



**South, Central and West
Commissioning Support Unit**

Recommissioning of Services Carried out in Independent Sector Treatment Centres

**Analysis of Responses to Avon, Gloucestershire and Wiltshire
(AGW), ISTC Survey**

April 2015

Executive Summary

This survey has been issued on behalf of the five CCGs participating in the reprocurement of services which have been carried out through the independent sector treatment centres (ISTCs), across AGW (Avon, Gloucestershire and Wiltshire). The CCGs are South Gloucestershire, Gloucestershire, Bristol, North Somerset and Bath and North East Somerset.

CCGs are not contemplating substantial changes to the elective services which have been provided through the treatment centres. The survey has been issued in order to test existing feedback of services, received via the treatment centres and CQC reports. It also sought to find out what issues were important to the public in receiving their treatment.

Some of the key findings:

- A total of 1,047 responses were received
- Of those respondents who chose to share this information, 45% were male and 54% were female
- 41% of respondents were 66 years of age or over, 35% in the range 56 – 65 years old
- The percentage of respondents who describe their ethnicity as not being white was 1.4%
- 92% of respondents rated all aspects of their treatment as being either good or very good

Generally, the survey responses appear to back up the existing data which shows that the level of satisfaction with treatment received at the AGW ISTCs is high. Some important issues have been raised in responses, and these will be considered and specifications for the future services amended as necessary.

The response to 'The Environment' was rated by 98% of respondents as being either very good, or good. The treatment centres are mostly relatively new facilities, providing a range of more straightforward procedures, which alleviate pressures on acute hospitals. The environment at the treatment centres will naturally vary from that within an acute hospital setting, and respondents who have received treatment at the treatment centres appear to value this.

Response rate from across the BME population is not representative in terms of respondents to the survey (1.4%), and it would appear that messages regarding future contracts must attempt to reach such members of the population better.

Background

As part of the Patient and Public Involvement (PPI), process for the reprocurement of ISTC services, a survey was conducted of both patients and the wider public. The survey was seeking to elicit views on experiences and matters of importance to respondents. A copy of the survey is at Appendix 1.

The survey ran for a total of 43 days, and was hosted by 'Survey Monkey'. This is a well-used medium for surveys, and is a recognised leader in this field. Surveys are straightforward to complete via Survey Monkey, and the number of questions was kept to a reasonable number (10), in the hope that it would result in a higher number being received. There were questions where respondents could enter free text, providing greater and personalised responses in areas which were important to them. In the following analysis, all comments have been inserted *verbatim*, as recorded by the survey.

A link to the survey was placed on all five CCG's websites, and was promoted widely through the issuing of press releases, to press and media, to organisations including Healthwatch and Voscur, through social media including Twitter (for the launch and follow up reminders), and in CCG newsletters and bulletins to GPs. It is understood that Care UK encouraged patients who had undergone treatment at one of the centres to complete the survey.

Hard copies of the survey were available for those wishing to provide their views, but for whom online completion was not possible or their preferred option. Hard copies were also printed out and taken to appropriate meetings. A total of seven surveys were sent out in this format, and six of these were returned. The hard copy returned surveys were entered into the survey online.

The survey sought both quantitative and qualitative information and included ten questions in total, including a number seeking demographical/equalities monitoring information. A total of 1,047 responses to the survey were received. Not all submitted responses were complete, but all meaningful data has been included in this analysis, regardless of whether the survey was fully completed.

The analysis of findings from the survey will help to inform the commissioning process with the CCGs, and also the Equalities Impact Assessment.

