



Jersey Health and Community Services Patient Experience Evaluation 2023

Findings from Inpatient, Urgent & Emergency Care,
Maternity, Community Mental Health,
and Outpatient Surveys

Date: March 2024

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.

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Executive summary

This report summarises the findings from the Jersey Patient Experience Survey Programme. A service evaluation programme was introduced in Jersey in 2022 and commissioned for a second year in 2023. The programme seeks feedback from adult users of inpatient, outpatient, maternity, urgent and emergency care, and community mental health services to inform improvement activities. This feedback is collected via a survey programme conducted by Picker Institute Europe on behalf of the Department of Health and Community Services.

This report presents the results from the following:

- A set of core questions that were deployed across surveys to allow for internal benchmarking (inter-service comparisons).
- Outcome questions created for each survey to measure the impact each service had on patients' health.
- Comparisons with Care Quality Commission's (CQC) National Patient Survey Programme in England¹.

Core questions 2023 headline findings



Overall Experience

83% of inpatient (n=356), 89% of urgent and emergency care (UEC) (n=210), 81% of maternity (n=159), 67% of community mental health services (CMHS) (n=142), and 89% of outpatient (n=318) respondents said that they had a positive experience of care overall.



Fast access to reliable health advice

99% of inpatient (n=401), 98% of UEC (n=232), and 100% of outpatient (n=351) respondents waited 4 hours or less from time of arrival before being seen by medical staff.



Clear information, communication, and support for self-care

84% of inpatient (n=316), 80% of UEC (n=123), 89% of maternity (n=160), 71% of CMHS (n=151), and 87% of outpatient (n=282) respondents said that they knew what would happen next with their care.



Effective treatment by trusted professionals

98% of inpatient (n=416), 99% of UEC (n=239), 96% of maternity (n=193), 88% of CMHS (n=193), and 97% of outpatient (n=350) respondents reported that they had confidence and trust in staff.



Involvement in decisions and respect for preferences

78% of inpatient (n=322), 89% of UEC (n=210), 90% of maternity (n=172), 87% of CMHS (n=137), and 86% of outpatient (n=284) respondents said that they felt involved in decisions about care.

¹ <https://www.cqc.org.uk/publications/surveys>



Emotional support, empathy, and respect

98% of inpatient (n=416), 99% of UEC (n=237), 99% of maternity (n=197), 97% of CMHS (n=211), and 99% of outpatient (n=353) respondents reported that they were treated with respect and dignity overall.



Attention to physical and environmental needs

94% of inpatient (n=392), 98% of UEC (n=232), 95% of maternity (n=186), and 98% of outpatient (n=346) respondents said that they were given enough privacy when talking to staff.



Involvement and support for family and carers

95% of inpatient (n=197), 96% of UEC (n=66) and 81% of maternity (n=66) respondents said that they received help to keep in touch with family and friends.

Outcome questions 2023 results



Inpatient

86% (n=367) of respondents reported that their problem(s) were helped or completely cured by their most recent hospital visit. 79% (n=330) rated their health better after their hospital visit.



Urgent and emergency care

90% (n=218) of respondents reported that their problem(s) were helped or completely cured by their most recent emergency department visit. 77% (n=182) rated their health better after their emergency department visit.



Maternity

88% (n=178) of respondents reported they received helpful antenatal advice, and 75% (n=152) received helpful postnatal advice for supporting their own physical health. 79% (n=160) of respondents said they received helpful antenatal advice, and 69% (n=137) helpful postnatal advice for supporting their own mental health.



Community mental health services

70% (n=150) of respondents reported that their most recent appointment was helpful for their mental health needs.



Outpatient

87% (n=307) of respondents reported that their problem(s) were helped or completely cured by their most recent appointment. 45% (n=156) rated their health better after their outpatient appointment.



Comparison of 2023 service-specific results with CQC data

- Jersey inpatient respondents were more likely than respondents to the CQC survey to agree that staff discussed the need for further health or social care services after discharge (86%, n=224; 81%, n=26,990 respectively). Respondents to the Jersey survey were also more likely than respondents to the CQC survey to report they got enough support from health or social care professionals after discharge (85%, n=230; 78%, n=25,656 respectively).
- Respondents to the Jersey UEC survey were more likely to report being informed how long they would need to wait (37%, n=65) compared to respondents to the CQC survey (24%, n=5,453).
- 79% of maternity respondents in Jersey felt their GP talked enough about physical health (n=154) and their mental health (n=153) during their postnatal check-up. This is compared to 71% (n=16,892) and 73% (n=17,052) of respondents to the CQC survey respectively.
- 61% (n=38) of Jersey CMHS respondents reported that in the last 12 months, mental health services provided support for finding and keeping work (paid or voluntary). This is compared to 52% (n=1,835) of respondents to the CQC survey.

Background

A service evaluation programme was introduced to Jersey in 2022. 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 Jersey Care 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 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 programme was commissioned for a second year in 2023, with the programme now being the responsibility of the Department of Health and Community Services. Picker was appointed to conduct the programme for the second iteration. An outpatient survey was added into the programme for 2023.

The 2023 survey was conducted between October 2023 and January 2024. More than 5,500 people who had experienced care provided by inpatient, maternity, urgent and emergency care, community mental health and outpatient services were invited to participate and received the questionnaire by post.

The contributions made by those who completed the survey have provided a valuable understanding of the quality of care currently being provided by the Department of Health and Community Services. The feedback received will inform improvement activities for each of the five services within the survey programme.

Methodology

Survey development

Five questionnaires were developed: one per service (inpatient, maternity, urgent and emergency care, community mental health and outpatient). Questionnaire content was informed by a programme of patient experience surveys run by the Care Quality Commission (CQC) in England². Whilst an Outpatient survey (new for 2023) is not part of the CQC's current patient survey programme, the historic survey was reviewed and updated to align with current best practice, the other questionnaires and Jersey specific context.

Development focused around adapting the CQC questionnaires to the Jersey Health and Social care model as well as to meet two further requirements:

- Creating a core set of standardised questions across all five 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 services against those in England.

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

Selection of questions

The need for both internal benchmarking (comparisons between Jersey 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 care³ 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 is 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 The initial data set was based on episodes of care. The final sample was created using rules for deduplications and service prioritisation to ensure the same person only appeared once in the final sample, even if they had used different services and/or used the same service more than once within the time period for eligibility.

Table 1.

The initial data set was based on episodes of care. The final sample was created using rules for deduplications and service prioritisation to ensure the same person only appeared once in the final sample, even if they had used different services and/or used the same service more than once within the time period for eligibility.

Table 1: Sample of patients for each service

Service Type	Time period for eligibility	Sampling methodology	Number in sample
Community Mental Health	May – August 2023	Simple Random Sampling	1,250
Inpatient			
Outpatient		Systematic random sample, date sorted	
Urgent Emergency Care			
Maternity	August 2022 – August 2023	Census	727

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 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 information about the survey as well as a link to the online survey.

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 between October 2023 and January 2024

- 1st mailing (letter with questionnaire): 20th October 2023
- 2nd mailing (reminder letter): 17th November 2023
- 3rd mailing (reminder letter with questionnaire): 8th December 2023
- Fieldwork closing date: 19th January 2024

Analysis and reporting

The results presented in this report are positive scores. The positive score is the percentage of respondents to whom the question applies, who gave a favourable response to each question.

