

Jersey Care Commission Patient Experience Evaluation

Chief Inspector
December 2022

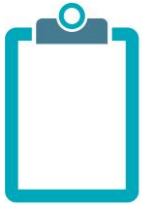
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Background



Jersey Care Commission independent statutory authority. Regulation & maintain register of professional staff.



Petition response 7 March 2022 tasked carry out survey, ascertain Islanders experiences.



Adult users inpatient, maternity, urgent and emergency care, community mental health services conducted by renowned Picker Institute Europe on behalf of the Commission.



September - October 2022. Sample of more than 4,000 people experienced care provided general hospital, maternity, and community mental health services three months prior to survey received postal questionnaire.



Provides valuable understanding quality of care currently being provided. Results, published will help the Commission prepare for future inspections....*not the whole picture.*

Methodology

Survey Development

Four questionnaires developed: one per service (inpatient, maternity, urgent and emergency care, and community mental health). Development focused around adapting questionnaires to Jersey Health and Social care model as well as to meet two further requirements:

- Creating a core set of questions that were standardised across all four questionnaires to allow for inter-service comparisons (not all the core questions were present in all questionnaires due to the heterogeneity of target groups), including socio-demographics.
- Retaining a selection of questions from the CQC Patient Survey Programme to allow for benchmarking of Jersey Care Commission services against those in England

Outpatient services were not included in the evaluation because there isn't a current CQC Outpatient survey (it last ran in 2011 meaning it would have required significant work to ensure it was relevant to current care provision).



Methodology

Eligibility/ Sampling Approach

- Only adults (aged 18 and above) were invited to take the survey. Sampling timeframes and number of patient records per sample. The data set based on episodes, not people.

Service Type	Time Period for Eligibility	Sampling Methodology	Number in Sample
Community Mental Health	May – July 2022	Simple Random Sampling	1250
Inpatient	May – July 2022	Census	1103
Maternity	August 2021 – July 2022	Census	699
Urgent Emergency Care	May – July 2022	Systematic random sample, date sorted	1250

Methodology

Survey Implementation

- Survey used a mixed mode methodology. Sent by post with option to complete online.
- Online survey hosted in Qualtrics and provided in English, Portuguese and Polish.
- Paper questionnaire was available in English only.

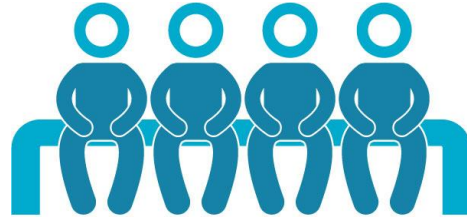
Survey Timings

- Survey fieldwork took place September and October 2022.



Methodology

Analysis and Reporting



Core questions asked across all services, data presented by service. Service-specific questions, data benchmarked against CQC national patient survey programme in England. CQC comparable data as follows:

- Inpatient Survey 2021
- Maternity Survey 2021
- Urgent and Emergency Care Survey 2020
- Community Mental Health Survey 2021

Survey Activity

Response rates

This report outlines the results from **1364** respondents, which represents a **32%** response rate (from sample of 4302 sent a survey). Responses are comprised of:



Inpatient

461

(**42%** response rate, base n=1103)

Maternity

228

(**33%** response rate, base n= 699)



Urgent and Emergency

Care

379

(**30%** response rate base n=1250)



Community Mental Health

Services

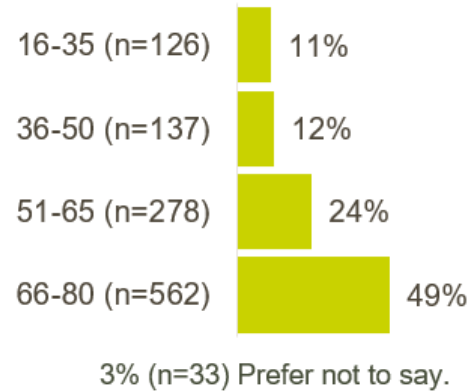
296

(**24%** response rate, base n= 1250)

