Jersey Care Commission

Picker

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Patient Experience Evaluation

Date: 8 December 2022

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Picker

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- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

Published by and available from:

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Registered Charity in Scotland: SC045048

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Contents

Executive Summary

This report summarises the findings from a survey of adult users of Inpatient, Maternity, Urgent and Emergency Care (UEC) and Community Mental Health Services (CMHS) carried out by Picker, on behalf of Jersey Care Commission. The report presents the results from a set of core questions that were asked across all four services, thereby allowing comparisons by service type. It also presents service-specific questions asked to Inpatient, maternity patients, UEC patients and CMHS patients. These service-specific questions have been compared to data from the Care Quality Commission (CQC) National Patient Survey Programme in England[1].

Core questions headline findings

Overall Experience

83% (n=379) of Inpatient, **85%** (n=322) of UEC**, 79%** (n=178) of maternity and **66%** (n=184) of CMHS respondents said that they **had a positive experience of care overall.**

Fast access to reliable health advice

91% of Inpatient (n=385) and **93%** (n=341) of UEC respondents said that that they **waited 60 minutes or less before speaking to medical staff.**

Clear information, communication, and support for self-care

96% (n=401) of Inpatient, **99%** (n=341) of UEC, **98%** (n=221) of Maternity and **96%** (n=249) of CMHS respondents said that **questions were answered in a way that they understood**.

Effective treatment by trusted professionals

98% (n=450) of Inpatient, **97%** (n=366) of UEC, **98%** (n=222) of Maternity and **91%** (n=256) of CMHS respondents reported that they **had confidence and trust in staff**.

Involvement in decisions and respect for preferences

77% (n=340) of Inpatient, **84%** (n=303) of UEC, **90%** (n=204) of Maternity and **88%** (n=174) of CMHS respondents said that they **felt involved in decisions about care**.

Emotional support, empathy, and respect

98% (n=446) of Inpatient, **99%** (n=371) of UEC, **98%** (n=220) of Maternity and **96%** (n=268) of CMHS respondents reported that they were **treated with respect and dignity overall**.

[1] https://www.cqc.org.uk/publications/surveys

Attention to physical and environmental needs

98% (n=411) of Inpatient, **96%** (n=253) of UEC, and **97%** (n=215) of Maternity respondents said that they were **able to get help and attention from staff when needed**.

Involvement and support for family and carers

93% (n=226) of Inpatient, **93%** (n=82) of UEC, **88%** (n=100) of Maternity respondents said that they **received help to keep in touch with family and friends**.

Service specific results

Inpatient

95% (n=425) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q45).

Urgent and emergency care

94% (n=343) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q50).

Maternity

98% (n=211) of respondents reported they received **helpful** antenatal advice for supporting their own physical health (Q7).

Community mental health services

86% (n=243) of respondents reported that their most recent appointment was **helpful** in helping with their mental health needs (Q44).

Comparison of service-specific results with CQC data

- When Maternity respondents were asked if midwives appeared to be aware of the medical history of them and their baby (Q30), 89% (n=178) of Jersey Care Commission respondents agreed compared to 73% (n=15373) in the most recent CQC Maternity Survey in England – showing a 16% difference.
- UEC responses from the Commission's respondents were worse than the most recent CQC UEC Survey in England when asked if they were able to get suitable food or drinks when they were in the Emergency department (Q34). 41% (n=56) of Jersey respondents agreed with this compared to 68% (n=12798) in the CQC data.
- When CMHS respondents were asked if they would know who to contact during a crisis (Q25), 53% (n=133) of Jersey respondents agreed compared to 71% (n=8134) in the CQC survey.
- 44% (n=63) of Jersey Inpatient respondents did not mind waiting as long as they did for admission (Q2) compared to 66% (13075) in the CQC Inpatient survey in England.

Background

The Jersey Care Commission (The Commission) is an independent statutory authority with responsibility for the regulation of health and social care in Jersey. The Commission provides independent assurance about the quality and safety of health and social care services in Jersey and maintains the register of the professional staff who work in these services.

Following a petition for independent inspection of all health facilities, including community care, the Minister for Health and Social Services published a response on 7 March 2022 which tasked the Commission to carry out a survey to ascertain Islanders experiences of using health care provision. The survey of adult users of inpatient, maternity, urgent and emergency care, and community mental health services was conducted by the renowned Picker Institute Europe on behalf of the Commission. Picker is an international charity working across health and social care whose work is at the forefront of understanding and furthering the link between patient experience, person-centred care, and clinical excellence. Picker uses people's experiences of health care to identify priorities in delivering the highest quality care

The survey was conducted between September and October 2022. A sample of more than 4,000 people who had experienced care provided by the general hospital, maternity, and community mental health services during the three months prior to the survey received the questionnaire by post.

The contributions made by those who completed the survey provides a valuable understanding of the quality of the care currently being provided by the Department of Health and Community Services. The results, published in this report will help the Commission to prepare for future inspections.

Methodology

Survey Development

Four questionnaires were developed: one per service (inpatient, maternity, urgent and emergency care, and community mental health). Questionnaire content was informed by a programme of patient experience surveys run by the Care Quality Commission (CQC) in England[2]. Development focused around adapting the questionnaires to the Jersey Health and Social care model as well as to meet two further requirements:

- Creating a core set of questions that were standardised across all four questionnaires to allow for inter-service comparisons (not all the core questions were present in all questionnaires due to the heterogeneity of target groups), including socio-demographics.
- Retaining a selection of questions from the CQC Patient Survey Programme to allow for benchmarking of Jersey Care Commission services against those in England.

Language and formatting question changes were made to allow for context-specific differences.

Please note that outpatient services were not included in the evaluation because there isn't a current CQC Outpatient survey (it last ran in 2011 meaning it would have required significant work to ensure it was relevant to current care provision.

