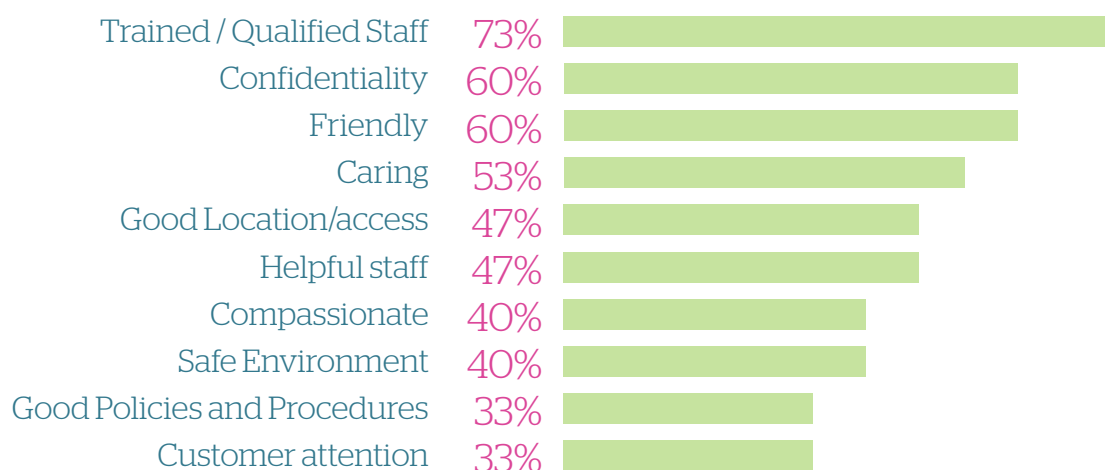
## Lesbian, Gay, Bisexual and Transgender (LGBT)

We attended the Leicester Pride Festival in August and captured the views of 15 people from the LGBT community.

When we asked which services they used a third (33%) told us they use Mental Health Services (as opposed to 19% of the total respondents to the survey), and a third (33%) use Sexual Health Services (in comparison to 15% of the total responses).

We asked respondents to identify, describe and prioritise up to six attributes they look for in a good service, we have highlighted the top ten as follows:

### When you think about receiving a good service, how would you describe it?



### Do you use any of the following Health services?

we have highlighted the top six as follows:



100%

Dental Services



47%

Emergency Services



80%

Hospitals



93%

Pharmacy Services



53%

Eye care Services



33%

Sexual Health Services



## Do you think those that deliver services listen to the public's opinions when attempting to improve services?



Patients who identified as Lesbian, Gay, Bisexual or Transgender (LGBT) were 15% more likely to feel that confidentiality was an important factor facilitating quality service provision.

In addition, more than half (53%) of respondents thought that those who deliver services would not listen to the public's opinions when attempting to improve services. One respondent said:

"I feel that the NHS has become too much about managers and targets at the expense of good quality care".

A common theme that emerged from this group of individuals was a desire for health professionals to be better educated about LGBT communities and issues. They felt that their issues and barriers to accessing services could be better understood. In addition they conveyed the feeling that the care provided could be more personalised and that professionals could empathise with the patients concerns.

"Better educated staff specifically around LGBT"





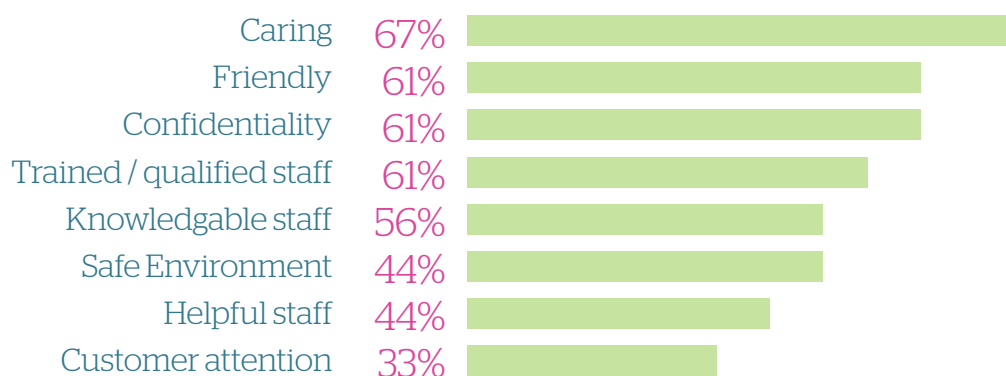
## Children and Young People under 25 years of age