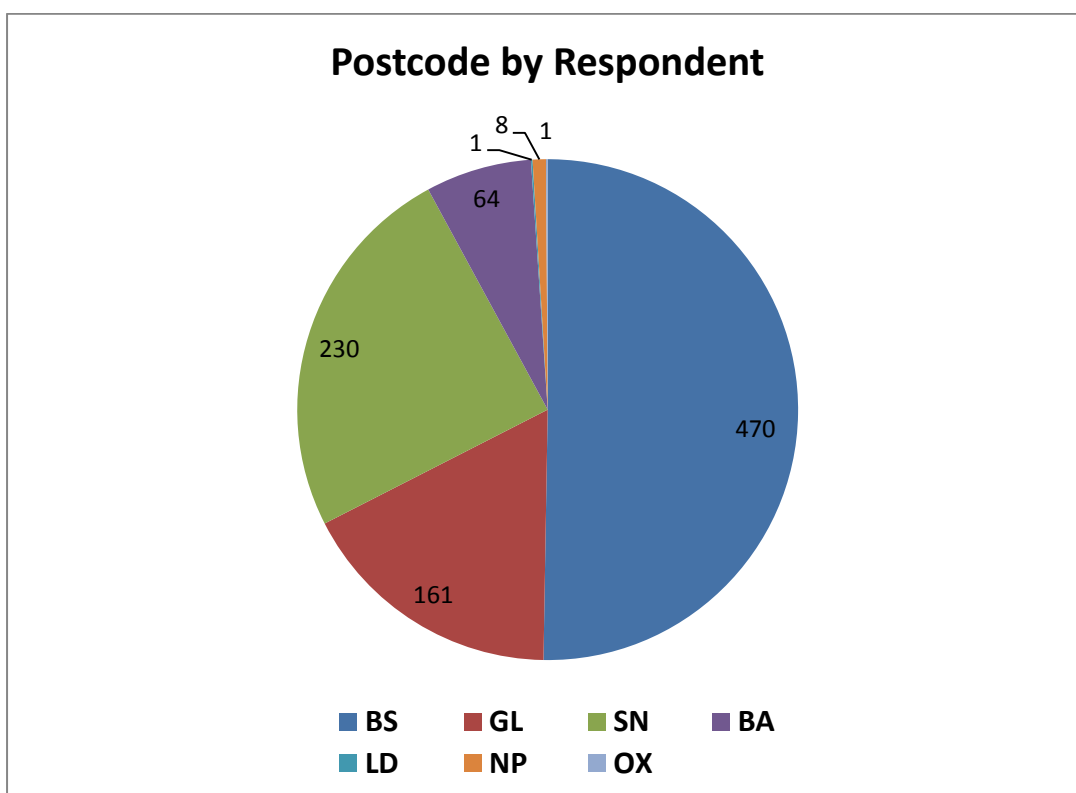
Detailed Analysis of Survey Responses

Question 1.

This question asked for the first four digits of the respondent's postcode, and this was provided by 936 of respondents in a format which could be recognised. The format in which the information was entered (some chose to enter only two digits, some four, some the whole postcode), means that only the first two digits can be used with any degree of confidence.

The split of postal areas which respondents have provided is as shown in figure 1, below:

Figure 1



The far greater proportion of respondents (50%), provided a Bristol postcode. This was followed by Swindon (25%), Gloucestershire (17%) and BaNES (7%). Other out-of-area postcodes made up the remaining responses, at 1%.

The nature of the postcode system, and the desire for all data supplied to be anonymous, means that the information cannot be used to accurately pinpoint a respondent's CCG. For example, the BS postcodes will capture South Gloucestershire CCG's patients, as well as Bristol and North Somerset's. South Gloucestershire residents may also be included in GL postcodes. Similarly, Swindon postcodes will encompass patients from both Swindon and Wiltshire CCGs.

Taking the above factors into account, it is felt that responses received have adequately represented the geographical areas covered by the CCGs, and the proportion of each CCGs residents receiving treatment at treatment centres.

Question 2.

