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NHS Confederation Member survey 2013 Wave 1

FINAL REPORT

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CONTENTS

Executive summary	3
Introduction	7
Survey methodology	7
Profile of respondents	8
Findings	10
Quality of patient care over the next 12 months	11
Priorities for improving quality of care	11
Key drivers for ensuring compassionate care in the NHS	12
An integrated and community-based model of care	14
Service reconfiguration	16
Francis Inquiry	20
Financial pressures	24
Aspects of care affected by financial pressures over the past 12 months	24
Financial pressures over the next 12 months	26
Aspects of care respondents expect to be most affected by financial pressures in the next 12 months	27
Actions taken to meet QIPP objectives over the next 12 months	29
Confidence in meeting QIPP targets/ cost improvement objectives	31
Barriers to meeting QIPP targets or cost improvement objectives	33
Readiness to operate in the new system	35
Risks to the success of the new system	35
Forging effective relationships with local partners	40
Challenges facing the NHS over the next two years	45

Executive summary

Response rates

With 185 surveys returned, this survey achieved a response rate of 29% (down 11% from Wave 1 2012), and represents feedback from 185 organisations, which is 56% of the NHS Confederation membership base.

The survey was sent to members on 18 April and remained in field until 7 May.

Findings

Quality of patient care over the next 12 months

- 40% said that quality would improve – substantially more than in May 2012 (15%)
- 32% thought that quality would decrease
- 28% said that quality would stay the same

Priorities for improving quality of care

Respondents were asked to choose *three* aspects of care that they believe the NHS should prioritise over the coming year.

- The most frequently chosen aspect of care was *implementing culture change (61%)*
- This was followed by *improving patient engagement* (46%), *developing stronger leadership* (40%, up from 14% in May 2012), and *reducing the burden of bureaucracy* (40%)

Key drivers for compassionate care in the NHS

Respondents were ask to choose the top two key drivers that they believed would contribute to ensuring compassionate care in the NHS.

- Two drivers stood out as being by far the most frequently chosen – ***staff attitudes*** (66%) and ***board level leadership*** (62%)

An integrated and community-based model of care - progress

- 8% said that they thought ***significant*** progress is being made towards a more integrated and community-based model of care
- 59% said that ***slight*** progress is being made
- 34% said that they thought that ***no*** progress is being made

An integrated model of care – consequences of a lack of progress

Respondents were also asked about the consequences that they thought might arise if not enough progress was made.

- 61% thought that the main consequence would be *unsustainable service;* 27% thought that *poorer patient experience* would be the main consequence; 13% thought that there would most likely be *a decrease in the quality of care*

Barriers to an integrated model of care

- Two options emerged as the most frequently chosen barriers -*funding mechanisms* (66%) and *cultural barriers* (60%)

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Service reconfiguration

- 36% said that changes were currently being undertaken
- 31% reported that changes were planned within the next two years

Barriers to successful service reconfiguration

- 67% believed that the one of the greatest barriers to a successful reconfiguration or redesign of services is *political resistance*
- 53% said that *difficulty in communicating the need for change to the public* is also a substantial barrier

Francis Inquiry - will government proposals improve the quality of care?

Proposals that respondents were most likely to *agree* or *strongly agree* with were:

- *A single failure regime to apply to both failures in quality and finance* (74%)
- *Statutory duty of candour for providers* (68%)
- *Extra hands-on training requirements for students nurses* (67%)

Proposals that respondents were most likely to *disagree* or *strongly disagree* with were:

- *Introduction of 'Ofsted-style' provider ratings* (73%)
- *Introduction of a chief inspector of hospitals* (71%)

Organisations' responses to the Francis Inquiry's conclusions

- The vast majority of respondents (91%) said that their organisation had made progress in setting out how it intends to respond to the Francis Inquiry's conclusions.

Speaking out about concerns

- 89% said *yes*, their organisation had taken sufficient steps to ensure that staff are aware of their individual responsibilities to speak out if they have concerns over patient safety or quality of care.
- 11% said *no,* their organisation had not taken sufficient steps.

Financial pressures

- When asked to compare the current financial pressure to that of 12 months ago, 40% said that they were *'very serious, but not the worst I have ever experienced'*, and a further 22% said that financial pressures were currently '*theworst I have ever experienced'.*
- When asked about the next 12 months, 83% (compared to 85% in May 2012) felt that financial pressures would increase.

Areas of care affected by financial pressures

- One fifth of respondents (21%) said that they didn't think that any aspects of care had been affected by the financial pressure that their organisation had experienced over the *previous* 12 months. Half of all respondents (50%) said that *waiting times and access* had been affected.

- When asked which area of care they felt would be most affected in the *next* 12 months, the most often nominated aspect of care was again *waiting times* (70%). The second and third most often chosen aspect of care were *patient experience (64%)* and *availability of particular treatments or drugs (27%).*

QIPP

The most commonly cited actions respondents are taking to ensure QIPP or cost improvement objectives are met in the next 12 months were:

- *redesigning or reconfiguring* services (74%)
- *expanding community-based care* (43%)

Almost three-quarters of all respondents (74%) said that they were *very* or *quite confident* that their organisation would meet its QIPP and/or cost improvement programme objectives during the next 12 months.

The biggest barriers to meeting QIPP or cost improvement objectives were:

- *increased demand for services*, nominated in the top three by the largest proportion of respondents (66%)
- *Impact of cuts in local authority funding* (56%)
- *Failure of organisations to cooperate locally* (55%)

Readiness to operate in the new system

- A considerable majority (88%) said that they were *very* or *quite confident* that their organisation is ready to operate successfully in the new system.

Risks to the success of the new system

- The most frequently chosen risk was *financial pressures or cost saving targets* – 21% chose this as the single biggest risk, and 63% chose this as the one of the top 3 risks

Forging effective relationships with local partners

Respondents were asked to rate how confident they felt that parts of the new system would forge effective relationships with local partners.

- The greatest proportion of *very/quite confident* responses were for *clinical commissioning groups* (82%), *local authorities* (72%) and *health and wellbeing boards* (61%)
- Elements of the new system with the greatest proportion of *not very/not at all confident* responses were *Health Education England* (64%), *NHS England* (63%) and *Public Health England* (60%)

Challenges facing the NHS over the next two years

- The largest proportion of respondents selected *pressure on finances* as the single biggest challenge (27%)
- *Pressure on finances* was also most often chosen as one of the top 3 challenges (56%), followed by *integration of care* (54%) and *care of the elderly* (45%)

Has the Government recognised these challenges?

- 29% said *yes*

- 71% said *no*

Introduction

The NHS Confederation commissioned the Picker Institute to develop and implement an annual members' survey programme. The programme was initiated in Autumn 2010 and has been extended to continue into 2013.

The aim of the survey programme is to gather feedback from members on a regular basis (2 to 3 times throughout the year) to enable the NHS Confederation to track performance against key business objectives and to keep abreast of members' views on current issues.

This survey is the sixth survey to be conducted since the programme started, and is the first survey for 2013.

Survey methodology

This survey was conducted using an on-line, self-completion method. Surveys were sent to chief executives and chairs of all member organisations in England.

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Response rates

Responses were received from **185 organisations (200 in W1 2012), thus representing feedback from 56% of the NHS Confederation membership base(55% in W1 2012).**

Profile of respondents

		Number in sample	***% of total sample***	***Response rate May 2013 (current)***	***Response rates for May 2012***
	Overall sample	**185**	**100%**		**40%**
	Partials				
	Completes				
Job	Chief executive	94	51%	31%	40%
	Chair	86	46%	28%	39%
	Independent sector key contact	5	3%	31%	57%
Region	North East	6	3%	23%	32%
	North West	25	14%	24%	46%
	Yorkshire & the Humber	21	11%	40%	50%
	East Midlands	20	11%	35%	44%
	West Midlands	19	10%	26%	36%
	East of England	15	8%	28%	36%
	South West	22	12%	33%	42%
	South Central	9	5%	28%	51%
	London	34	18%	26%	34%
	South East Coast	14	8%	30%	31%
Organisation	NHS trust	48	26%	28%	-
	NHS foundation trust	63	34%	26%	-
	Clinical commissioning group	51	28%	35%	-
	Clinical support unit	0	0%	0%	-
	Independent sector for-profit	10	5%	29%	-
	Independent sector not-for-profit	7	4%	30%	-
	Social enterprise	5	3%	50%	-
	Housing association	0	0%	0%	-
	Arms-length body/ executive agency/ special health authority	1	1%	13%	-
Service type [a]	Acute (urgent and emergency	86	46%	**-**	-
	Acute (planned)	80	43%	**-**	-

	Community health services	65	35%	-	-
	Diagnostics	68	37%	-	-
	Mental health	34	18%	-	-
	Dental care	34	18%	-	-
	General practice	22	12%	-	-
	Commissioning support	4	2%	-	-
	Commissioning	51	28%	-	-
Network/forum membership	Mental Health Network	27	15%	23%	-
	NHS Partners Network	11	6%	46%	-
	Community Health Services Forum	15	8%	25%	-
	NHS Clinical Commissioners	51	28%	35%	-
	NHS Confederation core	134	72%	27%	-

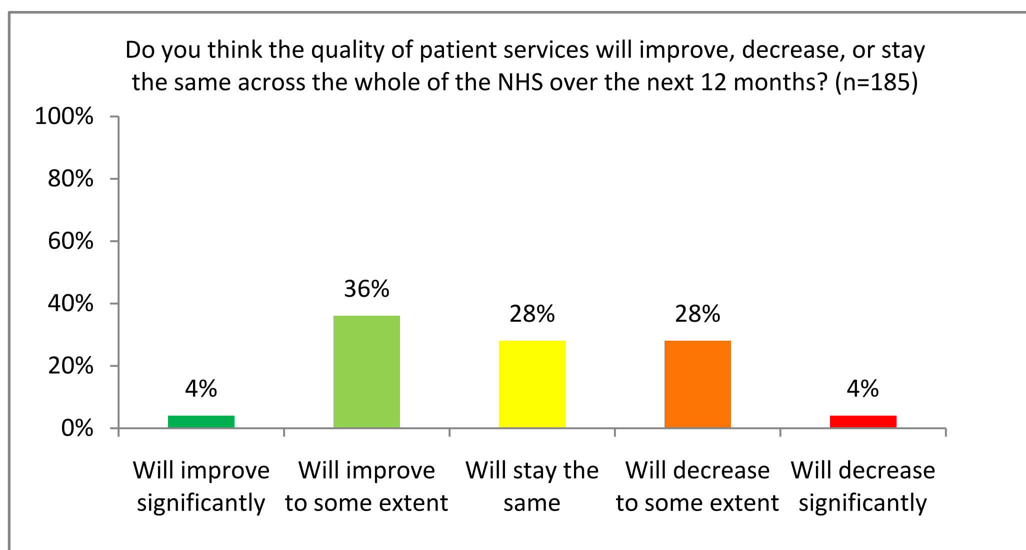
[a]Percentages add to more than 100 due to multiple service provision

* Note: Some of the information above was not identifiable from the sample and therefore response rates cannot be calculated

Findings

Quality of patient care over the next 12 months

Two-fifths (40%) of respondents thought that the quality of patient services was likely to *improve* over the coming 12 months. This is a substantial increase compared to the Wave 1 survey conducted in May 2012, when just 15% said that they thought quality would improve. However, 28% thought that quality would *decrease to some extent*(down from 42% in May 2012), and 4% thought it would *decrease significantly*.



There were some differences between respondent subgroups in predictions about the quality of patient services over the next 12 months.

Organisation type

Respondents within the **indepdendent sector** were more likely to say that they thought the quality of patient services would *decrease*(52%), compared to **NHS trusts** (33%) and **CCGs** (16%).

NHS organisationswere more likely to believe that quality will *improve*over the next 12 months (44%), compared to **independent sector organisations** (13%).

Service type

Providers of **acuteservices** (both urgent/emergency and planned) more often thought that quality will *decrease* (both 37%) compared with providers of **commissioning services** (16%).

