

DEFINING 'GOOD' IN HEALTHCARE
SUMMARY REPORT OF FINDINGS: INDEPENDENT HEALTH SERVICES

1. INTRODUCTION, BACKGROUND TO THE RESEARCH AND OBJECTIVES

In April 2013, CQC published its new strategy 'Raising Standards, Putting People First'. In this document, CQC stated its intention to redevelop its inspection methodology and the information that is provided to the public following an inspection. This change focuses not only on how services are inspected, but also the five key questions which inspectors will ask about services: Are they safe? Are they effective? Are they caring? Are they well led? Are they responsive to people's needs?

CQC has been working to develop new fundamental standards that focus on these five questions. As part of this work, CQC seeks to define the criteria that will be used to assign a rating to a service provider – in other words, understanding the features of a service that is considered 'inadequate', a service that 'requires improvement', is 'good' and 'outstanding'.

For this new inspection model to be credible with the public, it is essential that these criteria reflect the public's expectations. There is a particular focus on understanding what the public expects 'good' and 'outstanding' services to look like, across all care settings, and at all service levels.

Qualitative research was commissioned to provide a clear understanding of what the public and service users think 'good' and 'outstanding' look like in independent hospitals. In addition, the research explored what information requirements the public have in relation to inspection reports about independent hospitals. The business objective was:

<p>To inform the criteria that are developed for rating services and to inform the development of a new style of inspection reports for each of these services.</p>

2. INDEPENDENT HOSPITAL SERVICES SUMMARY

2.1 Method and sample

In total, **4 triad interviews** (3 x respondents per triad) were conducted with users of private hospital care services.

	18-40 years old	40+ years old
Male	Triad 1	Triad 3
Female	Triad 2	Triad 4

The sample also comprised:

- Those with experience of private cosmetic surgery
- Those who had experienced terminations
- **2 additional depths interviews** were conducted with those who had recently used of gynaecological services.

The fieldwork was conducted in w/c 5th and w/c 12th January 2015.

2.2 Care standards experienced

The care standards experienced were typically considered ‘outstanding’ across the sample, both by those accessing services via an insurance route and those making a one-off decision to pay to use private services in order to avoid longer waiting times for NHS care. (None of the sample were NHS patients being treated by a private provider).

All felt that their experience of independent hospital services had been ‘outstanding’, particularly in terms of: communication, speed of access and the level of care provided by healthcare professionals throughout care pathway, particularly consultants.

It became clear that, within this sample at least, ‘good’ care in an independent hospital setting was difficult to conceptualise. ‘Good’ care was typically associated with NHS services. ‘Outstanding’ care was expected from private hospitals and respondents insisted that they had not been disappointed:

*“I think when you are paying a lot of money for private health care you expect the best.”
(Independent hospital user, Female)*

“The whole experience couldn’t have been better.” (Independent hospital user, Female)

“All the staff, nobody can do enough to help you. If you go in the NHS, they’re that snowed under if seems that nobody has time for you.” (Independent hospital user, Male)

As a result, there were very limited reports of any aspects of private hospital care that were perceived to ‘require improvement’, with the exception of some uncertainties about pricing. Some respondents had accessed private hospital services via their partner’s health insurance and had experienced some uncertainty regarding the treatment they were entitled to and the treatment that would incur an additional cost.

There were no reports of ‘inadequate’ care.

2.3 Spontaneous definitions of ‘outstanding’ care

Overall, respondents found it difficult to rate independent hospital care as anything other than ‘outstanding’ because:

- **Speed of access to services, as well as positive experience of enhanced ‘hotel service’ eclipsed any other aspects of the service.** Research defining good across many NHS healthcare sectors has consistently found that NHS patients focus on the ‘caring’, ‘responsive’ and ‘effective’ domains. The private hospital patients in this sample also focussed on these domains, and felt that their expectations had been exceeded.