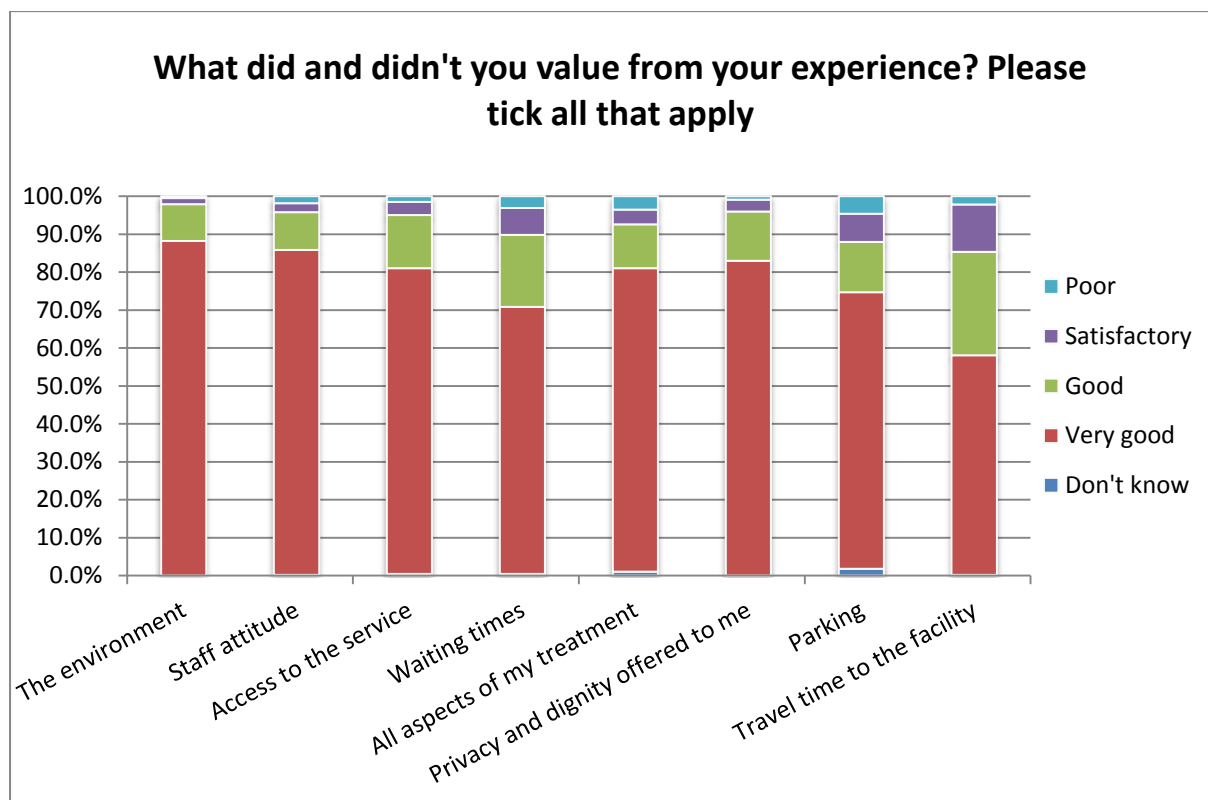
The question as to whether respondents had received treatment at an ISTC was answered by 980 respondents, with 67 choosing not to provide a response. Of those who did respond, 93% (914), had received treatment(s) at an ISTC.

Question 3.

Question 3 asked respondents 'What did and didn't you value from your experience?'. 1,007 responses were received and 40 respondents chose not to provide a response. However, this does not accord with the number of people identified as not having received treatment, from question 2. It can be concluded that at least 26 respondents (excluding those who chose not to answer Q2.), provided a response as to what they had valued from their experience at a treatment centre, when in fact they had not received any treatment.

There were eight areas in which respondents were asked to rate their experience of various aspects of the treatment centres, from 'Poor' to 'Very Good'. The responses to the various questions are represented in figure 2 below:

Figure 2



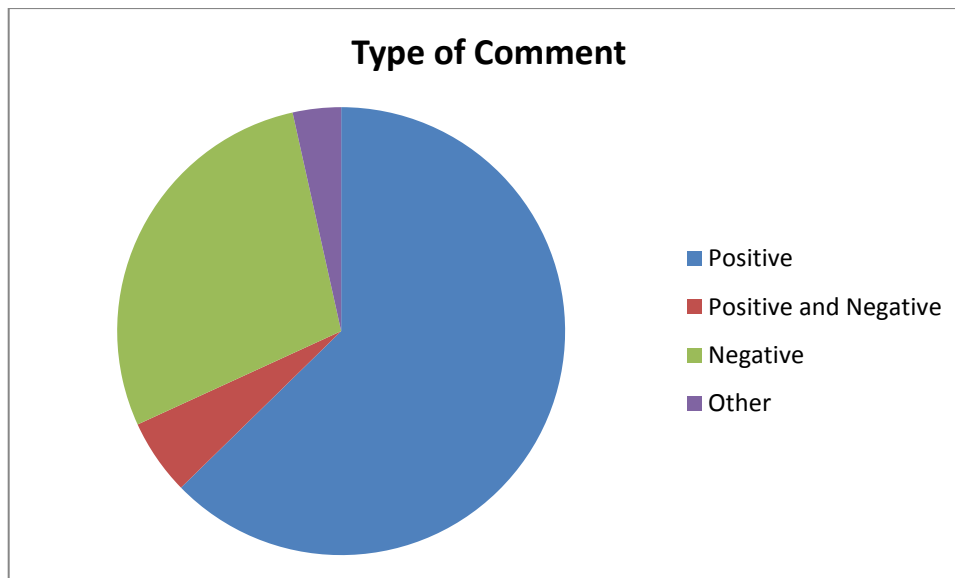
Of the 1,007 respondents who provided responses to this question, six of the eight areas requested to be rated were rated as either very good or good by over 90% of the respondents. Only those related to parking and travel time to the facility achieved below 90% rating as at least good – 87% and 85% respectively. In all areas except parking (where the combined percentages were 93%), the percentage of respondents who were at least satisfied with the area asked to be rated was in excess of 95%.

