

Some NHS trusts consistently outperform others on patient experience

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Some NHS trusts consistently outperform others on a range of measures of patient experience, finds research published online in *BMJ Quality & Safety*.

Furthermore, the top performers tend to be Foundation Trusts and teaching hospitals, the study shows.

[Patient experience](#) is one of the five domains for assessing NHS performance (NHS Outcomes Framework) and is recognised internationally as a key dimension of healthcare quality.

But it is one of the more difficult areas to measure because of the many contributory factors involved, say the authors.

The authors, from health think-tank The King's Fund, and the Picker Institute Europe, used data from inpatient, outpatient and emergency care surveys from 145 hospital trusts in England for 2008 and 2009.

They looked at six areas (domains), which were common to the various surveys, to reflect patient experience. These were: cleanliness; dignity and respect; consistency of communication; patient involvement in decisions; information provision; and confidence in staff.

They then applied a series of statistical techniques to examine whether or not trust performance was consistent across the different surveys, and to identify factors associated with performance, such as foundation trust status and deprivation levels among the trust's patients.

Their analysis showed that, overall, trusts scored an average of 70 or higher out of 100 across all the surveys for patient experience, with the exception of information provision on issues such as drug side effects and danger signals to look out for after discharge.

Domains with the largest number of above average scoring trusts were dignity and respect (85 trusts) and consistency of communication (80 trusts). Domains with the smallest number of above average performers were confidence in staff (43 trusts) and patient involvement in decisions (50).

Domains with highest number of below average performers were information provision (52 trusts) and confidence in staff (40 trusts); those with the smallest number of below average performers were cleanliness (17 trusts) and involvement in decisions (8 trusts).

But the analysis identified certain trusts which performed consistently above or below average on all six domains in all three surveys.

One in five (21%) trusts performed above average in all the surveys. Most had Foundation Trust status, but not one was in London.

At the other end of the scale, six trusts (4%) performed below average in all the surveys. All these trusts were in London, and none had Foundation Trust or teaching hospital status.

Below average performers also had the highest average deprivation scores and the lowest proportion of patients from white backgrounds.

Feedback from patients from black and minority ethnic backgrounds shows that they are often less satisfied with the healthcare they receive than their white peers, which may have to do with language and cultural factors, say the authors.

But they say: "Population differences should never be seen as an 'excuse' or 'justification' for poor patient experience."

They suggest that the consistency of their findings indicate system wide successes or failures, and that some trusts are more successful than others at

fostering a culture or mechanisms for delivering a good experience for their patients.

While the performance of trusts, overall, was skewed towards higher scores, the authors point out: "However, the survey results overall show considerable room for improvement."

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