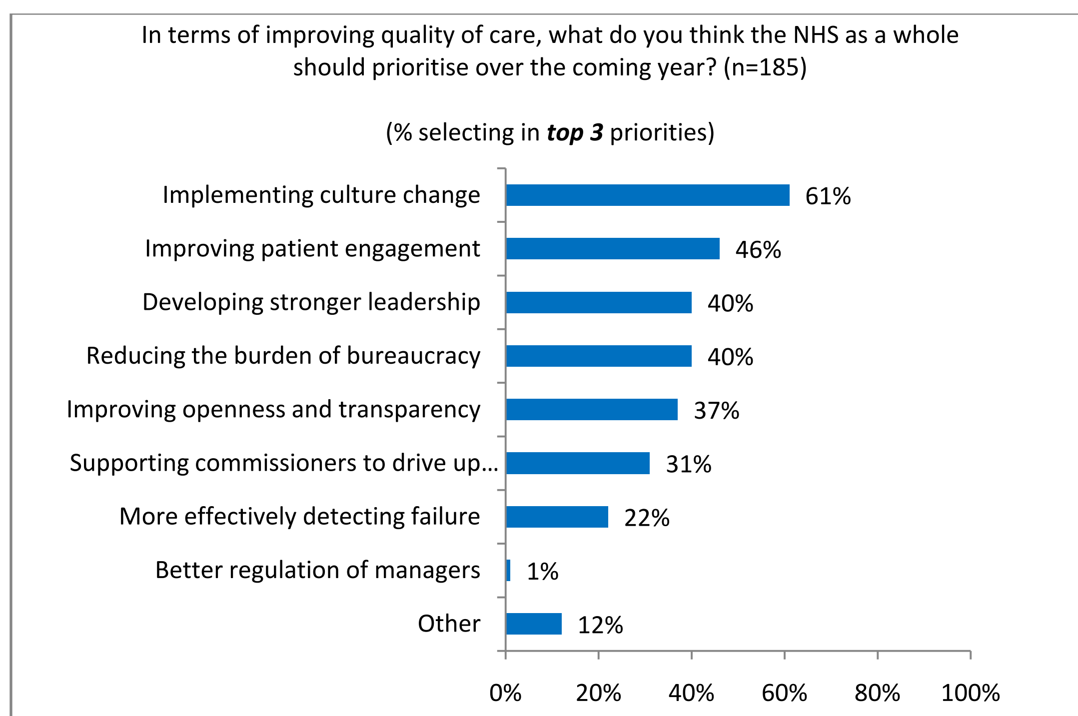
Member type

Respondents who are members of the **NHS Clinical Commissioners**(**NHSCC**) were most likely to say that they thought quality of patient services would *improve* (61%), compared with members of the **core NHS Confederation** (32%).

Priorities for improving quality of care

Respondents were asked to choose *three* aspects of care that they believe the NHS should prioritise over the coming year. The most frequently chosen aspect of care was *implementing culture change* – 61% of respondents selected this option as one of their top three. This was followed by *improving patient engagement* (46%), *developing stronger leadership* (40%, up from 14% in May 2012), and *reducing the burden of bureaucracy* (40%).

(Many of the categories for this item have changed since May 2012, so a full comparison is not possible.)



'Other' suggested priorities included service integration (N=7), staff engagements (N=2), and changes to terms and conditions of employments (N=2).

Job type

The top three choices for respondents differed somewhat according to their job type. **CEOs** more often selected *developing stronger leadership*(52%) and *implementing culture change* (69%), compared with **chairs** (29% and 52%).

Organisation type

Respondents from **NHS foundation trusts** more frequently selected *Developing stronger leadership*(51%) as one of their top three choices compared with those from **CCGs**(29%), who in turn were more likely to choose *supporting commissioners to drive up quality*(59%) than respondents from **NHS trusts** (21%) or **NHS foundation trusts (**16%).

Service type

There were also some response differences between the types of services offered by respondents' organisation.

- Those providing **acute and diagnostic services** more often selected *developing stronger leadership*(50%), compared to respondents providing **general practice** (23%) or **commissioning services** (31%).
- *Improving openness* was more often selected by **providers of acute services (urgent/emergency,** 30%; **planned**, 31%) than **general practice** providers (55%)
- **Commissioning service providers** selected *supporting commissioners to drive up quality* more often than all the others (57%) apart from **general practice** providers (45%)

Member type

In line with this finding, members of **NHSCC** chose *supporting commissioners to drive up quality* most frequently (59%).

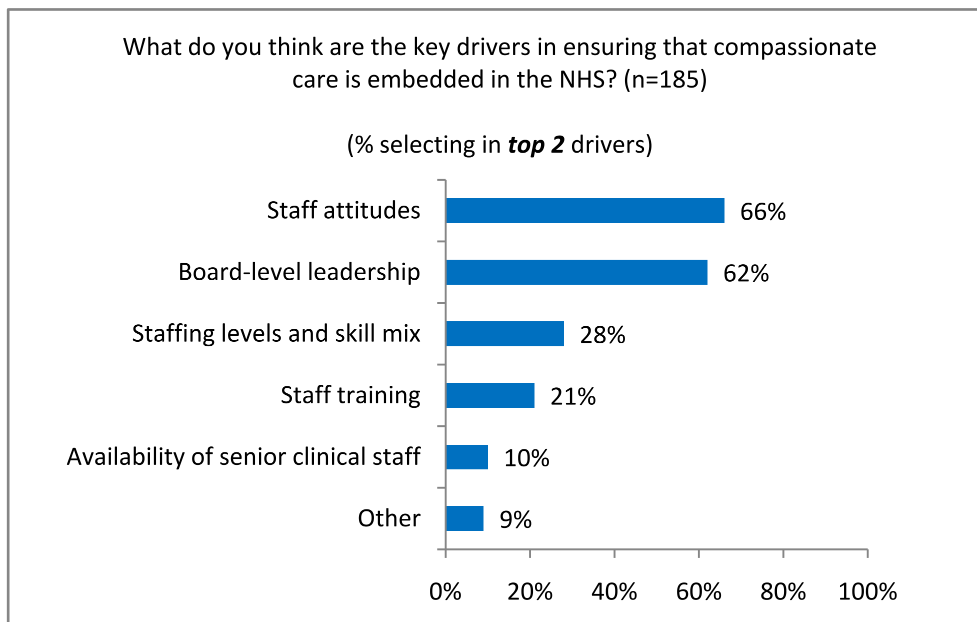
Region

There were also a few regional differences in priorities chosen.

- *Implementing culture change*– more often chosen by respondents in the **North West** (84%) and **East Midlands**(70%) than those in **London**(41%)
- *Reducing the burden of bureaucracy* - more often chosen by those in **Yorkshire and the Humber** (52%) or **South West** (55%) regions than those in the **North West**(24%)
- *Supporting commissioners to drive up quality* – respondents in **London** chose this least often (5%) compared with respondents **in all other regions** (range 28%-38%)

Key drivers for ensuring compassionate care in the NHS

Respondents were asked to choose the top two key drivers that they believed would contribute to ensuring compassionate care in the NHS. Two drivers stood out as being by far the most frequently chosen – *staff attitudes* (66%) and *board level leadership* (62%).



'Other' drivers that were suggested included: leadership at all levels (N=7), staff engagement/team building (N=3), more time with patients (n=2), and openness (N=2).

Opinions differed amongst respondents according to their job type and their organisation type.

- **CEOs** were more likely (77%) to choose *staff attitudes* than **chairs** (53%)
- Respondents from **CCGs** were less likely to choose *staff attitudes*(48%) than respondents from all other organisations (mean 73%)
- *Staff attitudes* were also less often chosen by **general practice** (36%) and **commissioning providers** (47%) compared with providers of all other types of service (mean 70%)
- *Board level leadership* was more often chosen by **NHS foundation trusts** (71%) than the independent sector (48%)
- *Availability of senior clinical staff* was thought to be more important by **CCGs** (18%) than **NHS foundation trusts** (5%)

Regions

Amongst the regions, *staff training* was selected the least often by respondents in the **South West** (5%) compared with **Yorkshire and the Humber**(29%), whereas *staff attitudes* was more likely to be chosen by those in **Yorkshire and the Humber** (81%) compared with **East Midlands** (45%). *Board level leadership* was selected by a particularly high percentage of respondents in the **North West** (80%) compared with **London** (50%).

An integrated and community- based model of care

Progress

Respondents were asked the extent to which they thought that the NHS is making progress towards a more integrated and community-based model of care.

- 8% said that they thought *significant* progress is being made
- A majority – 59% - thought that *slight* progress is being made
- However, over one third – 34% - said that they thought that *no* progress is being made

Within the subgroups:

- **Chairs** were more likely to say that they thought *significant* progress is being made than CEOs (13% and 3% respectively)

Some groups were more likely to say that they thought *no* progress is being made:

- **Providers of acute (planned)** (41%), **diagnostic** (40%), and **dental services** (44%) said *no* progress is being made, compared with 22% of **commissioning services providers**
- **NHS trusts** (40%) and **independent sector organisations** (48%) said *no* progress is being made more frequently than **CCGs** (20%)
- More members of the **core NHS Confederation** (39%)said *no* progress is being made, compared with 20% of **NHSCC** members

Consequences of a lack of progress

Respondents were asked about the consequences that they thought might arise if not enough progress is made.

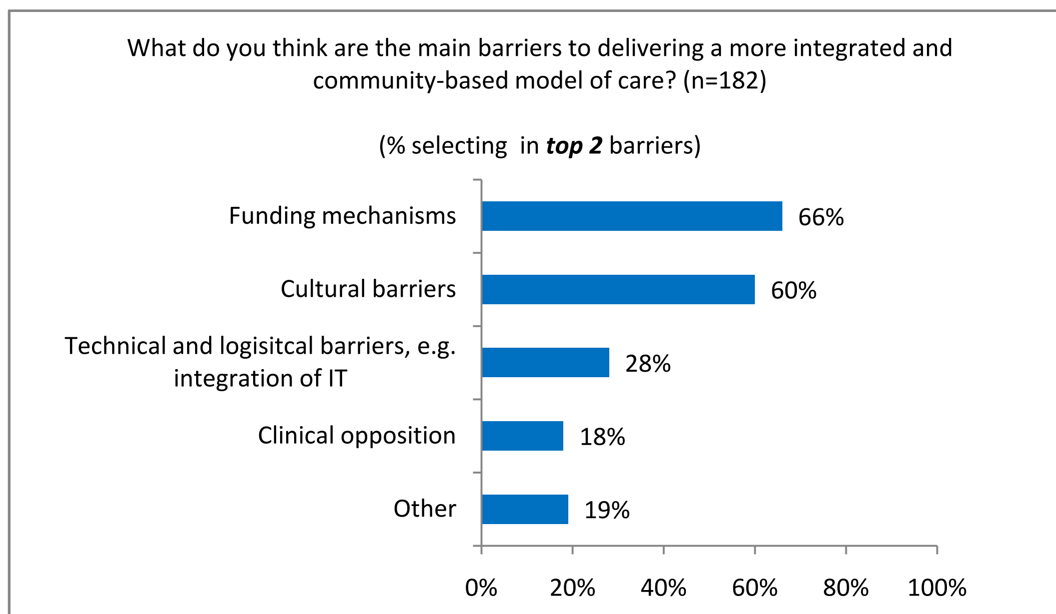
- 61% thought that the main consequence would be an *unsustainable service*
- 27% thought that *poorer patient experience* would be the main consequence
- 13% thought that there would most likely be *a decrease in the quality of care*

Respondents were also asked what *other* consequences they thought might arise. Answers included: domination of care by acute care (N=7), financial pressures (N=6), staff demotivation/dissatisfaction (N=4), service or system failure (N=3),pressure on emergency services (N=2), poor patient experiences (N=2), poorer quality of care (N=2).

There were a few differences between the subgroups in responses to this item. *A decrease in the quality of care* was selected by a relatively large proportion of **CCGs** (20%), compared with just 7% of **NHS foundation trusts.** Similarly, *unsustainable service* was most often chosen by respondents in the **North West** region (77%), compared with 50% of those in **London.**

Barriers to delivering an integrated model of care

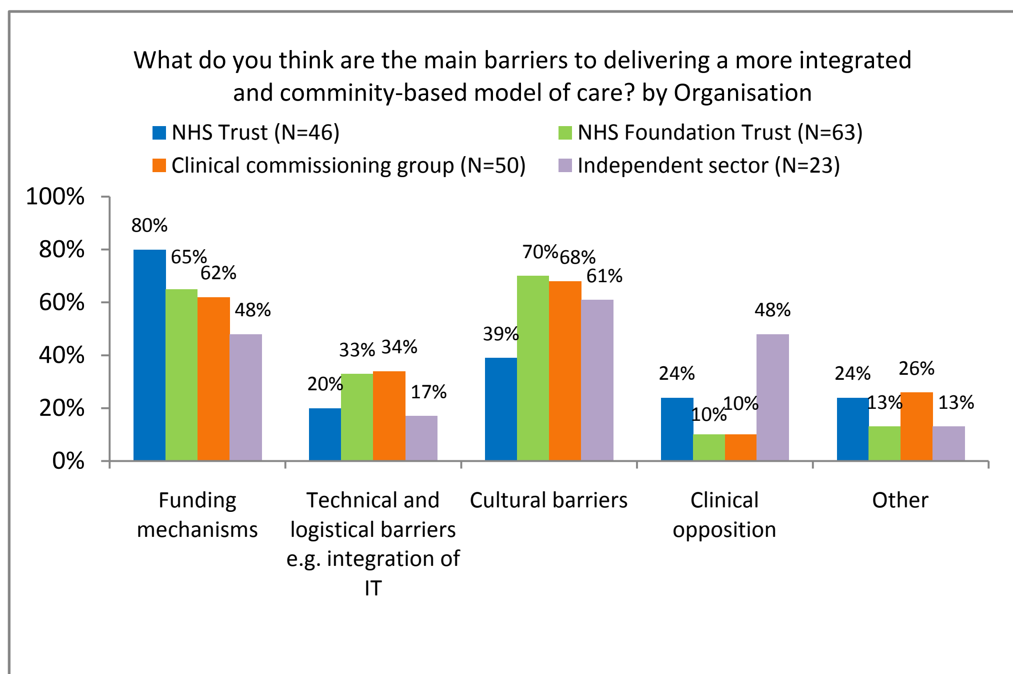
Of the five options presented, two clearly emerged as the main barriers to delivering an integrated model of care by the majority of respondents - *funding mechanisms* (66%) and *cultural barriers* (60%).