Example scoring:

Neutral and negative responses are combined

Positive responses are combined

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

Throughout this report, percentages have been rounded to 0 decimal places. In the charts and tables, we have provided the total number of respondents to each positively scored question. In the text, we have provided the total number of respondents for the percentage being discussed. This is indicated as n=(x), where x equals the number of respondents. Because responding to each question was not mandatory, the number of respondents to each question varies throughout the results.

Where service-specific questions have been benchmarked against the CQC national patient survey programme in England, the CQC comparable data is as follows:

- Inpatient Survey 2022
- Maternity Survey 2023
- Urgent and Emergency Care Survey 2022
- Community Mental Health Survey 2022

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

Please note that for comparisons between Jersey services, and for comparisons between Jersey services and the CQC data, statistical significance testing has not been conducted.

Survey Activity

Response rates

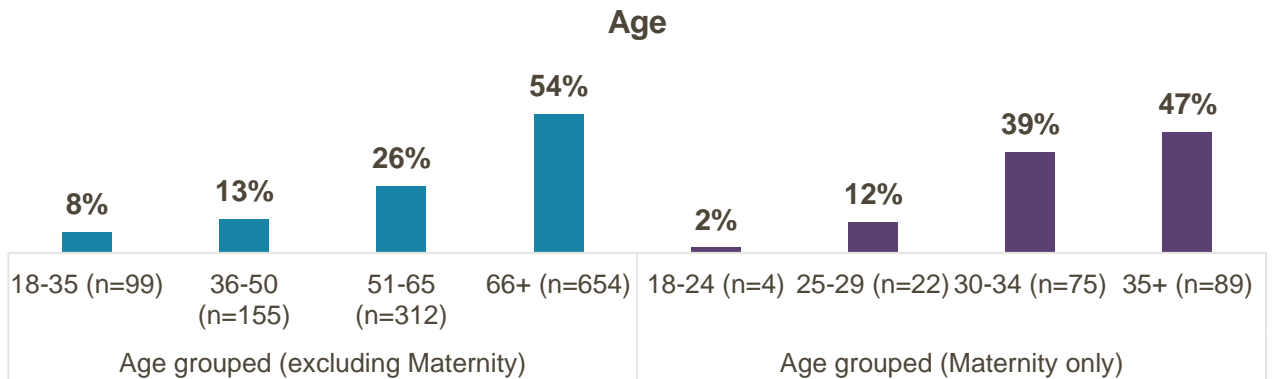
Overall, the 2023 survey programme received 1,486 responses, representing a 26% response rate. The overall response rate has declined since 2022, from 32% (Table 2). This decline is not isolated to Jersey. The CQC National Patient Survey Programme has recorded a downwards trend in response rates across all surveys in recent years⁴.

Table 2. Response rates for Jersey Patient Experience Programme

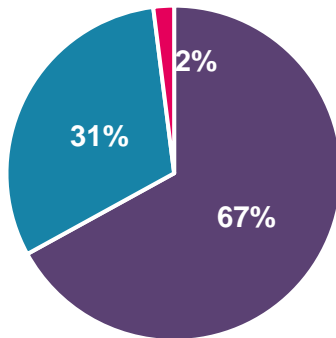
Survey	2022			2023			22/23
	Sample size	Response count	Response rate	Sample size	Response count	Response rate	CQC Response rate
Inpatient	1103	461	42%	1,250	436	35%	40%
Outpatient	-	-	-	1,250	364	29%	-
Urgent and Emergency Care	1250	379	30%	1,250	251	20%	23%
Maternity	699	228	33%	727	204	28%	41%
Community Mental Health Services	1250	296	24%	1,250	231	18%	21%
Total	4,302	1,364	32%	5,727	1,486	26%	-

⁴ Care Quality Commission (January 2024), 2023 Maternity Survey Quality and Methodology Report [accessed 15 March 2023] <https://www.cqc.org.uk/publications/surveys/maternity-survey>

Demographics of 2023 respondents

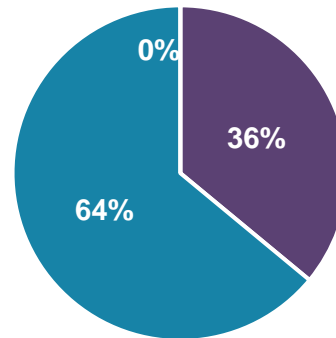


Health Condition



- At least one long term condition (n=928)
- No long term condition (n=433)
- Prefer not to say (n=29)

Gender



- Male (n=517)
- Female (n=913)
- Prefer not to say (n=5)

Ethnicity



Core Questions

This section presents the results from the core questions. Core questions were developed to allow for internal benchmarking (inter-service comparisons). Not all core questions were present in all five service surveys, as not all questions were appropriate for all survey populations. The questions were designed around the Picker Principles of Person Centred Care.⁵

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

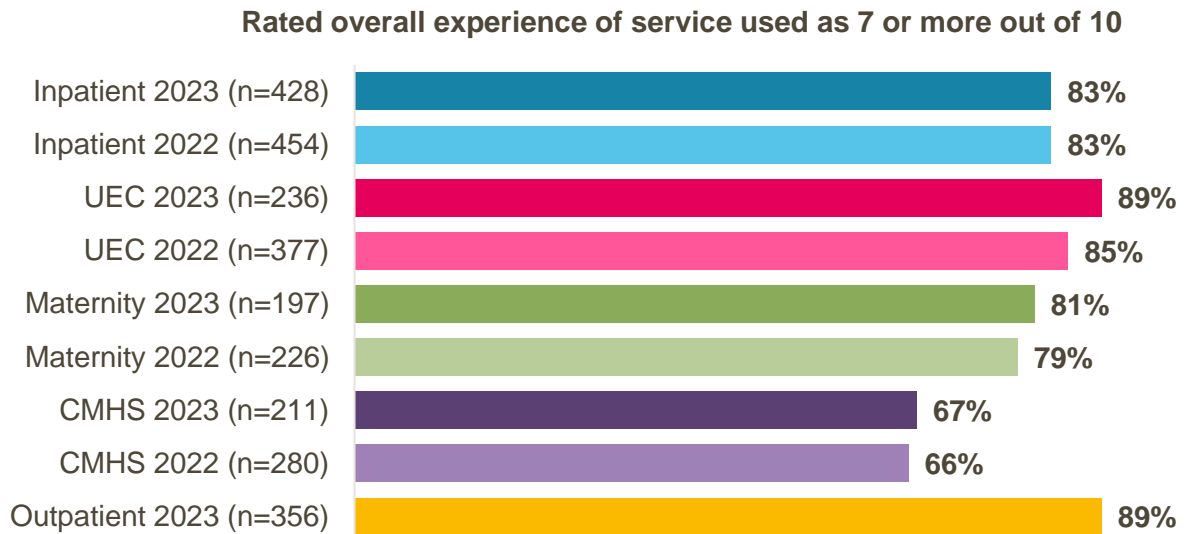
Patients and service users were asked to rate their overall experience of the service they used on a scale ranging from 0 'I had a very poor experience' to 10 'I had a very good experience'. Responses by survey and by year are shown in Figure 1.

