National occupational health patient experience survey in the NHS in England
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Prepared on behalf of the Health and Work Development Unit Audit Development Group by:

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Acknowledgements

The project leads, members of the project development group and staff of the Health and Work Development Unit (HWDU) would like to thank all survey participants. We hope that the findings published here support your clinical work and help to raise the standards of occupational health (OH) care for National Health Service (NHS) staff.

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Faculty of Occupational Medicine

The Faculty of Occupational Medicine aims for healthy working lives through:

• maximising people’s opportunities to benefit from healthy and rewarding work while not putting themselves or others at unreasonable risk
• elimination of preventable injury and illness caused or aggravated by work
• access for everyone to advice from a competent occupational physician as part of comprehensive OH and safety services
• providing support to the Faculty’s membership to raise the standard of OH practice.

Health and Work Development Unit

The Health and Work Development Unit (HWDU) is a partnership between the Royal College of Physicians and the Faculty of Occupational Medicine. The unit aspires to be known as a national centre of excellence for health, work
and wellbeing quality improvement work. HWDU’s remit is to contribute to improving the health of the workforce by supporting the implementation of evidence-based guidance. The unit carries out national clinical and organisational audit, facilitates change management work with participants and develops evidence-based guidelines.

**Academy of Medical Royal Colleges**

The Academy’s role is to promote, facilitate and where appropriate coordinate the work of the Medical Royal Colleges and their Faculties for the benefit of patients and healthcare. The Academy comprises the Presidents of the Medical Royal Colleges and Faculties who meet regularly to agree direction.

**NHS Plus and the NHS Health at Work Network**

NHS Plus was set up in 2001 to increase the quality and delivery of health and work services and support the broader health, work and wellbeing strategy. It funded and promoted this audit through the NHS Health at Work Network. The Network represents more than 90% of the providers of occupational health services to the NHS and is now progressing and developing the work of NHS Plus. It is dedicated to improving the health of NHS staff by influencing policy, building a robust evidence base and promoting best clinical and business practice in the innovative delivery of health & work services to NHS staff.

**Citation for this document**


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Foreword

On behalf of NHS Employers, I would like to congratulate NHS OH services across England for the results achieved in this national survey. OH services play a crucial role in supporting the health of the NHS workforce.

The survey undertaken by NHS staff attending OH consultations was entirely voluntary and it is to the credit of the OH community’s focus on improvement that nearly half of all NHS OH services participated. Over eight thousand staff who have attended OH consultations completed a questionnaire. The results show clearly that these staff rate their experience highly and in particular they rated the consultation skills of the OH professionals very highly.

I am delighted that so many of our NHS staff are experiencing high-quality consultations where they feel treated with dignity and respect. This will support them in returning swiftly to caring for their patients or continuing to provide such care. I encourage participating OH services to review their local results in the context of the national picture, and to act on their findings.

Dean Royles
Director, NHS Employers
Executive summary

NHS staff deserve to receive the same high quality care from their occupational health (OH) units that they aspire to give to their patients.

In 2011 we offered all OH services providing to NHS staff in England the opportunity to participate in a patient experience survey. We based the questionnaire on the national NHS outpatient survey; a widely used, validated tool. OH departments were asked to distribute the questionnaire to all NHS staff attending an OH appointment during a two week period in autumn 2011. The questionnaire asked about ease of finding the OH department, waiting times, the OH department environment, seeing an OH professional and overall impression.

Key findings

44% of OH services participated, achieving a response rate of 74%. Almost 8,000 questionnaires were submitted for analysis.

NHS staff who attended OH departments rated their experience very highly. The consultation skills of OH professionals were rated particularly highly.

Results are consistently better than those reported in the NHS national outpatient survey of 2011.

Waiting times

Over 80% of staff were seen within 5 minutes of their appointment time, and only 3% waited longer than 15 minutes.

