



INSIGHT 07

Health and Social Services in Ireland – a survey of consumer satisfaction

Researched and compiled by



FOREWORD

This independent study of consumer satisfaction with the health and social care services was commissioned by the Health Service Executive (HSE) and carried out by the School of Public Health and Population Science in University College Dublin in partnership with Lansdowne Market Research.

This is the first time a study of this scale has been undertaken among a nationally representative sample of people who have used the HSE's hospitals and community services.

It involved detailed face-to-face interviews with 3,517 people across the country who were asked about their experience of the public health and social care services.

Consulting with patients and clients and asking them about their experience is important if we are to achieve our ambition which is to create a health and social care service that is easy to access, in which the public has confidence and which staff are proud to provide.

The information gathered during this study will enable us to establish and improve how we communicate with our patients; determine whether all patients are treated with dignity and respect; whether their preferences are respected as well as a range of other important factors which can influence the quality of their overall experience.

The study is part of a wide range of initiatives being developed by the HSE's Consumer Affairs Department to involve consumers and communities more actively in health service design, delivery and evaluation.

The HSE is committed to making it easy for people to make comments, suggestions and complaints. It has established a national programme, 'your service...your say' to provide fair and timely responses to comments, suggestions and complaints. It ensures that comment and complaint forms, websites and other literature are highly visible, accessible, easy to use and suitable for everyone, thus contributing to the HSE's Transformation Programme 2007–2010. The Transformation Programme represents the organisation's ambition for the future, which is that: *'Everybody will have easy access to high quality care and services that they have confidence in and staff are proud to provide'.*

Comments, suggestions and complaints can be made in a range of different ways:

- by completing a 'your service ...your say' comment/complaint form
- verbally face-to-face to any member of staff
- by letter or fax
- by emailing yoursay@hse.ie
- by telephone communication (1850 24 1850).

For more information on how to make a comment, suggestion or complaint about the service provided by the HSE, and or to view the full report 'INSIGHT 07: Health and Social Services in Ireland—a survey of consumer satisfaction' visit: www.hse.ie.

We would like to take this opportunity to thank all of those who gave their time so generously to participate in this study and to the School of Public Health and Population Science in University College Dublin, authors of the report.

Mary Culliton
Head of Consumer Affairs



BACKGROUND

The Health Service Executive (HSE) is committed to providing health and social care services in Ireland. This country is presently in a stage of considerable social and economic transition and there have been major reforms and re-structuring of the health services in very recent years.

Policy documents have stressed repeatedly the importance of equity and access, particularly for the most disadvantaged and the need to promote client centred and empowering models of care.

Central to the success of the Irish healthcare transformation process is the role of patients or healthcare consumers in influencing change and the HSE corporate plan 2005–2008 identified as the first of four corporate objectives, the improvement of health and social services and their outcomes.

It is important to undertake a national consumer satisfaction survey to understand the views and attitudes of the general public as to how health care services are delivered, as well as to consult those who are service users on their actual experience of those services.

A key component in meeting this objective is reliable and nationally representative information in order to plan effectively for the future and monitor whether stated aims and objectives are being met. Accordingly the HSE commissioned the UCD School of Public Health and Population Science and Lansdowne Market Research to undertake a national survey that would measure for the first time consumer perspectives and experiences of all aspects of the health care system, both in hospital settings and in primary, community and continuing care (PCCC).

There is now a good understanding in the international literature that satisfaction with a service is a subtle and multi-dimensional concept, reflecting a person's own social situation as well as the experience of a service in itself. Accordingly individuals should be asked not just to rate their satisfaction in a general way but to recount whether or not certain processes or events occurred satisfactorily during a particular visit. In that sense what occurred is as important as the evaluation of what occurred and this is what needs to be captured.

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METHODOLOGY

This survey is based on a nationally representative quota sample of Irish adults, balanced equally for the four HSE areas and augmented to include extra respondents over 50 years as these are relatively more frequent service users. The final attained sample was 3,517 respondents. Fieldwork commenced on 13th November 2006 and continued through to 9th March 2007.

