

Subject:	National Cancer Survey 2011 - 12
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Presented by:	Julie Dawes, Director of Nursing
Purpose of paper	Discussion by the Board
Key points for Trust Board members	<p>The 2010 survey reported the Trust as being one of the poorest performing in the country. The 2011 – 12 survey reports a significant improvement in overall performance demonstrating the greatest improvement in all Trusts.</p> <p>In 2010 33/67 (49%) questions were rated as red (in the bottom 20% performing Trusts). This survey reports 20/70 (29%) questions remain rated as red.</p> <p>The Trust is recognised as having achieved the most improvement when benchmarked against all other Trusts.</p> <p>Fifty five (55) questions are directly comparable with the 2010 survey.</p> <ul style="list-style-type: none"> • 18 questions demonstrated an improvement of 5 points or more. • 36 questions remained the same (up to +/- 5 points) • 1 question deteriorated (Patient finds it easy to contact their CNS) <p>Greatest improvement was <i>“patients being told they could get free prescriptions”</i> (15% improvement).</p> <p><i>“Always/nearly always enough (nursing) staff on duty”</i> score improved from 46% to 52% but remains red.</p> <p>Day case/outpatient care rated amber for 5/7 questions, 2/7 red (pain control and emotional support)</p> <p>87% of patients reported their overall NHS care experience as excellent or very good.</p> <p>Core quality improvements have been identified. Clinical specialities are developing local action plans. Implementation and monitoring will be via the Cancer Steering Group.</p>
Options and decisions required	<p>To note the results of the report</p> <p>To note the quality improvement requirements and support the involvement of the Cancer Network.</p>
Next steps / future actions:	Detailed action plan to be developed by the Lead Cancer Clinician with support from the Lead Cancer Nurse and Head of Patient Experience.
Consideration of legal issues	

Consideration of PPI and Communications Implications?	Positive implications for improved performance since last survey but greater improvements needed.
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1. INTRODUCTION

This paper reports the results of the 2011 – 12 National Cancer Survey. It also provides a comparison of the Trust performance 2010 to 2012, a benchmark against other Trusts and outlines the plans for delivering further improvements.

2. THE SURVEY

2.1. Purpose

The Cancer Patient Experience Survey 2011/12 (CPES) follows the successful implementation of the 2010 CPES which was designed to monitor national progress on cancer care. In 2010, the Trust was reported as being in the lowest performing 20% in the country.

2.2. Survey Structure

The survey comprises 15 sections:

- Seeing your GP
- Diagnostic tests
- Finding out what was wrong
- Deciding the best treatment for you
- Clinical Nurse Specialists
- Support for people with cancer
- Cancer research
- Operations
- Hospital doctors
- Ward nurses
- Hospital care and treatment
- Information given to you before leaving hospital and home support
- Hospital care as a day patient/outpatient
- Care from your general practice
- Your overall NHS care

The survey also reports results by tumour group enabling speciality specific data to be extrapolated.

2.3. Participation

1365 eligible patients were sent a survey and 890 questionnaires were returned completed. The response rate of 71% was higher than the national rate of 68%. This level of response ensures reliability and validity of the results.

2.4. Data Presentation

The data is presented as a score for each question, compared against the range of results from all other trusts that took part in the survey. It is designed to help understand local performance and to identify areas for improvements.

The benchmark report has been subsequently supplemented by a patients comments report which provides transcriptions of written comments supplied by patients.

Results have been standardised to take into account the different profile of patients including age, gender and method of admission. This ensures accurate comparison of results from other trusts with different profiles of patients.

3. RESULTS

3.1. Interpreting the results

The results are reported by individual question, by section and by tumour group in the full report. Individual responses to each question are converted into a score on a scale out of 100%.

The report demonstrates significant improvements with the reduction of questions in which the Trust is reported in the bottom 20% of performing Trusts from 49% to 29% (for details see App I). This position however remains of concern and a continued focus to delivery further quality improvements is required (see section 4 for details).

3.2. Comparison with national in-patient survey results 2012

A total of 20 questions were reported in the bottom 20% (see App I). A comparison with the questions and results of the national in-patient survey reported in April 2012, established that there were some common themes:

- Information about medication side effects
- Involvement in decisions related to care and treatment
- Information and communication

Work is already in progress to address these issues Trust wide and therefore quality improvement requirements (QIR) reported below are specific to the cancer survey.

4. QUALITY IMPROVEMENT REQUIREMENTS (QIR)

This section describes the core areas for improvement across all specialities with actions and timescales, an approach to tumour specific improvements and key work streams the Cancer Network has been asked to support the Trust with.

4.1. Core Improvements

The QIRs (Table 1) are based on those questions to which patients responded negatively, and which are not being addressed by any other initiative.

