DEFINING 'GOOD' IN HEALTHCARE

SUMMARY REPORT OF FINDINGS: INDEPENDENT DOCTORS

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 relation to independent consulting doctors. In addition, the research explored what information requirements the public have in relation to inspection reports about independent doctors. The business objective was:

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.

2. INDEPENDENT CONSULTING DOCTORS SUMMARY

2.1 Method and sample

In total, **six (6) individual depth interviews** (thus 6 respondents) were conducted with people who had consulted independent doctors. The research sample included service users across a range of ages (25 – 50, 50+) and a mix of male and female users.

The sample also comprised:

- People with more than one experience of private consultation
- Parents accessing healthcare for their children
- People who had accessed an independent consultation within the last twelve (12) months

The fieldwork was conducted during w/c 23rd February and w/c 2nd March 2015.

2.2 Care standards experienced

The care standards experienced were typically considered between 'good' and 'outstanding' across the sample. The elements of patient experience that were most consistently judged 'outstanding' were related to speed of access to services and prompt return of test results, and greater choice about which doctor to see. This response appears to be in line with participants' expectation of service levels in private health care, and in some respects, derived from direct comparison with NHS services (particularly in terms of speed of access to specific services).

Choice of doctor was an important element of perceptions of 'outstanding' care. Participants felt that being able to choose which consultant they saw meant they could gain access to doctors who were 'the best in the field'.

> *"The beauty is you can look it up, and they will give you a list of specialists in whatever area you are looking for. And you can research them to see who is the best for what you are looking for which you would never be able to do on the NHS."* (Male service user, consulting doctor)

Participants felt that the environment was a factor in rating their experience. Where the environment was perceived as good, it added to the patient experience and reassured them of quality of service. This response was consistent across the research sample (but see below for negative experiences related to the environment).

> '*It is a benefit to be seen somewhere that is a nice environment.*' (Male service user consulting doctor)

When services were perceived as 'outstanding' this was often a result of the transition through various stages of the service pathway being seen as seamless and efficient. Overall, an 'outstanding' service was one that:

- offers speedy service throughout
- allows patients to make informed decisions
- offers ongoing communications and opportunities to make decisions
- is clear and transparent from the outset, especially in relation to cost
- employs friendly, professional attentive staff

Experiences of services that 'required improvement' were related to specific experiences at particularly stages of the patient service pathway. These experiences were most often related to pricing being perceived to be unclear or misleading, but also included elements of service that fell short of participants' expectations of private health care. The latter

response was related in some responses to the environment being perceived as less appropriate (less 'medical') than expected.

> '*I would have expected independent doctors to care about their environment and the look and feel of the office.*' (Parent of child receiving health care)

In terms of pricing and payments, some participants found this aspect of independent health care to be a concern. Some reported feeling misled in relation to cost; prices advertised were not always those charged for actual consultation or treatment. Some participants felt that certain elements of the care pathway should have been explained better at the outset.

> '*When I went to the accountants they wanted to charge me a different price.*' (Parent of child receiving health care)

Other specific examples of service delivery perceived as 'requiring improvement' included:

- A sense that some providers were 'money-grabbing', requiring payment up front
- A lack of information on provider websites, particularly in terms of reviews and testimonials
- Providers offering services for children but not having the right equipment for children
- Patients needing to ask questions rather than being fully informed up front

There were no reports from participants of services rated as inadequate.

2.3 Spontaneous definitions of 'good' and 'outstanding' care

All participants felt that speed of access to services was 'good', and most derived this rating from direct comparison with NHS waiting times.

> '*I think it would have taken about eight months* [on the NHS] *for me to even see the first doctor. It all happened fairly quickly.* (Female, 50+)

Participants felt that the time allowed for consultation was a factor in rating their experience 'good'. The actual experience of consultation was rated 'outstanding' by several participants. Clinical staff were generally seen as professional and experienced, and as caring and friendly.

