

TRUST BOARD PUBLIC – NOVEMBER 2013

Agenda Item Number: 230/13
Enclosure Number: (14)

Subject:	National Cancer Patient Experience Survey 2012/13 Results
Prepared by:	Sarah Balchin, Head of Patient Experience Carmel Sheppard, Cancer Lead Clinician
Sponsored by:	Julie Dawes, Director of Nursing
Presented by:	Julie Dawes, Director of Nursing
Purpose of paper	To report to the Board the results of the survey
<p>Key points for Trust Board members</p> <p><i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i></p>	<p>86% of patients surveyed reported an excellent or very good overall experience.</p> <p>The report shows a significant improvement (5% points or more) in three questions:</p> <ol style="list-style-type: none"> 1. Hospital staff advising patients of free prescriptions 2. All staff asked patient what name they preferred to be called by 3. Staff did everything they could to help to control pain as a day/outpatient. <p>No questions deteriorated significantly.</p> <p>25 questions were reported in the bottom 20% of Trusts in contrast to 20 in 2011/12.</p> <p>For 2013/14 the focus for quality improvements is speciality specific led by the Lead Cancer Clinician.</p>
<p>Options and decisions required</p> <p><i>Clearly identify options that are to be considered and any decisions required</i></p>	To note report
<p>Next steps / future actions:</p> <p><i>Clearly identify what will follow the Trust Board's discussion</i></p>	Implementation of speciality specific action plans.
Consideration of legal issues (including Equality Impact Assessment)?	Nil impact
Consideration of Public and Patient Involvement and Communications Implications?	

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register

Strategic Aim	Aim 1 – Deliver Safe, High Quality, Patient Centred Care
BAF/Corporate Risk Register Reference (if applicable)	1.4
Risk Description	Failure to achieve internal and external standards around patient experience as measured through Friends and Family test and National Patient Surveys
CQC Reference	Outcome 1

Committees/Meetings at which paper has been approved:	Date

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1. INTRODUCTION

The 2012/13 National Cancer Patient Experience Survey reports that 86% of patients had an excellent or very good overall experience. There is evidence however that improvement is required in a number of areas.

This paper reports the results of the survey. It provides a comparison of the Trust performance 2011/12 to 2012/13, a benchmark against other Trusts and outlines the plans for delivering the required improvements.

2. THE SURVEY

2.1. Purpose

The Cancer Patient Experience Survey 2012/13 (CPES) follows the successful implementation of the 2010 CPES which was designed to monitor national progress on cancer care.

2.2. Survey Structure

The survey comprises 15 sections:

1. Seeing your GP
2. Diagnostic tests
3. Finding out what was wrong
4. Deciding the best treatment for you
5. Clinical Nurse Specialists
6. Support for people with cancer
7. Cancer research
8. Operations
9. Hospital doctors
10. Ward nurses
11. Hospital care and treatment
12. Information given to you before leaving hospital and home support
13. Hospital care as a day patient/outpatient
14. Care from your general practice
15. Your overall NHS care

2.3. Participation

1447 eligible patients were sent a survey and 882 were returned completed. This represents a response rate of 66%. This was a reduction from the previous survey but local responses rates are consistently higher than the national rate (2011/12 66%:64%, 2012/13 – 71%:68%). The level of local response continues to provide assurance of the validity of the survey 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 results are presented as Trust wide and in cancer types.

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 percentage points.

3.2. Direct comparison with 2011/12 survey (See App I for results by question)

The survey comprised 63 patient experience related questions: 59 were comparable with the previous survey with 4 new questions added.

The report demonstrates significant improvements (an increase of 5 percentage points or more) in three questions:

- Q28 Hospital staff told patient they could get free prescriptions
- Q47 All staff asked patient what name they preferred to be called by
- Q59 Staff did everything they could to help control pain as a day/outpatient

The remaining 56 comparable questions showed no significant improvement or deterioration; 26 improved, 12 remained the same and 21 deteriorated between 1 and 4 % points.

A total of 25 questions were reported in the bottom 20% (see App I) in contrast to 20 in 2011/12.

One question (patients participating in research) was reported on top 20%.

4. ACHIEVEMENTS SINCE 2011/12 SURVEY REPORT

The 2012/13 survey was published in August 2013. It is acknowledged that during the last year there have been a number of CNS vacancies which may have had a detrimental impact on the experience of patients and their families. This gap has been resolved with the successful recruitment of CNS to vacant posts.