Selection Of Questions

The need for both internal benchmarking (comparisons within Jersey Care Commission services) and external benchmarking (comparisons to England's CQC survey data) influenced the selection of the service-specific questions and the core questions respectively. Questionnaire sections were used within each survey to guide the survey recipient through the questionnaire and to ease comprehension and flow. Each survey asked about key principles of person-centred care[3] including access to care, information and communication, involvement, and attention to physical and environmental needs. Questions asked about specific aspects of care provision to ensure the resulting data were actionable and could be used to identify areas for improvement.

[2] https://www.cqc.org.uk/publications/surveys
[3] https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/

Eligibility/ Sampling Approach

Only adults (aged 18 and above) were invited to take the survey. The sampling timeframes and number of patient records per sample are detailed in Table 1. The data set was based on episodes, not people.

This meant that the same person could be listed more than once, having used different services and/or used the same service more than once. Rules were set for deduplications and removal from the sampling frame.

Table 1: Sample of patients for each service

Service Type	Time Period for Eligibility	Sampling Methodology	Number in Sample
Community Mental Health	May – July 2022	Simple Random Sampling	1250
Inpatient	May – July 2022	Census	1103
Maternity	August 2021 – July 2022	Census	699
Urgent Emergency Care	May – July 2022	Systematic random sample, date sorted	1250

For more information on sampling, separate sampling instructions detailing the approach by service are available upon request.

Survey Implementation

The survey used a mixed mode methodology. Questionnaires were sent by post with an option to complete the questionnaire online. The online survey was hosted in Qualtrics and provided in English, Portuguese and Polish. The paper questionnaire was available in English only.

There were three paper mailings; the first and third contained a survey invite letter and a paper questionnaire. The second mailing only contained a reminder letter. The second and third mailings were only sent to recipients that we had not yet heard from (i.e., those who had completed the survey already or had opted out were not sent a reminder). The letter within each mailing provided some information about the survey as well as a link to the online survey. The approach mirrored the CQC patient survey methodology prior to the deployment of mixed methodology surveys.

Support For Patients During Fieldwork

During fieldwork, survey recipients could access helpdesk support via telephone or email. Details about this support were provided in each survey invite or reminder letter. Recipients had the opportunity to opt-out by contacting the helpdesk via telephone or email.

Survey Timings

Survey fieldwork took place in September and October 2022.

- 1st mailing (letter with questionnaire): 5th September 2022
- 2nd mailing (reminder letter): 26th September 2022
- 3rd mailing (reminder letter with questionnaire): 10th October 2022
- Fieldwork closing date: 31st October 2022

Analysis And Reporting

For the core survey questions that were asked across all services, data is presented by service. For the service-specific questions, data has been benchmarked against the CQC national patient survey programme in England. The CQC comparable data are as follows:

- Inpatient Survey 2021
- Maternity Survey 2021
- Urgent and Emergency Care Survey 2020
- Community Mental Health Survey 2021

Please note that the CQC data has been scored using the same approach as the scoring methodology used for Jersey Care Commission and will differ to how the CQC have reported on and published the data.

Please also note that for comparisons between services at Jersey Care Commission, and for comparisons between CQC and The Commission data, statistical significance testing has not been conducted.

Survey Activity

Response rates

This report outlines the results from **1364** respondents, which represents a **32%** response rate (from sample of 4302 sent a survey). Responses are comprised of:

Inpatient

461

(**42%** response rate, base n=1103)

Maternity

228

(**33%** response rate, base n= 699)

Urgent and Emergency Care

379

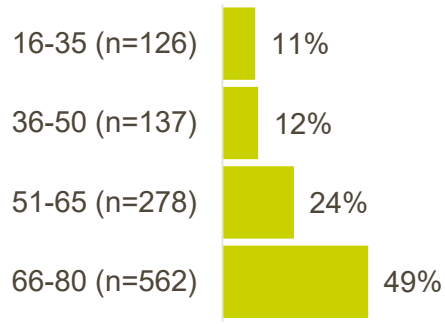
(**30%** response rate base n=1250)

Community Mental Health Services

296

(**24%** response rate, base n= 1250)

Age

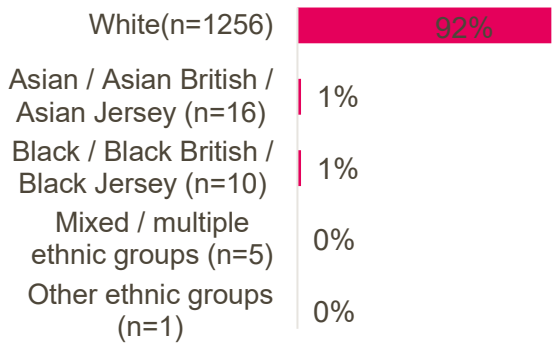


3% (n=33) Prefer not to say.

