The Inpatient Survey – things we forget to remember

Key points

- The National Inpatient Survey is an important method of assessing patient satisfaction.
- There are currently 4 medicines-related questions. A new question about patients’ own drugs was added to the 2016 survey, which will be reported in 2017.
- The scores are aggregated and reported on the MO dashboard and the HoPMOp metrics.
- Improving patient experience requires a multi-faceted approach; giving consistent patient focussed messages and making every pharmacy contact count are key.

Introduction

Listening to patients' views is essential to providing a patient-centred health service, and by asking, monitoring, and acting upon patient feedback, organisations are able to make improvements in the areas that patients say matter most to them.

A systematic review found that patient experience was positively associated with clinical effectiveness and patient safety; interestingly patient experience was also positively associated with adherence to recommended medication and treatments.¹

There are many different approaches to measuring patient experience, and a single approach is not likely to meet all needs and contexts.² Combining different approaches is likely to be most effective for measuring changes in patient experience over time within improvement initiatives.

Background to the NHS acute trust Inpatient Survey

Every year on behalf of the NHS and CQC, the Picker Institute conducts the National Inpatient Survey. The survey started in 2002 and had 58 questions, two of which were medicines-related and are still included in the survey today. Gradually the questionnaires have been revised and the last survey reported (2015) had 82 questions with four related to medicines.

Each acute trust is asked to select a sample of patients who received inpatient care during July by including every consecutive discharge counting back from 31 July until they have selected 1250 patients. In 2015 this resulted in a cohort of 177,534 eligible patients who were asked to complete the survey. The adjusted response rate was 47% with 83,116 respondents. For individual trusts the average number of respondents per trust would be of the order of 580 patients. The findings are reported by the CQC in May or June of the following year.

Trusts may have their own local inpatient survey; the data collected from these surveys is not included in the National Inpatient Survey results.

What are the medicines-related questions?

In the 2015 survey there were four medicines-related questions

- Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Were you told how to take your medication in a way you could understand?
- Were you given clear written or printed information about your medicines?

The medicines-related questions are in the section headed “Leaving Hospital” so patients may not include their experience of medicines help and information provided throughout their inpatient stay. More information can be found on the NHS Surveys Website.

Where are the results published?

The results are published initially on both the CQC Website and the NHS Surveys Website. Reports are available showing national trends and individual trust data. The results of the medicines-related questions are reported on the national Medicines Optimisation Dashboard as an aggregated mean score for the responses to all four medicines-related questions in the Patient Experience section. In addition these aggregated mean scores are included in the NHS Improvement Model dashboard as part of the HoPMOp metrics.
Analysis of 2015 medicines-related question scores*
*the most up-to-date available in May 2017

Trends in National data
The results from 149 trusts were reported in 2015 and are summarised below.

<table>
<thead>
<tr>
<th>2015 Results</th>
<th>Medicines-related questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Purpose of Medicines</td>
</tr>
<tr>
<td>Yes completely/definitely</td>
<td>75%</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>16%</td>
</tr>
<tr>
<td>No</td>
<td>9%</td>
</tr>
</tbody>
</table>

Scores for the questions about purpose of medicines and how to take medicines have remained fairly constant over the past years. From 2006 to 2015, there was an increase of 6% (66% to 72%) in the proportion of respondents saying they received completely clear written or printed information about the medicines they were given to take home. There has also been a slow but steady increase in the proportion of respondents being told about the side effects of medication to look out for at home (37% in 2006 to 40% in 2015). However, there were still 41% of respondents who reported that they were not told about side effects.

The statistical analysis undertaken by the Picker Institute allows them to identify which scores they can confidently say are ‘better’ or ‘worse’ than the majority of other trusts.

Highest Performing Trusts
With respect to the medicines-related questions only, we looked at those trusts that were identified as ‘better’ than the majority of other trusts in one or more of the medicines-related questions. This identified a group of 15 trusts. The majority of the trusts (11) were tertiary care centres, 3 were teaching hospitals and 1 was described as a district hospital providing community services. Research has found that specialist trusts receive better patient ratings than general acute trusts and this has been attributed to their select case-mix and their role in providing tailored care. Results from the Inpatient Survey appear to mirror these findings. We contacted all the organisations in this cohort to see if they could share practice with application elsewhere.

Trusts improving their scores in 2015
From the published data it was also possible to identify trusts that had significantly improved their scores compared with the 2014 data. For the medicines-related questions we identified 9 trusts that had significantly improved their scores. On the assumption that the improvement in score was attributed to local action we contacted these organisations to see what changes had been made.

Trusts deemed to have poor results in 2015
We were also able to identify organisations deemed to have scores that were ‘worse’ than the majority of trusts. In the 2015 survey there were seven trusts that had two or more medicines-related questions which were rated as ‘worse’ than other organisations. We contacted these organisations to see what steps they were implementing to improve their scores.