> '*The biggest plus of private doctors is the amount of time they have to provide that care.'* (Parent of child receiving care)

Ease of access to consultants and clinical staff, and responsiveness to calls and queries, were aspects of patient experience seen as 'good' to 'outstanding'.

> '*He gave me his business card with all his direct contact details. Within 48 hours I had an MRI scan and an X-ray and then I was in. All done quickly.*' (Female 50+)

2.4 Definitions of 'good' care within the five domains

Participants saw 'good' care as care which made a notable difference in terms of avoiding unwanted stress or delays, and felt that this difference was worth paying for. 'Good' was typically defined as superior to NHS care, in two main respects: first, because NHS waiting times were generally perceived as long at all stages of the service pathway; and second, because it was felt that there was less choice about which particular consultant service users could see – it was seen as being 'the luck of the draw'.

The particular characteristics of 'good' care included:

- Fast access to initial appointment and subsequent treatment

- A smooth transition through different procedures
- Value for money and up-front clarity in relation to all charges
- Approachable staff who were willing to help, and who communicated well
- The overall outcome of the treatment being positive
- A sense that someone could see the 'big picture' of the treatment process

"I think it's really important that, especially in a medical situation, you've got somebody that's seeing the picture from the start to the end. I think that sometimes in an NHS environment, because people are so overstretched and busy, they're only dealing with a very small part of it and it just feels a bit disjointed sometimes, but when I've used a private consultant, its normally very smooth and quick and slick, the whole transaction, and you actually feel like you are being looked after." (Parent of child receiving health care)

2.4.1 Safe

Safety was understood as an important criterion by all participants, and especially by parents of children receiving private health care. Safety was understood to relate to: the consulting and treatment environments; the qualifications and expertise of staff; transparency, particularly in terms of explaining potential problems and side effects; and indemnity – insurance in place should something go wrong.

'*I looked at where he went to university and looked at his background to make sure he was a specialist.*' (Female service user 50+)

Parents were concerned that the environment (not just the consulting room, but the whole environment) was safe for children, and that staff had been CRB checked or were suitably qualified and experienced to treat children.

'*This service didn't feel that safe when we arrived as it felt like we were entering an office building rather than a medical centre.*' (Parent of child receiving health care)

'*I think a lot of it is to make sure that in a private environment, people are who they say they are … things like CCTV, checks that qualifications that people say they've got do actually exist.*' (Parent of child receiving health care)

Overall, participants expected to see a sterilised, clean and hygienic medical setting that felt and looked safe, with suitable, up-to-date equipment and products which were fully understood by staff. They expected to see verification of medical legitimacy: 'certificates on show'. It was felt to be important that staff were clear about, and equipped for, medical emergencies.

'*They had all the certificates on the wall and how he explained everything … it did sort of make you feel reassured.*' (Female service user)

2.4.2 Effective

Effective care was understood by participants to relate to speed of service delivery, efficient transition through the service pathway, and ease of access to services. They expected integrated systems to ensure efficient service delivery. Suitable facilities were also seen as a criterion for effective care, including follow-up care, and peripheral facilities such as car parking.

Participants felt that effective treatment and good outcomes were markers of effective care: 'positive results worth paying for'. A smooth transition through the stages of service pathway were seen by some participants as being enabled by having a single point of contact throughout the process.

'*All teams [being] co-ordinated is very important because sometimes you go to the NHS and no one knows anything about you and they are all from different teams.'*

'*If you go private you would hope people speak to each other. There might be 100 people behind it but you would hope there would be one point of contact.*' (Female service user 50+ - both quotes)

Participants felt that effective service entailed managing expectations and being realistic: not trying to 'over-sell' the service. They also expected to see evidence-based practice that provided consistent outcomes, and accurate information about that practice. Some participants noted the efficiency of record keeping and data systems as being a marker of effective care, and saw this as another contrast to the NHS.