In relation to the most recent surveys in 2023, UEC and outpatient respondents were most likely to report a positive experience, with 89% of respondents in both surveys (n=210 and n=318 respectively) rating their overall experience of care as 7 or more out of 10. Inpatient and maternity services had similar ratings, with 83% (n=356) and 81% (n=159) of respondents respectively rating their experience 7 or above. The experience of CMHS respondents appears to be somewhat less positive than that of other survey respondents, with just two-thirds of respondents (67%, n=142) rating their experience as 7 or more out of 10.

There has been a marked improvement in respondents' ratings of urgent and emergency care services compared to the previous year (2023: 89%, n=210 compared to 2022: 85%, n=322).

⁵ <https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/>

Figure 1. Positive scores for core question relating to overall experience of service used: rated overall experience 7 or more out of 10



Fast access to reliable healthcare advice

Figure 2 shows waiting times for patients before first speaking to medical staff. In the 2023 survey, most outpatient respondents (98%; n=344) reported that they were able to first speak to medical staff within 60 minutes of their arrival. Ninety-four per cent of inpatients reported speaking to staff within 60 minutes (n=369), while a slightly lower proportion of UEC patients (91%; n=215) were spoken to within the same timeframe.

A higher proportion of respondents accessing inpatient services said they were spoken to by medical staff within 60 minutes in 2023 compared to the previous year (94%, n=369 compared to 91%, n=385 in 2022). For urgent and emergency care, a slightly lower proportion of respondents in 2023 (91%, n=215 compared to 93%, n=341 in 2022) said they were spoken to within 60 minutes.

In terms of being seen by medical staff, all outpatients stated that they were seen within four hours (100%, n=351) – see Figure 3. High proportions of inpatients (99%; n=401) and UEC patients (98%; n=232) also reported being seen by medical staff within four hours of their arrival. Respondents in the previous survey also rated the services highly on this measure.

Figure 2. Positive scores for core question relating to fast access to reliable health advice: waited 60 minutes or less before speaking to medical staff

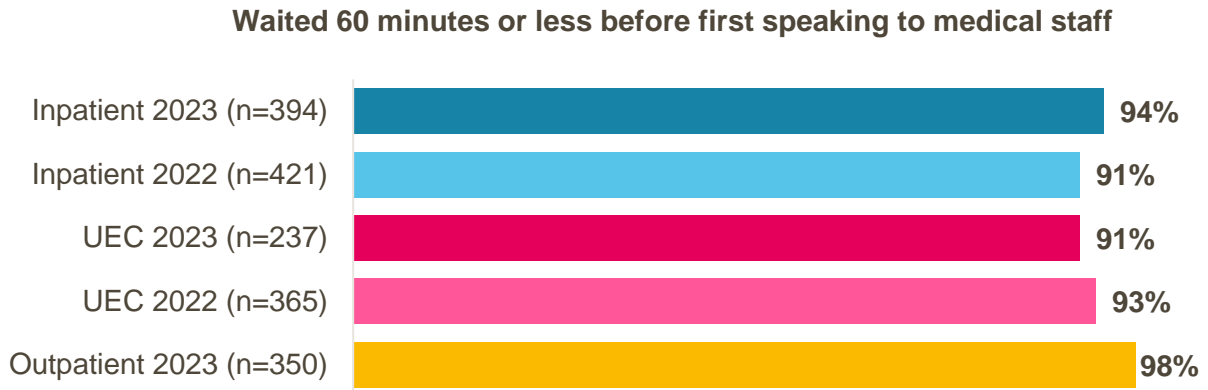


Figure 3. Positive scores for core question relating to fast access to reliable health advice: waited 4 hours or less before being seen by medical staff



Clear information, communication, and support for self-care

Respondents were asked about their experiences of staff communication and information giving (Figures 4-6). Reassuringly, the majority of users across all services said they felt their questions were answered clearly and most agreed that they were given enough information. However, respondent feedback suggests a great deal of variation in experience across services around the consistency of information given by different members of staff. While 88% (n=197) of UEC and 76% (n=252) of outpatient respondents in 2023 said they did not receive contradictory information, consistency of information-giving was reportedly less apparent for other services, particularly for users of maternity services – just 38% (n=66) stated that staff did not contradict one another. Some small improvements have been made since 2022 but the variability across services suggests an opportunity for shared learning across departments.

Figure 4. Positive scores for core question relating to clear information, communication, and support for self-care: questions were answered in a way that was understood

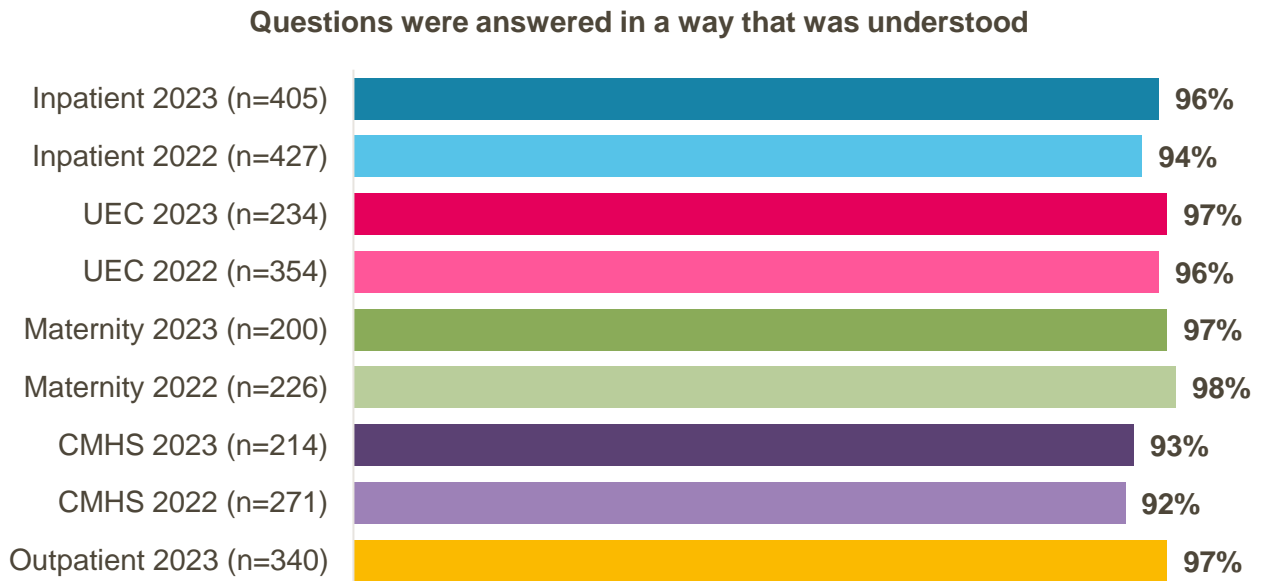


Figure 5. Positive scores for core question relating to clear information, communication, and support for self-care: staff did not contradict each other to patient

