

## National Patient Experience Survey Briefing

### Purpose of this Briefing

- To outline to SHAs, PCTs, general practices and other external stakeholders the purpose of the new national patient experience survey and how this will be used in relation to Access and Choice.
- To outline the detail of survey implementation programme for SHAs, PCTs and Practices, specifically addressing issues such as patient confidentiality; confidence of stakeholders; reliability and efficiency, deliverable outcomes and timescales.

### Introduction

A national patient experience survey is being developed to help understand, from the patient's perspective, how well Government priorities in primary care are being implemented.

The survey follows the agreement between NHS Employers and the GPC on linking general practice awards for delivering directed enhanced services for Access and Choice to patients' experiences. Survey results will provide a measure of practices' achievements in delivering improved access to services and offering a choice of secondary care provider and will determine the level of awards due to practices under those directed enhanced service schemes.

More details of the agreement is set out in Chapter 8 of the *Revisions to the GMS contract 2006/7, Delivering Investment in General Practice* (BMA/ NHS Employers, January 2006) <http://www.nhsemployers.org/primary/primary-703.cfm>

The Department of Health is managing implementation of this project. The national patient experience survey is distinct from - and in addition to -

- the current QOF practice survey of patient views (although the aim is to bring together these into this new survey in time)
- Primary Care Access Survey (PCAS)
- other PCT performance surveys already in place (including those undertaken by the Health Care Commission).

### Key Points in this briefing

- Implementation Process
- How the survey specifically relates to Access and Choice
- What PCTs need to do in relation to patient survey implementation
- What GP Practices need to do in relation to patient survey administration
- What information will SHAs and PCTs be able to access
- What information will the Department of Health be able to access
- Governance and Freedom of Information
- Publication of survey data and information
- IT and information compatibility

## **Implementation Process**

A Department of Health project board whose membership covers key stakeholders (e.g. GPC, NHS Employers) and relevant experts and specialists as appropriate is overseeing the implementation process and will make key decisions collectively and provide steer as the survey implementation process develops.

The survey tool(s) and the detailed methodology will be developed, piloted and run by an independent polling organisation. That organisation has yet to be appointed and so the operational processes described in this briefing are subject to change following appointment of that organisation(s). Equally, given the likely size of the project, more than one organisation may be involved in delivery of the survey.

On roll-out, to minimise or eliminate any workload burden on practices, software will extract a sample of patients names and addresses from practices' clinical systems. The software will generate a unique identifier for each patient extracted such that nothing but the cumulative survey results can be attributed to a practice nor any clinical condition being linked to survey participants and thereby maintain patient confidentiality. The third party contractor (or parties) will administer and analyse the survey and finally disseminate the results to DH, SHAs, PCTs and practices. Payment will be made manually, by PCTs, based on the survey results as soon as they are received. Timescale for implementation is to be in quarter 4 of 2006/07 in order for payments to practices to be made in quarter 1 of 2007/08.

Work is currently taking place to develop the survey including appointment of the third party who will finalise development and pilot the survey ahead of full implementation later in the year.

The operational process envisaged is summarised as follows:-

- IT software installed in practice IT systems extracts a sample of patients according to agreed parameters (e.g. those patients who have accessed the GP practice recently).
- The names, addresses, and unique identifier numbers of selected patients, are sent to a handling house. A master file which decodes the unique identifiers is sent to analysts.
- The handling house prints and posts surveys to patients' homes.
- Patients choose to return the survey either by post or online.
- Responses are sent to the handling house.
- The handling house sends two rounds of follow-up letters to patients, at agreed intervals, to those patients who have not yet responded.
- Responses are collated into an electronic database by the handling house and passed to the analysts.
- Analysts marry up the raw data and the master file of unique identifiers to create the final database and then analyse it.
- The results of the analysis are disseminated to DH, SHAs, PCTs and practices, in formats and detail appropriate to each recipient.

GPC and NHS Employers will be discussing how best to manage the extraction process in practices with incompatible or no IT systems.