'Other' barriers that respondents listed included: competition/section 75 (N=7), political issues (N=4), fragmented commissioning (N=2), provider self-interest (N=2), and time pressure (N=2).

Organisation type

Ideas about potential barriers varied amongst respondents within different organisation types, as shown in the following chart. **NHS trusts** more often (80%) saw *funding mechanisms* as a barrier than **CCGs** (62%), who in turn more often chose this option than **independent sector organisations** (48%). *Cultural barriers* were least often chosen by **NHS trusts** (39%), and *clinical opposition* was most likely to be viewed as a barrier by **independent sector organisations** (48%).



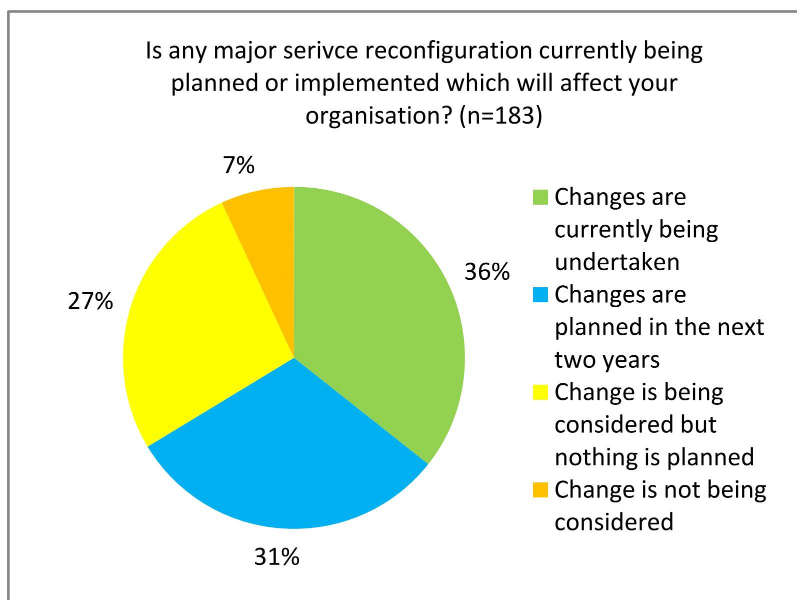
As would be expected, *funding mechanisms* were identified as a barrier by a greater proportion of **NHS** organisations than of **non- NHS organisations**- 69% compared with 48%. In addition, *clinical opposition* was chosen as a barrier by 48% of **non- NHS organisations**, compared with just 14% of **NHS organisations.**

Within the regions, *technical and logistical barriers* were viewed as a barrier by a greater proportion of respondents in **Yorkshire and the Humber** (43%), **East Midlands** (45%), and **London** (38%) regions, compared with the **South West** (5%).

Service reconfiguration

Current and planned changes

Major service reconfiguration was occurring at the time of the survey for just over one third of respondents (36%), with another 31% reporting that changes are planned for some time within the next two years.



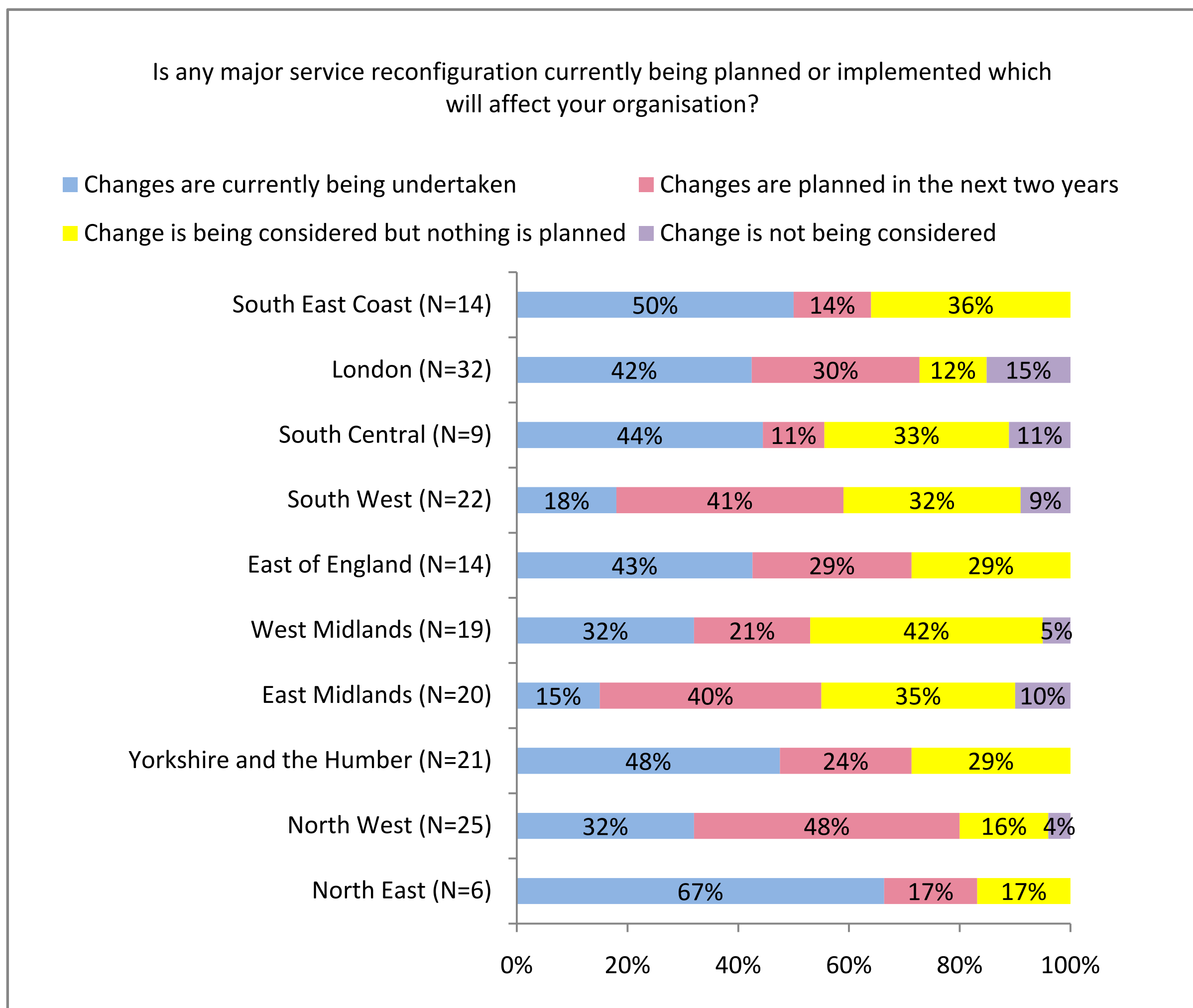
Organisation type

Changes were *not being considered* amongst 23% of **independent sector organisations**, considerably more than **all** the other organisation types (mean 4%). In contrast, changes are *planned in the next two years* in 34% of **NHS** organisations, compared with just 5% of **non- NHS** organisations.

Region

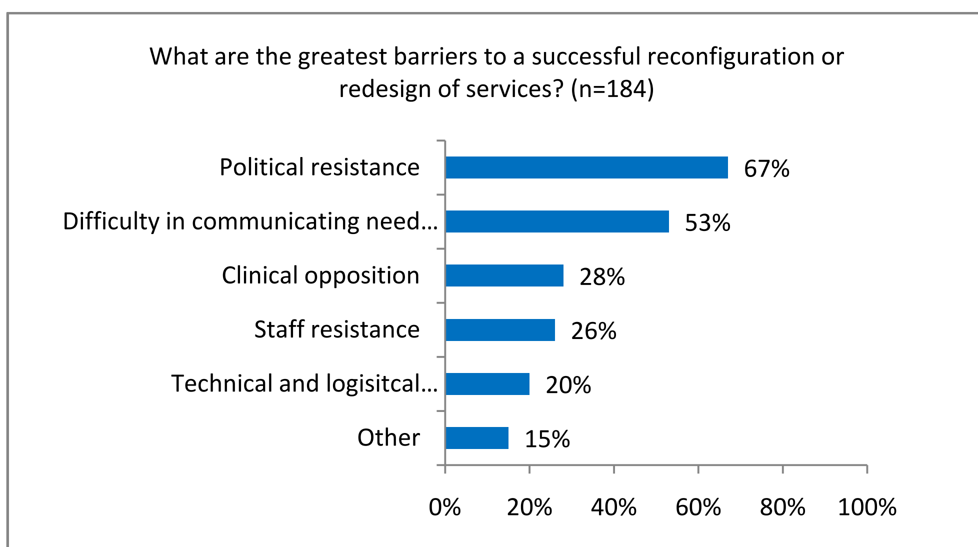
The following chart illustrates the variation in service reconfiguration amongst the regions (comparisons between regions where the sample is less than 20 should be made with caution).

Of the regions where the sample size is greater than 20, the region with the greatest percentage of respondents reporting that changes are *currently being undertaken* was **Yorkshire and the Humber** (48%), significantly more than in the **East Midlands** (15%) and **South West** (18%) regions.



Barriers to successful service reconfiguration

More than two-thirds of respondents (67%) believed that the one of the greatest barriers to a successful reconfiguration or redesign of services is *political resistance*. In addition, 53% said that *difficulty in communicating the need for change to the public* is also a substantial barrier.



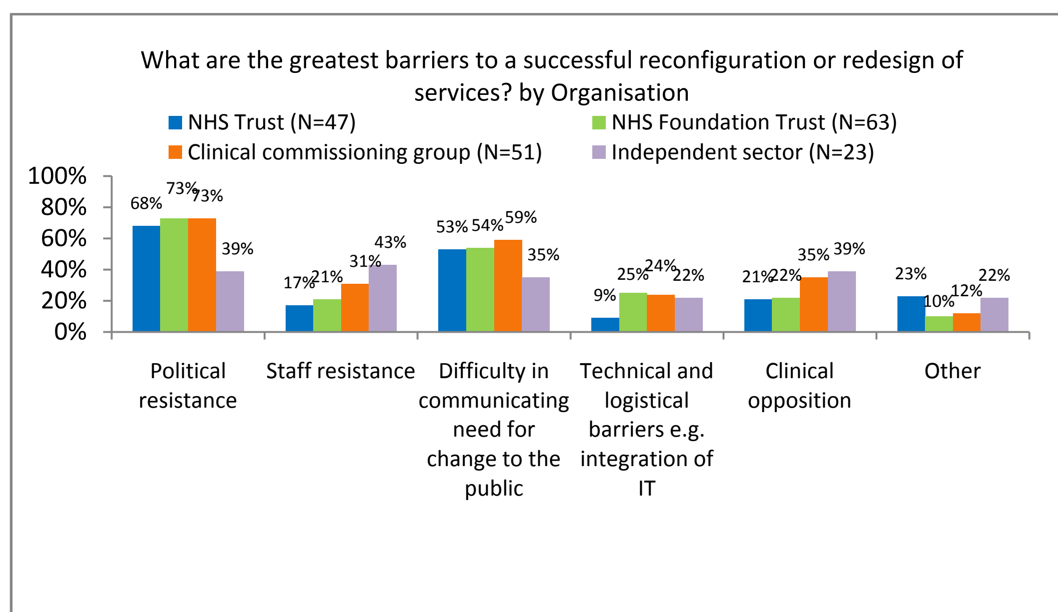
'Other' barriers to service integration included: political opposition/self-interest (N=4), financial impact on providers (N=3), fragmentation of system (N=2), and poorly designed services (N=2).

Job type

Although it was the top choice for both job types, *political resistance* was identified as one of the greatest barriers to successful service reconfiguration by significantly more **CEOs** than **chairs** (76% vs 58%).

Organisation type

Among the different types of organisation, *political resistance* was more often chosen by **NHS trusts** (68%), **NHS foundation trusts** (73%), and **CCGs** (73%) than **independent sector** providers (39%). In contrast, **independent sector** organisations were more likely to choose *staff resistance* as the main barrier (43%) than the other types of organisation (mean 23%). Respondents from **NHS trusts** were least likely to consider *technical and logistical barriers* as a threat to service reconfiguration (9%).



Region

Staff resistance was perceived to be a potentially greater barrier amongst respondents from the **South West** (45%), compared with those in the **North West** region (16%).

Francis Inquiry

Will government proposals improve the quality of care?

In the light of the Francis report, respondents were asked to state the extent to which they agreed or disagreed with a number of government proposals to improve the quality of care in the NHS.