Interviews were conducted face to face, in respondents' own homes, taking about 25 minutes on average. In developing the questionnaire instrument for this survey we reviewed best practice in the literature and a stakeholder consultation process was also undertaken.

The final questionnaire included information on socio-economic circumstances, measures of self-rated health and well-being and history of utilisation of the health services in the last 12 months. Knowledge of, and attitudes to, health services were also assessed.

A detailed interview on experience of at least one service, either as hospital inpatient, or as hospital outpatient, or in general practice or in any other community service was undertaken with respondents who had experience of one such service in the 12 months preceding the survey.

Analysis for the report included basic descriptive presentation of data weighted for age, tests for significance comparing GMS (General Medical Services eligible) and non GMS respondents and responses of those 50 years and under ('Under 50s') and over 50 years of age ('Over 50s'). A number of models were also undertaken to profile patterns of use and predictors of satisfaction with hospital outpatient services in particular.

EIGHT DIMENSIONS OF SATISFACTION USED TO CONSTRUCT QUESTIONNAIRE

1	Fast access to reliable services
2	Effective treatment delivered by a trusted professional
3	Involvement in decisions and respect for preferences
4	Clear, comprehensive information and support for self care
5	Attention to physical and environmental needs
6	Emotional support, empathy and respect
7	Involvement and support for family carers
8	Continuity of care with smooth transitions.

RESULTS

DEMOGRAPHIC PROFILE OF SAMPLE

- 52% women and 48% men.
- 13% were in Market Research Scale social category AB, 31% in C1, 26% in C2, 16% in D, 8% in E and 7% farmers.
- Those over 50 years were more likely to have had primary school education only (27% versus 3%) and less likely to have third level education (9% versus 19%).
- A majority of respondents were married (52%).

UTILISATION PATTERNS

- In the last year 64% of respondents had consulted a general practitioner (GP), 30% had some form of hospital experience, 21% had another community experience and 27% were reported non-users of any service.
- This pattern related strongly to age, with rates of GP utilisation rising from 59% of those under 50 years to 75% of those over 50, hospital utilisation experience from 27% to 39%, and other community service users from 19% to 25%.
- The main overlap in utilisation was between the GP and other services, the overlap between the hospital and the community was very low at 1% and just 2% of respondents reported experience of community services only.
- Non-users of the health services in the last year tended to be male, younger, have better self reported health and higher levels of education.
- Conversely those with GMS cards, the retired or those with permanent sickness or disability were more likely to be users.
- Distance to GP, hospital or access to a car, were not significant factors in using health and social services.

FIGURE 1

Service utilisation for national augmented sample – respondents aged under 50 (n=2,102)

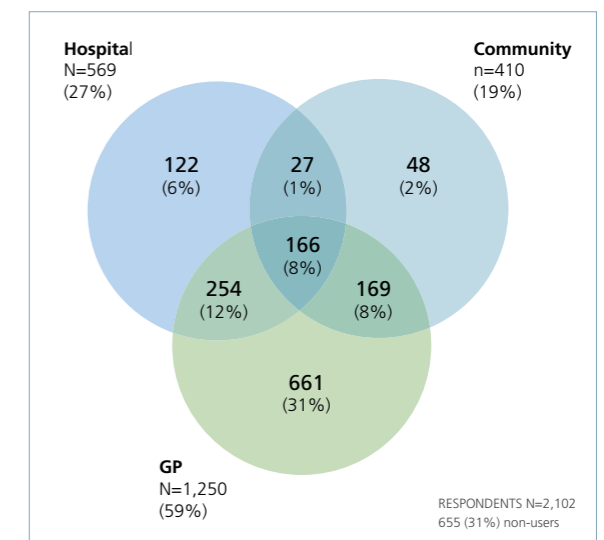
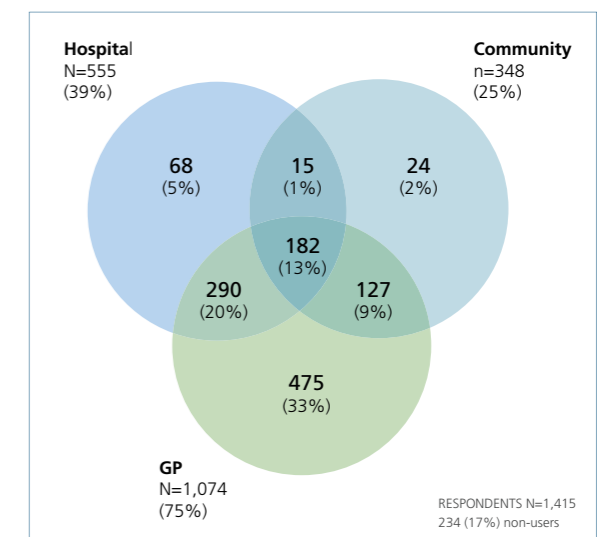