For the response 'All aspects of my treatment', 92% of respondents rated this as being either 'Good' or 'Very good'. 95% of all respondents were at least satisfied, and 1% stated that they 'Don't know'. This question could be compared with Care UK's Patient Satisfaction Questionnaire question '*How likely are you to recommend our service (Treatment Centre) to friends and family if they needed similar care or treatment*'. Against this question, across all AGW treatment centres, those responding positively is 99%. Whilst clearly this is neither the same question, nor does it contain the same range of possible responses (rated as yes or no), it is felt to be a very good indicator of satisfaction. Against this, the survey responses are a little lower.

The response 'The Environment' was rated by 98% of respondents as being either very good, or good. The treatment centres are mostly relatively new facilities, providing a range of procedures which alleviate pressures on acute hospitals. Respondents who have received treatment at the treatment centres appear to value this.

Respondents were given the option to provide additional comments against this question, and 201 chose to do so. The comments have been classified as being either positive, positive *and* negative, or negative. There were also a number of comments which were either not related to the treatment centres, or could not be classified as comments or complaints. These figures are represented in the following figure 3:

Figure 3



Of the 201 responses, 126 chose to provide additional comments which were positive in relation to the care they received. A selection of the comments is below:

'My two operations at Emersons Green under the NHS banner was excellent in all aspects'

'exceptional care and service'

'Superb service from every perspective!'

'Having undertaken two separate procedures my experiences resulted in an opinion that all members of staff provided excellent care and attention at all stages from initial assessment, during the procedure plus subsequent follow up. I am impressed.'

'I found it better than very good'

A number of these comments made reference to, and praised, the cleanliness of the facilities, and a number of comments related to the staff and their professionalism and caring nature. The remainder were mainly simply providing positive comments of their experiences, but not of specific elements.

Those submissions which contained a mix of both positive comments, with a negative element (11), have been excluded from the positive count. These tended to comment on a particular aspect of their treatment which had not been as satisfactory as others. For example:

'staff attitude was excellent by all staff bar one, who made it quite clear she wasn't happy I had been admitted to the over night ward.'

'waiting time has always been very good except once'

'Everything about my stay at the Emersons Green facility was fab, except my initial contact with a nurse/HCA who took my blood. He didn't introduce himself and left me waiting in my room for at least an hour, when I should have been taken to the pre-op getting changed area. He hadn't told anyone I was there, and I didn't know I was in the wrong place, so it was a bit frantic when it was time for my operation. Otherwise, everyone was great.'

A total of 57 comments against this question have all been deemed as being of a negative nature, and some of these are clearly complaints. It is worth pointing out that due to the anonymised nature of the survey, it is not possible to determine whether these complaints have been lodged as formal Complaints with the CCG's Complaints Procedure.

Of these complaints, 20 are not of a clinical nature and are related to either public transport, parking or travel times:

'Initial visit over an hour away from my home location'

'Very bad place to get to in rush hour traffic'

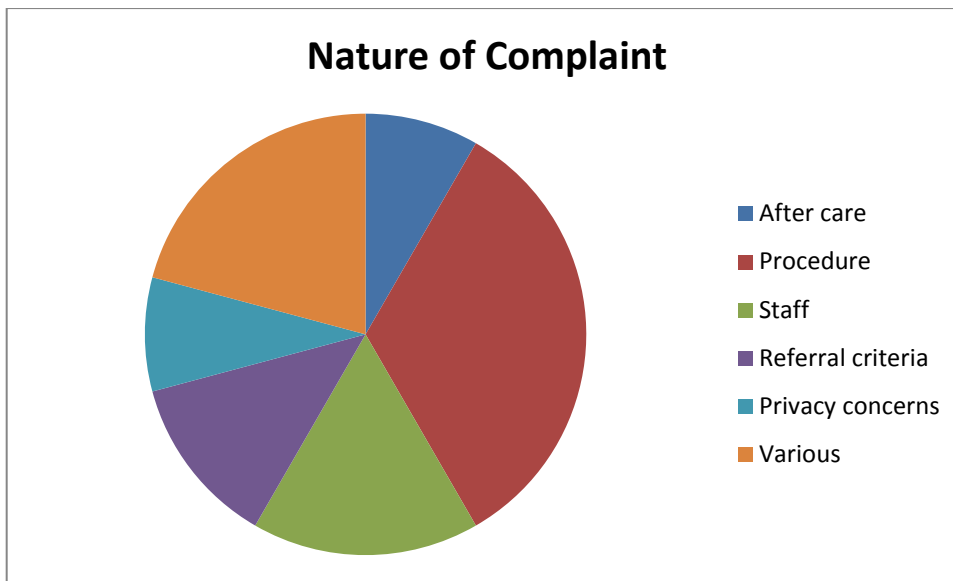
'Lack of public transport: centre is in the middle of nowhere'