Gender

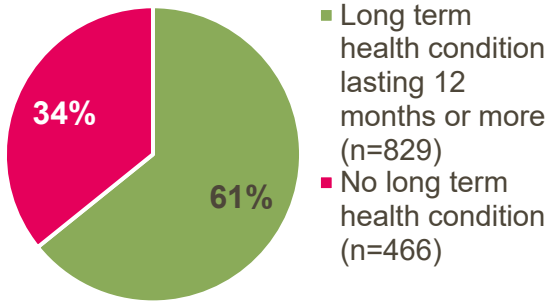
2% (n=26) Prefer not to say

Ethnicity



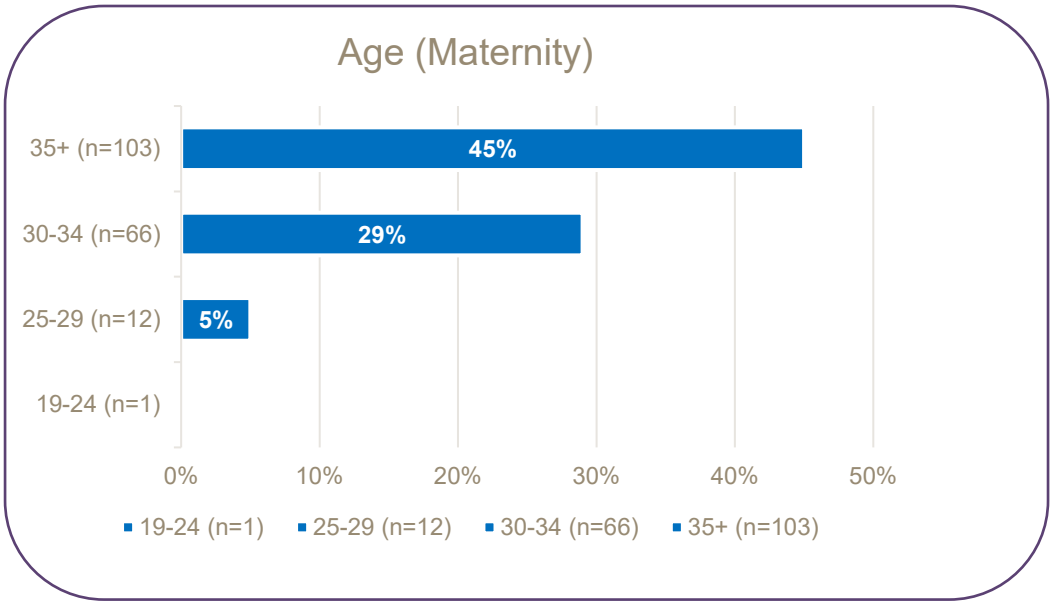
6% (n=76) Prefer not to say

Health condition



5% (n=69) Prefer not to say

Please note figures for Age above are for Inpatient, UEC and CMHS as age categories for Maternity are different and are shown in the chart below.



20% (n=46) Prefer not to say

Core Questions

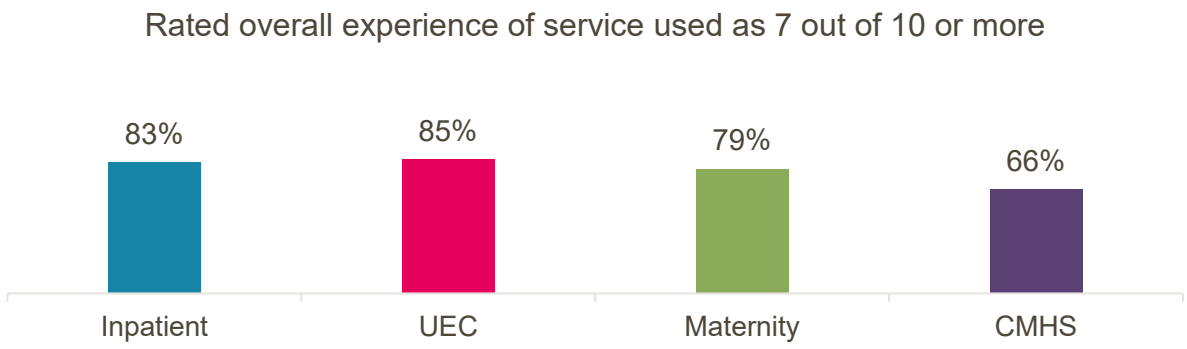
This section presents the results from a set of core questions that were asked across all services, and therefore allow us to present comparisons by service type. The sections are based around the Picker principles of person-centred care.[4]

For reporting purposes, Urgent and Emergency Care has been abbreviated to UEC, and Community Mental Health Services has been abbreviated to CMHS.

Overall experience of care

When asked to rate their overall experience of care, many respondents rated their experience positively. Responses are displayed in Figure 1 below with the greatest percentage of positive responses from UEC patients (85% rating their overall care as 7 or more out of 10, n=322) followed by Inpatient at 83% (n=379).

Figure 1: Positive scores for core question relating to overall experience of service used



Base: Inpatient n=454; UEC n=377; Maternity n=226; CMHS n=280

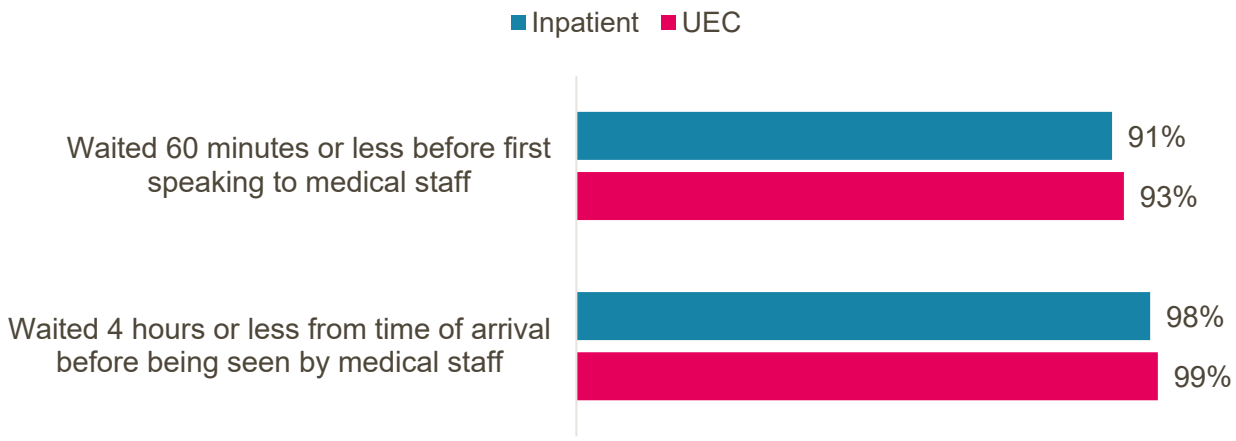
Fast access to reliable health advice

Access to the right services at the right time is essential for high quality care that meets individuals' needs. Access might include ease of scheduling appointments; minimal waiting for referrals or treatment; and availability of appropriate professionals and advice. Fast, easy access is important both for routine care and unplanned crises.

[4] https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/

Figure 2 show responses to questions about access to services that were asked to Inpatient and UEC patients. A higher proportion of UEC respondents (93%; n=341) reported that they waited 60 minutes or less before speaking to medical personnel compared to inpatient (91%; n=385). 99% (n=360) of UEC patients waited 4 hours or less before medical staff attended to them compared to 98% (n=415) of Inpatient respondents.