FIGURE 2

Service utilisation for national augmented sample – respondents aged over 50 (n=1,415)



HEALTH STATUS OF RESPONDENTS

- Measures of self reported health were overall positive among respondents, but showing a strong age pattern, with for instance 33% of those under 50 years old rating their health as excellent, compared to 13% of those over 50.
- There was also an association with GMS status for the measures of self reported health, so that amongst those over 50 years of age 8% of GMS eligible respondents rated their health as excellent, compared to 19% of respondents not eligible for GMS.

FIGURE 3
Respondents' ratings for their general health – national augmented sample (n=3,517).

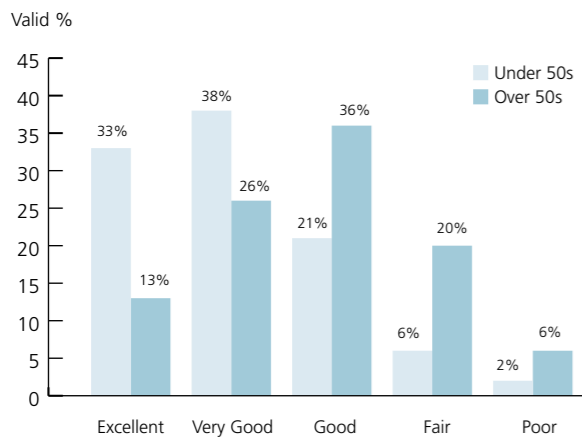


FIGURE 4
Self reported health status by age among GMS eligible respondents (n = 1,293)



FIGURE 5
Self reported health status by age among respondents not eligible for GMS (n=2,224)



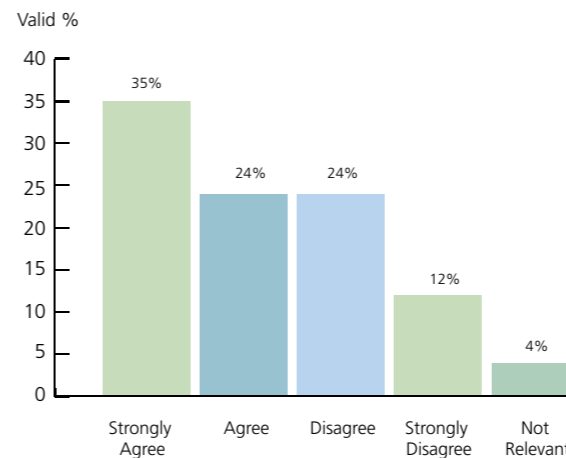
KNOWLEDGE, ATTITUDES AND BELIEFS

- The GP was cited as the most important source of information by 82% of respondents.
- The next most cited source was family or friends (28%), followed by the internet (18%) and media sources (18%).
- Official health services sources of information were not very commonly cited, and HSE helpline use was reported by just 1%.
- There was an age pattern in that 22% of the under 50s compared with 8% of over 50s cited the internet as an information source.
- Whilst most respondents knew what the HSE (Health Service Executive) is (66%), 81% did not know what the letters PCCC (Primary, Continuing and Community Care) stood for.
- Most respondents were in favour of county-level services being available; 96% thought there should be emergency departments in every county and 84% that there should be an acute hospital in every county.
- A majority (76%) would also favour treatment in a specialist or concentrated service if needed, even if it means concentrating services in fewer centres.
- However, most (70%) respondents rated ease of access to such services as very important to them.