QIR No.	Section	Improvement required	Action	Timescale
1	Clinical Nurse Specialists	To ensure that patients know the CNS in charge of their care, find it easy to contact them and feels they are listened to carefully.	With patients, review current systems and processes for: <ul style="list-style-type: none">• making them aware of who their CNS is• ensuring contacts are responded to in a timely manner• monitoring, reporting and acting on responsiveness feedback Amend or develop and implement systems to increase patient's ability to make contact with their CNS Provide demonstrable improvements in patient feedback.	31 Oct 12 30 Nov 12 31 Jan 13

2	Pain control	To ensure that patients feel that hospital staff did everything they could to control their pain.	Complete a baseline assessment of staff knowledge of pain control. Develop and implement a plan to improve staff knowledge with support from the pain and palliative care teams. Implement a robust system of monitoring pain control and responding to reports of pain.	31 Oct 12 30 Nov 12 Commencing 31 Oct 12
3	Emotional support	To ensure that hospital staff give patients enough emotional support.	Establish with patients, relatives and carers the principles that underpin emotional support. Communicate the agreed principles to all members of the MDT. Work with local and national support groups to ensure the provision of information for patients and families. Develop a system for the on-going monitoring of emotional support provided.	30 Nov 12 31 Dec 12 31 Dec 12 30 Nov 12
4	Written information	To ensure that patients are offered a written assessment and care plan	Working with patients and their families and carers: <ul style="list-style-type: none"> • Develop and implement a framework for the provision of this information in accessible and appropriate formats. • Monitor and report the provision of written assessments and care plans. 	31 Oct 12 30 Jan 12
5	Holistic care	To ensure that patients do not feel like a set of cancer symptoms.	Working with patients, relatives and carers: <ul style="list-style-type: none"> • Develop a definition of holistic care for cancer services for the Trust. • Provide information about support services and general health and wellbeing • Monitor and report on patient feedback 	31 Oct 12 31 Oct 12 30 Nov 12

4.2. Tumour Group Specific requirements

More detailed analysis of the report is required to establish the key areas for improvement by tumour group. This has been previously supported by the Cancer Network and this assistance has been offered this year. Details of the plan are awaited from the network.

4.3. Cancer Network support

The Cancer Network has been also asked to provide assistance for two key areas of work to support the delivery of quality improvements across the whole patient pathway.

- To support a review of all cancer related Clinical Nurse Specialist roles
- To provide detailed benchmarking of the Trust results with other comparable organisations to establish what is different locally.

4.4. Action plan development, implementation and monitoring

The Cancer Steering Group will have strategic responsibility for the development, implementation and monitoring of the core action plan and those developed by specialities. Specialities have been charged with developing actions plan by 10th October.

Lead operational responsibility lies with the Lead Cancer Clinician - Consultant Nurse Carmel Sheppard supported by the Lead Cancer Nurse – Helen Moorey. The Head of Patient Experience will provide the team with support and direction and ensure links with the other quality improvement work streams.

The Cancer Services Patient Experience Group will be reviewed from October to provide direct patient, relative and carer support to the clinical teams with a specific focus on the survey results.

Monitoring of improvement will be undertaken by the Cancer Steering Group. Specialities will be required to report on local progress and the Lead Cancer Clinician and Lead Nurse the core improvements. It is proposed that specialities also audit progress at 6 months.

The national survey has been undertaken bi-annually but has been suggested by the national survey provider that this will be repeated annually. The sample will be drawn from all in-patients from 1st September – 30th November. The publication of the results is expected in August 2013. With this delay, it is proposed to commission a survey provider to undertake a repeat survey from the same time period to provide a more timely indication of the likely results.

5. SUMMARY

The 2011 – 12 National Cancer Experience Survey showed a significant improvement in performance against the previous survey results. There remains however, an unacceptable number of questions reported as being in the bottom 20% of performing trusts.

A focussed approach on the delivery of the agreed quality improvement requirements is needed. Clear performance metrics and the support of the cancer network will enable the measurement of continuous improvement.

Sarah Balchin
Head of Patient Experience
13 September 2012

National Cancer Patient Experience Survey progress and benchmarks

Key

	In lowest 20%
	All others
	In top 20%

Number	Question	Trust 2010	Trust 2011/12	Position	Benchmark
Section 1	Seeing your GP				
Q01	Saw GP once/twice before being told had to go to hospital	75	74	→	
Q02	Patient thought they were seen as soon as necessary	75	83	↑	
Q04	Patient's health got better or remained about the same while waiting	75	79	→	
Section 2	Diagnostic tests				
Q06	Staff give complete explanation of purpose of test's)	72	81	↑	
Q07	Staff explained completely what would be done during test's)	79	86	↑	
Q08	Given easy to understand written information about test	81	86	↑	
Q09	Given complete explanation of test results in understandable way	70	78	↑	