Figure 2: Positive scores for core questions relating to fast access to reliable health advice



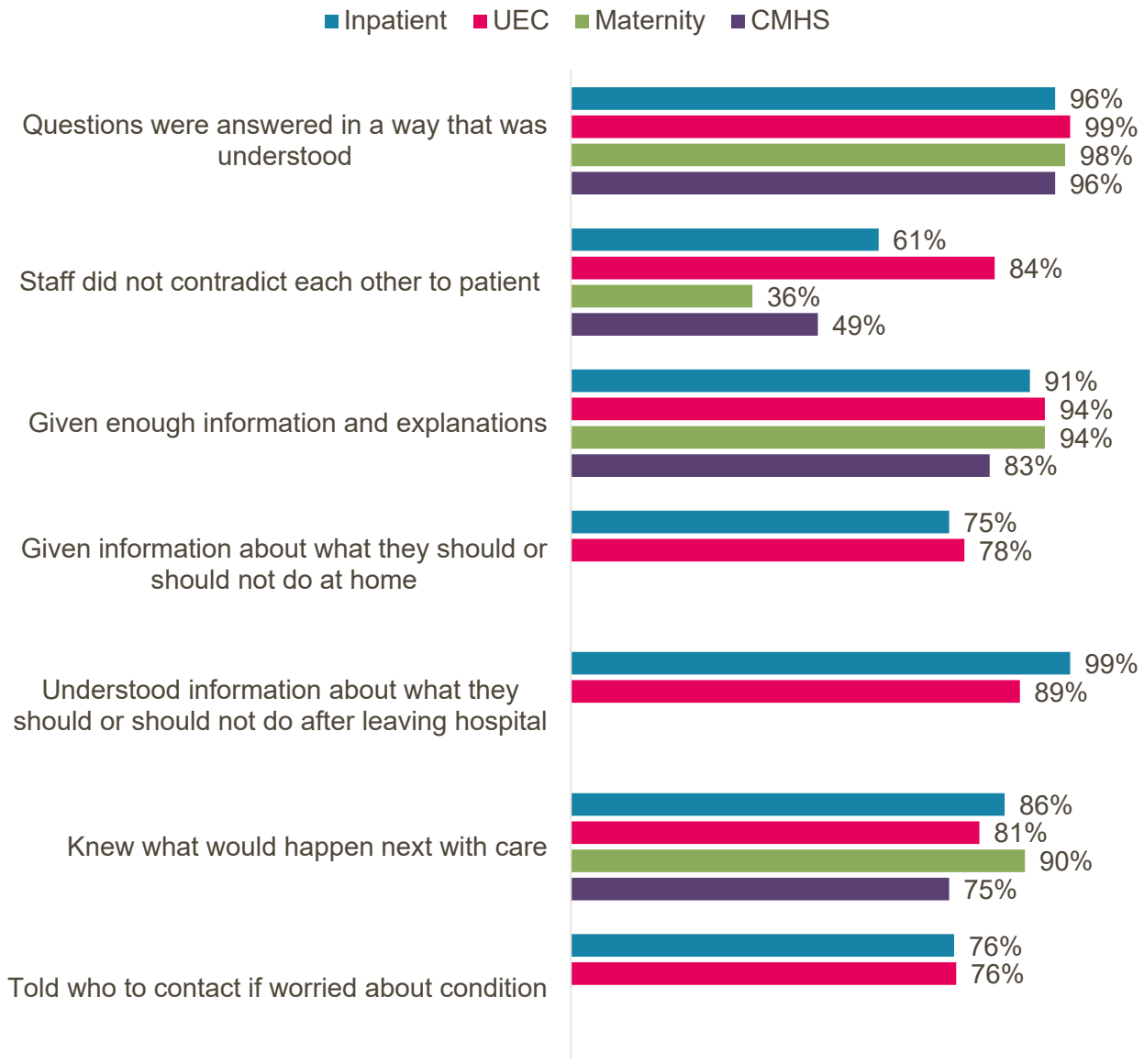
Base in order of questions as shown in Figure 2: Inpatient n=421, n=424; UEC n=365, n=363

Clear information, communication, and support for self-care

People using health and care services should receive reliable, high quality, and accessible information at every stage in their journey. Information should be provided at appropriate times, in an understandable way, and should support people to make informed decisions and manage their own care.

As seen below in Figure 3, survey respondents reported a range of experiences when it came to the provision of information and support for self-care. For example, 99% (n=301) of Inpatient respondents understood what they should or should not do after leaving hospital relative to 89% (n=269 of UEC patients. Only 36% (n=74) of Maternity respondents believed that staff did not contradict each other suggesting a need for clearer communication among staff. Although responses to this question were slightly higher for other services (CMHS: 49%, n=121; Inpatient: 61%; n=252; UEC: 84%; n=298), there was room for improvement across all services.

Figure 3. Positive scores for core questions relating to clear information, communication and support for self-care



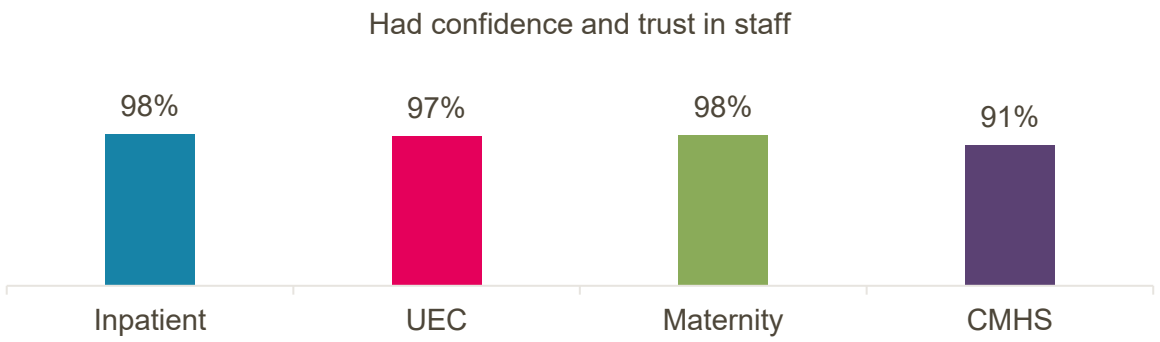
Base in order of questions as shown in Figure 3
Inpatient n=416, n=416, n=441, n=303, n=414, n=417
UEC n=346, n= 353, n=370, n= n=302, n=249, n=302
Maternity n=226, n= 205, n=226, n= 216
CMHS n=271, n=245, n=274, n=283

Effective treatment by trusted professionals

Positive therapeutic relationships are at the heart of person-centred care. People should receive clinically appropriate and effective care that meets their needs and is respectful of their preferences. Interactions with care professionals should inspire a sense of confidence and trust.