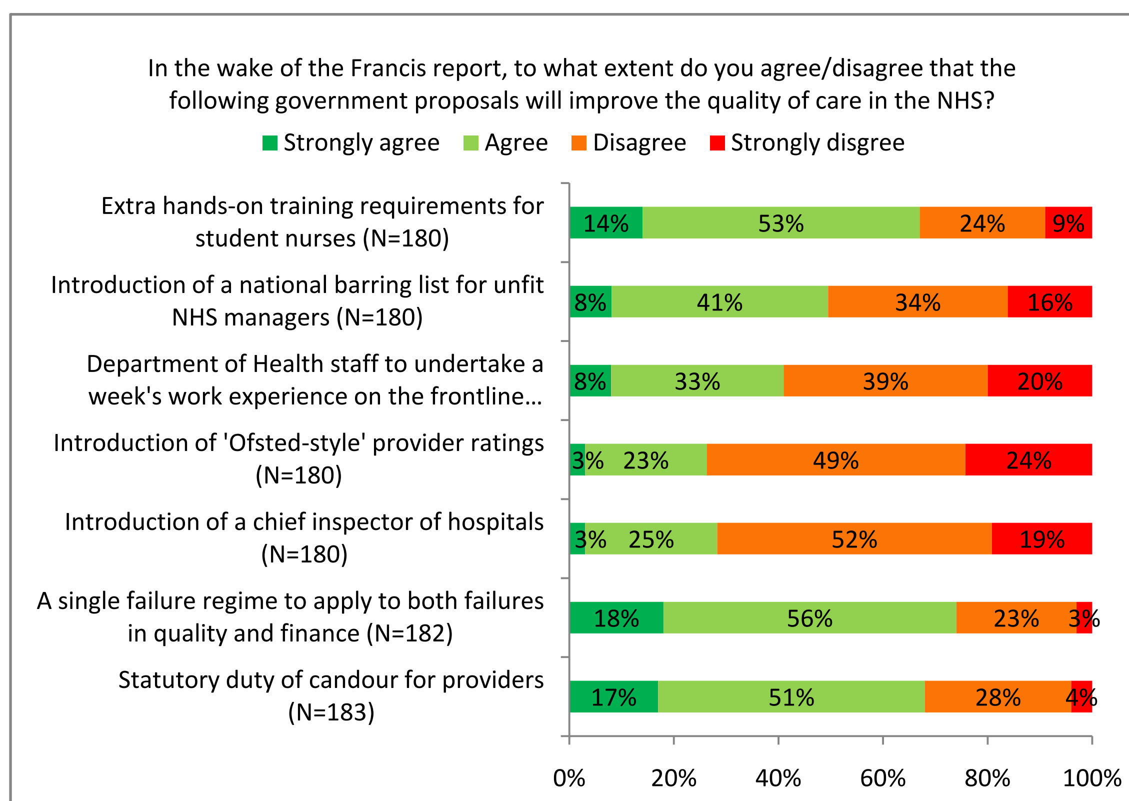
The proposals that respondents were most likely to *agree* or *strongly agree* with were:

- *A single failure regime to apply to bother failures in quality and finance* (74%)
- *Statutory duty of candour for providers* (68%)
- *Extra hands-on training requirements for students nurses* (67%)

Proposals that respondents were most likely to *disagree* or *strongly disagree* with were:

- *Introduction of 'Ofsted-style' provider ratings* (73%)
- *Introduction of a chief inspector of hospitals* (71%)

Ratings for all proposals are shown in the following chart.



There were a number of differences between subgroups in the ratings of these proposals.

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Job type

CEOs were more likely to *strongly disagree* with the proposal that *Department of Health staff to undertake a week's work experience on the frontline* (32%), compared with **chairs** (7%).

In contrast, **chairs** were more likely to *strongly agree* with the *introduction of a national barring list for unfit NHS managers* (14%) than **CEOs** (3%).

Organisation type

Non- NHS organisations more often *strongly agreed* with the *introduction of 'Ofsted' style provider ratings* (14%) than **NHS** organisations (2%).**Non- NHS** organisations more were also more likely to *strongly disagree* with the proposal that *Department of Health staff to undertake a week's work experience on the frontline* (36%) than NHS organisations, 18%.

Service type

All service types apart from general practice (9%) were significantly more likely to *strongly disagree* with the proposal for *Department of Health staff to undertake a week's work experience on the frontline* (mean 25%), compared with **commissioning services** (10%). **Acute services**, **mental health services,** and **dental care services** were also more likely to *strongly disagree* with *extra hands on training requirements for student nurses* (mean 14%), compared with **commissioning services** (2%).

Region

The following significant differences emerged amongst respondents within the various regions.

- *Statutory duty of candour- strongly agree:* **Yorkshire and the Humber** (38%) vs **London** (9%)
- *A single failure regime to apply to both failures in quality and finance - strongly agree*: **Yorkshire and the Humber** (38%) vs **London**(9%)
- *Introduction of 'Ofsted' style provider ratings - strongly agree/agree*: **East Midlands** (50%), vs **London** (21%),vs **Yorkshire** (10%)
- *Extra hands on training requirements for student nurses - strongly agree/agree*: **South West** (90%) vs **East Midlands** (60%), vs **London** (54%)

Member type

NHSCC members were more likely to *strongly agree/agree* with a *statutory duty of candour* (81%) compared with members of the **Mental Health Network** (59%) and the **core NHS Confederation** (64%).

Organisations' responses to the Francis Inquiry's conclusions

The vast majority of respondents (91%) said that their organisation had made progress in setting out how it intends to respond to the Francis Inquiry's conclusions.

- 45% were making *good* progress
- 46% were making *reasonable* progress
- 8% were making *little* progress

Just 1% of respondents said that their organisation was making **no** progress.

Member type

Members of the **Mental Health Network** were most likely to say that their organisation was making **good** progress(63%), compared with 39% of **NHSCC** members.

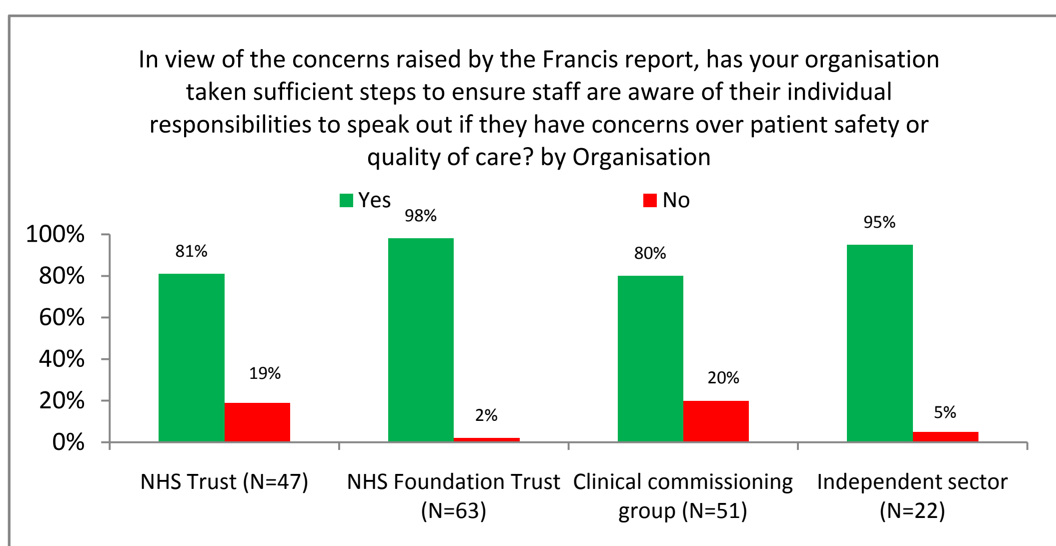
Ensuring staff awareness of responsibilities to speak out about concerns

Respondents were asked whether their organisation had taken sufficient steps to ensure that staff are aware of their individual responsibilities to speak out if they have concerns over patient safety or quality of care.

- 89% said *yes*, their organisation had taken sufficient steps
- 11% said *no*, their organisation had not taken sufficient steps

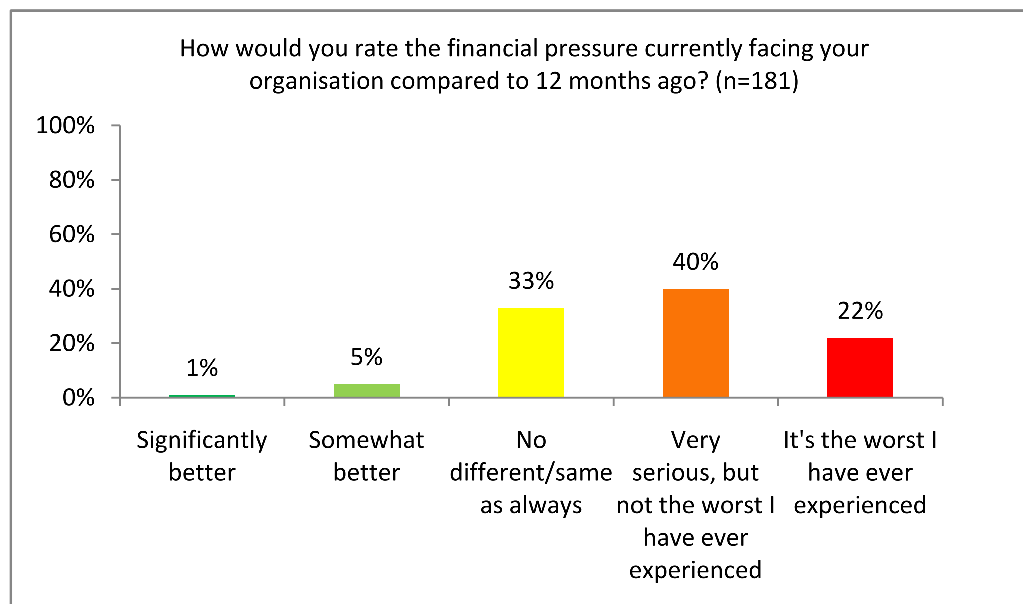
Organisation type

Respondents from **NHS foundation trusts** were the most likely to say *yes*, their organisation had taken sufficient steps (98%). This was significantly higher than the percentage of respondents from **NHS trusts** (81%) and **CCGs** (80%).



Financial pressures

The financial pressures facing organisations were, for most respondents, serious in comparison to 12 months ago, as shown in the following chart. Two in five (40%) said that they were *'very serious, but not the worst I have ever experienced',* and a further 22% said that financial pressures were currently '*the worst I have ever experienced'*. Just 6% said that financial pressure had improved in the previous 12 months.



Comparison with Wave 1 (May) 2012

At the time of the 2012 Wave 1 survey (May 2012), a similar proportion stated that financial pressures had stayed the same (35%, compared to 33% in the current survey, Wave 1 2013). However, during the last 12 months there has been a drop in the proportion of respondents who report an improvement in financial pressures. At Wave 1 2012, 11% said that the situation had improved over the previous year (compared to 6% in this survey).

The Wave 1 2012 survey results also highlighted a number of variances in the financial pressure that respondents reported across the different subgroups. No significant were observed in this wave of research.

Aspects of care affected by financial pressures over the past 12 months

Respondents were asked which aspects of care have been MOST affected as a result of financial pressures over the past 12months. (They were asked to select the three most affected areas of care.)

One fifth of respondents (21%) said that they didn't think that any aspects of care had been affected by the financial pressure that their organisation had experienced over the previous 12 months. However, half of all respondents (50%) said that *waiting times and access* had been affected. This was by far the most frequently chosen aspect of care, as shown in the following chart.

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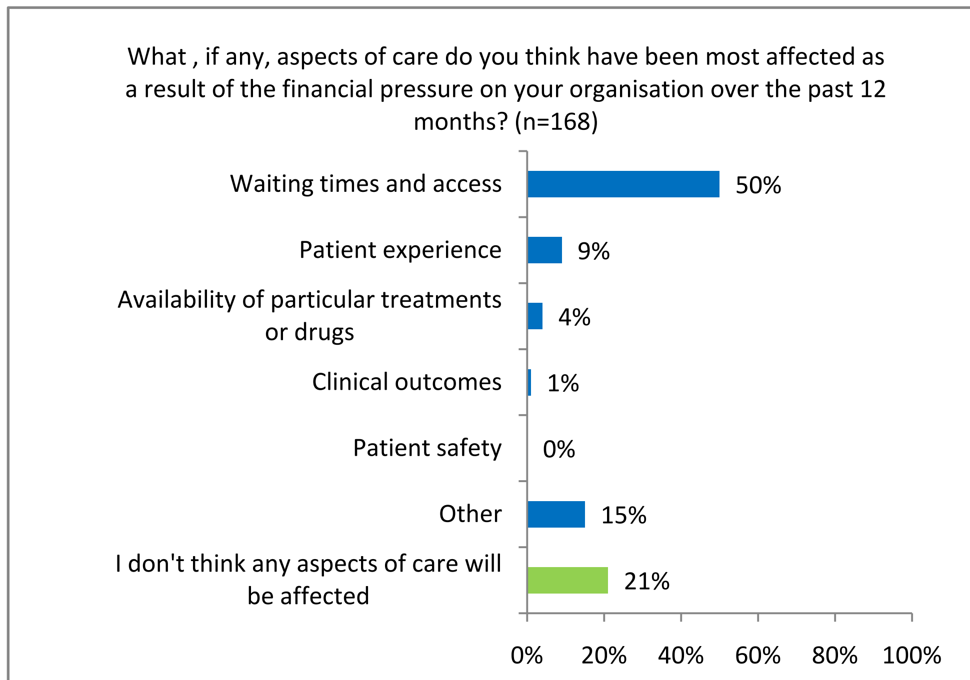


'Other' aspects of care that respondents listed included: staff morale/stress (N=7), experimentation/innovation (N=3), delayed discharge (N=2), pressure on acute services (N=2), and less patient choice (N=2).

