



Patient Experience Survey of Primary Care Teams

December 2016



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Building a high quality health service for a healthier Ireland

Underpinned by five key goals as set out below

Goal 1

Promote health and wellbeing as part of everything we do so that people will be healthier

Goal 2

Provide fair, equitable and timely access to quality, safe health services that people need

Goal 3

Foster a culture that is honest, compassionate, transparent and accountable

Goal 4

Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal 5

Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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1. Introduction

The Health Services Executive (HSE) is committed to improving the quality of care as set out in its vision: *'A healthier Ireland with a high quality health services valued by all'*. To achieve such a vision, we need to ensure that the views of service users are captured and that the planning of services reflects their needs and preferences. This is a requirement not only within the National Standards for Safer Better Health Care 2012 (Theme 1- Person-centred Care & Support), but also in the Primary Care National Service Plan 2016 (Goal 3) which seeks to:

- Increase the rates of service user engagement and feedback;
- Commence patient experience surveys in primary care and community services;
- Engage with patients on their experience of primary care through listening sessions conducted in partnership with the National Quality Improvement Division (QID);
- Measure primary care service users experience within Community Healthcare Organisations (CHOs) through the use of the primary care service user survey.

Since 2014 the National Primary Care Office supported CHOs, formally known as ISAs, in implementing the National Standards for Safer Better Health Care. In 2015, in consultation with the CHOs, a networking and support group for the National Standards was established by the National Primary Care Division. As a result of this collaboration a number of key quality improvement initiatives were identified including the need to understand the experience of those using Primary Care Team (PCT) services. Subsequently, throughout the latter part of 2015, the National PCT Experience Survey was developed in collaboration with the CHOs, QID and service users. The aim of the survey was to measure user's experiences of PCT services.

Between Q4 2015 and Q4 2016, there were over 3,000 surveys issued, and 1,662 completed surveys received, giving a 55.4% average response rate. Overall, 70% of respondents rated their experience of PCTs as positive and less than 1% as poor. All CHO areas have Quality Improvement Plans (QIPs) in place based on the findings of the results of their surveys.

The following report highlights the development of the National PCT Experience Survey and presents an overview of its findings.

2. Development of Survey

The survey was carried out in nine Community Healthcare Organisations (CHOs) and across approximately 40 PCTs at the end of Q4 2015 and throughout 2016. The overall process was managed by the CHOs in collaboration with the Quality & Safety Office, National Primary Care Division and the National Quality Improvement Division (QID).

Questions were drawn, or slightly adapted from existing instruments. The initial draft was then developed further with input from:

- The Primary Care National Standards Guidance Group;
- The Primary Care National Networking Group (with representation from each CHO);
- The National Primary Care Quality & Safety Committee;
- The National Quality Improvement Division;
- The Planning, Performance & Programme Management Team, Primary Care Division;
- The National Primary Care Management Team.

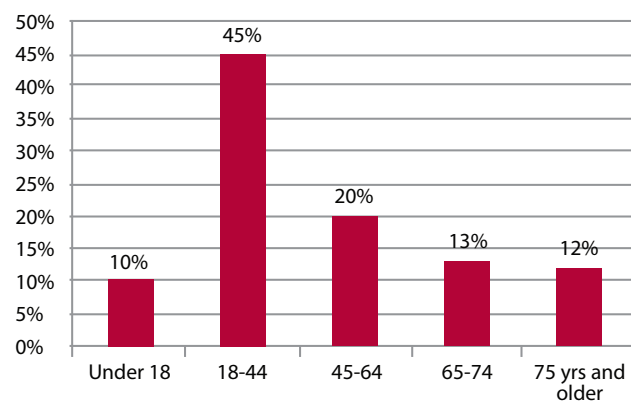
Focus group discussions, in relation to survey questions and layout etc., were carried out with service users. A workshop was also held in March 2016 with relevant stakeholders to review and share the learning from surveys conducted early in the process.

3. Presentation of Results

This patient experience survey consisted of 24 key questions covering the following core topics: personal demographics; knowledge and awareness of PCTs; accessibility; ease of access; service delivery, and overall experience of PCTs. The figures presented are percentages of those that responded to each question.

3.1 Response Rates & Personal Demographics:

There were over 3,000 surveys issued across the nine Community Healthcare Organisations (CHOs) and across approximately 40 PCTs. 1,662 completed surveys were received, resulting in a 55.4% average response rate.



The majority of respondents were female (70.5%/n=1127). Over half (56% /n=878) of respondents were holders of a medical card. As per the Table highlighted above, close to half (45%/n=733) of the respondents were from the 18-44yrs age group category.