Seeing an OH professional

Over 90% of staff gave the most positive response available when asked if:

- the OH professional introduced themselves
- they had confidence and trust in the OH professional
- the OH professional definitely listened to what they had to say
- they had enough time to discuss their health or work problems
- where they had important questions to ask the OH professional, they definitely received answers that they could understand.

The OH department environment

98% of staff felt that they were treated with respect and dignity all of the time, and 97% said that they were definitely given enough privacy.

81% of staff said that the OH department was very well organised, and 70% said that it was very clean.
Overall impression

When asked ‘overall, how would you rate the care you received at the OH department’, 66% said ‘excellent’ and a further 29% said ‘very good’.

Conclusion and next steps

The results of this survey suggest that NHS staff rate their experience of attending an appointment at their OH department very highly.

OH departments should now consider the following actions:

• review local findings, and set targets for improvement in scores
• identify what needs to change, and how to achieve this
• set deadlines for action
• repeat the survey locally to measure progress
• consider participating in future rounds of this and other national audit opportunities for benchmarking the quality of their patients’ experience.
Introduction

Improving the quality of occupational health (OH) care includes improving the patient experience.

We offered all OH services providing to the NHS in England the opportunity to participate in a national OH patient survey. Having used a standard set of questions, we now have a picture of OH patient experience across the country. Each participating OH unit has its own local results to enable benchmarking against the national average and identification of areas for improvement.

This is the first ever nationally available OH patient experience survey. Therefore, in the absence of baseline OH data, we have provided a comparison with the national NHS outpatient survey results of 2011. This will provide OH units with an indication of how the services and consultations they offer to NHS staff compare with the services provided by these staff to the general public; NHS staff deserve to receive the same high quality care from their occupational health units that they aspire to give to their patients.

Evidence for SEQOHS

Worker feedback may be submitted as evidence towards compliance with Safe Effective Quality Occupational Health Service (SEQOHS) standard F2: ‘an OHS [occupational health service] must respect and involve workers’. SEQOHS has confirmed that participation in this national OH patient experience survey will be accepted as evidence of worker feedback.*

Evidence for revalidation

The Faculty of Occupational Medicine (FOM) follows General Medical Council (GMC) generic guidance on patient feedback – OH doctors who see patients are expected to seek feedback from patients using a validated tool. The results should be reflected upon, and any further development needs addressed. At least one patient feedback exercise should be undertaken in the revalidation cycle, normally by the end of year two to allow sufficient time for a follow up exercise to occur to assess if identified issues have been addressed.

Professional guidance relevant to patient experience

The GMC guidance for doctors on good medical practice, the FOM guidance on good Occupational medicine practice and the Nursing and midwifery council standards all lay down the principles of what a patient can expect from their clinician. Similar principles exist for other OH professionals with whom patients may interact.

*F2.1 ‘An OHS must use formal and informal methods to regularly seek information and feedback from workers and/or their representatives. Examples of suitable evidence: Worker feedback, customer satisfaction surveys from workers or focus groups.’
Project development group

The survey was overseen by a project development group. This included OH doctors, nurse advisors and physiotherapists from NHS OH departments across England, a statistician and the project team from HWDU. The project development group agreed the methodology and questionnaire, reviewed the findings from the pilot study and the full survey, and contributed to the interpretation and write up of the results.
Method

Participation in the survey was open to all OH services providing to the NHS in England. We invited them to distribute a paper-based questionnaire to all NHS staff attending an OH appointment, for whatever reason (including vaccination), for two consecutive weeks during October, November or December 2011. Appointments could be with any member of the OH team.

Patients were asked to return their completed questionnaire immediately following their appointment, or within 24 hours. We asked OH departments to arrange for anonymous submission of questionnaires eg into a box in the waiting area, or posted back in a pre-addressed, postage paid envelope. No reminders were issued.

We asked OH departments to send all questionnaires together by registered post to HWDU at the end of data collection for data entry, analysis and reporting.