SMOKING AND THE 2004 BAN

- A clear majority (89%) of respondents agreed or strongly agreed with the implementation of the smoking ban in workplaces in March 2004.
- Implementation of a total site ban in healthcare facilities, including the outdoor grounds would be supported by 59% of respondents.
- However, total smoker rates at 29% have not fallen in the population since the introduction of the ban.

FIGURE 6
Respondents' views on the implementation of a total site ban on smoking in all healthcare facilities in Ireland, including outdoor grounds – national quota sample (n = 3,032)



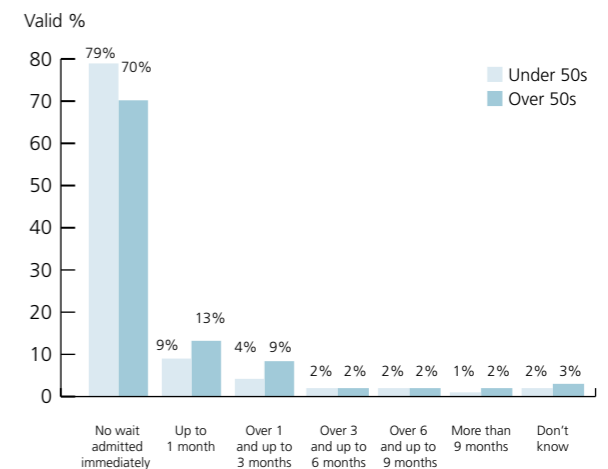
EXPERIENCE OF SERVICES

There were 2,758 service experience interviews completed, the remainder being non-users. The most frequently recorded interview experience was GP services (n=1,732, 63% of user interviews), followed by hospital outpatient (n=470, 17% of user interviews), hospital inpatient including daycases (n=344, 13% of user interviews) and the least frequent community health services (n=212, 8% of user interviews).

FAST ACCESS TO RELIABLE SERVICES

- The wait from the time inpatient respondents were told they had to be admitted was immediate for 76% of inpatients, up to one month for a further 11%, up to three months for 4%, up to six months for 1% and six months or greater for 4% of patients.
- There was no difference in immediacy of admission according to GMS status (75% GMS versus 76% non GMS).
- Of those with a recent outpatient experience, 23% were seen on time, 44% were seen within 30 minutes, but 18% waited more than an hour and 7% for 2 hours.
- For GP services, 31% were seen without an appointment, 38% received a same day appointment and 3% had to wait more than two working days to be seen.

FIGURE 7
Length of waiting times for inpatients other than daycases after they were first told they needed to be admitted to hospital according to age (n=202)



EXPERIENCE OF ENCOUNTER WITH THE HEALTH PROFESSIONAL

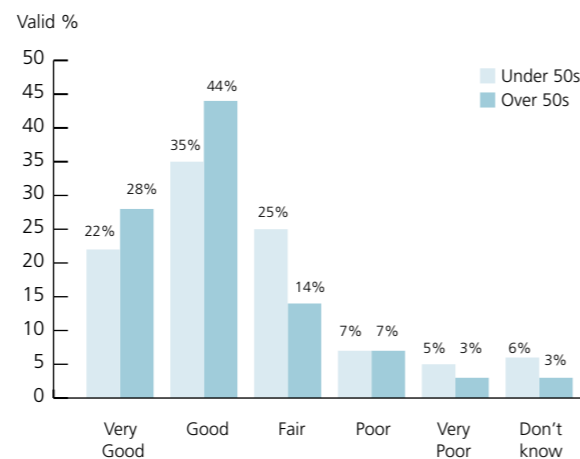
Ratings were overall generally highly positive for all the dimensions associated with the health professional encounter.