The majority of respondents across all 4 surveys had confidence and trust in staff (ranging from between 91% and 98%) – see Figure 4.

Figure 4: Positive scores for core questions relating to effective treatment by trusted professionals



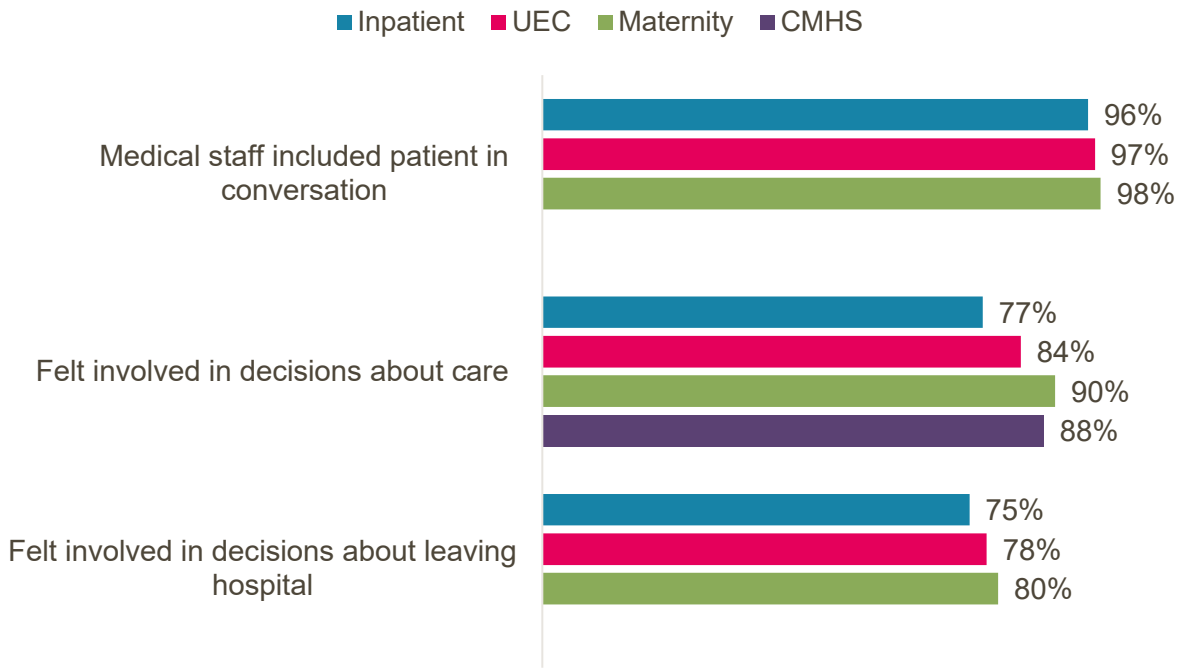
Base: Inpatient n=458; UEC n=377; Maternity n=227; CMHS n=281

Involvement in decisions and respect for preferences

People have the right to be involved in and to make decisions about their health and care. Providers should work with people in equal, reciprocal partnerships, and should respect people's choices and preferences – including but not limited to those that reflect their background, social, and cultural values.

Figure 5 reveals that the majority of respondents across the four services felt that they were involved in making decisions regarding their care, although there were variations across the services. For example, when asked if they felt involved in decisions about care, 90% (n=204) of Maternity patients agreed when compared to Inpatient (77%; n=340), UEC (84%; n=303) and CMHS (88%; n=174) respondents.

Figure 5: Positive scores for core questions relating to involvement in decisions and respect for preferences



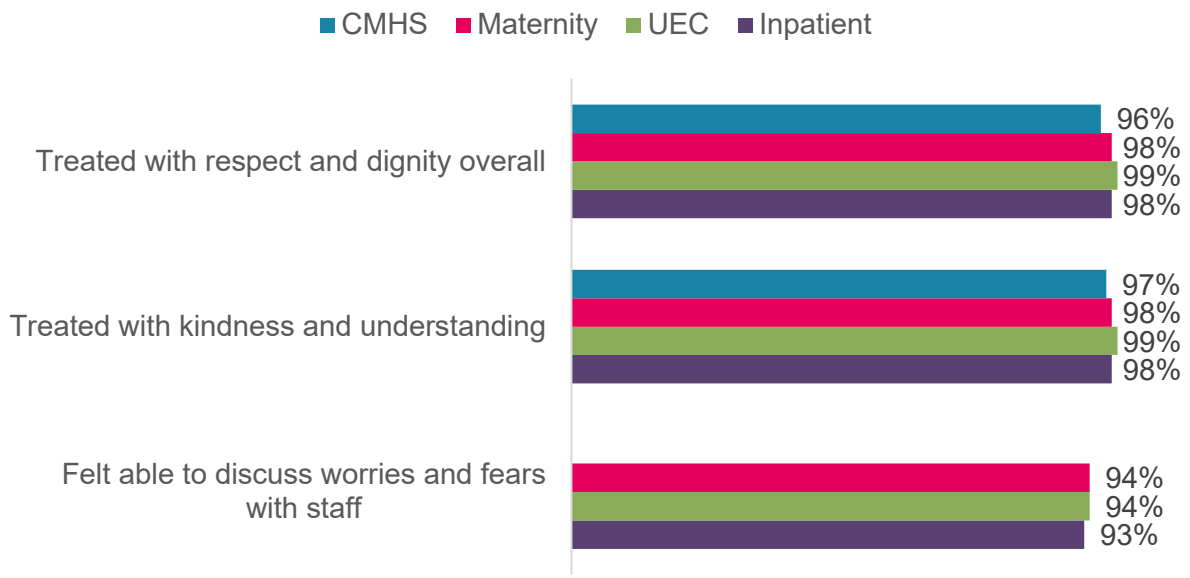
Base: In order of questions as shown in Figure 5
Inpatient n=450, n=440, n=440
UEC n=371, n=361, n=298
Maternity n=226, n=226, n=220
CMHS n=198

Emotional support, empathy, and respect

Person-centred care demands a caring and holistic approach. People providing care should show empathy and respect, recognising an individual's emotional needs. For care to be compassionate it must be delivered with respect, sensitivity, and appreciation of the person as an individual.