What does an organisation need to do to improve its scores?
Pharmacy teams often found it difficult to articulate what they had done, if anything, to improve their scores and frequently said that they were doing similar things to other organisations. However, there were some general themes:

- **Trust leadership**
  A number of trusts that had made significant improvements to their scores in 2015 reported that they had been in special measures or had had an executive team in constant flux. This can lead to local bad press reports and low morale across the organisation. Trusts reported that once the executive leadership had improved, there tended to be a more positive atmosphere within the organisation. Whilst anecdotal,
there was a view that this positivity had helped to improve patient experience and subsequent patient questionnaire scores had improved. The link between the attitudes and behaviours of health professionals and managers and the organisational culture on how patients perceive their care and experience has been previously reported.⁴

- **Pharmacy Staff working in ward areas**

Organisations reported that they were not aware that they were doing anything dissimilar to other trusts, but were working to have more pharmacy staff based on the wards, especially more ward-based pharmacy technicians. The introduction of more staff in ward areas tended to be part of organisations' on-going strategies to deliver improved medicines optimisation not as a direct result of a poor score in the survey. One teaching hospital amongst the group of highest performing trusts reported having greater than 80% pharmacist time spent on clinical activity. The wearing of a pharmacy uniform for technicians and/or pharmacists was cited as one way to ensure patients were able to identify pharmacy staff on the wards; this was one of the strategies implemented by one of the improving organisations. Introducing a “Team Pharmacy Wales” uniform was one of a bundle of interventions introduced by the Welsh Health Boards. [Link to report]

- **Oral communication with patients**

One of the key themes that came across when talking to organisations about how they communicated orally with patients was “making every pharmacy contact count”. The use of consistent patient-focussed messages throughout the patient stay is critical. As is ensuring the patient’s agenda is foremost rather than the pharmacy task agenda for example “what would you like to know about your medicines?” Nursing staff in one tertiary care organisation use the "teach-back" method when handing out the patient’s discharge medicines to assist with understanding.

- **Encouraging patients to ask pharmacy staff**

The use of posters on the side of the bedside lockers identifying that information was available from pharmacy staff was reported by one organisation. A patient placemat has been introduced by another. This placemat is not pharmacy specific but includes key pharmacy messages alongside other useful information such as how to access the free Wi-Fi code.

- **Providing patients with written information about their medicines**

It is a legal requirement that every dispensed medicine must be accompanied by the manufacturer’s Patient Information Leaflet, so it could be argued that every trust should score 100% on this question. It is clear that patients do not perceive the PIL as “clear written or printed information”. Some examples of locally produced leaflets issued to patients have been shared and can be found here link 1, link 2. One organisation ensures the leaflet is personalised by adding the name and address of the patient to improve retention at discharge.

- **Pharmacy patient experience group**

One trust that performed poorly in 2015, are using a multi-method approach to improving their patients' experiences. The work is co-ordinated by a newly formed Pharmacy Patient Experience Group which includes membership from the pharmacy team, from nursing colleagues, from the trust communications team (vital to promote key messages) and a patient representative.

- **Use of Green Bags**

A tertiary care organisation which primarily undertakes elective surgery ensures that patients are seen by a pharmacist in the pre-admission clinic and handed a Green Bag in preparation for their admission. A Green Bag is simply a clearly designated, easily identifiable bag which can be used for transporting medicines between and around care settings. They were keen to use this opportunity at the very start of the patient journey to begin giving consistent messages about medicines. More information about implementing and sustaining a Green Bag scheme can be found here.

- **Pharmacy Discharge Referral to Community Pharmacy**

A teaching hospital within the highest performing trust cohort has introduced and evaluated a formal electronic patient referral to community pharmacies. The referrals are generated by pharmacy technicians and the organisation is committed to ensuring continuity of patient care when transitioning between healthcare settings. Their published evaluation indicated that referred and followed-up patients may have lower rates of readmission and shorter hospital stays.⁵ It is interesting to note that this organisation scored particularly highly in the question about “how to take medicines” and this could
indicate that a formal discharge referral to a community pharmacy gives patients’ more confidence about their medicines.

- **Financial incentives**

One organisation reported that a local CQUIN had been introduced, which centred on improving discharges. In particular there was a requirement to develop and implement a mini-medication assessment tool for frail elderly patients, the results of which were to be included in the discharge summaries. There was a perception that this intervention had improved patients’ understanding of their medicines.

**What other research has been done?**

An organisation in the south of England commissioned a market research company to find out what information patients wanted, in what format they wanted it and who they wanted to provide them with the information. They found that patients are often upset and frustrated by the whole discharge process, citing a lack of communication or miscommunication about when they are being discharged. At the point of discharge, information about their medicines is a minor concern compared to other aspects of their discharge; they just want to leave as quickly and smoothly as possible. Consequently they are working on improved communication, using standard messages and managing patient expectations around the whole discharge process.

**What are the challenges?**

**Survey cycle**

As previously described the survey is reported approximately one year after the patient cohort has been discharged. Shortly after the publication of the results the next cohort of patients will be selected. This means that there is a significant delay in finding out if any initiatives have resulted in improved scores. Organisations that were keen to improve their scores reported that they included the medicines-related questions into their in-house inpatient surveys to give them better real-time feedback.

**Staff retention**

A number of organisations reported that they had concerns about maintaining their patient satisfaction scores as retention of staff e.g. Band 7 was proving difficult.

**New question in 2016 survey**

A new question about medicines has been added to the 2016 survey:

- If you brought your own medication with you to hospital, were you able to take it when you needed to?

More information can be found in the [Development report for the NHS adult Inpatient Survey 2016](http://www.sps.nhs.uk).

Patients’ understanding of the survey questions regarding, for example, provision of written information, calls into question how the survey results should be interpreted. We would welcome any feedback on medicines questions which could be used to support commissioning of future surveys.

**Acknowledgements**

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**References**

6. Personal communication