3.2 Patient Experience of Primary Care Teams:

'The National Healthcare Charter: You and your Health Service' is a statement of commitment of the HSE describing what you can expect when and wherever you use health services in Ireland.

The Charter is based on eight key principles which have been captured by respondents within their reported experience of PCTs.



What you can expect

What you have told us

Access

"Our services are organised to ensure equity of access to public health and social care services"

- The majority of respondents (81%/n=1285) were aware of a PCT providing services in their area. Respondents most commonly attended their PCT to visit General Practitioners; Public Health Nurse/Community Nurses; Physiotherapists; Dentists and Speech & Language Therapy.
- Approximately two thirds (61%/n=526) of respondents reported no difficulties in using any of the PCT services outlined in the survey. Any difficulties experienced by respondents related to:
 - Waiting times for the appointment (17%/n=146)
 - Referral through another service (6%/n=49)
 - Opening times (3%/n=27)
 - Service required not available (2%/n=16).
- Over three quarters (88%/n=1425) of respondents attended a 'booked appointment'. A high percentage (95%/1482) further reported that their appointment time was suitable. Some suggested that appointment times as follows would have suited better:
 - The early morning (n=7)
 - Lunchtime (n=14)
 - After 5pm (n=16).

As one respondent highlighted: *"I work, I have to take time off work for every appointment, so I lose a day's pay, so I think there could be after hour's appointment"*
- Most (73%/n=1146) appointments took place in the primary care centre, and respondents were satisfied with the directions they were given (94%/n=1362), and with the parking facilities available (95%/n=1444). The majority (97%/n=1480) of respondents reported that the buildings were accessible and facilities easy to use.

Dignity and Respect

"We treat people with dignity, respect and compassion".

- Most respondents agreed that they were treated with kindness and consideration (99%/n=1584).

Safe and Effective Services

"We provide services with competence, skill and care in a safe environment, delivered by trusted professionals"

- There was a high level of satisfaction with the condition of PCT facilities with 98% (n=1524) of respondents reporting that the waiting area was clean and tidy.
- 97.5% (n=1430) reported that the toilets were clean and tidy; 98.5% (n=1522) reported that the treatment room was clean and tidy.
- 92% (n=1100) of respondents also recalled staff members washing/cleaning their hands before coming in contact with them.

What you can expect	What you have told us
Communication and Information	<p>"We listen carefully and communicate openly and honestly, and provide clear comprehensive and understandable health information and advice"</p> <ul style="list-style-type: none"> • 95% (n=1176) of respondents reported staff introducing themselves, or were already known at this consultation. • Nearly all respondents reported being given enough time to discuss their problems/concerns (99%/n=1551) and that they understood what the PCT member discussed with them (98%/n=1524). • The options for treating or managing their condition was discussed with nearly all respondents 96% (n=1249). • For some respondents (24%/n=283) it was not explained to them that their information may be shared with other PCT members, if required.
Participation	<p>"We involve people and their families and carers in shared decision making about their healthcare. We take account of peoples preferences and values"</p> <ul style="list-style-type: none"> • In 94% (n=1398) of cases respondents were involved in making decisions about their care and treatment.
Privacy	<p>"We will do our best to ensure that you have adequate personal space and privacy when you use our health services. We maintain strict confidentiality of personal information"</p> <ul style="list-style-type: none"> • Nearly all respondents (99%/n=1569) were satisfied with the level of privacy given to them during their consultation.
Improving Health	<p>"Our services promote health, prevent disease and support and empower those to self manage their long term health condition.</p> <ul style="list-style-type: none"> • Respondents were reportedly provided with a range of health promoting information during their appointments; including quitting smoking; losing weight; healthy eating; increasing physical activity levels, managing stress; mental health and wellbeing; alcohol use; falls prevention and breastfeeding.
Accountability	<p>"We welcome your complaints and feedback about care and services"</p> <ul style="list-style-type: none"> • Three thousand surveys were administered across the nine CHO areas. 1,662 completed surveys were received, resulting in a 55.4% average response rate. All CHO areas have Quality Improvement Plans (QIPs) in place based on the findings of the results of their surveys. • Overall, 70% of respondents would rate their experience as positive, and less than 1% as poor.

An overall thematic analysis of respondent's additional comments suggested a high level of satisfaction with the care and attention given to patients by members of the PCT:

The PHTN can
do no more.
Getting well
looked after

Both ladies in the Ophthalmology Dept
in the Health Centre were excellent
and provided a wonderful service for my
child. Well done ladies!

"Great service, no complaints.
My physio is a joy
to work with, so kind!