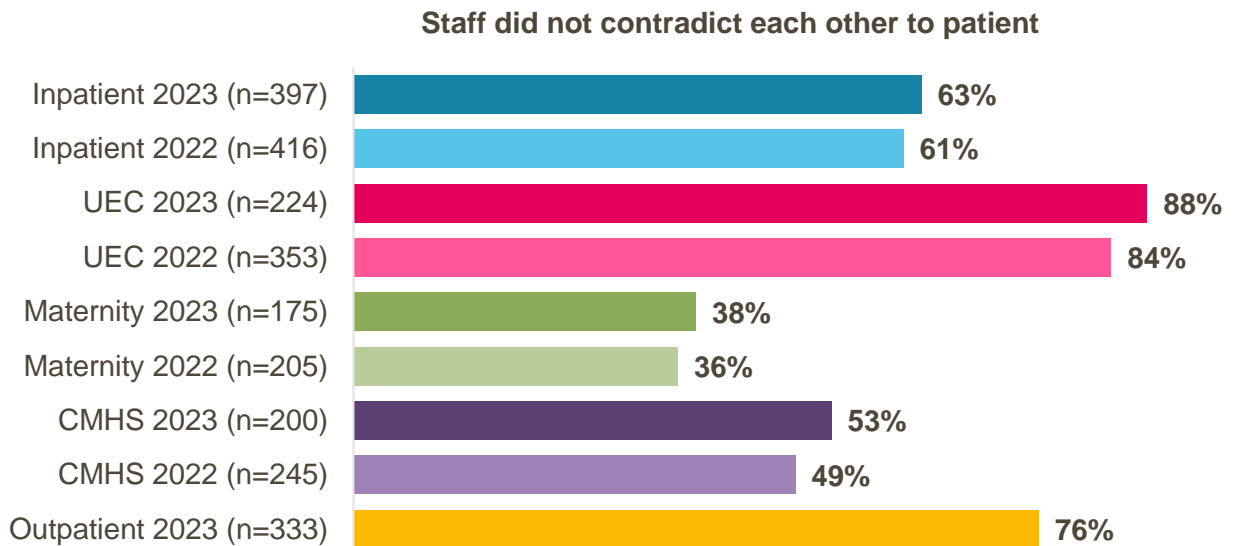


Figure 6. Positive scores for core question relating to clear information, communication, and support for self-care: Given enough information and explanations



Figures 7-10 cover the component of support for self-care. Figure 7 shows that in 2023, users of urgent and emergency care services were most likely to agree that they had been given information about what they should or should not do after leaving hospital (80%, n=177) compared to 73% of inpatients (n=285) and just 59% of outpatients (n=187). While there appears to be some variation across services in terms of the provision of information around self-care, of those that did receive it, the vast majority reported that they understood the information they were given (Figure 8).

Respondents were asked to what extent they knew what would happen next in terms of their care, and what they were told about how to care for themselves. Figure 9 shows that most respondents across all services felt they knew what would happen next in their care, though users of CMHS were least likely to report being aware of this: 71% (n=151) compared to 89% (n=160) of maternity users for example. The proportion of CMHS respondents who reported knowing what would happen next with their care has declined from 75% (n=211) in 2022.

Users of urgent and emergency care services were more likely to agree that they knew who to contact should they become worried about their condition at home (Figure 10 - 86%, n=171) compared to 73% (n=282) of inpatients and 72% (n=233) of outpatients. Urgent and emergency care has seen a ten-percentage point increase on this measure since 2022.

Figure 7. Positive scores for core question relating to clear information, communication, and support for self-care: Given information about what they should or should not do after leaving hospital

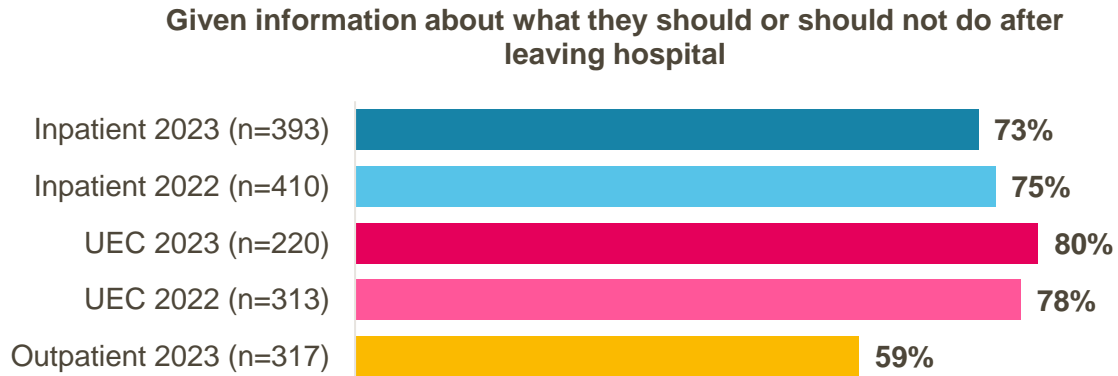


Figure 8. Positive scores for core question relating to clear information, communication, and support for self-care: Understood information about what they should or should not do after leaving hospital

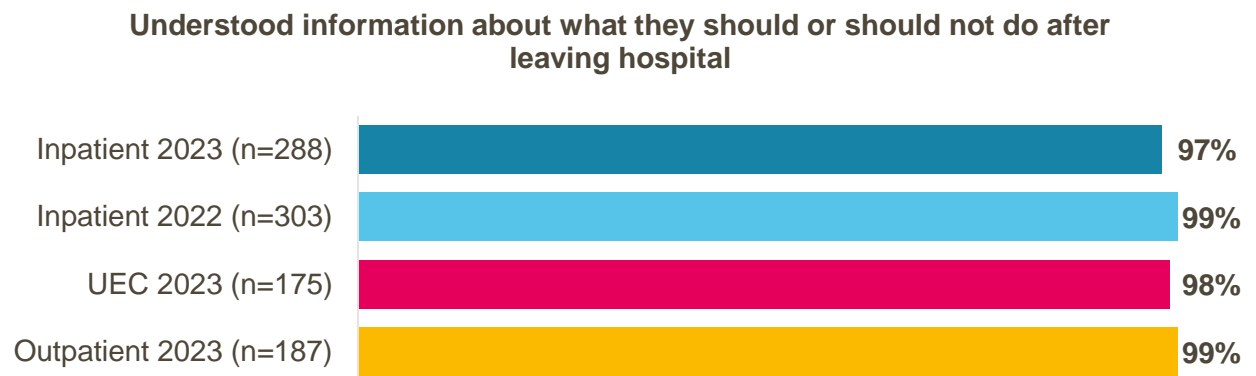


Figure 9. Positive scores for core question relating to clear information, communication, and support for self-care: Knew what would happen next with care

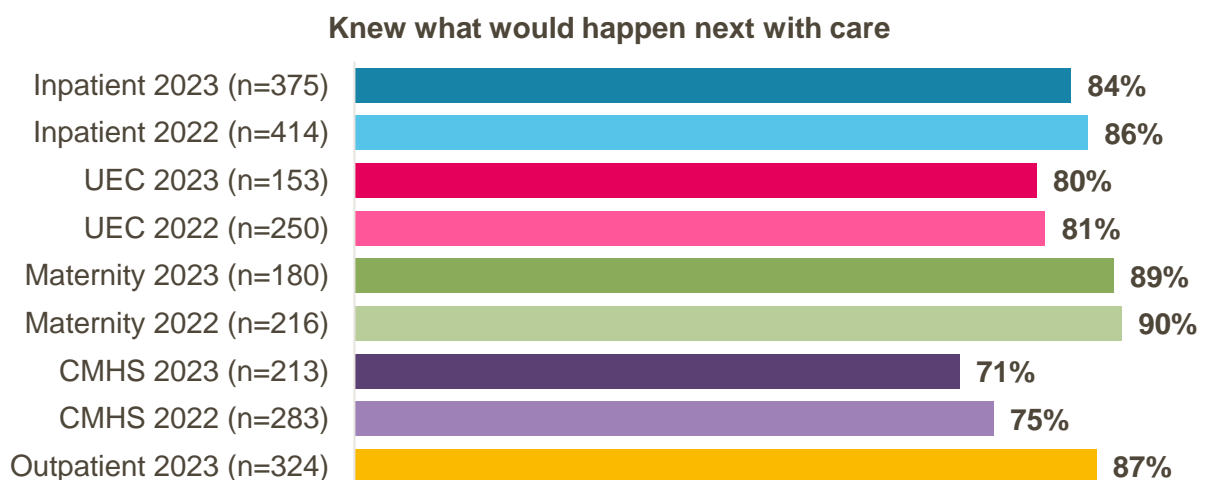


Figure 10. Positive scores for core question relating to clear information, communication, and support for self-care: Told who to contact if worried about condition