'*The difference I have seen between the NHS and private practices, private practice records tend not to be paper based, whereas the NHS is still big on paper files.*' (Male service user)

2.4.3 Caring

The key priorities in the caring domain were ongoing information, comfort and support from staff. Several participants mentioned length of appointment, seeing the extra time given in the private setting as allowing all relevant choices and information to be covered, and all the treatment processes to be properly explained.

'*It's all about being quite vulnerable in these medical situations; you want somebody to explain it to you properly so you can understand … what the different options are.*' (Parent of child receiving health care)

Criteria that marked caring were perceived to be:

- Friendliness, and making the patient feel comfortable
- Dignity and respect, especially when covering sensitive issues
- CRB background checks, and adequate training for dealing with vulnerable patients

Participants felt that going to an independent provider included an expectation that all these aspects of caring would be apparent, and that people would receive a good level of service in this respect. Some participants noted that 'caring' included staff caring for each other as well as for patients.

> '*Being compassionate, having empathy, being understanding.*' (Female service user)

2.4.4 Responsive

The key priorities for participants in terms of responsiveness involved being attentive to the needs, queries and requests of patients. Participants felt that a good service would mean access to appointments, and staff being available to take queries by telephone. They expected that a responsive service would involve providers being proactive, getting in touch with patients rather than waiting for patients to call; and that providers would get back to patients promptly.

> '*They act quickly if further tests or X-rays etc are required; they act on this quickly and don't need chasing.*' (Female service user 50+)

Providers would respond to queries and concerns throughout treatment, and afterwards. They would respond quickly to problems or complications, and would be prepared to 'expect the unexpected'. Provider staff would be polite and helpful; this included ancillary or non-clinical staff such as receptionists.

Where this was not the case in their patient experience, participants were likely to offer a 'requires improvement' rating.

> '*For a 'good' rating I would have expected them to call me back instead of just telling me to call back another time.*' (Parent of child receiving health care)

2.4.5 Well led

Participants were less concrete in their responses to what constitutes 'well-led' than to other criteria. The evidence of good leadership was understood to be reflected in overall quality of service provision, rather than openly visible. The key priorities emphasised the importance of setting the right goals, and ensuring the quality of outcomes.

Participants noted adequate training and qualifications for all staff as important, along with a cultural understanding that the needs of the patient should be put first. They felt that good leadership would be reflected in the behaviour and attitudes of staff.

> '*If you have happy staff that will come through to the patient which is really important. However they are treated internally that is how they will treat people externally.*'
> (Female service user)

Participants also felt that good leadership would be demonstrated in how the providers responded to complaints and rectifying any problems that occurred. Clarity on costs, with no hidden charges, was also mentioned in connection with good leadership.

Participants felt that in a well-led service, leaders would take an active role in making sure that things are being regulated, following the right guidelines, and setting policies (such as health and safety policies) for staff to follow.

2.5 Information requirements

Participants reported a number of priorities in terms of information requirements. These included:

- Choice of consultants, their specialisms, qualifications and experience
- The facilities, services and equipment available on site
- The pricing structure and all associated costs

- Turnaround times for service delivery (e.g. test, X-rays, scans etc.)
- The information available before, throughout and after treatment

Participants wanted to feel that they were being treated by experienced and well-qualified staff. They expected to be dealt with more quickly than via the NHS, and to have more time with consultants. They wanted to feel fully informed, and feel that they had a strong element of choice in their treatment. They also expected transparency on pricing and costs.

Participants wanted to see this information online, as it was felt this was where most people go to look for a service.

> '*We've moved on from calling for information and people like to have things at their fingertips so the more we can get online the better.*' (Parent of child receiving health care)

Participants also wanted to see negative, as well as positive, information about providers. Participants were glad that independent doctors were regulated by CQC. They felt that regulator ratings were valuable because they were independent and wanted to see these ratings when they searched for independent medical treatment.

> '*You want to know that the consultants are doing the best for you and not just referring you to different departments to get more money.*' (Female service user)