

Patients in Partnership (PiP)
Wednesday 18th May 2011
Questions and Answers – all presentations / panel members

No	Questions	Response
1.	Patients Leave hospital unsatisfied – concerning	<p>Patients experience sampled in 2 ways National Patients Surveys and local. Data provided relates to National Patient Surveys. Often dissatisfaction relates to discharge issues. The Trust survey patients every month. Examining areas closely and there is improvement in areas</p> <p>Massive turnaround for IP&C this is the journey we are on with patient experience. It is disappointing but it will improve with different work streams.</p>
2.	Explanation re mortality rate please	<p>Dr Foster's that looks at data – case mix, number of patients, percentage that would die due to prognosis/condition or is a 'standardised' mortality rate. Less than 100% is good (100% is the standard based on all the information)</p> <p>Can now look at this data in relation to specific specialities/departments – pick this up with clinicians re reasons/practice</p>
3.	Check list for patients discharge – Do we have this in place	Need to drive this harder
4.	Higher re-admission rates	<p>Analysing information to understand this better across community/secondary care – can relate to communication issues, care services being set up effectively in the community, better understanding for patients. Pathway work will be important – particularly for certain conditions, diabetes, dementia – this will support reduced re-admission rates.</p>
		<p>Members Comment</p> <p>Good experience of a follow-up call following a procedure from a ward sister – very</p>

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		positive experience that someone took the time to find out.
5.	Service being provided for audio service	In-health service - being commissioned by PCT based at MVH site. Not good for people living at other side of borough. Further information to be provided following same fact finding
6.	Hospital re-build now we are an FT	Prior to FT there were proposals using a PFI scheme, if we had signed up to this, might have had problems reassuring monitor on a long-term financial viability. Other trust are suffering that have signed up – high interest rates etc.
7.		If we can achieve surpluses what will the priority be for those surpluses - these decisions will need to be made. Acknowledge poor state of the building. PFI not an acceptable option anymore re- cost of the schemes for PFI
		MV Treatment centre – pay a mortgage for this – fixed term (25) years) not PFI
	Patient satisfaction ? figures dates to national survey	Yes, includes outpatients, inpatients, maternity, A&E patients contacted by ... (commissioned to deliver) 950 surveys sent out about 350 returns (NPS) Local survey 1000 per month - much higher sampling. Scores on the doors – results of NPS we are judged on this (small sample, disenchanted respondents)
		Need reassurance from local data and even if this is improving, the NPS data is the most relevant – national figures are the one that are published. Proportion of patients are unhappy – reflected in NPS results – end of the day this is the Scale
	Time delay for NPS (3 months) for patients to receive survey - ? Shorter time would be much better	We have raised this issue regionally and nationally, however all Trusts are in the same position, so despite our concerns on

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		methodology and implementation of the NPS, we have to accept this is what is in place for reporting.
		Local survey allows us to target improvement based on real time data (richer/higher response rate)
		Can benchmark against other Trust to check our position whether we have achieved better or worse than others
		Local survey has been paper based, moving to Real Time Electronic Solution – feedback within 24 hours to teams/individual clinicians