'Parking can be a problem sometimes'

Eight of the transport-related comments were in relation to the provision of public transport, and accessibility via this mode of transport. Three commented on the availability of information concerning bus times from Emersons Green. The remainder were generally commenting on the lack of convenient public transport around the treatment centres. Six respondents commented on the availability of parking spaces. The remaining six commented on either distance from their home to the facility, or factors which affected their journey (rush-hour traffic/roadworks).

The negative comments which are deemed to be complaints amounted to a total of 24 in number. These were varied, and covered a broad range of issues related to the care received, as shown in figure 4 below:

Figure 4



Some of the comments in this area were as follows:

'Medicine doses were forgotten & my wishes about anaesthetic ignored'

'Lacks privacy during consultation & examination. Able to hear neighbouring patient consultations. Consultant needed to lower his voice to protect my privacy'

'REALLY UNHAPPY WITH THE NURSE IN THE PRE-OP APPOINTMENT'

'Actual consultant (foreign) bed-side manor [sic] not very good!'

'had to have the operation done again 6 months after the first operation to correct the the [sic] first operation'

'Appointment was arranged quickly but scan results were "lost" and my GP never received them. I had to phone and chase the results 3 times and was assured they had been faxed but this was not true. In the end the GP referred me for surgery without the scan results.'

There were a further seven comments which could be classified as neither compliments nor complaints, and some which did not relate to the treatment centres at all, for example:

'I PLACED AN OFFICIAL COMPLAINT AGAINST THE RUH. THE WHOLE COMPLAINT WHITEWASHED AND DISREGARDED'

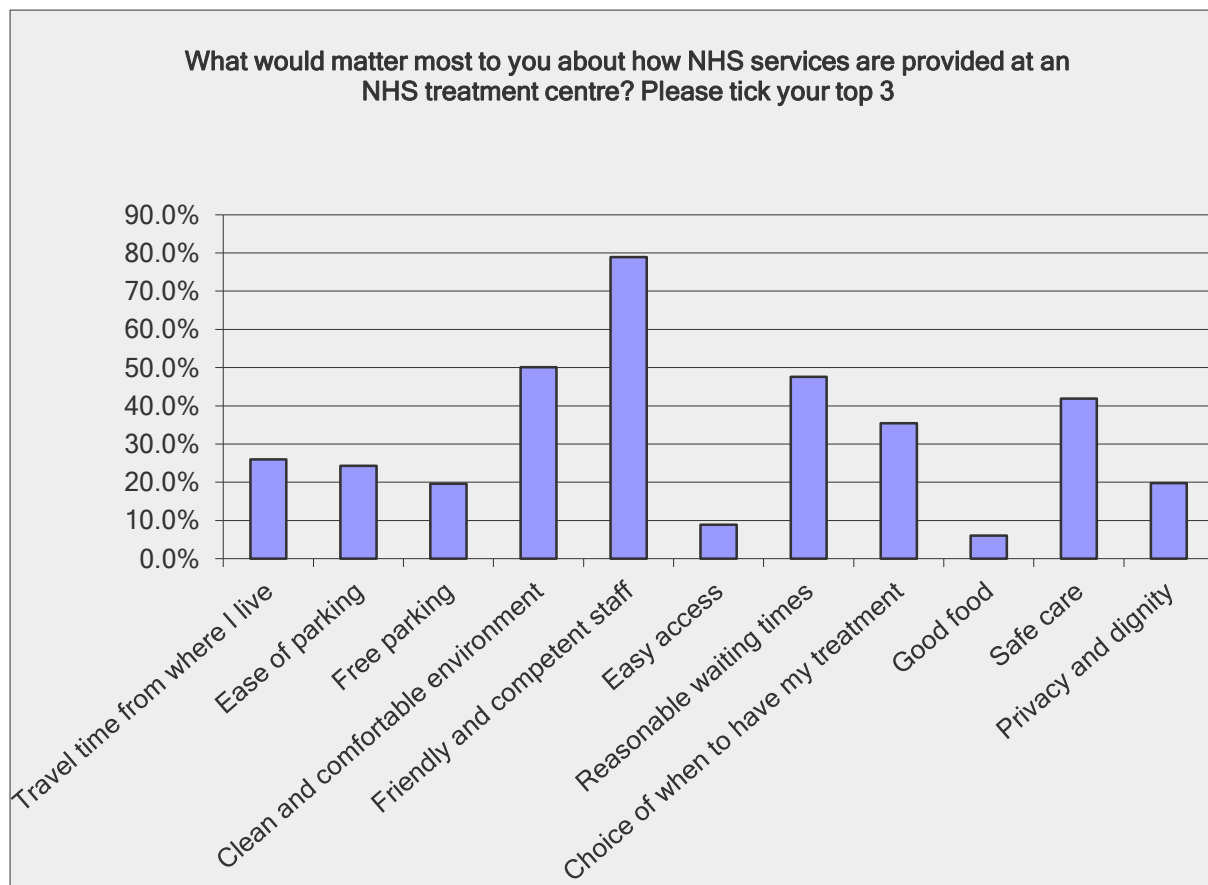
'Please email a contact tel number to xxxxxx@yahoo.com' [Which has been followed up should the respondent wish to lodge comments].