The 2013/14 survey sample is drawn from cancer patients having used services between September and November 2013. This allows limited time for application in practice of key issues between surveys. There have however been a number of changes made since the 2011/12 survey which support improvements in patient experience for those patients in this year's survey.

4.1. Clinical Nurse Specialists

Vacancies in posts (breast, colorectal, upper GI, hepatobiliary, palliative care, haematology, acute oncology and cancers of unknown primary have been filled.

Clinical supervision for CNSs was implemented in August to further develop their skills in the provision of emotional support to patients

4.2. Service developments

An Acute Oncology Team has been established. The team provides support to cancer teams for patients with complex and/or emergency treatment. The team also supports the treatment of patients with unknown primaries; a weekly MDT meeting is held to discuss care and treatment and inform clinical decision making.

4.3. Patient Information

Treatment summaries for patients post radiotherapy and chemotherapy treatment have been developed with the Macmillan GP in the community. This aims to ensure that patients are more aware of the potential long term side effects of the treatment they have received.

The Macmillan funded information project coordinator has been appointed with responsibility for progressing and standardising patient information pathways.

4.4. Education and training

Specialist communication training (*Sage and Thyme*) for patients with cancer and their families and carers is now scheduled on a monthly basis. 59 members of staff have completed the training which will be provided on an ongoing basis.

Assessment of psychological distress training has been provided to 30 members of staff. A further 5 will attend by the end of November.

5. QUALITY IMPROVEMENT PLANS

The emphasis this year has been a focus on local ownership of quality improvement requirements. The process has been led by the Lead Cancer Clinician and facilitated by Clinical Nurse Specialists at speciality level.

Eight speciality specific action plans were requested:

- 7 received (Breast, lung, haematology, gynaecology, urology, head and neck and upper GI)
- 5 agreed (Breast, lung, haematology, gynaecology and urology)
- 2 returned (Head and Neck and upper GI) for additional work prior to signing off by the Lead Cancer Clinician.
- 1 outstanding - colorectal

5.1. Clinical Nurse Specialists

One further CNS post in mesothelioma and a band 4 post to support the lymphoma CNS are to be funded from charitable funds.

5.2. Education and training

Working with the community based Macmillan GP Trainer, a GP training day is planned for 2014. The aim is to improve issues for patient related to transition of care between hospital and community.

5.3. Emotional support for patients

A grant from Macmillan has enabled the development of a band 4 support to promote health and well-being in patients with cancer. The post will be recruited to in January.

The Trust has been successful in securing a Macmillan grant to introduce electronic holistic needs assessment.

Signage to the Macmillan Centre is being changed and improved in response to feedback patients.

5.4. Service developments

The Breast Service Rehabilitation Programme which includes education for patients about long term side effects of treatment is being used as an exemplar for other services. The Lead Cancer Nurse will develop and implement a plan for the roll out of this programme across other areas.

The colorectal team have commenced a patient survey in November.

6. ACTION PLAN IMPLEMENTATION AND MONITORING

The Cancer Steering Group retains strategic responsibility for the implementation and monitoring of action plans. The Lead Cancer Nurse and Cancer Manager will take responsibility for the monitoring and evaluation of all action plans after the departure of the Lead Cancer Clinician in December.

SUMMARY

The 2012/13 National Cancer Survey provides the Trust with valuable information about the cancer patients' experience. The implementation and monitoring of specialty specific actions plan will enable and encourage a focussed approach to quality improvement

Sarah Balchin
Head of Patient Experience

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National Cancer Patient Experience Survey progress and benchmarks

Key

	In lowest 20%
	All others
	In top 20%

Number	Question	Trust 12/13	Trust 11/12	Change	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	83	83	→	
Q04	Patient's health got better or remained about the same while waiting	78	79	↓	
Section 2	Diagnostic tests				
Q06	Staff give complete explanation of purpose of test's)	81	81	→	
Q07	Staff explained completely what would be done during test's)	88	86	↑	
Q08	Given easy to understand written information about test	88	86	↑	
Q09	Given complete explanation of test results in understandable way	75	78		