Questionnaire design

Our questionnaire was adapted with permission from the national NHS outpatient department survey.* This is a widely used, validated instrument that has been through several development and use cycles since 2003. We selected questions that were relevant to an OH consultation. Wherever possible we retained the identical wording so that results from our survey could be compared directly with those from the national outpatient survey.

Some questions required minor changes to the wording, such as replacement of ‘outpatients department’ with ‘occupational health department’. One question, on ease of finding the occupational health department, was adapted from the NHS Plus patient satisfaction questionnaire.5 One question, asking whether they had a booked appointment or ‘dropped in’, was designed specifically for this survey.

The final questionnaire covered five main areas: ease of finding the OH department, waiting times, the OH department environment, seeing an OH professional and overall impression (appendix 1). The questionnaire was anonymous and contained no patient identifiable data. It included an explanation of its purpose and how to complete and return it.

Pilot

The survey methodology and tool were piloted in July 2011 by 24 OH departments. 519 questionnaires were returned. No problems were identified with either the tool or methodology.

Comparison with the national NHS outpatient department survey 2011

The survey of adult outpatient services involved 163 acute and specialist NHS trusts. They received responses from over 72,000 patients, a response rate of 53%. People were eligible for the survey if they were aged 16 years or older and

*http://www.nhssurveys.org/surveys/568: The NHS national outpatient survey was developed by Picker Institute Europe on behalf of the Care Quality Commission. Questions from the survey are copyright of the Care Quality Commission and are used with permission.
attended an outpatient department during a one month period (chosen by the trust) in either April or May 2011. This included any outpatient clinics run with the emergency department (A&E/casualty) such as fracture clinics. The national results were published in February 2012. The national percentage responses to relevant questions have been included in the tables below.

**OH service recruitment**

We offered the survey along with a record keeping audit, during the same period as we were recruiting all NHS OH services in England for the second round of the national clinical audit of back pain management. We aimed for 100% participation in the back pain audit. However, additionally, both the record-keeping audit and the patient experience survey reported here were offered as a ‘service’ to those units that did not have their own local survey, or wished to benchmark more widely. Importantly the survey was accepted by SEQOHS as suitable for submission as evidence towards accreditation.

A full list of participating OH services can be found in appendix 2.
Results

Participation

76/172 (44%) OH services participated, submitting 125 sets of patient experience questionnaires from 123 NHS trusts across England.

74% (7,270/9,870) of questionnaires distributed to patients were returned (three trusts did not record how many they had distributed; however their questionnaires were included in our analysis).

In total we analysed 7,903 patient experience questionnaires. The median (IQR) number of questionnaires per set was 45 (17,83), with a range from 1 to 378.

Presentation of data

The tables present results from the relevant national outpatient survey 2011 questions (where they exist), followed by the national OH survey results.

The final column in each table shows your local OH service results.

The bottom row of each table shows the total number of responses for that question. Where the total percentage does not equal 100% this is due to rounding.

The tables show all appropriate responses to a question. Responses such as 'don’t know' or 'can’t remember' are not shown, as these do not help evaluate performance (very few responses fell into these categories). Most of these other data were known but inappropriate rather than being missing data, for example question 10: 'If you had important questions to ask the OH professional, did you get answers that you could understand?', 1,623 responded 'I didn't need to ask'.

<table>
<thead>
<tr>
<th>1. How easy was it to find the OH Department?</th>
<th>National outpatient survey 2011 (N=NA)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very easy</td>
<td>NA</td>
<td>5,352 (68 %)</td>
</tr>
<tr>
<td>Fairly easy</td>
<td>NA</td>
<td>1,908 (25 %)</td>
</tr>
<tr>
<td>Not very easy</td>
<td>NA</td>
<td>450 (6 %)</td>
</tr>
<tr>
<td>Not at all easy</td>
<td>NA</td>
<td>85 (1 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,867</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Did you have a booked appointment?</th>
<th>National outpatient survey 2011 (N=NA)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, dropped in</td>
<td>NA</td>
<td>1,034 (14 %)</td>
</tr>
<tr>
<td>Yes</td>
<td>NA</td>
<td>6,446 (86 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,480</td>
</tr>
</tbody>
</table>
### 3. How long after the stated appointment time did the appointment start?  
*(Outpatient question: 8. How long after the stated appointment time did the appointment start?)*