Section 3	Finding out what was wrong with you				
Q11	Patient told they could bring a friend when first told they had cancer	71%	72%	→	
Q12	Patient felt they were told sensitively that they had cancer	81%	82%	→	
Q13	Patient completely understood the explanation of what was wrong	70%	71%	→	
Q14	Patient given written information about the type of cancer they had	62%	68%	↑	
Section 4	Deciding the best treatment for you				
Q15	Patient given a choice of different types of treatment	81%	84%	→	
Q16	Patient's views definitely taken into account by doctors and nurses discussing treatment	-	67%		
Q17	Possible side effects explained in an understandable way	67%	71%	→	
Q18	Patient given written information about side effects	77%	81%	→	
Q19	Patient definitely involved in decisions about care and treatment	62%	67%	↑	
Section 5	Clinical Nurse Specialist				
Q20	Patient given the name of the CNS in charge of their care	79%	81%	→	
Q21	Patient finds it easy to contact their CNS	69%	63%	↓	
Q22	CNS definitely listened carefully the last time spoken to	91%	89%	→	
Q23	Get understandable answers to important questions all/most of the time	87%	89%	→	

Section 6	Support for people with cancer				
Q24	Hospital staff gave information about support groups	74%	77%	→	
Q25	Hospital staff gave information on getting financial help	45%	49%	→	
Q26	Hospital staff told patient they could get free prescriptions	57%	72%	↑	
Section 7	Cancer research				
Q27	Taking part in cancer research discussed with patient	-	29%		
Q28	Patient glad to have been asked about taking part in cancer research	-	93%		
Q29	Patient would like to have been asked about taking part in cancer research	-	56%		
Section 8	Operations				
Q31	Admission date not changed by hospital	84%	89%	→	
Q32	Staff gave complete explanation of what would be done	80%	86%	↑	
Q33	Patient given written information about the operation	63%	72%	↑	
Q34	Staff explained how operation had gone in understandable way	69%	72%	→	
Section 9	Hospital doctors				
Q36	Got understandable answers to important questions all/most of the time	76%	82%	↑	
Q37	Patient had confidence and trust in all doctors treating them	79%	83%	→	

Q38	Doctors did not talk in front of patient as if they were not there	81%	84%	→	
Q39	Patient's family definitely had opportunity to talk to doctor	62%	60%	→	
Section 10	Ward Nurses				
Q40	Got understandable answers to important questions all/most of the time	64%	67%	→	
Q41	Patient had confidence and trust in all ward nurses	62%	63%	→	
Q42	Nurses did not talk in front of patient as if they were not there	82%	84%	→	
Q43	Always/nearly always enough nurses on duty	46%	52%	↑	
Section 11	Hospital care and treatment				
Q44	Patient did not think hospital staff deliberately misinformed them	84%	89%	→	
Q45	Patient never thought they were given conflicting information	71%	77%	↑	
Q46	All staff asked patient what name they preferred to be called by	-	53%		
Q47	Always given enough privacy when discussing condition/treatment	81%	85%	→	
Q48	Always being given enough privacy when being examined or treated	93%	94%	→	
Q49	Patient was able to discuss worries or fears with staff during visit	-	60%		
Q50	Hospital staff did everything to help control pain all of the time	83%	81%	→	
Q51	Always treated with respect and dignity by staff	76%	82%	↑	
Section 12	Information given to you before leaving hospital and home support				

Q52	Given clear written information about what should/should not do post discharge	76%	80%	→	
Q53	Staff told patient who to contact if worried post discharge	91%	92%	→	
Q54	Family definitely given all information needed to help care at home	50%	59%	↑	
Q55	Patient definitely given enough care from health or social services	55%	53%	→	
Section 13	Hospital care as a day patient/outpatient				
Q56	Staff definitely did everything to control side effects of radiotherapy	-	76%		
Q57	Staff definitely did everything to control side effects of chemotherapy	79%	78%	→	
Q58	Staff definitely did everything they could to help control pain	78%	74%	→	
Q59	Hospital staff definitely gave patient enough emotional support	56%	62%	↑	
Q61	Waited no longer than 30 minutes for OPD appointment to start	62%	68%	↑	
Q62	Patient thought doctor spent about the right amount of time with them	95%	94%	→	
Q63	Doctor had the right notes and other documentation with them	92%	94%	→	
Section 14	Care from your general practice				
Q64	GP given enough information about patient's condition and treatment	91%	91%	→	
Q65	Practice staff definitely did everything they could to support patient	69%	67%	→	
Section 15	Your overall NHS care				
Q66	Hospital and community staff always worked well together	51%	57%	↑	

Q67	Given the right amount of information about condition and treatment	84%	86%	→	
Q68	Patient offered written assessment and care plan	-	17%		
Q69	Patient did not feel that they were treated as a "set of cancer symptoms"	76%	77%	→	
Q70	Patient's rating of care, excellent/very good	-	87%		