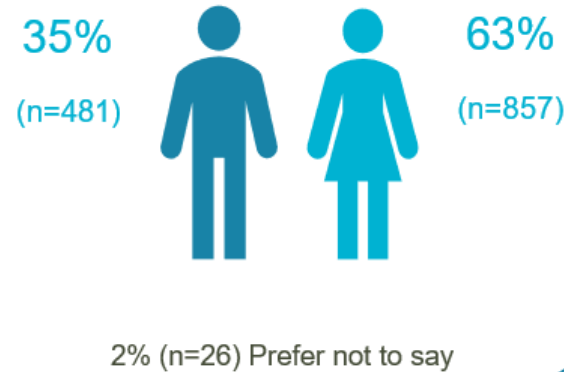


Survey Activity

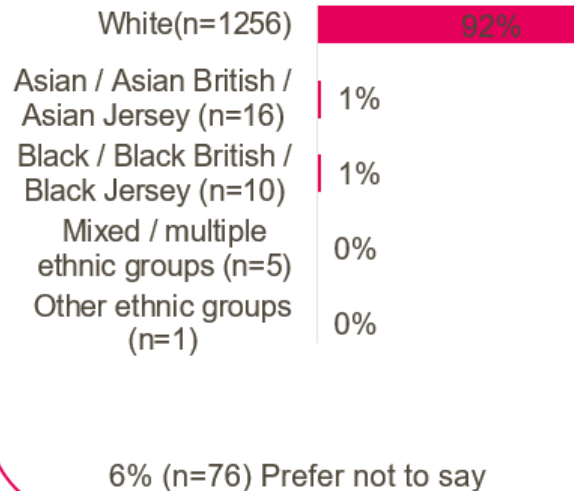
Age



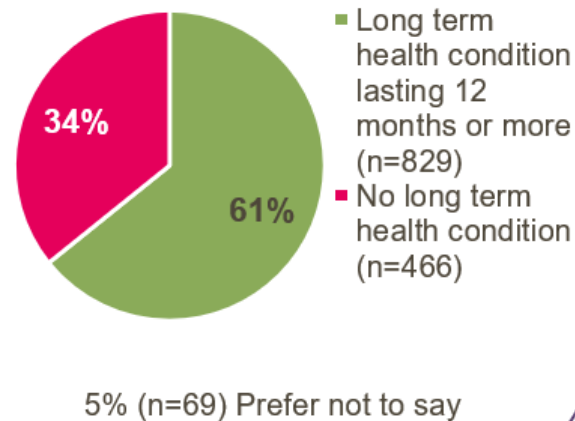
Gender



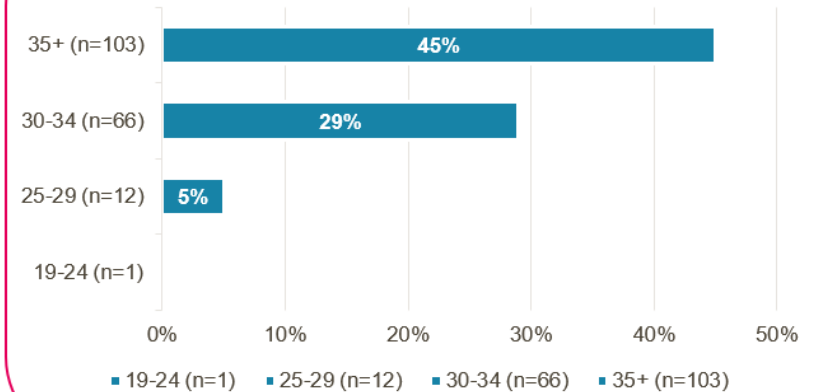
Ethnicity



Health condition



Age (Maternity)



Part 1

Core Questions

Results core questions asked across all services, allow comparisons service type.

Sections based around overall experience of care and Picker principles of person-centred care¹:

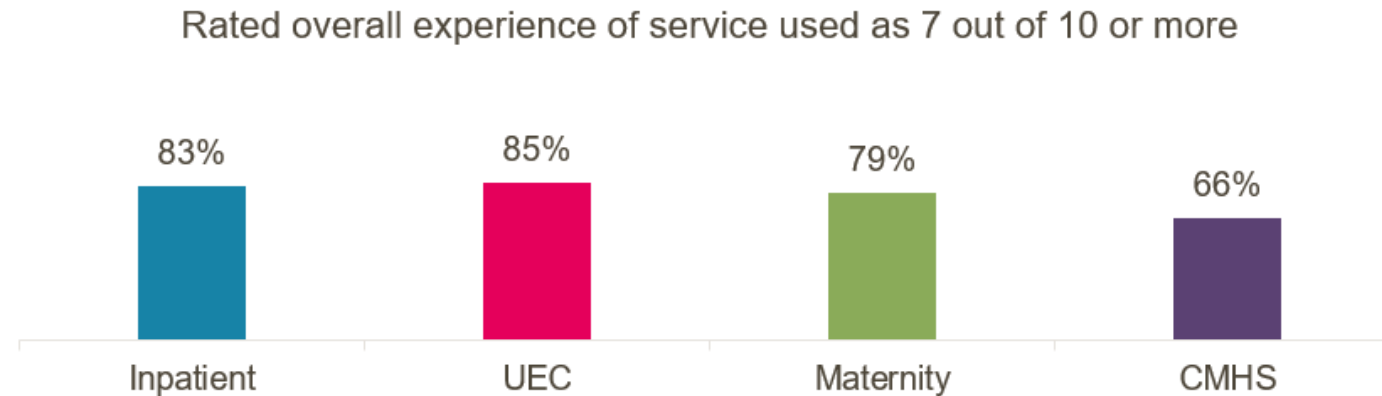
- Fast access to reliable health advice
- Clear information, communication, and support for self-care
- Effective treatment by trusted professionals
- Involvement in decisions and respect for preferences
- Emotional support, empathy, and respect
- Attention to physical and environmental needs
- Involvement and support for family and carers