- A majority, 78% of inpatients, 67% of outpatients, 86% of GP patients and 78% of other community services patients, expressed definite or complete trust in the health professional they encountered.
- Most respondents, 70% of inpatients and 57% of outpatients, felt the healthcare professional at the initial encounter had all the necessary information.
- Eighty per cent of inpatients, 79% of outpatients and 86% of GP patients felt the information they were given was about the right amount.
- A majority of respondents, 67% of inpatients, 52% of outpatients and 72% of GP patients, agreed completely that they were involved in decision making about their care and treatment.
- Overall 83% of hospital inpatients, 79% of outpatients, 90% of GP patients and 77% of those receiving community services felt they had been treated with dignity and respect at all times.

PHYSICAL AND ENVIRONMENTAL NEEDS

- A majority, 63% of inpatients thought the adequacy/cleanliness of hospital public toilets was good or very good. However, those over 50 years were more satisfied than younger respondents
- Overall 78% thought ward facilities generally were of a clean standard.
- Of outpatients, 83% thought the department was very or fairly clean.
- For GP patients, 72% thought the surgery was very clean and a further 24% that it was fairly clean.

FIGURE 8
Inpatients' ratings for adequacy/cleanliness of hospital public toilets (n=344)



OVERALL RATINGS OF QUALITY OF CARE

General ratings of quality of care were overall positive in all four service settings:

- Rating their experience as excellent or very good were 64% of inpatients, 58% of outpatients, 84% of GP patients and 76% of other community services.
- A further 26% of inpatients, 27% of outpatients, 13% of GP patients and 13% of community patients rated services as good.
- Just 9% of inpatients, 13% of outpatients, 3% of GP and 11% of other community service patients rated the experience as fair or poor.
- A majority, 83% of inpatients, 73% of outpatients, 90% of GP patients, would recommend the service to someone else.
- For outpatients, both waiting time greater than 15 minutes and a perception that all necessary arrangements were not made to continue care influenced overall satisfaction levels.

AUTHORS' INTERPRETATION OF FINDINGS

This is the first large-scale, representative survey of consumer satisfaction undertaken by the HSE. By contrast with smaller-scale surveys, it is not focused on a particular client group or setting, but seeks to address all the major areas of health and social care and provides for the first time a solid snapshot of patterns of utilisation and direct recent experience of a given service.

It was conducted as a 25 minute household interview and so offered an opportunity to reflect knowledge, attitudes and experience as well as the more conventional measures of satisfaction.

The information from this survey can provide opportunities for learning which will assist the HSE in planning responses in areas which matter to the users of the services and which can shape the direction and emphasis of the HSE Transformation Programme.

DIMENSIONS OF SATISFACTION

Generally speaking there is strong satisfaction with the health care services by a majority of respondents and a high degree of confidence and trust in health professionals. Emerging from the results are areas which are positive for health service provision and the HSE; a majority of respondents were admitted to hospital in a timely manner; there is relatively little evidence of any GMS/non GMS divide in experience as reported by respondents in this survey; the level of confidence and trust in the care received in hospital and community settings is rated highly; there is a public perception of good hygiene in healthcare settings, although there is an age effect evident, which suggests that younger users of the services are less tolerant of poor hygiene.

Overall ratings of quality of care were mainly highly satisfactory. There were some variations in rated satisfaction within settings. The GP setting rated most positively. Within the acute setting those whose experience was in the emergency department were less satisfied than other outpatients. Where dissatisfaction does exist, particularly in this much publicised outpatient or emergency setting, there are clear reasons related to established dimensions of satisfaction. Satisfaction was also lower where all these dimensions of satisfaction were not met. Further in-depth analyses are in train to assess those dimensions of satisfaction in the other settings also and these will be presented in the final report.