Responses to questions about emotional support, empathy and respect were generally quite positive. Over 90% of respondents across all four services said that they were treated with respect and dignity and were able to discuss their worries and fears with staff (although the latter question was not asked to CMHS) – see Figure 6.

Figure 6 Positive scores for core questions relating to emotional support, empathy and respect



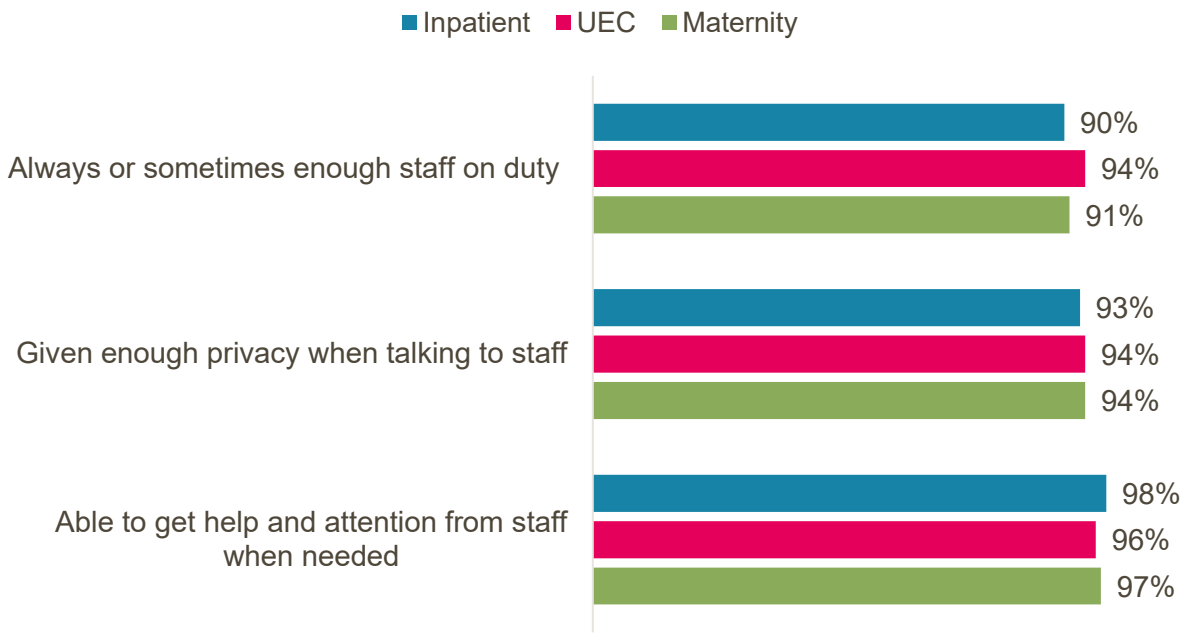
Base in order of questions as shown in Figure 6
Inpatient n=409, n=454, n=456
UEC n=311, n=372, n=376
Maternity n=224, n=226, n=225
CMHS n=280, n=280

Attention to physical and environmental needs

People deserve to be treated and cared for in safe, comfortable environments that afford them privacy and dignity. Similarly, care professionals should be mindful of people's physical needs – including pain management, assistance with activities, and personal care.

The majority of Inpatient (98%; n=411), Maternity (97%; n=215) and UEC (96%; n=253) respondents agreed that they were able to get help and attention from staff when needed (see Figure 7). Responses were also positive regarding staff availability and privacy – as displayed in Figure 7.

Figure 7: Positive scores for core questions relating to attention to physical and environmental needs



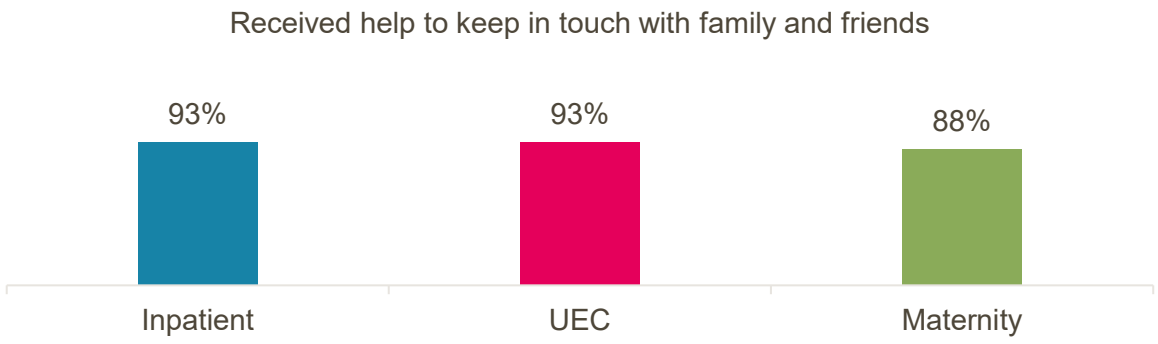
Base in order of questions as shown in Figure 7
Inpatient n=458, n=443, n=420
UEC n=374, n=370, n=264
Maternity n=227, n=226, n=222

Involvement and support for family and carers

People have the right to be involved in and to make decisions about their health and care. Providers should work with people in equal, reciprocal partnerships, and should respect people's choices and preferences – including but not limited to those that reflect their background, social, and cultural values.