¹ <https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/>

Overall experience of care

When asked rate overall experience of care, many respondents rated their experience positively. Greatest percentage of positive responses from UEC patients (85% rating their overall care as 7 or more out of 10, n=322) followed by Inpatient at 83% (n=379).

Positive scores for core question relating to overall experience of service used

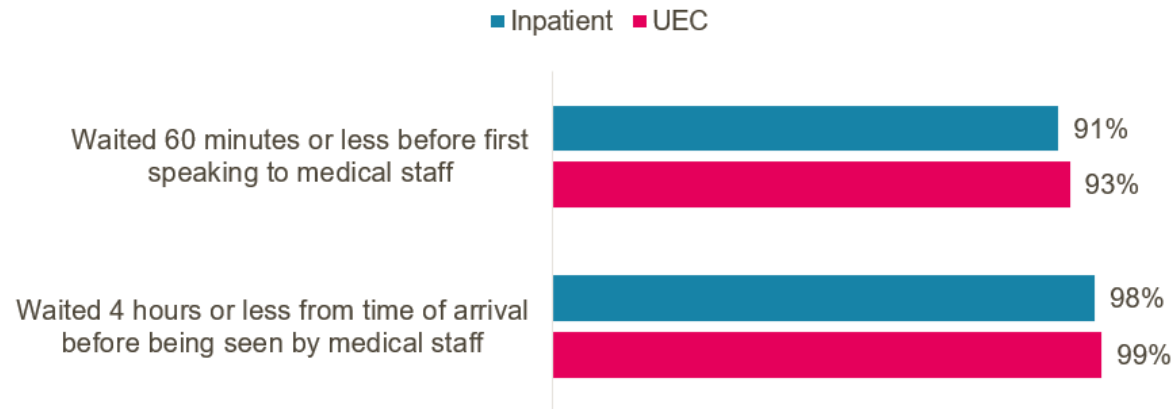


Base: Inpatient n=454; UEC n=377; Maternity n=226; CMHS n=280

Fast access to reliable health advice

- Questions about access to services asked to Inpatient and UEC patients. Higher proportion UEC respondents (93%; n=341) reported waited 60 minutes or less before speaking to medical personnel compared to inpatient (91%; n=385). 99% (n=360) of UEC patients waited 4 hours or less before medical staff attended to them compared to 98% (n=415) of Inpatient respondents.

Positive scores for core questions relating to fast access to reliable health advice



Base in order of questions as shown in Figure 2: Inpatient n=421, n=424; UEC n=365, n=363

Clear information, communication, and support for self-care

Respondents reported range of experiences when it came to the provision of information and support for self-care.

For example, 99% (n=301) Inpatient respondents understood what they should or should not do after leaving hospital relative to 89% (n=269) of UEC patients.

Only 36% (n=74) of Maternity respondents believed that staff did not contradict each other.

Positive scores for core questions relating to clear information, communication and support for self-care