Perceptions of outstanding in terms of speed of access and the level of care experienced therefore dominated overall judgements about private hospital services:

(At the private hospital) “They’re very caring. It’s almost like going into a hotel. It doesn’t feel like you’re going into a hospital.” (Independent hospital user, Female)

- **Patients clearly rated private hospital services as outstanding *in comparison with their experience of NHS services*.** Respondents’ perceptions of ‘outstanding’ were therefore largely defined in terms of what the NHS does not provide, rather than what private providers do provide.
- **Having paid for the service, respondents *assumed* that everything would be handled appropriately, because they believed that they had paid to receive ‘outstanding’ care.** By contrast, research defining good across many NHS healthcare sectors has consistently found that NHS patients are very ready to perceive variations in service and rate them accordingly. However, there was little appetite to rate private hospital services as anything less than outstanding, partly due to a lack of experience of the private hospital sector:

“Because I haven’t seen what the spectrum of what private care is, I’d have to say, yes it’s outstanding compared to the NHS system...” (Independent hospital user, Male)

An ‘outstanding’ private hospital was described as one that:

- **offers consistently short waiting times;**
- **employs courteous and caring staff** who go above and beyond expectations within the caring domain;
- **allows staff time to devote to their patients**, particularly in terms of communicating with patients;
- **cares for patients in a calm, clean and presentable environment**
- **provides the ‘personalised touch’** i.e. a service that can respond to each individual and their needs and preferences.

Expectations of ‘outstanding’ were generally met:

“Each time I’ve been into a private hospital, it’s ten out of ten and they can’t do enough for you. If you go into the NHS, you could be waiting 2 month, or even 6 months before you get seen.” (Independent hospital user, Male)

2.4 Definitions of ‘good’ care within the five domains

The general public felt that all the descriptions of ‘good’ (from the Appendix to the acute hospital provider handbook) were appropriate. However, independent hospitals were expected to have the additional time and funding available to raise standards to ‘outstanding’.

“I feel you pay a lot of money with private health care, and when you do, I think you expect to have 100 percent in every way.” (Independent hospital user, Female)

“I think when you are paying a lot of money for private health care you expect the best.” (Independent hospital user, Female)

2.4.1 Safe

The packaging, presentation and speed of the service within a private hospital setting were perceived to indicate that the service provided ‘safe’ care. Nicely decorated surroundings, peaceful waiting rooms and entertainment also contributed to respondents’ sense of assurance and confidence in the service.

These qualities, although principally superficial and assumption-based, were powerful and made respondents feel secure:

“In a private hospital, the inference is that you don’t need staffing charts. If you go into an NHS hospital, it’s alarmist as soon as you walk in, so you think they’re expecting a complaint there.” (Independent hospital user, Male)

“In a private hospital I feel completely safe. Safe with the clientele that they are dealing with and safe with the structure of the building” (Independent hospital user, Male)

All agreed with the description of ‘safe’ and all of the elements within the Appendix to the acute hospital provider handbook, but clearly did not know where to start in terms of looking for concrete assurances of safety standards, if they felt the need:

“For me ‘good’, is the fact that we’re not even thinking about safety. It’s been taken out of our minds. If you go to an NHS hospital, we could sit and talk for half an hour about safety issues and things that have occurred to us. We’re thinking about private hospitals and it’s just not in our minds.” (Independent hospital user, Male)

2.4.2 Effective

Respondent priorities for ‘effective’ focussed on desired outcomes:

“I would expect a resolution of whatever I went in for, with instructions and information about how the situation would improve for me”. (Independent hospital user, Male)

Expectations of achieving desired outcomes were high, given that private services were perceived to be less chaotic and less prone to complications than NHS services:

“If you’re paying for that service, the outcome is probably the most important part of it... that part should always be as quick as possible.” (Independent hospital user, Female)

Respondents did not necessarily expect staff at private hospitals to be more qualified than NHS staff, but simply to have more time to do their jobs. Time was felt to promote efficiency, which was felt to have a strong bearing on effectiveness, particularly in terms of

staff having more time to ensure that care is effective by checking up on, informing and reassuring the patient.