## **How the Patient Experience Survey Specifically Relates to Access and Choice**

In the first year of the survey, the focus will be on the delivery of Access and Choice through general practice. This is outlined in detail in Chapter 8 of *Revisions to the GMS contract 2006/7, Delivering Investment in General Practice* (BMA and NHS Employers, January 2006) <http://www.nhsemployers.org/primary/primary-703.cfm>

In summary, practices will receive payments on the:-

- Opportunity to consult a GP within two working days
- Ability to make advance bookings
- Ease of telephone access to the surgery
- Opportunity to book with a practitioner of preference

And

- recalling a conversation with a GP about choice of a secondary care provider.

These themes are being developed in to specific quantitative questions that can be used in the survey questionnaire. Two distinct target audiences will be surveyed so that responses to access and choice can be measured independently of one another.

### *Primary Care Access Survey (PCAS)*

It is important to clarify that each practice must continue to complete the monthly Primary Care Access Survey (PCAS) to receive the second half of component 1 of the Access DES payment. **This is in addition to the national patient experience survey.** For 2006/07, PCTs and practices will recall that the survey will include a number of changes – randomised survey dates, and third available appointment measures. If the practice fails to participate in the PCAS process, then the award for this part of component one of the DES will be repayable by the practice. The level of award for component two will be in respect of achievement of targets associated with responses to the national patient experience survey.

### **What PCTs need to do in relation to Patient Survey Implementation**

PCTs should be aware that the survey design is likely to involve researchers canvassing views of key stakeholders (including patients) on question content together with cognitive testing of draft questions but this will be managed centrally by the survey company and is unlikely to have any impact on PCTs. Survey development with changes to the survey sampling process and reporting templates will be managed centrally without the requirement for PCT involvement directly.

As part of the survey preparation, the central survey contractor team will establish patient helpline services which will include language line and other help lines. Information will be received by PCTs which should be shared with PALS Officers etc. Mailings will go directly to patients and further reminders sent to non-respondents. Response rates will be monitored centrally – PCTs will not be required to prompt this process. Initially a small pilot will be carried out involving a few practices.

Aggregated PCT reports received will prompt the payment process. PCTs will be required to make payments to practices at the end of the financial year 2006/07 in respect of the Choice and Booking DES *“providing that the results of a new patient experience questionnaire... are sufficient to trigger an award* as set out in the Direct Enhanced Service Specification Choice and Booking (*Revisions to the GMS contract 2006/07: Delivering investment in general practice. available at [www.nhsemployers.org](http://www.nhsemployers.org)*). PCTs will decide in consultation with practices (and LMCs if the practices so wish), what awards will be made where there are practice closures, splits, mergers or start ups within 2006/07 financial year.

### **What GP Practices need to do in relation to Patient Survey administration**

In terms of survey operation practices will simply need to display information for patients, such as leaflets and posters which will be provided directly from the survey company.

In respect of the national patient experience survey itself, the *Revisions to the GMS Contract 2006/07* Guidance states that “the survey will ensure that practices and PCTs are not burdened with unnecessary administration” (Clause 8.4). The survey will be managed centrally by the survey programme contractors.

For Access, the patient name and address extracted from the GP IT system, (which will be selected on the basis of an agreed extract definition that ensures the patient has recently visited the practice) together with a unique identifying number will be sent to the central survey contractor. This contractor will print and post the survey to the patient's home. For Choice, arrangements for extraction of patient information and dispatch of the survey are still under consideration. The method of extracting patient names and address from practice with no IT or non-compliant IT is to be agreed by NHS Employers and the BMA.

In order to support the Choice element of the survey, practices will be required to provide an appropriate environment to support their patient population in making informed choice of hospital/provider and give full access to and utilisation of the Choose and Book on line system. As outlined in the Choose and Booking DES practices should follow the following guidelines:-

- The patient's referrer, normally their GP, should generate a shortlist of clinically appropriate provider choices
- The patient's referrer, normally their GP, should initiate the choice offer and discuss the relevant clinical aspects of choice with the patient
- Practices should work with PCTs to support patients in discussing other aspects of choice
- Patients should have access to meaningful information in the practice to support their choice decision, including the patient information booklet, commissioned choices, posters, where patients can gain further information and local support, including access to patient choice advisors and process explanation and outpatient waiting time information for each of the commissioned specialities.