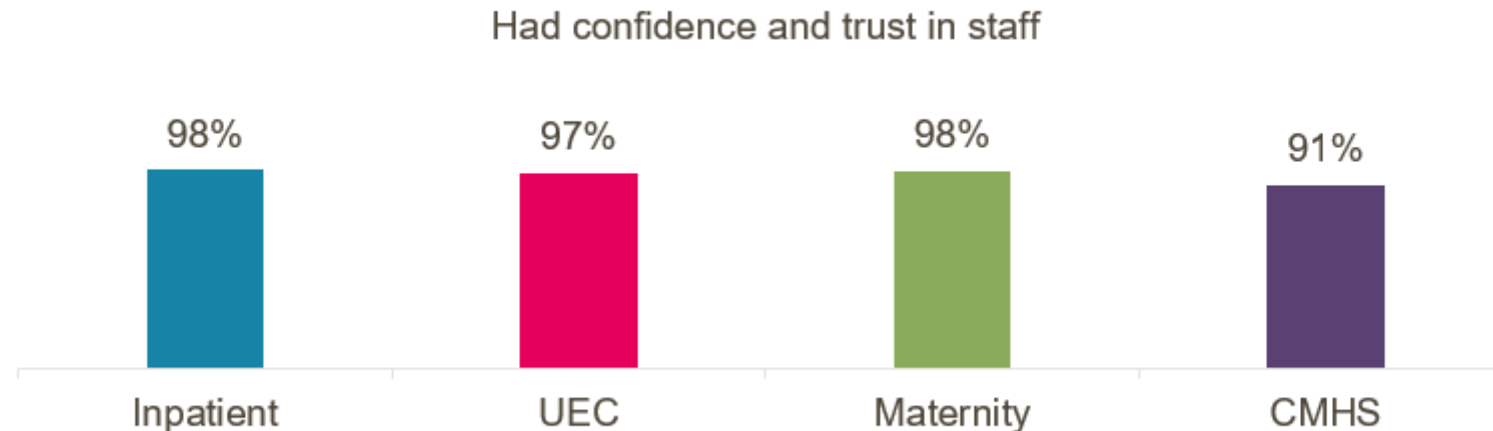


Base in order of questions as shown in Figure 3
Inpatient n=416, n=416, n=441, n=303, n=414, n=417
UEC n=346, n= 353, n=370, n= n=302, n=249, n=302
Maternity n=226, n= 205, n=226, n= 216
CMHS n=271, n=245, n=274, n=283

Effective treatment by trusted professionals

Majority of respondents across all 4 surveys had confidence and trust in staff (ranging from between 91% and 98%)

Positive scores for core questions relating to effective treatment by trusted professionals



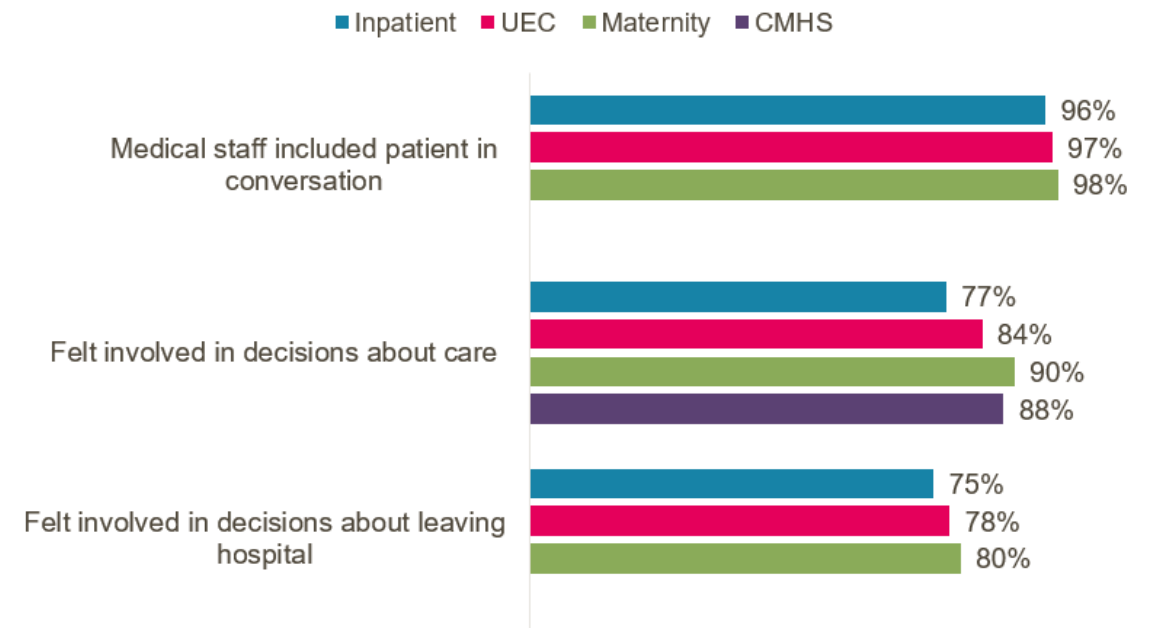
Base: Inpatient n=458; UEC n=377; Maternity n=227; CMHS n=281

Involvement in decisions and respect for preferences

Majority respondents across services felt they were involved in making decisions regarding their care.

When asked if they felt involved in decisions about care, 90% (n=204) of Maternity patients agreed when compared to Inpatient (77%; n=340) respondents.