Effective treatment by trusted professionals

In the 2023 survey, respondents using UEC (99%, n=239), inpatient (98%, 416), outpatient (97%, n=350) and maternity (96%, n=193) services all reported high levels of confidence and trust in staff – see Figure 11 below. A slightly lower proportion of CMHS respondents reported the same (88%, n=193).

The reported experience of CMHS users has declined slightly compared to 2022, though the proportion who stated that they had confidence and trust in staff was high in both years (2023: 88%, n=193 compared to 2022: 91%, n=256).

Figure 11. Positive scores for core question relating to effective treatment by trusted professionals: Had confidence and trust in staff



Involvement in decisions and respect for preferences

The majority of patients across all services, in both 2022 and 2023, said that medical staff included them in conversations (Figure 12).

Most respondents in the 2023 survey felt that they were involved in decisions about their care (Figure 13), though the proportion of inpatients who felt they were involved was lower than for users of other services: 78% (n=322) compared to 90% (n=172) of maternity users, 89% (n=210) of UEC patients, 87% (n=137) of CMHS users and 86% (n=284) of outpatients. There has been an increase in the percentage of UEC patients who reported being involved in decisions (2023: 89%, n=210; 2022: 84%, n=303).

Of the three measures around involvement in decisions and respect for preferences, respondents were least likely to agree that they were involved in decisions around leaving hospital (Figure 14). While there has been a small improvement in the UEC score compared to 2022 (2023:81%, n=171; 2022: 78%, n=231), there has been a decline for maternity services from 74% (n=136) in 2023 compared to 80% (n=175) in 2022.

Figure 12. Positive scores for core question relating to involvement in decisions and respect for preferences: Medical staff included patient in conversation

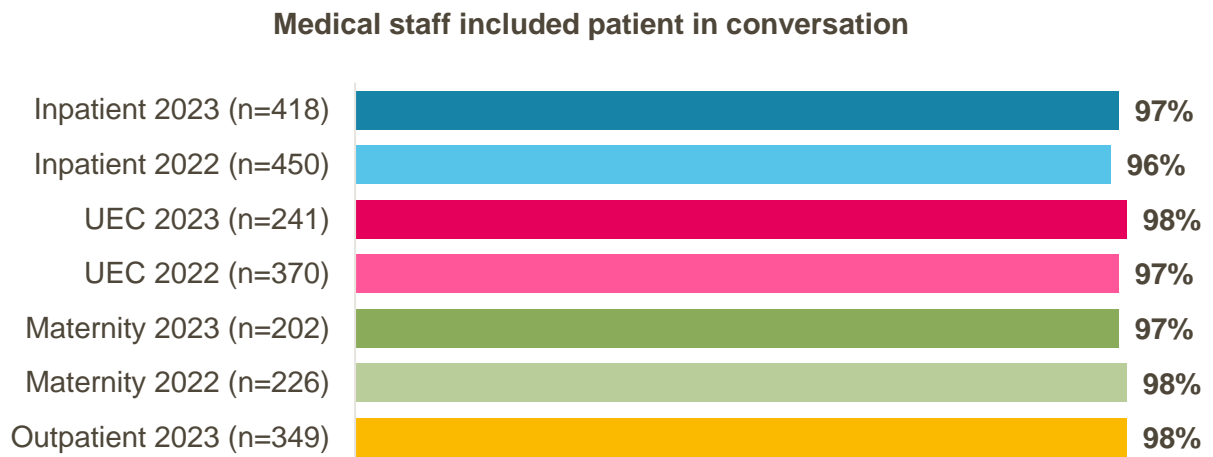


Figure 13. Positive scores for core question relating to involvement in decisions and respect for preferences: Felt involved in decisions about care

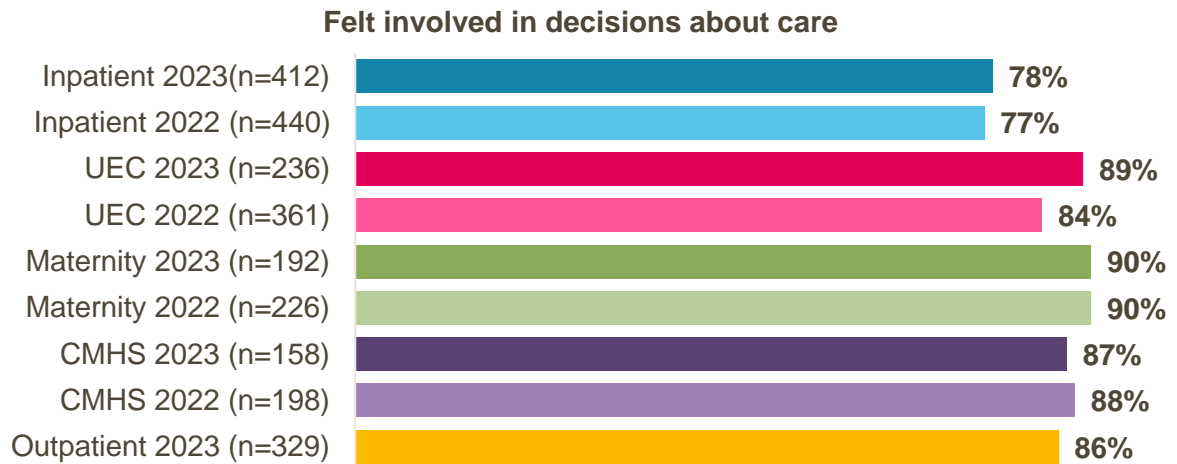
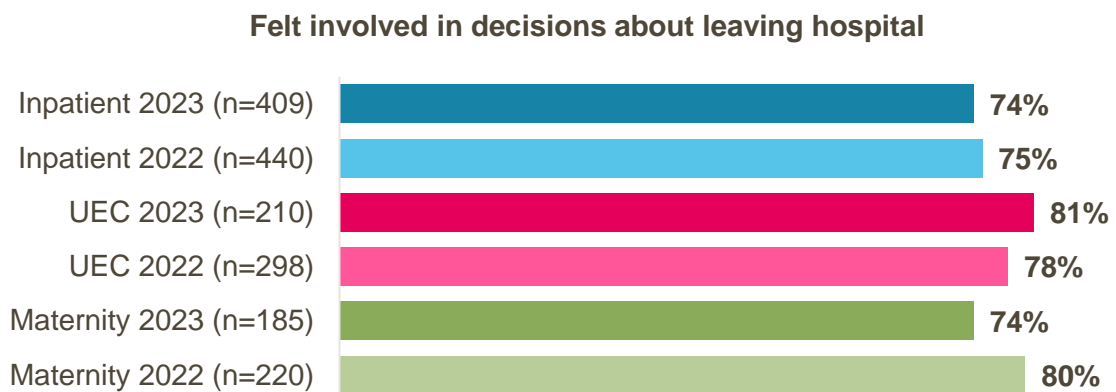


Figure 14. Positive scores for core question relating to involvement in decisions and respect for preferences: Felt involved in decisions about leaving hospital



Emotional support, empathy, and respect

Response to questions around emotional support, empathy and respect were highly positive, with more than 90% of respondents to all surveys agreeing to each question across both survey years (see Figures 15-17).