'This applies to the Devizes NHS Care Centre.'

Question 4.

This question asked respondents to rate those factors which would matter most to them about how NHS services are provided at an NHS treatment centre. The top three factors were asked to be chosen, and 1,013 did so, with 34 providing no information. Responses are charted in figure 5:

Figure 5



By far the most popular response to what would matter to respondents in terms of how services are provided was 'Friendly and competent staff', with 79% citing this as being one of their three top priorities. A clean and comfortable environment was rated by 50% as being in their top three, with reasonable waiting times included by 47%. Safe care was rated by 42% as being one of their priorities, and 22% counted one of the parking factors (ease of, or free), to be in their top three.

Respondents were also invited to provide additional comments to this question, and 125 respondents chose to do so.

Of the comments received, 25 of them were suggesting that being given the opportunity to only tick three options was insufficient. Many suggested that all of the options were important, and would have chosen all, if able to.

Five respondents listed public transport as being important to them in terms of how the services are provided, and comments included:

'Provision of transport is very important to me as there is no-one to take me to the centre.'

'public transport major problem'

'I use public transport. The treatment centre was not easy to get to by bus'.

Twelve respondents provided comments relating to parking:

'easy free parking a great advantage'

'the ease of parking and that it is free helps enormously as well'

'Free parking is excellent for visitors'

A number of respondents (7), chose to provide comments relating to the ownership of the treatment centres in this section. A number stated that provision of services by public sector/NHS providers was of importance, and expressed their concern at the independent sector nature of the current provider:

'I am concerned though that the NHS is being privatised and that these centres are cherry picking the uncomplicated procedures and leaving the NHS with the more complex and expensive work. This surely isnt [sic] good for us as tax payers in the long run. I would prefer we had a NHS provided service only.'

'I did not realise the staff were not employed by the NHS directly but by a care provider, I was not informed of that when making my choice also. I would have preferred to be treated by NHS staff.'

'No NHS money going to owners/shareholders'

One respondent had the view:

'we need more of these treatment centres accross [sic] the country and would help solve the problems of the overstretched hospitals'

Thirty nine of the respondents to this question chose to comment regarding the current service, and were complimentary of the treatment centres:

'a wonderful testament to the NHS'

'All round excellent care. Could not be bettered'

'found the smaller hospital lot less stressfull [sic] and the first class service I recieved [sic] as soon as I was referred'

Eleven respondents chose this section of the survey to record complaints relating to the services:

'use referral notes to identify issues - not done in my case'

'A reduced exception criteria and ability to take all patients regardless of age or chronic conditions. Not promising a local service but actually having to travel to Bristol for surgery. Local known consultants to provide the services.'

'[Name removed] in cataract room needs to stop licking her finger when she thumbs through your notes'

Referral criteria was mentioned as being an issue in a number of responses provided to this survey. Existing facilities are such that the absence of, for example, high dependency units, means strict referral criteria are in place in the interests of patient safety. Whilst these criteria are under review, they are not expected to substantially change under new contracts.