Positive scores for core questions relating to involvement in decisions and respect for preferences



Base: In order of questions as shown in Figure 5

Inpatient n=450, n=440, n=440

UEC n=371, n=361, n=298

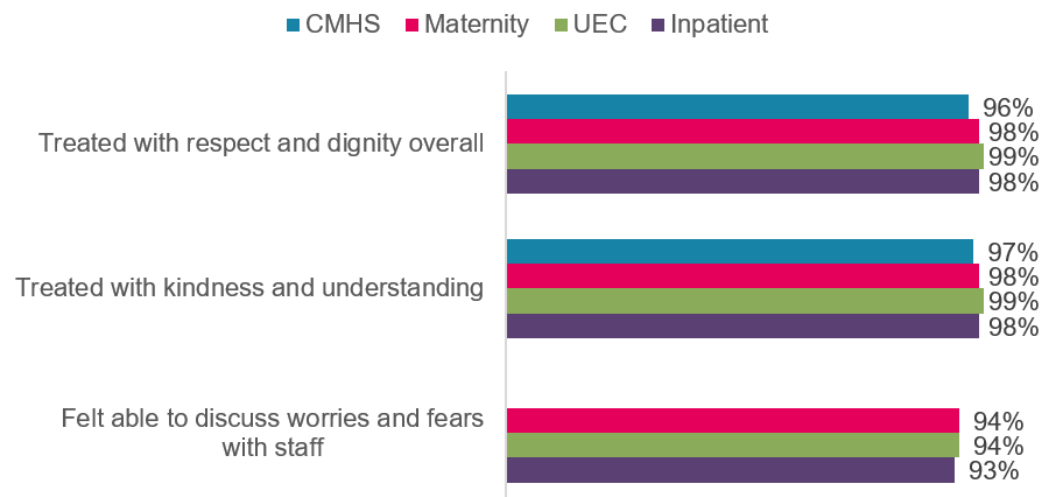
Maternity n=226, n=226, n=220

CMHS n=198

Emotional support, empathy and respect

- Responses about emotional support, empathy and respect were generally quite positive. Over 90% of respondents across all services said treated with respect and dignity and able to discuss worries and fears with staff (although the latter question was not asked to CMHS)

Positive scores for core questions relating to emotional support, empathy and respect



Base in order of questions as shown in Figure 6

Inpatient n=409, n=454, n=456

UEC n=311, n=372, n=376

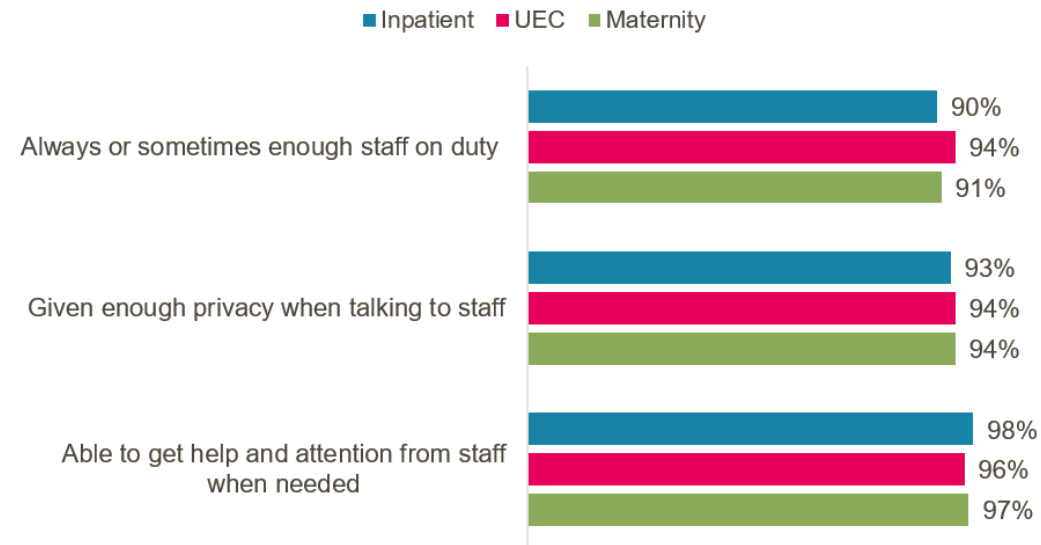
Maternity n=224, n=226, n=225

CMHS n=280, n=280

Attention to physical and environmental needs

- Majority of Inpatient (98%; n=411), Maternity (97%; n=215) and UEC (96%; n=253) respondents agreed they were able to get help and attention from staff when needed.
- Responses were also positive regarding staff availability and privacy