‘Effective’ care was often described as ‘efficient’ care. Respondents felt that private services would provide fast access to tests and scans and meetings with their consultant. Delivering services quickly was assumed to prevent pain, discomfort and the patient’s condition from deteriorating:

“In private hospitals they allow an area of time to see you, respectful time where they will listen to you.” (Independent hospital user, Male)

All agreed with the description of ‘effective’ in the Appendix to the acute hospital provider handbook and there were no disputes with any of the elements suggested. However, some felt that even more emphasis should be placed on private healthcare providers to provide an efficient service, given that it has been paid for.

2.4.3 Caring

There was an expectation that standards within the ‘caring’ domain would be ‘outstanding’. Respondents expected to be supported throughout their patient journey, from the initial contact with the provider through to aftercare. Staff were expected to be available at all times. These expectations were largely based on patient experience. Many had enjoyed close contact with their consultant throughout their experience, for example, being given their consultant’s mobile contact number for out of hours information and reassurance.

Priorities for set out by general public in the ‘caring’ domain included:

- Constant communication and reassurance
- Pleasant surroundings
- Continuity of care i.e. same consultant throughout
- Care tailored to individual needs and circumstances

“They treat you as a person, not just a patient.” (Independent hospital user, Female)

“It was almost like the olden days when you had a matron that ran that ward. There was always that person there that you could trust. When you’re in a ward in the NHS you kind of just get the doctor that’s on call at that time.” (Independent hospital user, Female)

“They were very good in explaining, telling and comforting me about how I should feel. I don’t think that you know how to expect to feel.” (Independent hospital user, Female)

“There was nothing I felt that they didn’t do. They were totally on my medication. They were totally on my condition. I didn’t feel I was on my own...” (Independent hospital user, Female)

The elements in the caring domain of the Appendix to the acute hospital provider handbook were all accepted and considered important for the caring domain. Some felt that private providers could do even more in terms of ensuring consistency of care across the healthcare team.

2.4.4 Effective

As is often the case when researching the ‘responsive’ domain amongst a general public audience, **‘responsiveness’ was primarily understood as a domain that would focus on the availability of staff and accessibility of services.** Respondents needed prompting to consider the notion of complaints procedures, as this had not been considered within a private healthcare context. Once prompted, all agreed that clear, fast, simple pathways through complaints procedures was an important element within the ‘responsive’ domain.

Overall, priorities for a ‘responsive’ service included the following:

- **Being able to access care at the right time** including out of hours on weekdays and weekends;

- **Easy appointment systems and different methods for booking** including online, telephone and reminders for appointments (e.g. by text, email, letter);
- **Able to complain via a clear pathway – especially as paying for the service.**

Respondents agreed with the ‘responsive’ elements in the Appendix to the acute hospital provider handbook.

2.4.5 Well led

As ever, respondents’ understanding of the ‘well-led’ domain was fairly abstract.

Respondents found it difficult to envisage how a private service would be run in comparison to an NHS organisation; the private sector was somewhat of an unknown entity in terms of structure and governance.

Fundamentally, there were no visible manifestation of poor management throughout respondents’ experiences of private hospitals. Those with experience of management roles found it easier to conceptualise ‘well-led’ in a healthcare setting, but assumed that this would involve greater responsibility and drive to achieve higher standards.

Overall, responses to the description of ‘well-led’ were welcomed as positive-sounding, however, much of the prompts were difficult to engage with due to perceived use of ‘jargon’ and ‘management speak’:

“I’d expect it to have clear management and be able to see who is responsible for each area. I would expect everything to run smoothly.” (Independent hospital user, Female)

The descriptions and elements of well-led from the Appendix to the acute hospital provider handbook, although less well understood, were largely accepted and were assumed ‘to be sufficient’.

2.5 Information requirements

Summary reports on independent hospitals were of interest, especially for specialist and inpatient care.

Information required by this group focused very much on the ‘speed’ of services and the availability of the ‘specialist expertise’ of individual consultants:

- How long do you wait for an appointment?
- How long do you wait to access specific services, including specialist staff and associated equipment (e.g. physiotherapy, MRI, X-ray)
- How long does it take for results to come back?
- To what extent do they communicate and involve patients in their care?