Organisation type

Respondents from **CCGs** were significantly more likely to think that *availability of particular treatments or drugs* had been one of the most affected aspects of care (13%),compared with respondents from other organisations (2% from **NHS foundation trusts**, 0% all **other** organisations).

Service type and member type

Similarly, *availability of particular treatments or drugs* was chosen by 13% of respondents organisations that provide **commissioning services** (all other service types, mean 2%), and by 13% of respondents who were members of the **NHSCC** network.

Region

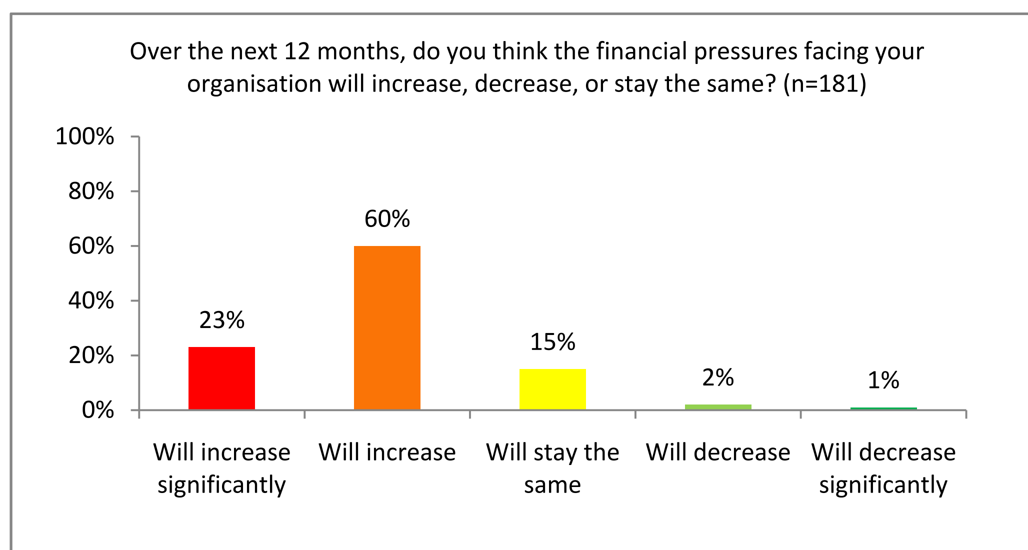
Yorkshire and the Humber region had the greatest proportion of respondents who replied *I don't think any aspects of care had been affected* (39%), significantly more than in the **South West** region (11%).

Comparison with Wave 1 (May) 2012

The Wave 1 2012 survey results highlighted that, the aspect of care most frequently selected was *patient experience* (42%). Just 9% chose this option as one of the most affected aspects of care in the current survey, a drop of 33%. *Waiting times and access*, selected by 50% in May 2013, had been chosen by 35% in May 2012. Also notable is the 12% drop over the last year in the proportion who considered that *no aspects of care had been affected* by the financial pressures. In May 2012, this stood at 34%, but in the current survey it had fallen to 21%.

Financial pressures over the next 12 months

More than four-fifths (83%) of respondent thought that the financial pressures facing their organisation would *increase* over the next 12 months; 23% thought these pressures would *increase significantly.*



Organisation type

Although the total percentage of respondents who thought that financial pressures would *increase* over the next 12 months was similar for NHS and non-NHS organisations, **NHS** organisations were much more likely to believe that the increase would be *significant* (26%) compared **to non- NHS** organisations (0%).

Region

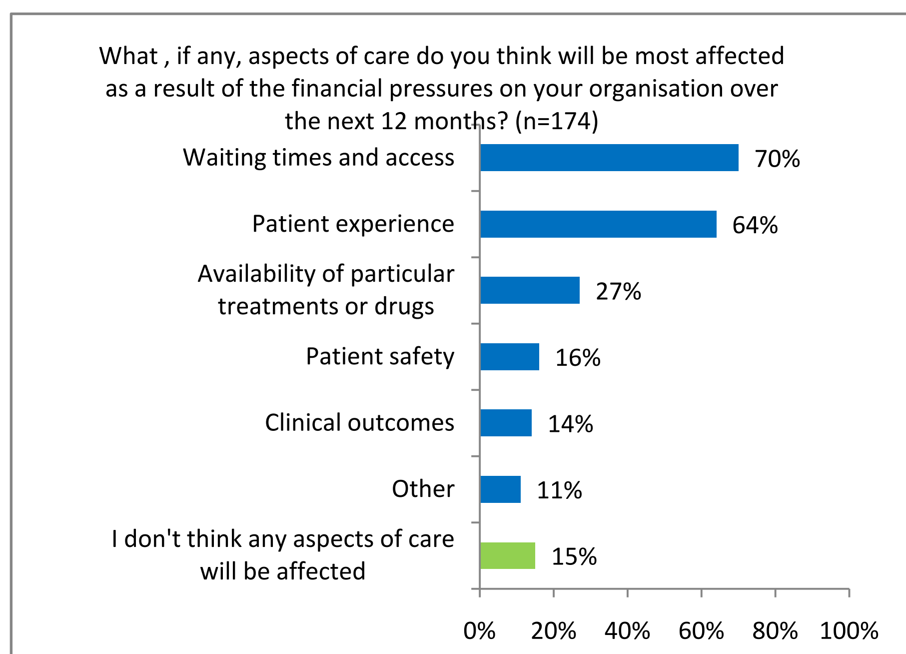
London had the highest proportion of respondents who thought that financial pressures would *increase/increase significantly* (94%), significantly higher than the **East Midlands** region (70%).

Comparison with Wave 1 (May) 2012

The total proportion of respondents who believed that financial pressures would *increase* over the coming 12 months was similar in May 2012 – 85%, compared with 83% in this survey. Since the Wave 1 2012 survey, there has been a slight drop in the proportion predicting that financial pressures will *increase significantly* – from 27% in May 2012 to 23% in May 2013.

Aspects of care respondents expect to be most affected by financial pressures in the next 12 months

Respondents were asked to nominate the three aspects of care they felt would be most affected over the next 12 months as a result of the financial pressures facing their organisation. In accordance with the aspects of care that respondents had said were affected in the *previous* 12 months, the most often nominated aspect of care was *waiting times and access* (70%). The second and third most frequently selected aspects of care were *patient experience* (64%) and *availability of particular treatments or drugs* (27%). A smaller proportion of respondents said that they did not think any aspects of care would be affected in the coming year (15%) in comparison to 21% who thought that no aspects of care had been affected as a result of financial pressures facing their organisation in the previous 12 months.



'Other' aspects of care the respondents thought would be affected over the coming 12 months included: staff pressure/morale (N=6), innovation (N=3), availability of peripheral/lower-need services (N=3).

Job type

CEOs more often thought that *clinical outcomes* would be affected (19%) compared with **chairs** (8%), whereas **chairs** more often selected *the availability of particular treatments or drugs* (35%) than **CEOs** (20%).

Organisation

CCGs were notably concerned about the impact of financial pressures on the *availability of particular treatments or drugs* – 55% of respondents from **CCGs** chose this aspect of care, compared with 14-18% amongst all other types of organisation. **CCGs** also more frequently chose *patient experience* (73%) than respondents from independent sector organisations (48%).

Service type

Similarly, **providers of commissioning services**chose*availability of particular treatments or drugs* more often *(*55%) than all other types of services provider (mean 17%), with the exception of general practice (40%). More respondents from **community health** and **mental health service providers** thought that *clinical outcomes* would be affected (both 21%), than **acute service providers** (urgent 6%, planned 7%).

Region

*Patient experience*was the greatest concern for respondents in the **South West** region (86%), compared with only 50% in the **North West** and 59% in **London**.

Member type

In line with the findings reported above, members of **NHSCC** more often thought that the *availability of particular treatments or drugs* would be affected (55%), a greater percentage than all other member types (range 8%-20%).

Comparison with Wave 1 (May) 2012

Over the last 12 months, a greater proportion of respondents are concerned that financial pressures will affect *waiting times* in the coming year. In May 2012, 49% said *waiting times and access* would be most affected, compared with 70% in May 2013. *Patient experience* was selected by a similar proportion in both years (63% in May 2012, 64% in May 2013), as was *availability of treatment or drugs* (30% in May 2012, 27% in May 2013).

Actions taken to meet QIPP objectives over the next 12 months

Respondents were asked to choose three key actions (from a list of ten) that they were taking to meet their organisational QIPP and/or cost improvement programme objectives over the next 12 months.

Redesigning or reconfiguring services was by far the most frequently chosen action (74%), followed by *expanding community-based care* (43%).

Within the 'other' category, respondents said that their organisations are also reducing/sharing staff (N=3), improving productivity (N=3), and making procurement savings (N=2).

Organisation type

There was considerable variation amongst organisation type in the three key actions selected, as shown in the following chart. The most notable differences included:

- **CCGs** are much more likely to be *expanding community-based care* (82%) and *implementing measures to manage demand* (72%) than other organisation types
- **NHS trusts** and **NHS foundation trusts** were more likely to be *rationalising estates and use of assets, reducing management and administrative costs*, or *making changes to clinical staffing or skill mix* than **CCGs**
- **Independent sector** organisations are significantly more often (14%) *closing services* than other organisations (2%)

Region

Respondents in the **East Midlands** are more often *implementing measure to manage demand* than other regions (65%, compared with 24% in the **North West** region and 27% in **London**), and *expanding community based care* (70%, compared with 39% in **London**). Respondents in the East Midlands regions are also least likely to be *reducing management and admin costs* (10%), compared with 40% in the **North West** region.

Member type

Members of **NHSCC** were most likely to report that they are *implementing measures to manage demand* (72%, compared with 7%-23% in other member types), *expanding community-based care (*82% compared with 22%-44%), and *investing in self-care* (26% compared to 7%-13%). In contrast, **NHSCC** are least likely to *reduce management and administrative costs* (14%), *rationalise estates and use of assets* (6%), or *make changes to clinical staffing or skill mix* (6%).

Comparison with Wave 1 (May) 2012

In May 2012, the most commonly cited actions that respondents were taking to ensure QIPP objectives would be met were *rationalising estates and use of assets (*34%) and *reducing management and administrative costs* (33%). Whilst similar percentages in the current survey show that respondents are undertaking the same actions (32% and 36% respectively), a much larger proportion of respondents

were *redesigning or reconfiguring services* (74%; rising from 1% in May 2012) and *expanding community-based care* (43%; an increase from 8% in May 2012).

Confidence in meeting QIPP targets/cost improvement objectives

Almost three-quarters of all respondents (74%) said that they are *very* or *quite confident* that their organisation would meet its QIPP and/or cost improvement programme objectives during the next 12 months. Just over one in five (22%) are *not very confident* that these objectives would be met, and 4% are *not at all confident*.

Regions

The degree of confidence in meeting cost improvement targets varied across the regions.

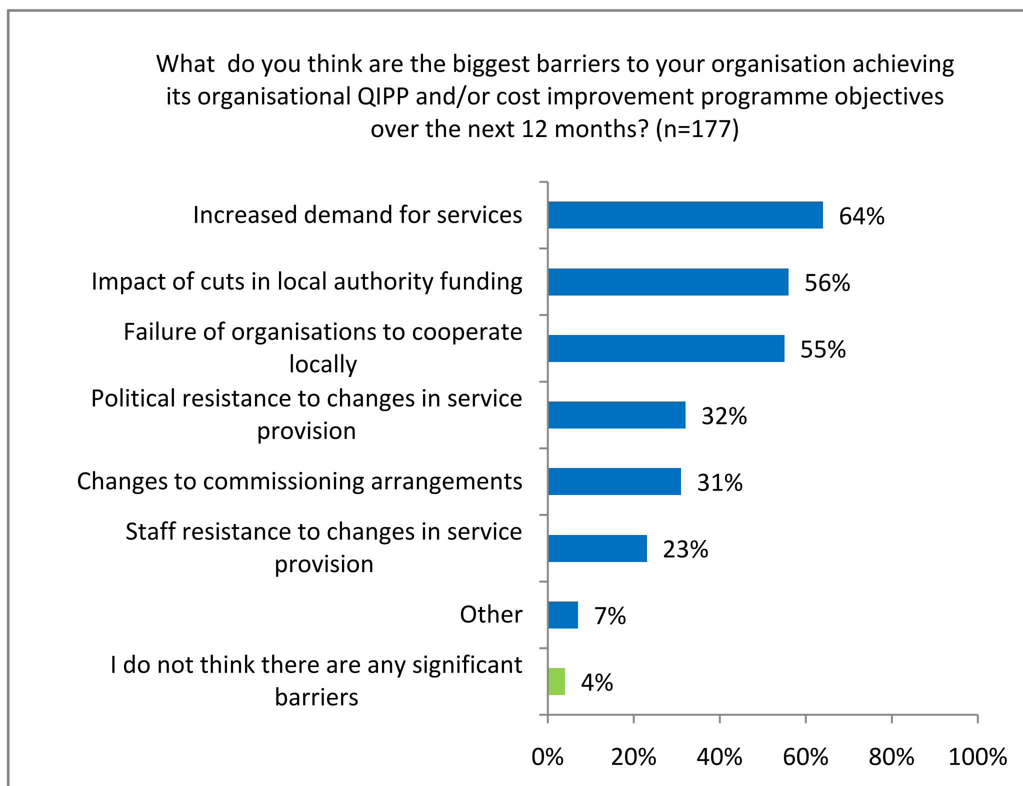
- **London** had the smallest percentage of respondents who felt *very/quite confident* (55%),
- This was significantly less than in the **East Midlands** region, where the most respondents (90%) were *very/quite confident* that programme objectives would be met over the coming 12 months.