Positive scores for core questions relating to attention to physical and environmental needs



Base in order of questions as shown in Figure 7

Inpatient n=458, n=443, n=420

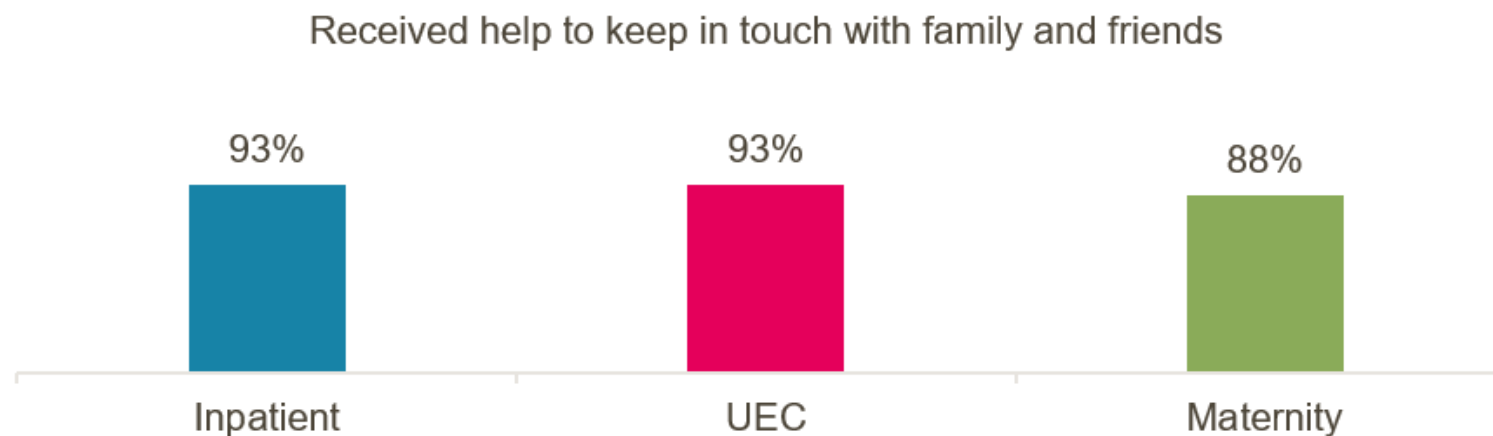
UEC n=374, n=370, n=264

Maternity n=227, n=226, n=222

Involvement and support for family and carers

- Large proportion of respondents across three services said that they received help to keep in touch with friends and family (Inpatients: 93%; n=226, UEC: 93%; n=82, Maternity: 88%; n=100).

Positive scores for core questions relating to involvement and support for family and carers



Base: Inpatient n=243; UEC n=88; Maternity n=114

Part B Service-specific results

- Headline results from service specific questions asked separately to Inpatients, Maternity patients, UEC patients and CMHS patients.
- Scores compared to results from the Care Quality Commission Patient Survey Programme in England (CQC).
- Calculated from the difference between the Commission's and the CQC data with the biggest differences highlighted in this section of the report.



Inpatient survey



- CQC data comparisons are from the adult inpatient survey 2021.
- For more information see <https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2021/>
- **Inpatient Outcomes:**
 - **95%** (n=425) respondents reported their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q45)
 - **79%** (n=358) of respondents rated their health **better** as a result of their hospital visit (Q46)

Inpatient survey

Inpatient survey – Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Room or ward very or fairly clean (Q10)	98%	97%
Staff helped to control your pain (Q24)	98%	97%
Beforehand, how well did staff answer your questions before procedures were answered well (Q27)	97%	96%
Got enough support from health or social care services after discharge (Q41)	78%	77%

Inpatient survey – Bottom scores vs. CQC

Bottom 5 scores vs. CQC	The Commission	CQC
Did not mind waiting as long as did for admission (Q2)	44%	66%
Asked to give views on quality of care during stay (Q44)	6%	13%
Staff explained reasons for changing wards at night (Q9)	75%	81%
Food was very good or fairly good (Q11)	64%	70%
Family or home situation considered at discharge (Q31)	77%	79%

Urgent and Emergency Care Survey



- Urgent and Emergency Care (UEC) survey at the Commission. It also displays the top and bottom scores compared to data from the CQC Urgent and Emergency care survey 2020.
- For more information see <https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2020/>
- **Urgent and Emergency Care Survey Outcomes**
 - **94%** (n=343) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q50)
 - **67%** (n=243) of respondents rated their health **better** as a result of their hospital visit (Q51)