UTILISATION PATTERNS

This survey provides the HSE with knowledge, for the first time at national level, of the utilisation rates for different areas of service use within the population. It finds that one third of the population has had some contact with the hospital system in the past 12 months; almost two thirds have been in contact with their GP; and one fifth report contact with community services other than their GP.

A snapshot survey like this cannot give information on direction of flow between services – it is not evident where contact was initiated and what direction people moved from there – but the survey does show that the GP is the busiest point and around half of those who see the GP have also used services in hospital. The GP is confirmed as the most frequently consulted point of the health service with most interaction with other services and is the best rated service. The numbers who have used services both in the hospital and the community without

The analysis of those who report not using any services in the past year indicates that in Ireland men are less likely to avail of health services than women and utilisation rises steeply with age.

involvement of a GP are much lower, about 1%. In this sample, 2% reported using community services only.

This pattern of service use, which shows high utilisation of GP services, coupled with the fact that the vast majority of respondents stated that they got their health information from the GP, reinforces the central part primary care plays in the promotion, provision and maintenance of health. Putting primary care at the frontline to meet the public's health need is in line with the HSE Transformation Programme and the Primary Care Strategy and the findings of this survey support this strategy.

The analysis of those who report not using any services in the past year indicates that in Ireland men are less likely to avail of health services than women and utilisation rises steeply with age. Those who rate their health as excellent are more likely to be in the higher social positions and they use services less. Those with General Medical Services (GMS) eligibility use the service more and are more likely to report that their health is poor. These findings support international evidence of the inter-relationship between social, economic and gender factors and health and are a reminder of the need to design services and campaigns that can reflect the needs and use patterns of specific groups.

KNOWLEDGE, ATTITUDES AND BELIEFS

The information from the survey suggests that the public is unfamiliar as yet with the Primary Community and Continuing Care (PCCC), the HSE organisational structure which manages health and social services outside the acute hospitals, and does not relate or associate services provided in non-acute settings, apart from the GP service, as a core part of overall health care provision. There are proposals by the HSE to meet local health needs through a combination of enhanced health promotion and public health measures, minor trauma units, primary care teams, home care, step-down and rehabilitation facilities.

These will support the work of centres of excellence for the treatment and management of conditions requiring acute hospitalisation.

A large majority of respondents stated that they believe that acute hospital services should be provided in every county. However, seven out of ten respondents also indicated a preference to be treated at a specialist or concentrated acute centre where there is evidence that this will provide the best outcome for them. Nonetheless ease of access remains very important to most respondents.

These findings indicate a need to drive and shape communication with communities around HSE plans to meet their health needs by enhancing non-acute services provision hand in hand with the provision of acute and specialist services. The profile of the new service structure must be raised with the general public.

SMOKING: HEALTH PROMOTION AND POLICY

There are health policy initiatives, such as the smoking ban, which can impact on overall health status and service usage but may not be associated by the public with direct health service experience. This direct link between public health policy and health service usage need not be explicit to the public, but there is a need for public support to make health policy a priority within overall health planning.

Among this survey group, the vast majority supported the smoking ban and a smaller majority indicated that they would support an outright ban on smoking on hospital sites. The aim of the ban is to protect people from passive smoking in the workplace and other studies have shown it to be successful in meeting this aim. However, this survey indicates that, while attitudes may have changed, the prevalence of smoking remains the same as before the ban and supports such as the smokers' quit line may not be well used by smokers. This needs to be considered by service providers.

In conclusion, these survey findings provide a positive basis for the HSE for the immediate and long-term future.

ACKNOWLEDGEMENTS

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your service ...your say

Our 'your service ...your say' policy is designed to provide fair and timely responses to comments, suggestions or complaints about services provided by the HSE or voluntary service providers. We are committed to improving our services to address the wants, needs and preferences of all service users.