Figure 15. Positive scores for core question relating to emotional support, empathy and respect: Treated with respect and dignity overall



Figure 16. Positive scores for core question relating to emotional support, empathy and respect: Treated with kindness and understanding



Figure 17. Positive scores for core question relating to emotional support, empathy and respect: Felt able to discuss worries and fears with staff



Attention to physical and environmental needs

Where historical comparisons are available, there has been an increase in the proportion of respondents who stated there were always or sometimes enough staff on duty (Figure 18).

The majority of respondents across both survey years were given enough privacy when talking to staff (Figure 19). Results show an increase in the proportion of urgent and emergency care patients who reported this, from 94% (n=349) in 2022 to 98% (n=232) in 2023.

Figure 20 shows that the vast majority patients and service users were able to get help or attention when needed.

Figure 18. Positive scores for core question relating to attention to physical and environmental needs: Always or sometimes enough staff on duty

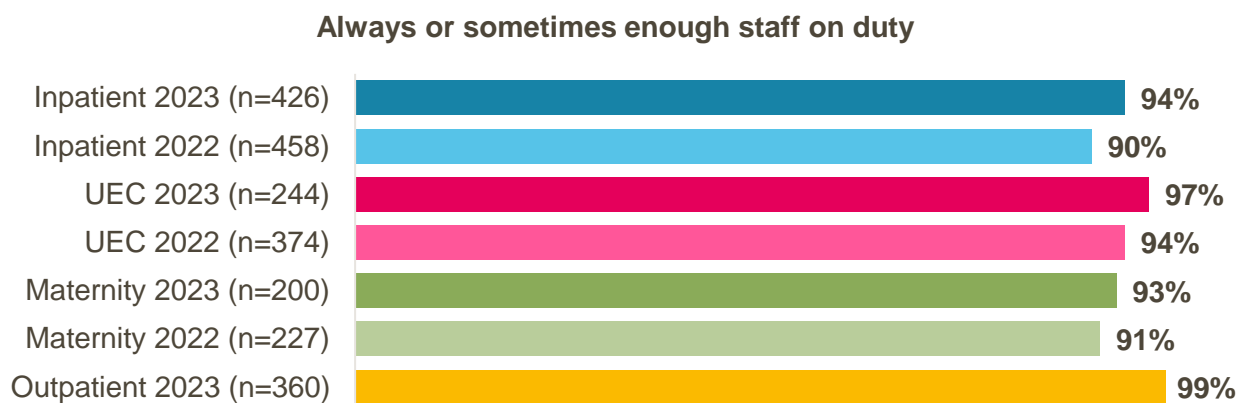


Figure 19. Positive scores for core question relating to attention to physical and environmental needs: Given enough privacy when talking to staff

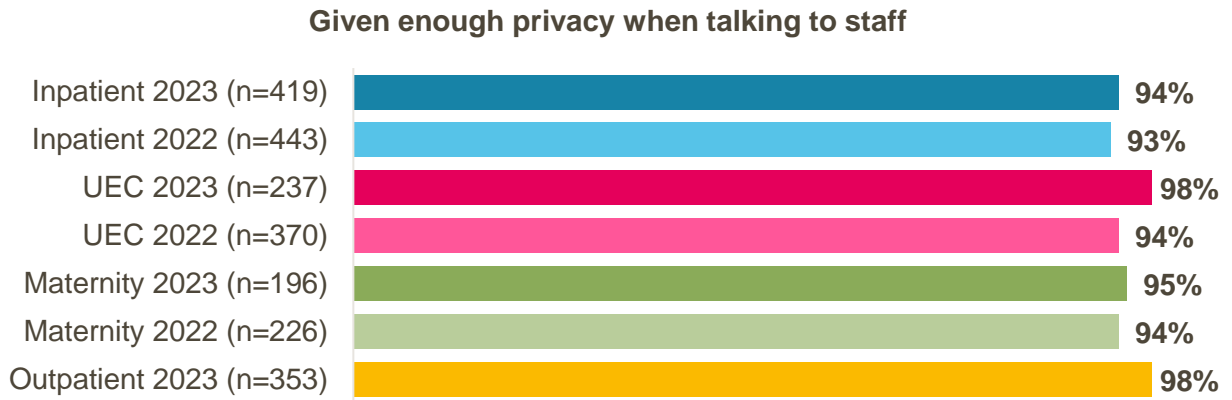


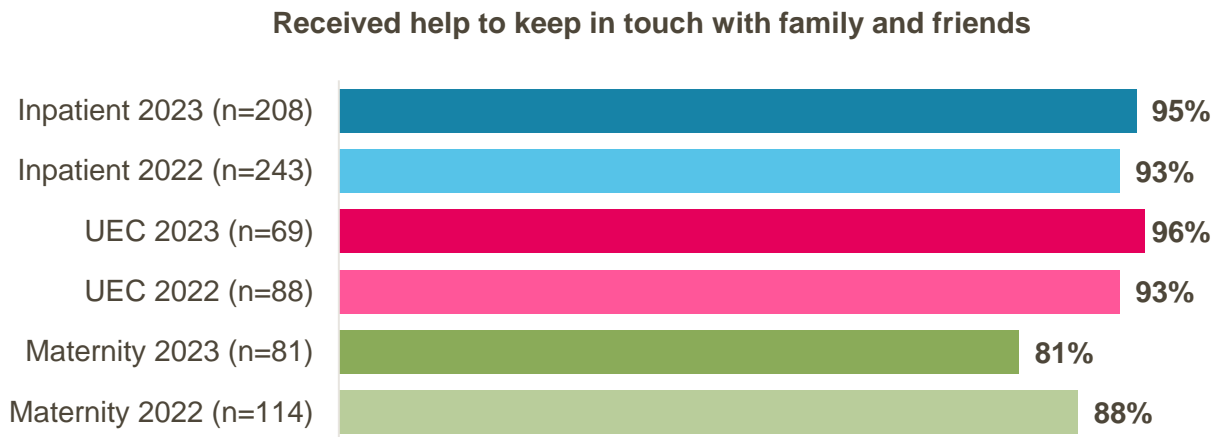
Figure 20. Positive scores for core question relating to attention to physical and environmental needs: Able to get help and attention from staff when needed



Involvement and support for family and carers

Though the proportion of patients in the 2023 survey who said they received help to keep in touch with family and friends is high across all services, maternity patients were least likely to agree (81%, n=66) compared to inpatients (95%, n=197) and UEC patients (96%, n=66). The proportion of maternity respondents who received help to keep in touch with family or friends has declined from 88% (n=100) in 2022 to 81% (n=66) in 2023 (Figure 21).

