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Inpatients' reports show the need for a concerted strategy to involve patients in decisions

The new UK coalition government will need a concerted strategy to deliver its programme pledge to 'put patients in charge of making decisions about their care', with analysis of recent inpatient survey results showing there is still a huge need for improvement, Picker Institute Europe says today.

The results of the 2009 national inpatients survey showed that almost half (48%) said they were not as involved in decisions about their care and treatment as they wanted to be.

In 2005, 47% of patients said they wanted more involvement in decisions.

Dr Penny Woods, chief executive of Picker Institute Europe, says today:

"Inpatients' experience of decision-making has not got better despite five years of investment in a supposedly patient-focused NHS.

"This is remarkable, given it is central to the quality of patient experience, and that so many other aspects of patient experience have improved over that time."

Picker Institute Europe has examined the 2009 trust-level results against its proposed seven 'core domains' of inpatient experience – those aspects of care that best predict patients' overall satisfaction (see Note 2).

In four of those domains – 'nurses', 'cleanliness', 'pain control' and 'respect and dignity' – the average performance scores of NHS trusts appear acceptable or high.

On 'consistency and coordination' and 'doctors' the average scores lag a little, but on 'involvement' the average score across England is markedly poorer, and the variation (deviation from this average) is greater.

Dr Woods adds:

"Put simply, not enough hospital inpatients are experiencing the kind of involvement in decisions that they want, and the English NHS has steadfastly failed to improve. If the coalition is serious about changing this, it will need a really concerted new strategy to engage patients in their own care and treatment."

Ends

Notes for editors:

1. Picker Institute coordinated the 2009 national inpatient survey for the Care Quality Commission, which published the results on 19th May 2010. 69,000 patients responded: <http://www.cqc.org.uk/PatientSurveyInpatient2009>.
2. 'Core domains for measuring inpatients' experience of care', Picker Institute Europe 2009, analysed all patient responses from the previous national inpatient survey, to see which items in the survey had the most effect on the way patients rated their overall satisfaction with the service. The paper proposed that since these were the domains of most importance to patients, they should be used as the national priority measures for patient experience as part of quality. See http://www.pickereurope.org/Filestore/Policy/position_papers/Discussion_Paper_1_core_domains_inpatient_experience_Dec_09_final.pdf
3. The analysis of the 2009 inpatient survey results against the seven core domains was made using the same trust-level scoring system as that applied by the Care Quality Commission for their website: <http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation.cfm>
Results are shown and explained on the next page.

Further information:

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Core domains of the experience of inpatients in England, 2009

The following table contains the average performance scores of NHS trusts in England for the seven 'core domains' of inpatient experience proposed by Picker Institute Europe.

The trust scores are weighted for age, gender and route of admission to hospital. They are calculated by giving a score out of ten to each question response. The most positive response option scores ten and the most negative response scores zero. Other response options (if present) are apportioned between these end points.

For example, answers to an item with responses of 'Yes, definitely'; 'Yes, to some extent'; and 'No' would be scored 10, 5 or 0 respectively in the survey. This is the same system as that used by the Care Quality Commission in reporting survey results on their website – see 'What inpatients said about this trust'.

In our analysis we look only at the questions within the seven core domains, as being most important in determining patient satisfaction.

'Respect and dignity' and 'pain control' each consist of one question; the other domains consist of tested groupings of more than one related question. For example, 'doctors' and 'nurses' group together related questions about the interactions patients have with health professionals in the hospital.

Descriptive statistics for trust-level indicators (Inpatients 2009)					
	N	Minimum	Mean	Maximum	Std. Deviation
Consistency & Coordination	162	7.2	7.8	8.7	.31
Respect & Dignity	162	8.2	8.8	9.6	.27
Involvement	162	6.0	7.0	8.3	.42
Doctors	162	7.2	7.9	8.9	.32
Nurses	162	7.4	8.4	9.1	.32
Cleanliness	162	7.9	8.6	9.4	.30
Pain Control	162	7.3	8.3	9.2	.32

The 'mean' column shows the national average across all 162 trusts for that domain. Scores around 8.5 and above appear to us as good – they crudely indicate around 85% or more of patients reporting generally positive experiences.

Hence the score of 7.0 for 'involvement' is significantly weaker, and indicates a large minority of patients who were not so positive about the experience of involvement in decisions.

The 'standard deviation' column shows the extent to which individual trusts' performance varied from that average. For 'involvement' the variation is greater than in other core domains, which means that there is more tendency for trust scores to fall further from the average in this domain.