Urgent and Emergency Care Survey

Urgent and Emergency Care survey – Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Received test results before leaving A&E (Q28)	88%	80%
Waited 60 minutes or less before speaking to medical staff (Q7)	93%	87%
Understood why tests were needed (Q27)	97%	92%
Informed how long would need to wait (Q9)	49%	45%
Did not feel threatened by other patients or visitors (Q33)	97%	94%

Urgent and Emergency Care survey – Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	CQC
Able to get suitable food or drinks (Q34)	41%	68%
Able to get help whilst waiting (Q10)	53%	59%
Told how would receive the results of tests (Q30)	48%	53%
Staff discussed need for further health/social care after leaving A&E (Q46)	74%	78%
Expected care and support available after leaving A&E (Q47)	74%	78%
Told side-effects of medications (Q41)	54%	58%

Maternity Survey



- Results from Commission's maternity survey and provides comparisons against CQC maternity survey 2021.
- For more information see <https://nhssurveys.org/surveys/survey/04-maternity/year/2021/>

Maternity Survey Outcomes

- **98%** (n=211) of respondents reported received **helpful** antenatal advice for supporting their own physical health (Q7) and **97%** (n=190) for supporting their own mental health (Q8)
- **94%** (n=205) of respondents reported they received **helpful** postnatal advice from a midwife or health visitor for supporting their own physical health (Q40) and **92%** (n=191) for supporting their own mental health (Q41)

Maternity Survey

Maternity survey – Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Felt midwives aware of medical history (postnatal) (Q30)	89%	73%
Given enough information where to have baby (Q1)	91%	77%
Felt GP talked enough about physical health during postnatal check-up (Q38)	78%	65%
Partner / companion involved (during labour and birth) (Q14)	95%	85%
Felt midwives or doctor aware of medical history (antenatal) (Q2)	91%	83%

Maternity survey– Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	CQC
Able to ask questions afterwards about labour and the birth (Q17)	76%	77%
Staff asked about mental health (postnatal) (Q33)	94%	95%

Community Mental Health Services (CMHS) Survey

- Results from the Community Mental Health Services survey at the Commission and provides some comparisons against data from the CQC community mental health survey 2021.
- For more information <https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2021/>

CMHS Survey Outcomes

- **86%** (n=243) of respondents reported that their most recent appointment was **helpful** in helping with their mental health needs (Q44)



Community Mental Health Services (CMHS) Survey

CMHS survey – Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Family member or someone else close has been involved as much as much as would like (Q41)	83%	79%
Treated with respect and dignity overall (Q42)	96%	91%
Rated overall experience as 7/10 or more (Q43)	66%	62%

CMHS survey– Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	CQC
Know who to contact during crisis (Q25)	53%	71%
Involved in talking therapies as much as wanted to be (Q35)	83%	87%
Talking therapies explained in a way that was understood (Q34)	92%	96%
Got help needed when contacting crisis staff (Q13)	87%	91%
In last 12 months, has had a care review meeting (Q23)	59%	62%

Conclusions - Core questions



Overall Experience

83% (n=379) of Inpatient, **85%** (n=322) of UEC, **79%** (n=178) of maternity and **66%** (n=184) of CMHS respondents said that they **had a positive experience of care overall**.



Fast access to reliable health advice

91% of Inpatient (n=385) and **93%** (n=341) of UEC respondents said that that they **waited 60 minutes or less before speaking to medical staff**.



Clear information, communication, and support for self-care

96% (n=401) of Inpatient, **99%** (n=341) of UEC, **98%** (n=221) of Maternity and **96%** (n=249) of CMHS respondents said that **questions were answered in a way that they understood**.



Effective treatment by trusted professionals

98% (n=450) of Inpatient, **97%** (n=366) of UEC, **98%** (n=222) of Maternity and **91%** (n=256) of CMHS respondents reported that they **had confidence and trust in staff**.



Involvement in decisions and respect for preferences

77% (n=340) of Inpatient, **84%** (n=303) of UEC, **90%** (n=204) of Maternity and **88%** (n=174) of CMHS respondents said that they **felt involved in decisions about care**.



Emotional support, empathy, and respect

98% (n=446) of Inpatient, **99%** (n=371) of UEC, **98%** (n=220) of Maternity and **96%** (n=268) of CMHS respondents reported that they were **treated with respect and dignity overall**.



Attention to physical and environmental needs

98% (n=411) of Inpatient, **96%** (n=253) of UEC, and **97%** (n=215) of Maternity respondents said that they were **able to get help and attention from staff when needed**.



Involvement and support for family and carers

93% (n=226) of Inpatient, **93%** (n=82) of UEC, **88%** (n=100) of Maternity respondents said that they **received help to keep in touch with family and friends**.