Quality assurance processes in relation to Choice should be managed in partnership with the PCT.

The payment will be made from the survey results if at least 60% of patients responding, via the national patient experience survey, confirm that they were offered provider choice. **The requirement is for the patient to recall a conversation giving choice.**

**Practices must take part in the Primary Care Access Survey (PCAS) to receive the award of the whole of component one of the Access DES – this is in addition to the national primary care access survey.**

Non-English speakers and other accessibility features will be catered for through with a telephone helpline. More information about this will be available in due course.

### **What the survey covers**

PCTs and SHAs will be able to access information relating to patient responses to the survey. The survey questions are being professionally designed but will broadly cover:-

- When you last contacted the practice, were you able to consult with a GP within two working days?
- When you last contacted the practice to make an appointment for a problem which was not urgent, could you book ahead?
- Are you satisfied with the ability to get through to your practice on the telephone?
- When you last contacted the practice with a problem that was not urgent, were you able to make an appointment with a particular GP if you were prepared to wait?

- Do you recall a conversation with your GP about choice when you were referred for your consultant outpatient appointment?

***The wording of these questions, and the resulting information, will be piloted by polling experts and adjusted, as required.***

### **Analysis and dissemination of survey results**

The Department of Health will receive analysed data from the system analysts directly. The lowest levels of analysis will be aggregated practice-level data. This will then be distributed directly to PCTs and GP practices electronically. Aggregated data via the survey returns from both IT compatible and non-IT compatible practices will be available in the form of aggregate PCT tables and national level tables.

### **Governance and Freedom of Information**

Research projects using patient data from healthcare systems, must seek ethical approval for their design. Advice has been obtained from the Central Office of Ethics Committees (COREC) that the national patient experience survey project is classified as an audit rather than research project however further formal clearance is being sought.

Data access and security issues and the circumstances in which 'honorary contracts' have to be set up for staff involved in the sampling process will be investigated and managed by the Department of Health.

Patient confidentiality is essential and the third party contractors responsible for the survey will be required to ensure that patient confidentiality is protected and the attendant IT system is robust in anonymising data so that no individual can be attributed to a particular practice or having a specific clinical condition.

Survey reports and data findings will be open to scrutiny and available under the terms of the Freedom of Information Act (2005) <http://www.freedomofinformation.co.uk> however, no individual patient identifiable information will be accessible.

### **Publication of Survey Data and Information**

Reports of survey findings at practice level will be prepared and issued by the survey contractor – both for IT compatible and non-IT compatible practices. PCTs will receive their own summary reports and national level summary reports will also be produced. Data will be archived for future comparison. PCTs will pay practices on the report information received.

### **IT and Information Compatibility**

The IT system to extract the sample of patients from practices clinical systems will be put in place and managed by Connecting for Health (CfH). This will need to extract a sample according to agreed parameters, for instance, extracting a set number of patients who have had an appointment with a GP within 3 months of the date of the extract. Details of selected patients, sufficient to allow a questionnaire to be sent and for the subsequent anonymous response to be tied back to the practice and any other relevant information for analysis, will be sent to a handling house. A master file will be sent to analysts, which is the key to eventually tie the responses to practice.

A solution to extract a sample of patients from non-IT compatible practices as well as those with no IT systems will be sought and agreed between NHS Employers and GPC.

Further information in relation to the IT systems to be used to gather and interpret survey data will be provided in future bulletins.

### **Appeals Mechanism**

In the event of a disputed result, the practice can appeal to the Family Health Services Appeals Unit of the NHS Litigation Authority (or courts where the contract is not a NHS contract). The precise method of doing this is being determined.

***This is an interim briefing and further information will be made available in July.***