I don't think PC team
could improve anymore.
They are very efficient
and caring

As an oncology patient I can say
without a doubt or hesitation the
PHTNs in X are exceptional in the
level of care and all needs are met

Additional comments made by respondents would suggest that any dissatisfaction, albeit as low as 1%, or suggestions for improvement, relates primarily to waiting times for an appointment. This is clearly highlighted in the following statements:

"They don't need to improve
this service they are completely
up to standard as it is.

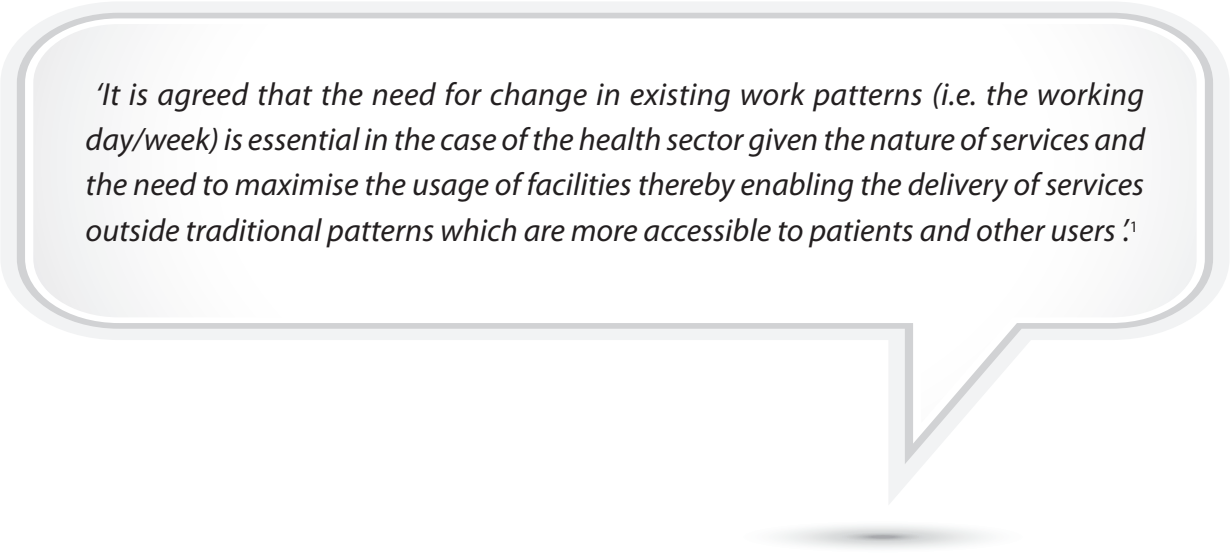
Best service I have been to,
it is a shame to see the way the
Physio hours have been cut back"

"I got excellent
care - trying to get
initial apt was the
biggest difficulty..."

4. Summary

It is encouraging to find that patients are benefiting in a real and meaningful way from the establishment of PCTs. The fundamental principle of the establishment of the PCT is to bring services closer to the patient and to provide holistic team services.

Findings from this survey highlight however that further consideration should be given to making services under the PCT more accessible to patients, particularly in terms of working patterns. This is recognised in 'Towards 2016' where it is stated under Section 30 relating to the Health Sector:



'It is agreed that the need for change in existing work patterns (i.e. the working day/week) is essential in the case of the health sector given the nature of services and the need to maximise the usage of facilities thereby enabling the delivery of services outside traditional patterns which are more accessible to patients and other users'.¹

Some respondents indicated that referrals to some PCT services were only possible through other health services. Every effort should be made to ensure that there are local agreements in place to allow for the direct and straight forward referral of patients where appropriate to other PCT services. This may be facilitated through the clinical team meeting process or through direct referral where multidisciplinary involvement is not required. Again this system is in place in many PCTs but may not be effectively communicated to the patient seeking access to another PCT service.

¹: Towards 2016, Ten-Year Framework Social Partnership Agreement 2006-2015

5. Next Steps

There was a lot of learning from the experience of conducting the survey in 2016. In the latter part of 2016 and early 2017 the survey has been adapted and changed to reflect this experience. The National PCT Experience Survey for 2017 to 2019 inclusive has been approved by the National Primary Care Senior Management Team, the National Primary Care Quality and Safety Committee, and has received the Plain English Mark by the National Adult Learning Association (NALA).

Capturing the patient's experience of primary care services is a continuous programme of work within the Primary Care Division, alongside Open Disclosure; Staff Listening Sessions and Service User representation on national committees.

The implementation of the survey findings are identified as an organisational system wide priority within the National Primary Care Operational Plan for 2017. The survey will be used as a baseline measure of the patient's experience of PCT services over the next three years, enabling us to continually incorporate patients' feedback to help us to improve and develop our primary care services.

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