As seen in Figure 8, a large proportion of respondents across three services said that they received help to keep in touch with friends and family (Inpatients: 93%; n=226, UEC: 93%; n=82, Maternity: 88%; n=100.

Figure8: Positive scores for core questions relating to involvement and support for family and carers



Base: Inpatient n=243; UEC n=88; Maternity n=114

Service Specific Results

This section presents the headline results from the service specific questions asked separately to Inpatients, Maternity patients, UEC patients and CMHS patients. Scores have been compared to results from the Care Quality Commission Patient Survey Programme in England (CQC). They have been calculated from the difference between the Commission's and the CQC data with the biggest differences highlighted in this section of the report.

Inpatient Survey

This section shows results from the Commission's Inpatient survey. The CQC data comparisons are from the adult inpatient survey 2021[5]. According to the CQC survey report, fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between January 2022 and May 2022. Patients were eligible for the survey if they had spent at least one night in hospital (and were not admitted to maternity or psychiatric units), had been discharged during November 2021, and were aged 16 years or over. NHS Trusts with fewer than 1,250 eligible discharges in November were required to sample backwards into earlier months (working backwards from 30 November) to reach the required sample size.

Inpatient Outcomes

95% (n=425) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q45)

79% (n=358) of respondents rated their health **better** as a result of their hospital visit (Q46)

[5] https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2021/

Table 2 indicates the Commission's Inpatient scores that were higher (or more positive) than the CQC data – of which there were only four questions in total, each with a 1% difference between the scores. However, three of the four scores for the Commission were 97% or above, indicating little room for improvement.

Table 2 Inpatient survey - Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Room or ward very or fairly clean (Q10)	98%	97%
Staff helped to control your pain (Q24)[6]	98%	97%
Beforehand, how well did staff answer your questions before procedures were answered well (Q27)	97%	96%
Got enough support from health or social care services after discharge (Q41)	78%	77%

Table 3 shows Inpatient scores for the Commission that had the largest, negative differences compared to CQC data. These include how respondents felt about the length of time they were on the waiting list before admission to hospital and views about hospital food.

Table 3: Inpatient survey - Bottom scores vs. CQC

Bottom 5 scores vs. CQC	The Commission	CQC
Did not mind waiting as long as did for admission (Q2)	44%	66%
Asked to give views on quality of care during stay (Q44)	6%	13%
Staff explained reasons for changing wards at night (Q9)	75%	81%
Food was very good or fairly good (Q11)	64%	70%
Family or home situation considered at discharge (Q31)	77%	79%

[6] Q24 online only

Urgent And Emergency Care Survey

This section shows results from Urgent and Emergency Care (UEC) survey at the Commission. It also displays the top and bottom scores compared to data from the CQC Urgent and Emergency care survey 2020[7]. According to the CQC report, the survey involved 126 acute and specialist NHS trusts with a Type 1[8] accident and emergency department. Fifty-nine of these trusts also had direct responsibility for running a Type 3[9] department that was eligible to participate in the survey. Fieldwork for the CQC survey (the time during which questionnaires were sent out and returned) took place between November 2020 and March 2021. People were eligible for participation in this survey if they were aged 16 or over at the time of attendance, and if they attended a Type 1 or Type 3 emergency department in England between 00:00 on 1st September 2020 and 23:59 on 30th September 2020. Trusts that had an eligible Type 3 department and were not able to achieve the required sample size from September attendances alone could also sample back consecutively from 31st August to 1st August until they met the required sample size.

UEC Outcomes

94% (n=343) of respondents reported that their most recent visit to hospital was **helpful** in dealing with the problem(s) they went to hospital for (Q50)

67% (n=243) of respondents rated their health **better** as a result of their hospital visit (Q51)

Compared with the CQC data, the Commission's UEC services performed well in some areas relating to tests and results, and in how quickly patients reported speaking to medical staff. Please see Table 4 below for full details.

[7] https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/year/2020/
[8] A Type 1 department is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week
[9] A Type 3 department is an A&E/minor injury unit with designated accommodation for the reception of accident and emergency patients. The department may be doctor or nurse-led, treats at least minor injuries and illnesses, and can be routinely accessed without appointment.

Table 4: Urgent and emergency care survey - Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Received test results before leaving A&E (Q28)	88%	80%
Waited 60 minutes or less before speaking to medical staff (Q7)	93%	87%
Understood why tests were needed (Q27)	97%	92%
Informed how long would need to wait (Q9)	49%	45%
Did not feel threatened by other patients or visitors (Q33)	97%	94%

The Commission UEC scores that showed the largest negative difference compared to CQC data are displayed in Table 5. The Commission's UEC patient responses were poorer than CQC data for access to help whilst waiting, access to suitable food or drinks in the urgent and emergency care setting, and information about care and support after leaving the care setting..

Table 5: Urgent and emergency care survey - Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	CQC
Able to get suitable food or drinks (Q34)	41%	68%
Able to get help whilst waiting (Q10)	53%	59%
Told how would receive the results of tests (Q30)	48%	53%
Staff discussed need for further health/social care after leaving A&E (Q46)	74%	78%
Expected care and support available after leaving A&E (Q47)	74%	78%
Told side-effects of medications (Q41)	54%	58%

Maternity Survey

This section shows results from the Commission's maternity survey and provides comparisons against CQC maternity survey 2021[10]. According to the CQC survey report, individuals needed to have had a live birth during February 2021, be aged 16 years or over at the time of delivery and gave birth under the care of an NHS trust (including home births) in England to be eligible. Trusts with fewer than 300 eligible deliveries in February were required to also include individuals who gave birth in January 2021 beginning with deliveries on 31st January and working backwards until either a sample size of 300 was achieved or January 1st was reached. Fieldwork for the CQC Maternity survey (the time during which the online survey was available and postal questionnaires sent out and returned) took place between April and August 2021. This approach allowed for the six-week postnatal period to have concluded by the time fieldwork commenced, because a number of questions in the questionnaire related to postnatal care.