<table>
<thead>
<tr>
<th>Time Range</th>
<th>National outpatient survey 2011 (N=70,380)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen on time</td>
<td>24 %</td>
<td>4,146 (67 %)</td>
</tr>
<tr>
<td>Waited up to 5mins</td>
<td>12 %</td>
<td>1,253 (20 %)</td>
</tr>
<tr>
<td>Waited 6-15mins</td>
<td>25 %</td>
<td>633 (10 %)</td>
</tr>
<tr>
<td>Waited 16-30mins</td>
<td>18 %</td>
<td>149 (2 %)</td>
</tr>
<tr>
<td>Waited 31-60mins</td>
<td>12 %</td>
<td>32 (1 %)</td>
</tr>
<tr>
<td>Waited more than 1hr</td>
<td>8 %</td>
<td>4 (0 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6,217</td>
</tr>
</tbody>
</table>

### 4. Were you told how long you would have to wait? (asked of those who waited 16 minutes or more)  
*(Outpatient question: 9. Were you told how long you would have to wait?)*

<table>
<thead>
<tr>
<th>Told Status</th>
<th>National outpatient survey 2011 (N=27,460)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, but wait was shorter</td>
<td>5 %</td>
<td>5 (3 %)</td>
</tr>
<tr>
<td>Yes, waited about as long as told</td>
<td>20 %</td>
<td>20 (11 %)</td>
</tr>
<tr>
<td>Yes, but wait was longer</td>
<td>14 %</td>
<td>16 (9 %)</td>
</tr>
<tr>
<td>Not told</td>
<td>61 %</td>
<td>136 (77 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>177</td>
</tr>
</tbody>
</table>

### 5. In your opinion, how clean was the OH Department?  

<table>
<thead>
<tr>
<th>Clean Status</th>
<th>National outpatient survey 2011 (N=71,287)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very clean</td>
<td>65 %</td>
<td>5,493 (70 %)</td>
</tr>
<tr>
<td>Fairly clean</td>
<td>33 %</td>
<td>2,204 (28 %)</td>
</tr>
<tr>
<td>Not very clean</td>
<td>1 %</td>
<td>102 (1 %)</td>
</tr>
<tr>
<td>Not at all clean</td>
<td>0 %</td>
<td>14 (0 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,813</td>
</tr>
</tbody>
</table>

### 6. Did the OH professional seeing you introduce themselves?  

<table>
<thead>
<tr>
<th>Introduction</th>
<th>National outpatient survey 2011 (N=NA)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>NA</td>
<td>7,058 (94 %)</td>
</tr>
<tr>
<td>No</td>
<td>NA</td>
<td>438 (6 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,496</td>
</tr>
</tbody>
</table>
### 7. Did the OH professional explain his or her role in a way that you could understand?*

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2011 (N=NA)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, completely</td>
<td>NA</td>
<td>5,907 (86%)</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>NA</td>
<td>779 (11%)</td>
</tr>
<tr>
<td>No</td>
<td>NA</td>
<td>188 (3%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6,874</td>
</tr>
</tbody>
</table>

*827 responded that they ‘didn’t need an explanation’.

### 8. Did you have enough time to discuss your health or work problems with the OH professional?*

*(Outpatient question: 20. Did you have enough time to discuss your health or medical problem with the doctor?)*

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2011 (N=56,674)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>77%</td>
<td>6,200 (91%)</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>20%</td>
<td>576 (8%)</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
<td>62 (1%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6,838</td>
</tr>
</tbody>
</table>

*876 responded that ‘it was not necessary’.