Comparison with Wave 1 (May) 2012

There has been a drop of 13% over the last year in the proportion of respondents who felt *very* or *quite confident* about meeting their QIPP/cost improvement objectives (87% in May 2012). The percentage of those who are *not very confident* has risen from 11% in May 2012 to 22% in May 2013, and *not at all confident* from 2% to 4%.

Barriers to meeting QIPP targets or cost improvement objectives

When asked to select the three biggest barriers to achieving QIPP objectives, *increased demand for services* emerged in the top three by the largest proportion of respondents (66%). Two other barriers were also chosen by more than half of all respondents: *impact of cuts in local authority funding* (56%), and *failure of organisations to cooperate locally* (55%).



Organisation type

The following chart illustrates the variations across organisations in perceived barriers to meeting cost improvement objectives. Key differences include:

- *Increased demand for services* was selected by a greater proportion of **NHS** organisations (68%) than **non- NHS** organisations (32%)
- Similarly, *impact of cuts in local authority funding* was also selected by a greater proportion of **NHS** organisations (59%) than **non- NHS** organisations (32%)
- **CCGs** believed that *failure of organisations to cooperate locally* would be a particular problem (74%)
- In contrast, *changes to commissioning arrangements* were nominated by just 4% of **CCGs**

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Service type

Barriers to achieving QIPP/cost improvement objectives also varied to some extent by type of service provision.

- **Mental health** service providers were least likely to say *that increased demand for services* is a potential barrier (44%), significantly fewer than all other service types (mean 72%, with the exception of dental care, 65%)
- **Commissioning** services providers were least likely to consider *commissioning arrangements* to be a barrier (6%), along with **general practice** providers (14%)
- **Commissioning** services more often identified *failure of organisations to operate locally* as a barrier (74%)

Region

- *Changes to commissioning arrangements* was most frequently selected by respondents in **London** (53%)
- *Failure of organisations to cooperate locally* was a particular problem for respondents in the **North West** (68%)and **South West** (64%) regions, compared with 30% of respondents in **London**

Member type

- Members of the **Mental Health Network** were least likely to say that *increased demand for services* is a barrier (38%), but most likely to select *changes to commissioning arrangements* (62%)
- Members of **NHSCC** were more likely to say that *failure of organisations to operate locally* is a barrier (74%) than other member types

Comparison with Wave 1 (May) 2012

The most frequently selected barriers to achieving QIPP objectives in the Wave 1 2012 survey were *political resistance to changes in services provision (*26%), and *cuts in local authority funding* (22%).

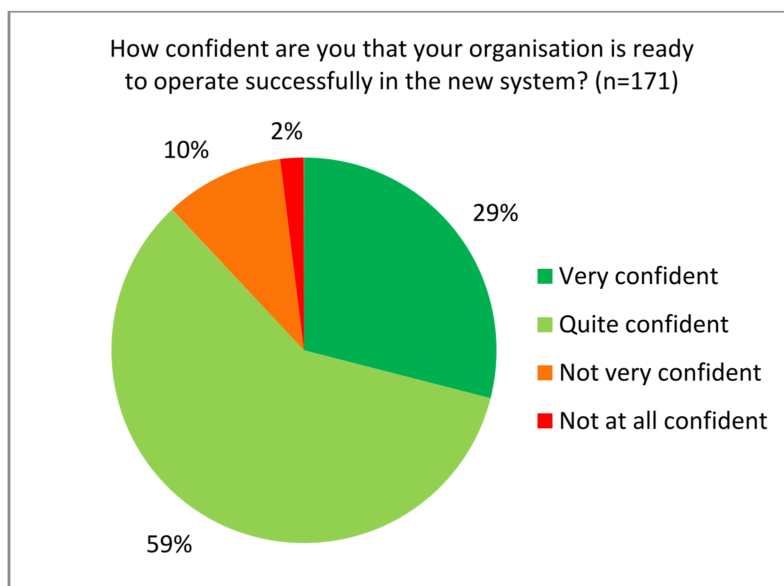
Both are still seen as one of the biggest barriers by a substantial proportion of respondents, and in fact the percentage selecting these two barriers has risen over the last 12 months – *political resistance to changes in services provision* has risen by 8% to 32% (fourth most frequently chosen in May 2013), and *cuts in local authority funding* has more than doubled to 56% (second most frequently chosen in May 2013).

The percentage of respondents identifying *failure of organisations to operate* as one of the biggest barriers has also risen by a substantial amount since the Wave 1 2012 survey, from 15% to 55%.

(The most common barrier in May 2013, *increased demand for services*, was not included in the May 2012 survey and so it is not possible to provide a comparison.)

Readiness to operate in the new system

Respondents were asked how confident they are that their organisation is ready to operate successfully in the new system. A considerable majority (88%) said that they are *very* or *quite confident*.



Analysis of the subgroups showed that:

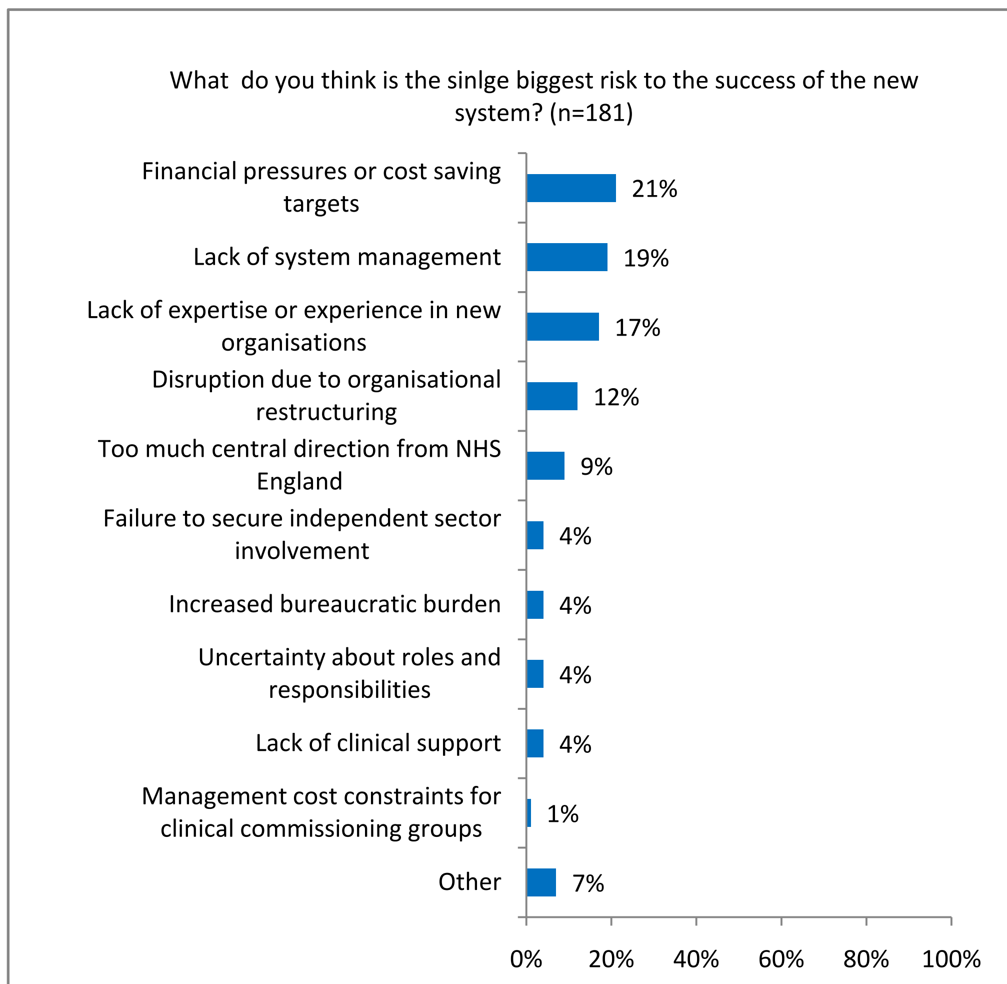
- **CCGs** (52%) and **independent sector** organisations (42%) were more likely to be *very confident* than either **NHS trusts** (15%) or **NHS foundation trusts** (18%)
- Members of **NHSCC** were more likely than other member types to be *very confident* (52%)

Risks to the success of the new system

Biggest risk

From a list of 11 options, respondents were asked to choose which they thought was the single biggest risk to the success of the new system. None of the options were chosen by a particularly large proportion of respondents, but rather responses were spread more evenly across the five options, as shown in the following chart.

The most frequently selected risk was *financial pressures or cost saving targets* (21%), followed by *lack of system management* (19%), *lack of expertise or experience in new organisations* (17%), *disruption due to organisational restructuring* (12%), and *too much central direction from NHS England* (9%).

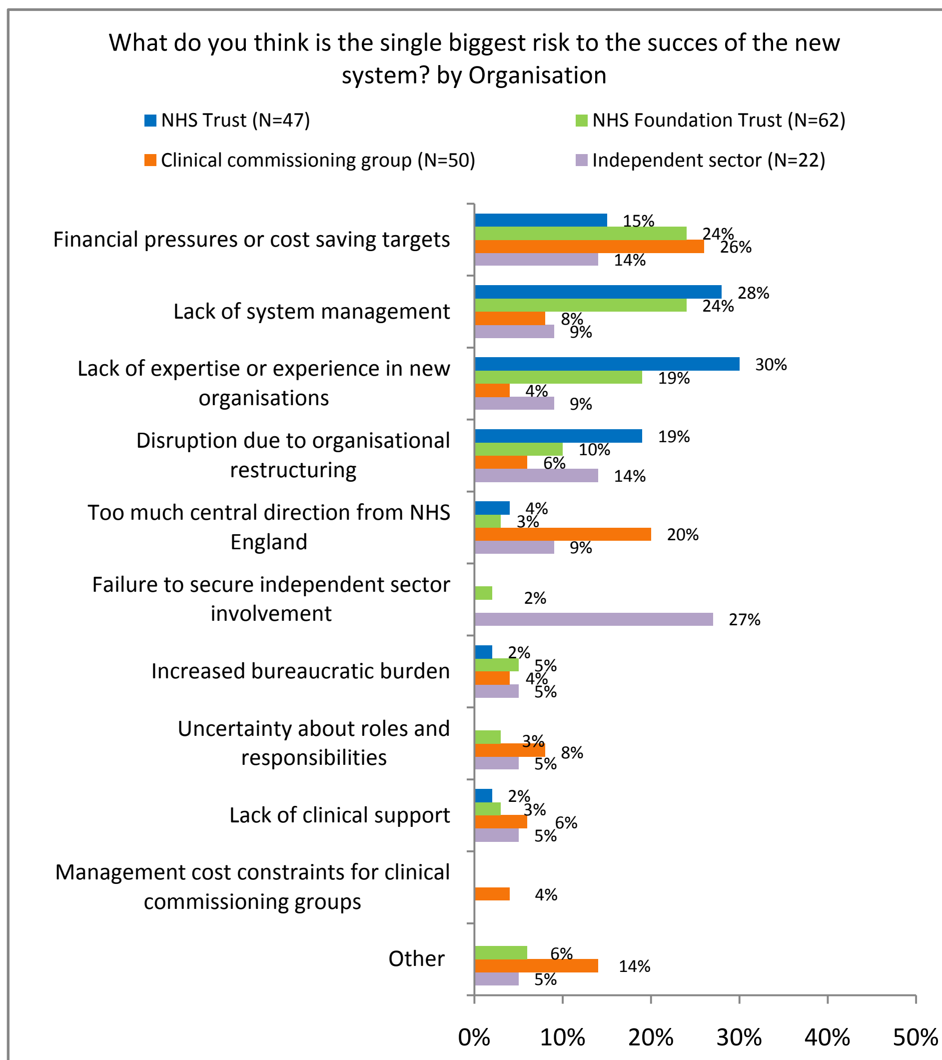


The most frequently mentioned 'other' risk was a lack of political support (N=4).