Figure 21. Positive scores for core question relating to involvement and support for family and carers: Received help to keep in touch with family and friends



Service Specific Results

This section presents the headline results from the service specific questions asked separately to inpatient, outpatient, maternity, UEC and CMHS patients. Where possible, results have been benchmarked against the CQC results. Benchmarking provides an indication of best practice, where Jersey performance is higher relative to services in England, and areas for potential improvement, where Jersey performance is lower.

Benchmarking against CQC data is not available for the outpatient survey, as the CQC patient survey programme does not currently have an outpatient survey in circulation.

The section also provides the results for outcome questions, created for each survey to measure the impact each service had on patient's health.

Inpatient Survey

This section shows results from Jersey's Inpatient survey. The CQC data comparisons are from the Adult Inpatient Survey 2022⁶.

Table 3 highlights Jersey inpatient highest scores compared with CQC results. Of note, respondents to the Jersey survey were more likely to agree they got enough support from health or social care professionals after discharge (85%, n=230), compared to respondents to the CQC survey (78%, n=25,656).

Table 3. Inpatient survey - Highest scores vs. CQC

Inpatient highest scores vs. CQC	Jersey 2023	CQC 2022
Maximum base (n=)	436	63,224
Got enough support from health or social care professionals after discharge	85%	78%
Able to get food outside of mealtimes	83%	76%
Staff discussed need for further health or social care services after discharge	86%	81%
Did not have to wait long time to get to bed on ward	75%	71%
Not prevented from sleeping at night	51%	48%

Table 4 highlights where Jersey inpatient results were lower than CQC results. Notably, the proportion of respondents to the CQC survey who said they were asked to give views on quality of care during their stay (13%, n=7,056) was almost twice the proportion of respondents to the Jersey survey (7%, n=28).

⁶ <https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey>



Table 4. Inpatient survey - Lowest scores vs. CQC

Inpatient lowest scores vs. CQC	Jersey 2023	CQC 2022
Maximum base (n=)	436	63,224
Asked to give views on quality of care during stay	7%	13%
Did not mind waiting as long as did for admission	57%	63%
Food was very good or fairly good	66%	70%
Family or carers involved in discussions about leaving the hospital	57%	60%



Inpatient Outcomes

86% (n=367) of respondents in 2023 reported their problem(s) were helped or completely cured by their most recent hospital visit. This is a marginal decline since 2022 (**87%**, n=391).

In 2023, **79%** (n=330) of inpatients rated their health better after their hospital visit. This is unchanged since 2022 (**79%**, n=358).

Urgent And Emergency Care Survey

This section shows results from Urgent and Emergency Care (UEC) survey in Jersey. The CQC data comparisons are from the Urgent and Emergency Care Survey 2022⁷. The CQC programme consists of a Type 1⁸ and Type 3⁹ survey. The Jersey results were compared to the data from the Type 1 CQC survey.

As shown in Table 5, there are large variances between Jersey and CQC results relating to communication. Patients in Jersey (37%, n=65) were more likely to be informed of how long they would need to wait than respondents to the CQC survey (24%, n=5,453). Respondents to the Jersey survey were much more likely to report they were told the side-effects of medications (68%, n=41) than respondents to the CQC survey (57%, n=3,127).

Table 5. UEC Survey - Highest scores vs. CQC

UEC highest scores vs. CQC	Jersey 2023	CQC 2022
Maximum base (n=)	251	29,357
Informed how long would need to wait	37%	24%
Told side-effects of medications	68%	57%
Staff discussed need for further health / social care after leaving the Emergency Department	82%	72%
Staff helped control pain	91%	82%
Understood results of tests	95%	86%

Respondents to the CQC survey were much more likely to report they were able to get suitable food or drink (66%, n=10,910) and that staff helped with communication needs (74%, n=5,223) than respondents to the Jersey survey (52%, n=36 and 63%, n=26 respectively) (Table 6).

Table 6. UEC Survey - Lowest scores vs. CQC

UEC lowest scores vs. CQC	Jersey 2023	CQC 2022
Maximum base (n=)	251	29,357
Able to get suitable food or drink (Q36)	52%	66%
Staff helped with communication needs (Q16)	63%	74%

⁷ <https://www.cqc.org.uk/publications/surveys/urgent-emergency-care-survey>

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.



UEC Outcomes

90% (n=218) of respondents in 2023 reported their problem(s) were helped or completely cured by their most recent emergency department visit. This is a five-percentage point improvement since 2022 (**85%**, n=312).

In 2023, **77%** (n=182) of UEC patients rated their health better after their emergency department visit. This is a ten-percentage point increase since 2022 (**67%**, n=243).

Maternity Survey

This section shows results from the Maternity Survey in Jersey. The CQC data comparisons are from the Maternity Survey 2023¹⁰.

Results from the maternity survey show several areas where Jersey performed better than the CQC results (Table 7). The proportion of respondents who reported being given enough information about where to have their baby was higher in Jersey (95%, n=191), than in England (82%, n=20,083). Jersey respondents reported a more positive experience of GP advice during postnatal check-ups. In Jersey, 79% of new mothers felt their GP talked enough about physical health (n=154) and mental health (n=153) during their postnatal check-up. This is compared to 71% (n=16,892) and 73% (n=17,052) of new mothers respectively, responding to the CQC maternity survey.

Table 7. Maternity Survey - Highest scores vs. CQC

Maternity highest scores vs. CQC	Jersey 2023	CQC 2023
Maximum base (n=)	204	25,515
Given enough information about where to have baby	95%	82%
Felt GP talked enough about physical health during postnatal check-up	79%	71%
Felt GP talked enough about mental health during postnatal check-up	79%	73%
Received help and advice about feeding their baby (first six weeks after birth)	92%	88%
Discharged without delay	67%	63%

As shown in Table 8, 94% (n=23,240) of new mothers in England reported that their partner or companion was involved during labour and birth. This is compared to 89% (n=174) in Jersey. Further variances during labour and birth can be seen for patients feeling they were given appropriate advice and support at the start of labour (85%, n=13,896 in England, compared to 80%, n=127 in Jersey) and being able to ask questions afterwards about labour and birth (77%, n=17,383 in England, compared to 72%, n=121 in Jersey).

¹⁰ <https://www.cqc.org.uk/publications/surveys/maternity-survey>



Table 8. Maternity Survey - Lowest scores vs. CQC

Maternity lowest scores vs. CQC	Jersey 2023	CQC 2023
Maximum base (n=)	204	25,515
Partner / companion involved (during labour and birth)	89%	94%
Felt they were given appropriate advice and support at the start of labour	80%	85%
Able to ask questions afterwards about labour and birth	72%	77%
Involved enough in decisions about their care (postnatal)	89%	93%
Felt midwives gave active support and encouragement about feeding	85%	89%



Maternity Outcomes

Antenatal advice

In 2023, **88%** (n=178) of respondents received **helpful antenatal advice** for supporting their own physical health and **79%** (n=160) for their mental health. This represents an improvement since 2022, from **84%** (n=190) and **75%** (n=170) respectively.