Section 3	Finding out what was wrong with you				
Q11	Patient told they could bring a friend when first told they had cancer	76	72%	↑	
Q12	Patient felt they were told sensitively that they had cancer	83	82%	↑	
Q13	Patient completely understood the explanation of what was wrong	71	71%	→	
Q14	Patient given written information about the type of cancer they had	68	68%	↑	
Section 4	Deciding the best treatment for you				
Q15	Patient given a choice of different types of treatment	84	84%	→	
Q16	Patient's views definitely taken into account by doctors and nurses discussing treatment	67	67%		
Q17	Possible side effects explained in an understandable way	72	71%	↑	
Q18	Patient given written information about side effects	83	81%	↑	
Q19	Patient definitely told about treatment side effects that could affect them in the future.	52	-		
Q19	Patient definitely involved in decisions about care and treatment	68	67%	↑	
Section 5	Clinical Nurse Specialist				
Q20	Patient given the name of the CNS in charge of their care	82	81%	↑	
Q21	Patient finds it easy to contact their CNS	64	63%	↑	
Q22	CNS definitely listened carefully the last time spoken to	89	89%	→	
Q23	Get understandable answers to important questions all/most of the time	90	89%	↑	

Section 6	Support for people with cancer				
Q24	Hospital staff gave information about support groups	83	82	↑	
	Hospital staff gave information about impact cancer would have on work/education	72	-		
Q25	Hospital staff gave information on getting financial help	51	49%	↑	
Q26	Hospital staff told patient they could get free prescriptions	78	72%	↑	
Section 7	Cancer research				
Q27	Patient has seen information about cancer research in the hospital	81	-		
Q28	Taking part in cancer research discussed with patient	28	29	↓	
Q29	Patient has taken part in cancer research	74	-		
Section 8	Operations				
Q32	Staff gave complete explanation of what would be done	85	86%	↓	
Q33	Patient given written information about the operation	72	72%	→	
Q34	Staff explained how operation had gone in understandable way	70	72%	↓	
Section 9	Hospital doctors				
Q36	Got understandable answers to important questions all/most of the time	81	82%	↓	
Q37	Patient had confidence and trust in all doctors treating them	81	83%	↓	

Q38	Doctors did not talk in front of patient as if they were not there	84	84%	→	
Q39	Patient's family definitely had opportunity to talk to doctor	63	60%	↑	
Section 10	Ward Nurses				
Q40	Got understandable answers to important questions all/most of the time	70	67%	↑	
Q41	Patient had confidence and trust in all ward nurses	60	63%	↓	
Q42	Nurses did not talk in front of patient as if they were not there	83	84%	↓	
Q43	Always/nearly always enough nurses on duty	50	52%	↓	
Section 11	Hospital care and treatment				
Q44	Patient did not think hospital staff deliberately misinformed them	87	89%	↓	
Q45	Patient never thought they were given conflicting information	74	77%	↓	
Q46	All staff asked patient what name they preferred to be called by	58	53%	↑	
Q47	Always given enough privacy when discussing condition/treatment	84	85%	↓	
Q48	Always being given enough privacy when being examined or treated	94	94%	→	
Q49	Patient was able to discuss worries or fears with staff during visit	59	60%	↓	
Q50	Hospital staff did everything to help control pain all of the time	85	81%	↑	
Q51	Always treated with respect and dignity by staff	80	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	83	80%	↑	Yellow
Q53	Staff told patient who to contact if worried post discharge	92	92%	→	Yellow
Q54	Family definitely given all information needed to help care at home	56	59%	↓	Red
Q55	Patient definitely given enough care from health or social services	51	53%	↓	Red
Section 13	Hospital care as a day patient/outpatient				Grey
Q56	Staff definitely did everything to control side effects of radiotherapy	75	76%	↑	Red
Q57	Staff definitely did everything to control side effects of chemotherapy	78	78%	→	Red
Q58	Staff definitely did everything they could to help control pain	81	74%	↑	Yellow
Q59	Hospital staff definitely gave patient enough emotional support	60	62%	↓	Red
Q63	Doctor had the right notes and other documentation with them	94	94%	→	Red
Section 14	Care from your general practice				Grey
Q64	GP given enough information about patient's condition and treatment	88	91%	↓	Red
Q65	Practice staff definitely did everything they could to support patient	70	67%	↑	Yellow
Section 15	Your overall NHS care				Grey
Q66	Hospital and community staff always worked well together	57	57%	↑	Red
Q67	Given the right amount of information about condition and treatment	85	86%	↓	Red
Q68	Patient offered written assessment and care plan	21	17%	↑	Yellow

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	86	87%	↓	

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