Organisation type

The perceived biggest risk to the success of the new system varied considerably according to organisation type, as shown in the following chart. Significant differences include:

- *Lack of system management* was more frequently identified as the single biggest risk by **NHS trusts** and **NHS foundation trusts** than **CCGs**
- *Lack of expertise or experience in new organisations*was also more often chosen by **NHS trusts and NHS foundation trusts** than **CCGs**
- **CCGs** more frequently chose *too much central direction from NHS England* than **NHS trusts** or **NHS foundation trusts**
- *Failure to secure independent sector involvement*was almost entirely selected by **independent sector organisations**



Service type

The following differences were also apparent within types of service provision

- Respondents from **acute** (both urgent, 27%, and planned, 25%), **community** (22%), and **diagnostic** (25%) service providers all selected *lack of system management* most frequently
- **Mental health** (38%) and **dental care** (32%) service providers most frequently selected *lack of expertise or experience in new organisations*
- Respondents from **general practice** and **commissioning** service providers (both 18%) selected *too much central direction from NHS England* more than often than all other service types (although **commissioning** services most frequently selected was *financial pressures* (26%) as the biggest risk, this was not significantly larger than the percentages of other service types)

Member type

As might be expected given the above findings, members of the **Mental Health Network** were most likely to select *lack of expertise or experience in new organisations* (41%) as the single biggest risk. Members of **NHSCC** chose *too much central direction from NHS England* more frequently than other member types (20%).

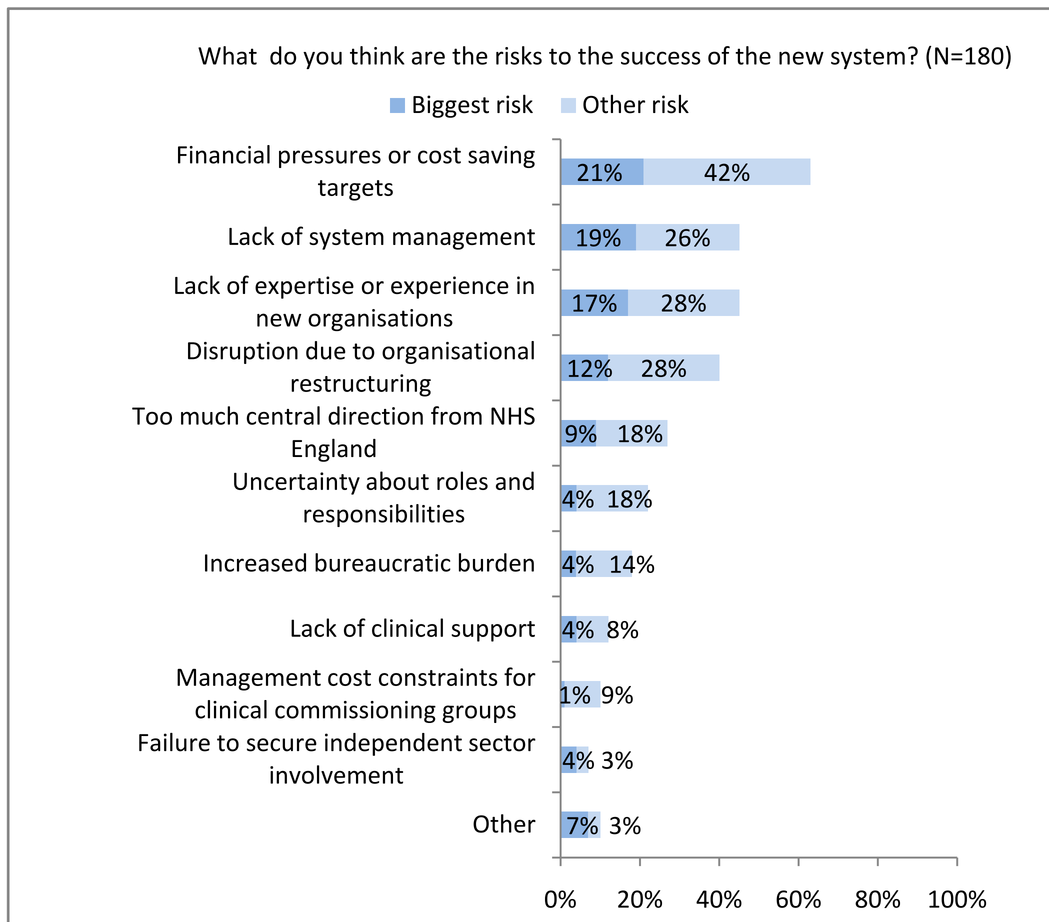
Comparison with Wave 1 (May) 2012

The top four single biggest risks in this survey are the same as those identified in May 2012, but in a different order.

- *Financial pressures or cost saving targets* has moved from being fourth biggest risk in May 2012 to the single biggest risk in May 2013 (an increase of 4% from 17% to 21%)
- *Lack of systems management* and *lack of expertise or experience in new organisations* remain second and third biggest risks, with similar percentages as last year (18% and 17% respectively in 2012, 19% and 17% respectively in 2013)
- The percentage choosing *disruption due to organisation restructuring* has fallen over the past year, from 23% in May 2012 (the single biggest risk) to 12% in May 2013 (fourth biggest risk).

Other risks

Respondents were also asked to pick another two factors that they thought would be additional risks to the success of the new system. Percentages of respondents selecting each factor as the single biggest risk and then as an 'other' key risk are shown together in the following chart.



The top four risk factors overall were the same as those chosen as the single biggest risk factor.

- The factor most frequently identified as a risk to the success of the new system was once again *financial pressure or cost savings targets* (63%)
- This again followed by *lack of system management* (45%), and *lack of expertise or experience in new organisations* (45%)
- *Disruption due to organisational restructuring* was chosen as an additional risk by 28% of respondents, bringing the overall percentage identifying this factor as a risk to 40%.

The only 'other' risk with more than a single mention was fragmentation of commissioning (N=2).

Organisation type

There were some differences between organisation types in the overall percentages choosing each option as a risk factor.

- *Financial pressures or cost saving targets* was selected by 23% of respondents from **independent sector** organisations, compared with 68% of all other **NHS** organisations

- *Lack of system management* was selected overall more frequently by respondents from **NHS trusts**(57%) and **NHS foundation trust** (55%) compared with those from **CCGs** (28%) and **independent sector** organisations (23%)
- *Lack of expertise or experience in new organisations* was chosen by just 12% of respondents from **CCGs**, significantly fewer than **all** other types of organisations (mean 57%)
- *Disruption due to organisational restructuring* was chosen by significantly more **independent sector** respondents overall (59%) compared to those from **NHS** organisations (36%)

Comparison with Wave 1 (May) 2012

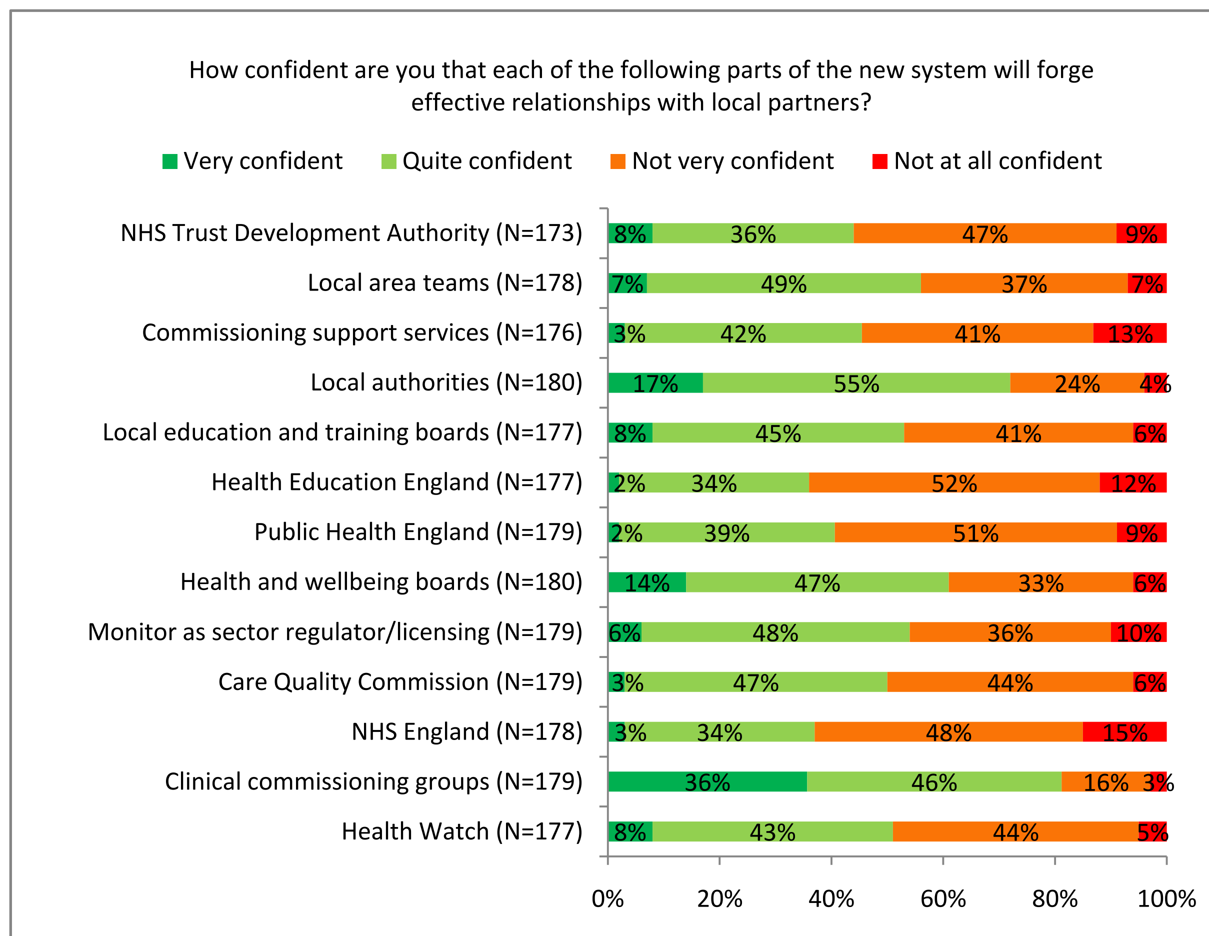
Again, the top four overall risk factors were the same in May 2013 as in May 2012, but in a different order of frequency.

- The total proportion of respondents identifying *financial pressures or cost saving targets* as a risk to the success of the new system has risen, from 54% in May 2012 to 63% in May 2013 (the third biggest risk to the single biggest risk)
- The percentage of respondents choosing *lack of expertise or experience in new organisations* as either the single biggest risk or a 'other' risk has fallen over the last 12 months, from 57% to 45% (the single biggest risk to the third biggest risk)
- Similarly, the proportions of respondents choosing *disruption due to organisation restructuring* has also fallen, from 54% to 40%
- The total percentage choosing *lack of system management* has remained stable (46% in May 2012 and, 45% in May 2013)

Forging effective relationships with local partners

Respondents were asked to rate how confident they felt that different parts of the new system would forge effective relationships with local partners. Responses are illustrated in the following chart. The key findings are as follows:

- 8 of 13 organisations listed had received a *very* or *quite confident* response rate of 50% or more
- The organisations that respondents have the greatest confidence in (i.e. scoring *very/quite confident*) are **clinical commissioning groups** (82%), **local authorities** (72%) and **health and wellbeing boards** (61%)
- Elements of the new system with the greatest proportion of *not very/not at all confident* responses are **Health Education England** (64%), **NHS England** (63%) and **Public Health England** (60%)
- Respondents have least confidence in the following four parts of the system, with10% or more giving them the rating *not at all confident*: **NHS England** (15%), **commissioning support services** (13%), **Health Education England** (12%), and **Monitor as sector regulator/licensing** (10%)



Respondents were asked to explain why they answered this question in the way that they did. There were 69 comments in total, from which emerged a number of recurring themes. These included:

- Answers were based on previous/current experience (N=14)
- Already have or are developing some good local relationships (N=9)
- Larger/remote organisations were less likely to effectively engage locally (N=7), whereas local organisations were more likely to forge good relationships (N=5)
- Organisations would be too busy getting to grips with their new roles and respsonsibilities to forge relationships (N=6)
- Too many organisations in the new system (N=4)
- Top down/centrist approach still in evidence (N=4)
- Organisations will be too busy looking out for themselves to forge relationships (N=2)

There were many differences between subgroups in how confident they are that part of the new system is able to forge effective relationships with local partners. The significant findings are summarised in the following tables.