Postnatal advice

75% (n=152) of respondents received **helpful postnatal advice** from a midwife or health visitor for supporting their own physical health (increased from **70%**, n=160 in 2022) and **69%** (n=137) for their mental health (unchanged from **69%**, n=157 in 2022).

Community Mental Health Services Survey

This section reports the results from the Jersey Community Mental Health Services survey. The CQC data comparisons are from CQC Community Mental Health Survey 2022¹¹.

Table 9 highlights several aspects where Jersey patients report a more positive experience than patients in England. Of note, 61% (n=38) of Jersey respondents reported that in the last 12 months, mental health services provided support for finding and keeping work (paid or voluntary). This is compared to 52% (n=1,835) in England. Respondents in Jersey (81%, n=111) were much more likely to have had a medication review in the last 12 months, than respondents to the CQC survey (75%, n=6,294).

Table 9. CMHS Survey - Highest scores vs. CQC

CMHS highest scores vs. CQC	Jersey 2023	CQC 2022
Maximum base (n=)	231	13,412
In last 12 months mental health services provided support for finding and keeping work (paid or voluntary)	61%	52%
In last 12 months has had medication review	81%	75%
Did not wait long to get through to crisis staff	89%	83%
Got help needed when contacting crisis staff	83%	79%
Got help needed from staff	94%	91%

Jersey patients report a less positive experience of knowing who to contact during crisis than England patients (61%, n=121 in Jersey, compared to 71%, n=8,252 in England) (Table 10). There was an eight-percentage point difference in experience of mental health services agreeing how care and treatment would be delivered in the last 12 months. 66% (n=147) of patients in Jersey reported this was agreed, compared to 72% (n=9,313) of patients responding to the CQC survey.

¹¹ <https://www.cqc.org.uk/publications/surveys/community-mental-health-survey>

Table 10. CMHS Survey - Lowest scores vs. CQC

CMHS lowest scores vs. CQC	Jersey 2023	CQC 2022
Maximum base (n=)	231	13,412
Know who to contact during crisis	61%	71%
In last 12 months mental health services agreed how care and treatment would be delivered	66%	72%
Staff understood how patient's mental health needs affect other areas of life	79%	84%
Staff aware of treatment history	82%	86%
Family member or someone else close has been involved as much as would like	75%	79%



CMHS Outcomes

70% (n=150) of respondents reported that their most recent appointment was **helpful** for their mental health needs. This represents a five-percentage point decline since 2022 (75%, n=212)

Outpatient Survey

Benchmarking against CQC data is not available for the outpatient survey, as the CQC patient survey programme does not currently have an outpatient survey in circulation.



Outpatient Outcomes

87% (n=307) of respondents reported their problem(s) were helped or completely cured by their most recent appointment.

45% (n=156) of respondents rated their health **better** as a result of their outpatient appointment.

Conclusions

The second year of surveying its patients and service users enables Jersey Health and Community Services to pinpoint where the reported experience has changed and make plans for improvements as a result. The inclusion of CQC data provides useful benchmarking and the introduction of the Outpatient Survey further bolsters Jersey's breadth of patient feedback.

Jersey scores highly across all services in relation to the principle of emotional support, empathy and respect; and on measures such as, questions being answered in a way that was understood, feeling able to discuss worries and fears with staff, and patients getting the help and attention they need from staff.

There are large variations in patient experience across services, however in terms of people's overall experience, and on measures including knowing what would happen next with care, and consistency of information giving. Where there are variations in experience across services, higher scores for some services show what is achievable.

With two years of data and improvements observed across several areas, Jersey should use this opportunity to publicise the outcomes of their efforts in making things better for patients, and outline plans around patient experience improvements for the coming year.

Highlights and recommendations for improvement are:

- **Inpatient** – a higher proportion of people accessing inpatient services reported being spoken to by staff within 60 minutes compared to the previous year. There has also been an improvement in terms of patients who said there were enough staff on duty. Compared to the CQC average, Jersey's inpatients scored particularly well in terms of further health and social care needs being discussed, and subsequently getting this type of support. Of all services, however, inpatients were the least likely to agree that they felt involved in decisions about their care.
- **UEC** services performed well across many areas and saw some improvements year on year including an increase in the percentage of people giving a positive score for their overall experience, and in terms of consistency of information from staff. UEC respondents were far less likely than other patients and service users to state that staff contradicted one another, showing that good scores are achievable for the services that scored much less positively on this measure. Compared to other services, users of emergency and urgent care services were most likely to agree that they had been told what they should or should not do after leaving hospital, state that they felt involved in decisions about their care and that they knew who to contact should they become worried about their condition at home – the service has seen improvements on these latter measures, particularly in knowing who to contact. Additionally, patients were more likely in 2023 to say they were given enough privacy when talking to staff. Compared to CQC average scores, Jersey patients were far more likely to be told how long they could expect to wait (though there is scope for improvement on this measure), being told the potential side-effects of medications, and having any further health and social care needs discussed. Jersey scored less positively meanwhile in terms of patients



- being able to access suitable food and drink, and staff helping with communication needs. There should be some focus on accessibility therefore to ensure that patients are able to communicate their needs.
- **Maternity** service users rated the service quite poorly in relation to consistency of information-giving and, compared to 2022, has seen lower proportions of mothers who said that they felt involved in decisions about leaving hospital, and who received help to keep in touch with family and friends. In terms of outcomes, mothers were likely to agree that the midwife or health visitor had supported their physical or mental health, though scores were more positive for antenatal than postnatal care provision. It is important that the quality of postnatal care is at least on a par with antenatal care provision. Jersey also scored well compared to the CQC average for GPs discussing mothers' physical and/or mental health during post-natal checkups but slightly lower on measures including support from midwives at the start of labour and around feeding their baby.
 - **CMHS** received positive feedback from patients, with the majority reporting their questions were answered in a way that was understood, they were treated with respect and dignity overall and they were treated with kindness and understanding. The service scored well compared to the CQC average in relation to mental health services providing support for finding and keeping work, getting help during a crisis and crisis waiting times. Knowing who to contact during a crisis is an area to improve on as this falls short with a significant proportion of service users not knowing who to contact.
 - **Outpatient** – users of outpatient services (along with urgent and emergency care patients) were most likely to give a positive overall rating of the care they received. The service achieved the highest scores compared to other services for waiting times before speaking to and being seen by medical staff, were more likely than other patients to state that there was enough staff on duty to care for them, and gave high scores on measures around the principle of attention to the patient's physical and environmental needs. Since the service scored positively across many areas, practices should be shared across other services to aid with improvement planning. There are areas to focus on however, for example, the outpatient service was some distance behind other services in terms of patients being told what they should or should not do after leaving hospital.

Overall, Picker would recommend that the Department of Health and Community Services consider the following as part of the development of improvement activities:

- Celebrate the success; with a vast majority of patients across all services consistently reporting for a second year that they are being treated with respect and dignity, and with kindness and understanding.
- Promote the survey prior to and during fieldwork to encourage responses and boost response rates. Closing the feedback loop by publishing findings and next



steps can help to demonstrate why taking the time to provide valuable feedback is so important.

- Promote cross service communication and shared learning. There is distinct variance in reported experience across certain measures between services. For example, patient's reporting staff did not contradict each other, varies widely by service. By encouraging staff members to share best practice across services, it promotes evidence-based shared learning on what approaches are working for patients and how these can be applied universally.

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