We captured 18 responses to the online survey from children and young people under the age of 25 years old (these responses equate to 26% of the sample size for this report). The results indicate that one in three of the young people that responded to the survey use mental health services and 33% use sexual health services. Again, these figures were higher than the overall responses.

We asked respondents to identify, describe and prioritise up to six attributes they look for in a good service, we have highlighted the top four as follows and a table below showing the top eight:

1. **67% caring - (18% higher than overall)**
2. **61% confidentiality - (16% higher than overall)**
3. **61% friendly staff - (12% higher than overall)**
4. **61% trained/ qualified staff - (7% lower than overall)**

### When you think about receiving a good service, how would you describe it?



### Do you use any of the following Health services?

We have highlighted the top seven as follows:



94%

Dental Services



94%

Pharmacy  
Services



72%

Eye care  
Services



67%

Hospitals



56%

Emergency  
Services



39%

Mental Health  
Services

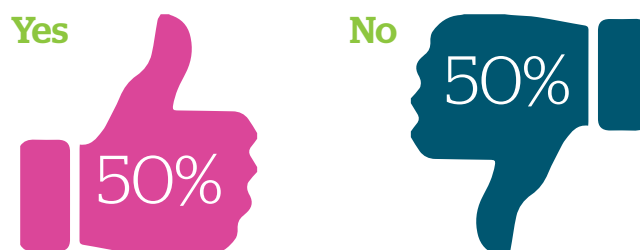


17%

Community Services



## Do you think those that deliver services listen to the public's opinions when attempting to improve services?



The focus on caring staff, friendly and confidentiality staff was significantly higher than the overall total, as displayed above. Our general engagement with young people reflected these findings as many people told us that they wanted conversations with doctors or nurses to remain confidential. Young people also wanted to be understood and not felt judged, which is reflected in the higher number of those that valued caring staff.

One individual told us:

“I want to feel like an individual not a number”.

Nine out of 18 (50%) thought that those who deliver services would not listen to the public's opinions when attempting to improve services. Traditionally, young people's views have been sought to already formed questions or in regards to youth issues in isolation, which undermines young people's self-efficacy and sense that they can make a difference. Again, Healthwatch Leicestershire engagement has found that some young people feel their voice is not as important. As one young person illustrates below:

“I think that these health services already have a picture in their minds about what they feel should be done in order to improve services and the public's opinion has little impact on that. For instance recently, a petition was signed by hundreds of thousands asking for the age of screening for cervical cancer to be lowered and without much consideration was dismissed as there was no evidence to suggest that lowering the screening age would have any positive impact. No commitment was even made to investigate this”.

Another young person said:

“I don't feel that healthcare professionals, particularly GP's take young people seriously enough because statistically they are less at risk”.



## Focus Groups

Healthwatch Leicestershire worked closely with Vista, a local leading charity to gather insight from their service users. We held focus groups with people experiencing sight loss, poor mental health, dementia, dual sensory impairments and learning difficulties.

A total number of 58 service users attended these sessions.

These sessions were held as separate group exercises in four different locations across Leicestershire, which included:

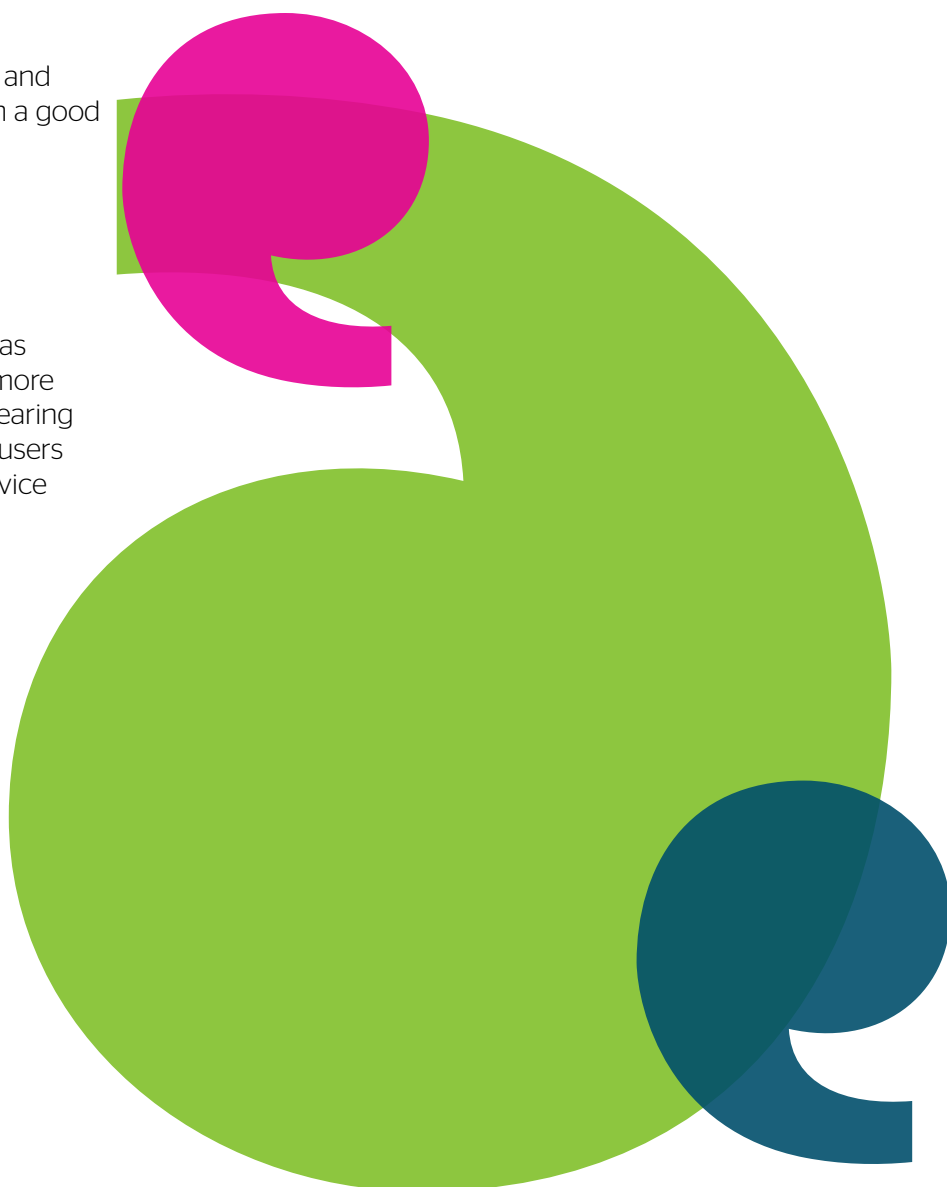
- Charnwood
- Hinckley & Bosworth
- North West Leicestershire
- Blaby

We asked respondents to identify and describe attributes they look for in a good service, the top two were:

- Caring
- Safe environment

Service users spoke of staff being able to communicate at all levels, as communication was considered more difficult for those suffering from hearing loss. Other attributes that service users told us best described a good service were:

- Friendly
- Good location
- Compassionate
- Good use of technology







**The common theme that arose when we asked, what would make the service they receive better was communication, both verbally and written. Shorter waiting times for treatments was also part of the feedback received.**

Many of the individuals that were part of these focus groups classed themselves as rurally isolated.

The majority of the groups thought that those who deliver services would not listen to the public's opinions when attempting to improve services. Individuals were aware or had seen many cuts to services, which had dampened their confidence of having their voice, heard and acted up on.

"We don't know what we would do without Vista rehab services"

"Rather be a patient than a number"





Patient Views on Quality of Services

**healthwatch**  
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