The remaining comments were varied and related to what respondents felt were important factors as to how care is provided, such as:

'results are more important than any of the above'

'The competence of the surgeon is of paramount importance'

'Privacy, dignity and safe care are also very important. They should be obligatory where ever you are.'

'Short travel time and free parking are also very useful'

'Quality of the clinical care is paramount'

'Recommendations of former patients'

Question 5.

This revealed that of those responses received, 45% were male, 54% female and 0.4% per cent preferred not to say. A total of 1,016 respondents provided information, 31 chose not to respond to this question.

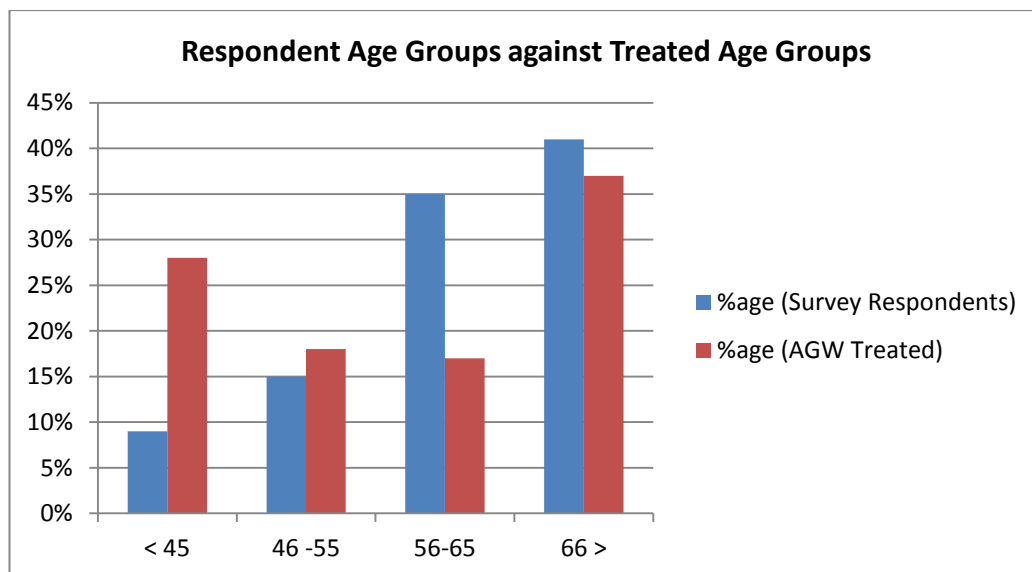
The findings from this question roughly accord with the information related to treated patients provided by the current provider, who demonstrated over a twelve month period that the proportion of males to females receiving treatment was 43% to 57%.

Question 6.

1,019 respondents provided details of their age, 28 did not respond. The largest age group was in the 66 or over group, with 41% falling into this range. Next was 56 – 65 at 35%, 15% were 46 – 55, and the remainder (around 9%), of respondents were below 45 years of age.

The age range data has been compared with data received from the current provider, showing the same information for patients treated at ISTCs across the region during the calendar year 2014. This is shown in figure 6:

Figure 6



The biggest discord between ages treated and those who chose to respond to the survey is in the age group below 45 years, where 28% of those treated at ISTCs fall into this category, whereas they made up only 9% of respondents. Specific targeting via social media (eg, Twitter alerts), highlighting the fact that the survey was underway, was felt to be the ideal medium to reach these age groups. However, from the above, this appears to have not been entirely effective, and may need to be considered in future.

Question 7.

Of those respondents who chose to answer this question (1,017 did so, with 30 choosing not to), which asked whether respondents considered themselves as having a disability, 1.6% preferred not to say, whilst 87% stated that they did not. Slightly over 10% of respondents considered themselves to have a disability.

Responses from those who classified themselves as having a disability were fairly reflective of those who did not, and no discernible differences could be taken from the information, relating to treatment received.

Question 8.

1,000 respondents provided information about their sexual orientation and 47 chose not to supply any response. Of those who provided information, 93% described themselves as heterosexual. There were 18 bisexual, gay, lesbian and transgender respondents, one of whom described themselves as transsexual.

Responses and views from those respondents who have described themselves as not being heterosexual have been analysed. Generally, the views of this group have

been reflective of the wider group. There have been differences in responses to question 3 where, for example, this group have scored 'The Environment' as being good or very good in 100% of the responses. It is felt that the experiences of this group of the population do not differ from those who have described themselves as being heterosexual.

Question 9.