Conclusions - Service specific questions



Inpatient

95% (n=425) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q45).



Urgent and emergency care

94% (n=343) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q50).



Maternity

98% (n=211) of respondents reported they received **helpful** antenatal advice for supporting their own physical health (Q7).



Community mental health services

86% (n=243) of respondents reported that their most recent appointment was **helpful** in helping with their mental health needs (Q44).

Conclusions

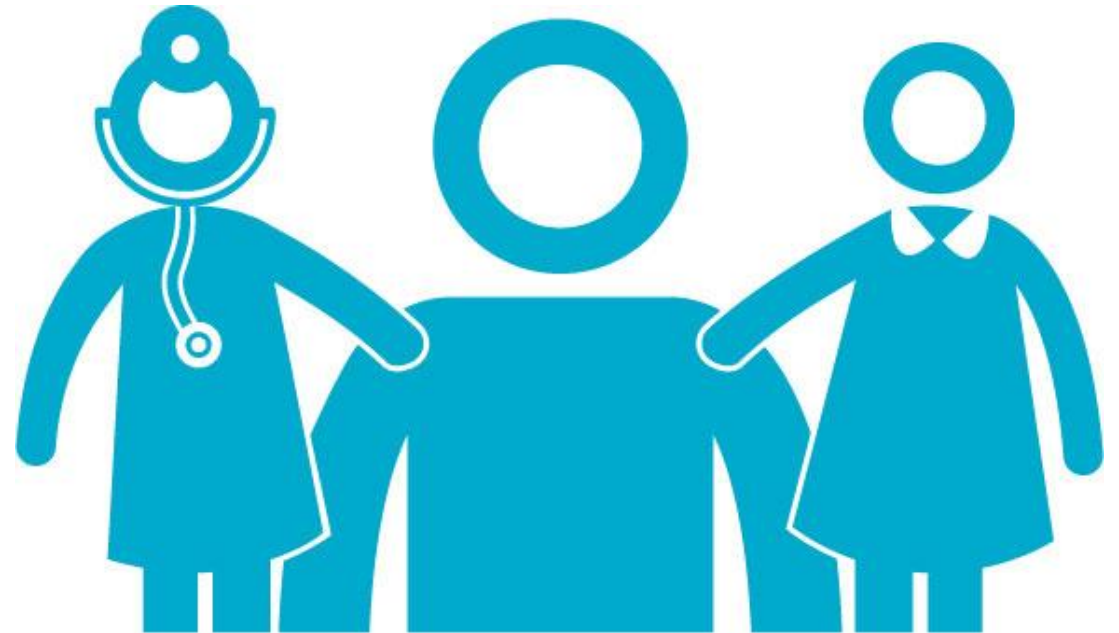
Valuable knowledge relating to patient experiences of care provision.

Some actionable highlights of results by service, including improving aspects of person-centred care:

- **Maternity** performed well; involving patients decisions and leaving hospital, and staff being aware of their medical history. Improvement required maternity staff not contradicting themselves. Concern also evident across CMHS and Inpatient staff, suggesting a need for clearer information provision and communication.
- **UEC** performed well many areas including overall experience of care, waiting times, patients being treated with respect and dignity and receiving test results before leaving. However, greater focus on provision of adequate food and other refreshments as these questions performed poorer than CQC data in England.
- **Inpatient** services also performed well with waiting times, patients being able to get help and attention, respect and dignity and overall positive experience of care. No evidence Inpatient service performed above CQC data, scores generally high. However, needs more support patients', greater involvement in decisions about care and leaving hospital after treatment.
- **CMHS** performed well in patients reporting questions being answered in way was understood. Exceeded CQC data in areas such as involving family members. However, room for improvement in knowing whom to contact in a crisis. Need to focus on improving overall positive patient experience within CMHS compared with other services. Also, providing patients adequate information to help facilitate contact during crisis should be prioritized.

Conclusions

- Significant uptake, people want a say! Future bench mark
- Results indicate people's experiences largely positive, key areas of improvement required.
- Clear patient feedback should be a key driver quality improvement within Health and Community Services. How the department acts on feedback, including complaints and survey findings, core element of future inspections.
- Systems in place to do this effectively, to demonstrate quality of leadership and how 'caring' and 'responsive' its care can be.
- The Commission would encourage Health and Community Services to reflect on findings to understand what patients really think about the care and treatment they provide, so that they can identify what is working well and what should change.
- <https://carecommission.je/wp-content/uploads/2022/12/JCC-Report-Publish-Copy.pdf>



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