Job type

Commissioning support services	Not at all confident	CEOs 19%	Chairs 7%

Local education and training boards	Very confident	CEOs 13%	Chairs 2%

Organisation type

NHS Trust Development Authority	Very/ quite confident	NHS trusts 74%	All other orgs 33%
Local area teams	Not very/ Not at all confident	Independent sector orgs 65%	All other orgs 42%
Commissioning support services	Very/ quite confident	CCGs 62%	NHS trusts 38% NHS foundation trusts 36%
Local authorities	Very/ quite confident	CCGs 88%	All other orgs 65%
Local education and training boards	Not very/ Not at all confident	CCGs 62%	NHS trusts 34%
Health and wellbeing boards	Very confident	CCGs 32%	All other orgs 7%
Monitor as sector regulator/licensing	Not very/ Not at all confident	CCGs 70%	Independent sector orgs 53% NHS foundation trusts 29%
Clinical commissioning groups	Very/ quite confident	CCGs 100%	All other orgs 75%
Health Watch	Not very/ Not at all confident	NHS foundation trusts 63% Independent sector orgs 60%	CCGs 29%

Service type

NHS Trust Development Authority	Not very confident	General practice 67%	Acute (urgent) 35% Acute (planned) 39% Community health 39% Diagnostics 39% Dental care 35%
Commissioning support services	Not very/ Not at all confident	All others 64% [a]	Commissioning 35%
Local authorities	Not very/ Not at all confident	Acute (urgent) 44% Acute (planned) 42% Diagnostics 43%	Community health 23% Mental health 15% Commissioning 12%
Local education and training boards	Not very confident	General practice 67%	All others 37% [b]
Health and wellbeing boards	Not very/ Not at all confident	Acute (urgent) 52% Acute (planned)	Commissioning 16%

		48% Community health 39% Diagnostics 49% Dental care 53%	
Monitor as sector regulator/licensing	Not very/ Not at all confident	Commissioning 72% General practice 59%	Acute (urgent) 31% Acute (planned) 35% Community health 29% Diagnostics 32%
Clinical commissioning groups	Very/ Quite confident	Commissioning 100%	All others 74% [c]

[c]except general practice, 86%; [b]except commissioning, 54%; [a]except general practice, 47%

Region

Commissioning support services	Very/ Quite confident	North West 60%	South West 25%
Health Education England	Very/ Quite confident	North West 56%	East Midlands 25% South West 23% London 26%
Public Health England	Very/ Quite confident	North West 64%	London 30%
Care Quality Commission	Not at all confident	London 18%	North West 0% East Midlands 0% South West 0%
NHS England	Not very/ Not at all confident	East Midlands 75%	North West 44%
Clinical commissioning groups	Very confident	East Midlands 65%	London 18%

Member type

NHS Trust Development Authority	Very/ Quite confident	NHS Confed Core 51%	NHSCC 26%
Commissioning support services	Very/ Quite confident	NHSCC 62%	All others 38%
Local authorities	Very confident	NHSCC 30%	All others 11%
Local education and training boards	Not very/ Not at all confident	NHSCC 62%	NHS Confed Core 41% Mental Health Network 29%
Health and wellbeing boards	Very confident Not very/ Not at all confident	NHSCC 32% All others 46%	All others 8% NHSCC 18%
Monitor as sector regulator/licensing	Not very/ Not at all confident	NHSCC 70%	All others 16%

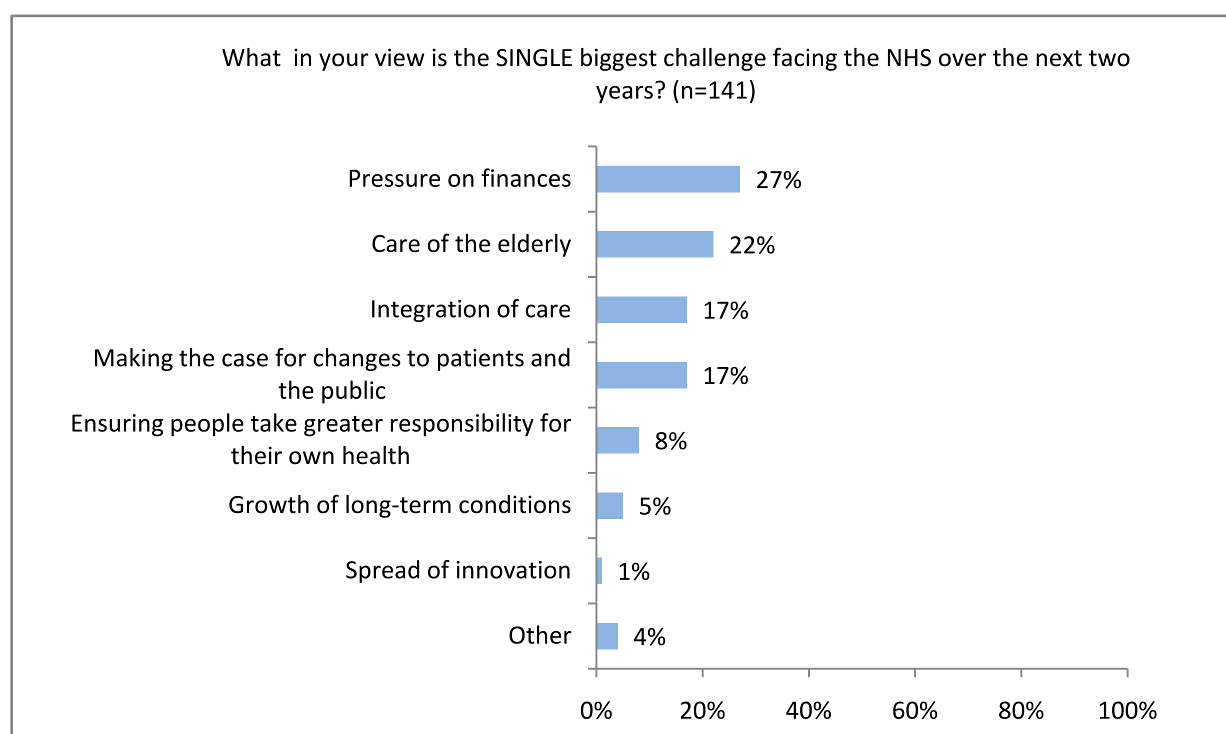
Clinical commissioning groups	Very confident	NHSCC 72%	All others 19%
Health Watch	Very/ Quite confident	NHSCC 71%	NHS Confed core 43%

Challenges facing the NHS over the next two years

Biggest challenge

From a list of eight options, respondents were asked to choose which they thought would be the single biggest challenge facing the NHS over the coming two years.

The largest proportion of respondents selected *pressure on finances* as the single biggest challenge (27%). The majority of the remaining responses were spread fairly evenly amongst the following three options: *care of the elderly* (22%), *integration of care* (17%), and *making the case for change to patients and the public* (17%).



A common theme did not emerge amongst the 'other' responses provided - none was suggested by more than one respondent.

The only variations across the subgroups were by organisation type:

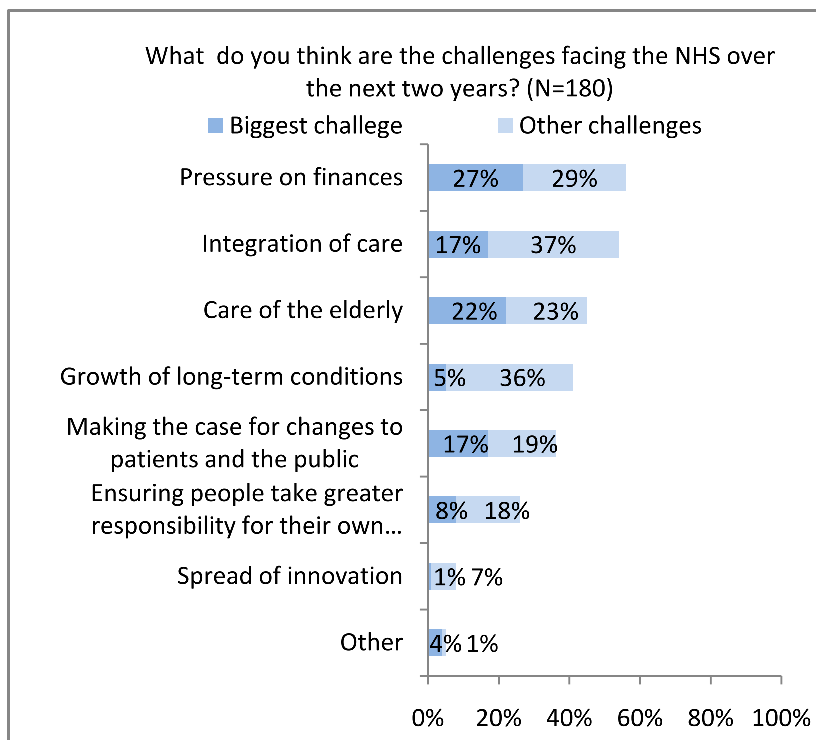
- *Growth of long term conditions* was more often identified as the single biggest challenge by respondents from **Independent sector organisations**(14%), compared with **all** other organisation types (4%)
- *Pressure on finances* was more often chosen by **NHS foundation trusts** (35%) than **CCGs** (16%)

Other challenges

Respondents were also asked to select two additional challenges that they thought the NHS would face over the next two years. To give an overall figure for the total percentage of respondents selecting each

option, responses to this question and the previous question which identified the 'single biggest challenge' are combined in the following chart.

Pressure on finances was also the most frequently selected challenge overall (56%). With 37% of respondents choosing *integration of care* as an additional challenge, this option moved from being the third biggest challenge to the second biggest challenge overall (54%), followed by *care of the elderly* (45%). *Growth of long term conditions*, which had been identified as the single biggest challenge by just 5% of respondents, was chosen as an additional challenge by a further 36%, making it the fourth biggest challenge facing the NHS over the next two years.



The only variations across subgroups were again by organisation type.

- *Care of the elderly* was chosen by 48% of **NHS trusts** and 48% **NHS foundation trusts**, compared with 32% of **independent sector organisations**
- *Ensuring people take greater responsibility for their health* was more often chosen by **independent sector organisations** (36%), compared **with NHS trusts**(13%)

Comparison with Wave 1 (May) 2012

The two most frequently selected single biggest challenges have remained the same since May 2012, though with a greater proportion of respondents choosing them in this year's survey:

- P*ressure on finances* was selected by 17% of respondents in May 2012 compared to, 27% of respondents in May 2013
- c*are of the elderly* was selected by 15% of respondents in May 2012, compared to 22% of respondents in May 2013.

The percentage selecting *integration of care*, the third most frequently selected challenge, has risen by 11% from 6% in May 2012 to 17% in May 2013.

(*Increased demand*, the third most often chosen challenge in May 2012, was not included in this survey).

When the responses for 'single biggest challenge' and 'other challenges' are combined, the two biggest challenges selected in Wave 1 (May) 2012 survey are the first and third biggest challenges selected in this survey (May 2013).

- Total proportion of responses for *pressure on finances* has risen from 42% to 56% over the last year
- Percentage of responses for *care of the elderly* has remained fairly stable - 42% in May 2012, 45% in May 2013
- The total percentage of respondents selecting *integration of care* as a challenge has risen substantially over the last 12 months, from 17% in May 2012 to 54% in May 2013, moving it from the ninth biggest challenge to the second biggest challenge facing the NHS over the next two years

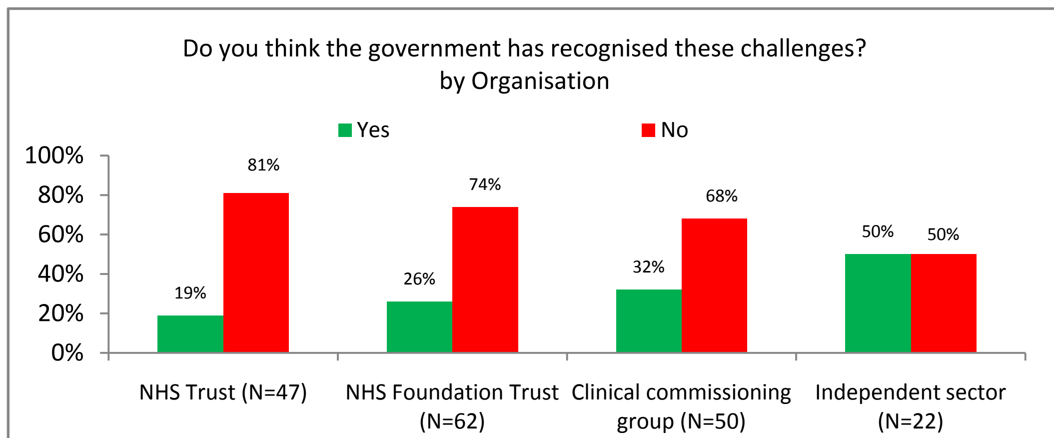
Has the Government recognised these challenges?

A majority of respondents said 'no', they did not think that the Government had recognised these challenges.

- 29% said *yes*
- 71% said *no*

Organisation type

Respondents from **NHS trusts**(81%) and **NHS foundation trusts**(74%) were significantly more likely to say *no* than those from **independent sector organisations**, (50%) as shown in the following chart.



What do you think the Government should be doing to address these challenges?

Respondents were asked what they think the Government should be doing to address the challenges that the NHS faces over the next two years. There were 132 responses to this question in total.

- An overwhelming proportion of responses highlighted the need for the Government to be more honest/transparent/communicative, with the NHS itself but especially with the public, particularly about what is and is not going to be affordable (N=28)

Other issues that were frequently raised included:

- promoting service integration (N=17)
- being supportive of change/the new system/the NHS (N=11)
- engagement with and listening to practitioners at all levels, especially frontline staff (N=10)

Other, less frequent comments included;

- ensuring local autonomy, especially for CCGs (N=7)
- allowing time for the new system to work (N=5)
- reducing bureaucracy (N=5)
- cross-party collaboration (N=5)
- the increasing burden of elderly care, especially finding new ways of working (N=5)
- innovation – investing, rewarding, and removing barriers (N=5)
- being 'realistic' about finances (N=5)

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