### 9. Did the OH professional listen to what you had to say?*

*(Outpatient question: 23. Did the doctor listen to what you had to say?)*

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2011 (N=56,608)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>81%</td>
<td>7,275 (95%)</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>17%</td>
<td>325 (4%)</td>
</tr>
<tr>
<td>No</td>
<td>2%</td>
<td>33 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,633</td>
</tr>
</tbody>
</table>

### 10. If you had important questions to ask the OH professional, did you get answers that you could understand?*

*(Outpatient question: 24. If you had important questions to ask the doctor, did you get answers that you could understand?)*

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2011 (N=49,409)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>73%</td>
<td>5,522 (91%)</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>23%</td>
<td>494 (8%)</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
<td>23 (0%)</td>
</tr>
<tr>
<td>No opportunity to ask</td>
<td>1%</td>
<td>17 (0%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6,056</td>
</tr>
</tbody>
</table>

*1,623 responded that they ‘didn’t need to ask’.
### 11. Were you involved as much as you wanted to be in decisions about your occupational health care?*
*(Outpatient question: 36. Were you involved as much as you wanted to be in decisions about your care and treatment?)*

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2011 (N=70,979)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>72 %</td>
<td>6,101 (90 %)</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>22 %</td>
<td>652 (10 %)</td>
</tr>
<tr>
<td>No</td>
<td>6 %</td>
<td>49 (1 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6,802</td>
</tr>
</tbody>
</table>

*888 responded ‘not applicable’.*

### 12. Did you have confidence and trust in the OH professional you saw?
*(Outpatient question: 25. Did you have confidence and trust in the doctor examining and treating you?)*

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2011 (N=56,652)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>83 %</td>
<td>7,198 (94 %)</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>15 %</td>
<td>471 (6 %)</td>
</tr>
<tr>
<td>No</td>
<td>3 %</td>
<td>27 (0 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,696</td>
</tr>
</tbody>
</table>

### 13. How well organised was the OH Department you visited?
*(Outpatient question: Q46. How well organised was the Outpatients Department you visited?)* (note 2009 only)

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2009 (N=NA)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all organised</td>
<td>3 %</td>
<td>165 (2 %)</td>
</tr>
<tr>
<td>Fairly organised</td>
<td>38 %</td>
<td>1,275 (17 %)</td>
</tr>
<tr>
<td>Very well organised</td>
<td>59 %</td>
<td>6,270 (81 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,710</td>
</tr>
</tbody>
</table>

### 14. Overall, did you feel you were treated with respect and dignity while you were at the OH Department?
*(Outpatient question: 50. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?)*

<table>
<thead>
<tr>
<th></th>
<th>National outpatient survey 2011 (N=71,660)</th>
<th>National OH survey 2011 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, all the time</td>
<td>89 %</td>
<td>7,530 (98 %)</td>
</tr>
<tr>
<td>Yes, some of the time</td>
<td>10 %</td>
<td>170 (2 %)</td>
</tr>
<tr>
<td>No</td>
<td>1 %</td>
<td>10 (0 %)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,710</td>
</tr>
</tbody>
</table>
Across all questions there were few negative responses. For most of the questions these were scattered across a large number of sites. The exception is the question ‘In your opinion how clean was the OH department’ where 9 of the 14 respondents who chose the most negative response ‘not at all clean’, were from just two sites (data not shown).

We looked to see whether the 1,034 (14%) patients who were ‘drop-ins’ reported a different experience from the majority (86%) with a booked appointment. Although numbers reporting a negative experience remained very small, a larger proportion of drop-ins compared with booked appointments reported that: the OH professional had not introduced themselves (14% vs 5% respectively); did not explain their role (5% vs 2.5%); did not listen to what they had to say (1.8% vs 0.2%); they were not given enough time to discuss their problem (3% vs 0.6%) and had no opportunity to ask questions (1.4% vs 0.17%).
Conclusion

This survey measures the quality of the patient experience in attending an appointment in Occupational Health. It does not purport to measure patient satisfaction with a diagnosis, because we acknowledge that the patient may not always be satisfied with the outcome of an OH encounter – for example if the OH practitioner’s impartial conclusion (eg about fitness for work) does not align with the patient’s own aspirations. Dissatisfaction of this nature does not necessarily indicate poor quality in terms of the OH professional’s impartial input. Therefore, the survey deliberately focuses on aspects of the experience that would be regarded as clear and fair expectations of a service user, including practical aspects of service accessibility, timeliness, clarity of communication and courtesy.