71% of the 991 respondents who chose to provide a response regarding their religious beliefs, chose Christianity. The number of people who skipped the question was 56. 21% revealed that they did not have religious beliefs, and 5% stated that they preferred not to share this information. Amongst other religious beliefs represented were Hindu (1 respondent), Jewish (3 respondents), Sikh (1 respondent), Buddhist (3 respondents) and Quaker (2 respondents). No difference in responses could be highlighted for those respondents who highlighted their religion as being other than Christian, and comments, where received, were reflective of the wider group of respondents.

Question 10.

Of those survey respondents who chose to provide information relating to their ethnicity, 96.6% described themselves as being 'White British', 'White Irish' or 'White Other'. This is in keeping with the percentage treated at the AGW treatment centres at 97.1%, but is not entirely representative of the total CCG's populations, which has an average of 93.2% classifying themselves within the 'White' classifications of ethnicity. Within Bristol, this percentage falls to around 85%.

It would appear from these statistics that the numbers of non-white members of the population are simply not represented as having treatment at ISTCs, and it could be that they do not feel engaged sufficiently in order to respond to a survey such as this one. Work will need to be undertaken in order to better reach these sections of the community.

Response to question 3 from the BME respondents did not vary in any appreciable way from other members of the population. The majority of responses were either rated as being good or very good, at 88.6%, and those who rated all areas as being at least satisfactory was 96.5%. From this, it is fair to conclude that these respondents did not rate their experiences to be of a lower level than all other respondents.

Conclusion

This survey has seen a really positive level of response being submitted by interested members of the public. With 1,047 received, the volume of responses has surpassed expectations, and serves to gauge the level of interest in both the ISTCs and the successor contracts.

The volume of additional comments provided has been high, and some useful feedback on both current and future services has been received. The level of response from those who have experienced treatment at one of the centres has been high, and has served to generally confirm existing data which was held and has been published on the CCG's websites as part of this PPI process.

It is felt that the majority of feedback received has been positive, and it appears evident that patients who have received treatment at the existing centres have generally valued their experience.

There have been some experiences conveyed which have not been positive, and that is of concern to the CCGs. Due to the anonymous nature of the survey, it is not possible to follow up on these comments, but it does highlight the fact that CCGs will need to continue their monitoring of contracts, and take appropriate action where services fall below required and expected standards. Successor contracts will include a strict contract monitoring regime, and channels for the reporting of dissatisfaction with services. Representatives will be invited to provide lay input into the performance management and evaluation of the new service.

Whilst no differences in care have been highlighted by this survey against respondents showing Protected Characteristics (under the Equality Act 2010), CCGs will need to ensure that the appropriate mitigations and measures are included within the service specification for future contract(s). This is in order to ensure the continuation of a fair, equitable and high quality service is delivered for all residents.

Some opinions have been expressed via the survey regarding the nature of the ISTCs, and some respondents hold views regarding the spending of public money with independent sector providers. The ISTCs were established via a central government policy some years ago, which specifically targeted the independent sector. The current procurement exercise will not have such an agenda, but legislation does not permit the exclusion of any particular sector of provider – both NHS and independent sector providers could become qualified to provide services.

Communication between referrers (GPs and others), and treatment centres has been raised as being an issue through this process, and this is specifically addressed within the new specification of services. With the new contract based on standard NHS Contract terms, such interfaces under the new contracts will align with other providers, both independent sector and NHS providers. There will be a requirement for Providers to provide certain information to referrers, within

determined timescales, meaning under the new contract the patient's experience of NHS care should be seamless.

Referral criteria contained within the existing ISTC contracts have been raised as issues by a number of respondents. These criteria were established by the centrally (Department of Health), negotiated contracts, and were reflective of facilities provided at the ISTCs. The specification for future services will contain similar referral criteria, but are being reviewed for appropriateness. Where Providers can demonstrate appropriate facilities, more clinically complex cases could be considered by CCGs. The decision around this will be dependent upon responses received from potential Providers.

The CCGs have reviewed all of the data received from this exercise, and the specification for the future elective services contracts will reflect patient and public views as gathered through this process. The forthcoming procurement process will include lay representatives, who will be involved in the evaluation of potential provider submissions. Whilst certain information and all areas of views (for example, those relating to public transport and parking facilities), may not be able to be directly influenced by the CCGs, all have been understood, and where possible, influence shall be exerted over future Providers.

Appendix 1. ISTC Survey Questionnaire

Please see attached PDF of the survey:



ISTC procurement
survey - printable.pdf