Maternity Outcomes

98% (n=211) of respondents reported they received **helpful** antenatal advice for supporting their own physical health (Q7) and **97%** (n=190) for supporting their own mental health (Q8)

94% (n=205) of respondents reported they received **helpful** postnatal advice from a midwife or health visitor for supporting their own physical health (Q40) and **92%** (n=191) for supporting their own mental health (Q41)

Table 6 indicates scores from the Commission's Maternity survey that had the greatest positive difference compared to CQC data. The Commission had a score of at least 15% higher than CQC data for:

- respondents feeling that their midwife or midwifery team were aware of their medical history and that of the baby;
- patients reporting being given enough information about where they could have their baby.

[10] https://nhssurveys.org/surveys/survey/04-maternity/year/2021/

Table 6: Maternity survey - Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Felt midwives aware of medical history (postnatal) (Q30)	89%	73%
Given enough information where to have baby (Q1)	91%	77%
Felt GP talked enough about physical health during postnatal check-up (Q38)	78%	65%
Partner / companion involved (during labour and birth) (Q14)	95%	85%
Felt midwives or doctor aware of medical history (antenatal) (Q2)	91%	83%

Scores showing the largest negative difference compared to CQC data are in Table 7 below. There were only two questions with a score lower than CQC, and the difference was only 1% for each of these.

Table 7: Maternity survey - Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	CQC
Able to ask questions afterwards about labour and the birth (Q17)	76%	77%
Staff asked about mental health (postnatal) (Q33)	94%	95%

Community Mental Health Services Survey

This section shows results from the Community Mental Health Services survey at the Commission and provides some comparisons against data from the CQC community mental health survey 2021[11]. For the CQC survey, community mental health trusts in England were instructed to include all service users (aged 18 and above) who were seen by someone at their trust between 1 September and 30 November 2020 (sampling period). Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2021.

CMHS Outcomes

86% (n=243) of respondents reported that their most recent appointment was **helpful** in helping with their mental health needs (Q44)

Table 8 displays data for CMHS questions that show the largest positive difference to CQC data. Compared to CQC community mental health services data, a slightly greater proportion of patients from the Commission felt that:

- family members or other close people were involved in their care as much as they would like to be;
- they were treated with respect and dignity;
- they rated their overall experience of care as 7 or more out of 10.

Table 8: Community mental health services survey – Top scores vs. CQC

Top scores vs. CQC	The Commission	CQC
Family member or someone else close has been involved as much as much as would like (Q41)	83%	79%
Treated with respect and dignity overall (Q42)	96%	91%
Rated overall experience as 7/10 or more (Q43)	66%	62%

[11] https://nhssurveys.org/surveys/survey/05-community-mental-health/year/2021/

Given enough time to discuss needs and treatment (Q6)	88%	86%
In the last 12 months has seen mental health services often as needed (Q2)	74%	73%

CMHS questions that showed the largest negative difference to CQC data are displayed in Table 9 and includes patients knowing who to contact outside office hours if they experienced a crisis, indicating that the patients may not always be being provided with adequate information to facilitate contact when they need support.

Table 9: Community mental health services survey – Bottom scores vs. CQC

Bottom scores vs. CQC	The Commission	CQC
Know who to contact during crisis (Q25)	53%	71%
Involved in talking therapies as much as wanted to be (Q35)	83%	87%
Talking therapies explained in a way that was understood (Q34)	92%	96%
Got help needed when contacting crisis staff (Q13)	87%	91%
In last 12 months, has had a care review meeting (Q23)	59%	62%

Conclusion

This report presents data from a survey of adult users of Inpatient, Maternity, Urgent and Emergency Care, and Community Mental Health Services, conducted by Picker on behalf of the Jersey Care Commission. Patients were invited to respond to enhance understanding of Islanders' experience of using healthcare services and the quality of care currently available. The survey highlighted areas of good performance. For example, the majority respondents across services reported receiving helpful advice and treatment and had confidence and trust in the staff that they saw. The survey data provides valuable knowledge relating to patient experiences of care provision. Below are some actionable highlights of results by service, including where there might be room for improving aspects of person-centred care:

- **Maternity** performed well in involving patients in decisions about care and leaving the hospital, and staff being aware of their medical history. On the other hand, there was room for improvement in maternity staff not contradicting themselves. In fact, this concern was also evident across CMHS and Inpatient staff, suggesting a need for clearer information provision and communication.
- **UEC** performed well in many areas including overall experience of care, waiting times, patients being treated with respect and dignity and receiving test results before leaving. However, there should be a greater focus on the provision of adequate food and other refreshments within the UEC as these questions performed poorer than CQC data in England.
- **Inpatient** services also performed well with waiting times, patients being able to get help and attention, respect and dignity and an overall positive experience of care. Although there weren't many questions where the Inpatient service performed above CQC data, scores were generally high. However, there needs to be more support for patients', greater involvement in decisions about care and them leaving hospital after treatment. A lower proportion of Inpatients from the Commission reported not minding waiting as long as they did for admission than the CQC data. More research is needed to explore the reasons behind this (for example whether it is due to differences in waiting times, differences in expectations around waiting times, both or something else).
- **CMHS** performed well in patients reporting questions being answered in a way that was understood and exceeded CQC data in areas such as involving family members. However, there was room for improvement in knowing whom to contact in a crisis. There is a need to focus on improving overall positive patient experience within the CMHS compared with other services. Also, providing patients with adequate information to help them facilitate contact during a crisis should be prioritized.

While the results indicate that people's experiences have been largely positive, there are key areas of improvement required.

The Jersey Care Commission is clear that patient feedback should be a key driver for quality improvement within Health and Community Services. How the department considers and acts on patient feedback, including complaints and survey findings, will be a core element of future inspections.

All care providers should have systems in place to do this effectively, to demonstrate the quality of its leadership and how ‘caring’ and ‘responsive’ its care can be.

The Commission would encourage Health and Community Services to reflect on the findings to understand what patients really think about the care and treatment they provide, so that they can identify what is working well and what should change.

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