Response from Lay Committee members of the Royal College of Anaesthetists to the CQC’s NHS Patient Survey Programme

Consultation questions

Coverage of the survey programme

Q1 We are proposing to discontinue the outpatient survey and instead incorporate relevant questions into the adult inpatient survey. Do you agree or disagree with our proposal?

If this change was made:
• What would be the main benefits to you?
• What would be the main challenges to you?

Unsure; there are benefits and challenges to both approaches.

Benefits:
• It would avoid repetition.
• If the intention is to incorporate relevant questions from the outpatient survey into the inpatient survey, thereby increasing the sample size, then this is a good thing. Increasing sample size is an important factor in determining the accuracy of data.
• Also, the outpatient survey is possibly less relevant in that people are likely to be more focussed on what lies ahead than on what they have just experienced.

Challenges: Most anaesthetic departments have preoperative assessments in an outpatient clinic and it is important to have feedback on this, particularly with the shift in focus on perioperative care. The change would miss out all those who only attend as outpatients.

Q2 We are proposing to review the A&E survey to include all relevant urgent care services (for example, A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services).
Do you agree or disagree with our proposal?

If this change was made:
• What would be the main benefits to you?
• What would be the main challenges to you?

Unsure; there are benefits and challenges to both approaches.

Benefits:
• Better coverage of total service, greater integration of emergency care.
• Obtaining comparative data is essential to an accurate analysis and assessment of the entire patient experience.
• It seems that the development of Local Partnerships and their services might be a major factor affecting A&E services. If so, then it is important to ensure that national surveys are designed to take account of such developments.

Challenges: Logistically difficult to implement.

Q3 We are proposing to include the children and young people’s survey in the regular programme.
Do you agree or disagree with our proposal?

If this change was made:
• What would be the main benefits to you?
• What would be the main challenges to you?

Agree.

Benefits:
• Better information on this group.
• Better access for children and parents to up to date information.
• A very important survey as for many respondents it may be their first encounter with secondary care. Their experience is likely to have a profound effect on their attitudes toward secondary care in the future.

Q4 We are proposing to pilot a new survey for community health services.
Do you agree or disagree with our proposal?

If this change was made:
Agree: Assessing services aimed at recovery and rehabilitation is important work, as a high proportion of hospital admissions are in fact readmissions from recent discharges. Apart from the personal suffering caused, this may be putting unnecessary and costly strain on a number of healthcare services. Survey data will inform continuing efforts to work in a more joined up fashion in the transition from secondary care to care in the community.

**Frequency of the surveys**

We propose to adjust the frequency of specific surveys so that the results are renewed more frequently by re-running them at least every two years.

Q5 We propose to continue with an annual adult inpatient survey for acute trusts and an annual community mental health survey for mental health trusts. Do you agree or disagree with our proposal?

If this frequency was continued:
• What would be the main benefits to you?
• What would be the main challenges to you?

Agree: This is vitally important information for the NHS to gather in order to make informed decisions on where to direct resources.

Q6 We propose to run the A&E, children and young people’s, and maternity surveys on a two-year cycle (rather than running the outpatient, A&E and maternity surveys on a three-yearly cycle). Do you agree or disagree with our proposal?

If this change was made:
• What would be the main benefits to you?
• What would be the main challenges to you?

Agree: A&E is an area of particular concern so collection of data for this area is important.
Increasing the value of the programme

Q7 In the consultation document, we propose to implement new approaches to improve response rates across all surveys. Do you agree or disagree with our proposals?

• Do you have any other ideas for ways to improve response rates?

Surveys could be carried out at the point of treatment rather than be sent out later as questionnaires. A patient could use a hand held electronic device to complete a questionnaire on a ward before being discharged home.

• What do you think are the main barriers to increasing response rates?

Lack of information on how the data from the surveys will be used; patients who do give responses should be sent information on the results of the survey and any changes made to services as a result of a survey.

Q8 As part of this consultation, we would like to collect feedback on the accessibility and usefulness of the current reporting, and the aspects that could be improved further to help you to make more use of the survey data in your work.

How can we improve the presentation of data to make the survey results more accessible and useful to you in your work?

N/A

Q9 Do you have any further suggestions about how we can help you to make the most of the survey data in your work, so that you can gain more value from the surveys?

The CQC should present data at relevant professional conferences where they would get direct feedback.

Whilst we value the work outlined, we are concerned about the cost of running these surveys and whether these resources should be put towards patient care instead.