NHS staff attending OH departments have rated their experience very highly. This is particularly the case when rating the consultation skills of OH professionals. Over 90% of staff gave the most positive response available to most questions in this area; they had confidence and trust in the OH professional they saw; they said that the OH professional introduced themselves, and definitely listened to what they had to say; they had enough time to discuss their health or work problems, and where they had important questions to ask the OH professional, they definitely got answers that they could understand.

Over 90% of staff felt that they were treated with respect and dignity all of the time, were definitely given enough privacy, and gave an excellent or very good rating to the overall care they received at the OH department.

Responses remained positive for questions that reflected OH departments’ organisation and environment. Over 80% of staff reported that the OH department was very well organised, and that they had waited no longer than 5 minutes after the stated appointment time to be seen. However of those waiting more than 15 minutes, only 23% (45/194) had been told how long they would have to wait. 70% (5,493/7,813) of participants said that the OH department was very clean and 28% (2,204/7,813) said that it was fairly clean.

Just under half of all OH services providing to NHS trusts in England participated. Therefore, although the results are valid for the participating trusts, it is not possible to generalise the results to all OH services in England. It is possible that these results over-estimate the quality of patient experience, as well performing OH departments are more likely to have participated than poorly performing OH departments.

Our findings compare very favourably with the 2011 national outpatient survey, where 53% of patients returned their questionnaires compared with 74% of patients in our survey. The scores achieved by OH departments are consistently higher than those achieved across NHS outpatients nationally. There may be several reasons for this. OH departments are smaller than most outpatients, with a relatively smaller caseload. Appointments are with a named OH professional, and staff usually see the same professional at each related visit. Appointment times are often longer than those allocated in outpatients, giving more time for a dialogue between patient and OH professional and more time to catch up waiting times if a clinic runs behind schedule.

NHS staff deserve to receive the same high quality experience from an OH appointment as they aspire to provide for their patients; the findings in the survey suggest that this is the case.
Next steps

OH departments should consider the following actions:

- review local findings, and set targets for improvement in scores
- identify what needs to change, and how to achieve this
- set deadlines for action
- repeat the survey locally to measure progress
- consider participating in future rounds of this and other national audit opportunities for benchmarking the quality of their patients’ experience.
Bibliography


Appendix 1: Instructions and questionnaire

Note: This survey was originally called 'patient satisfaction survey' and is reproduced here in the form used to collect data. When producing this report it was decided that 'patient experience' better describes the data collected. In this report and in the future the survey will be referred to as 'patient experience survey'.

National OH service patient satisfaction survey 2011: instructions

The national patient satisfaction survey aims to measure patients’ satisfaction with their NHS OH service and benchmark against other NHS OH services nationally. The questionnaire is based on the validated national outpatient survey. The results of this survey will also be used to inform the emerging clinical governance system for the NHS Health and Work Network. Participation in the national patient satisfaction survey will provide services with evidence of compliance with the worker feedback element of SEQOHS standard F2.1.

Eligibility

All OH services that provide to the NHS in England are eligible and encouraged to participate. The unit of audit is the OH service. Services are encouraged to submit a sample for each trust to which they provide OH care. However, for SEQOHS accreditation you must provide a questionnaire to patients seen by each OH professional employed by your service. Please refer to ‘how do I select patients for the survey’ below for further information regarding sampling.

Site codes

OH services will receive a site code for each trust to which they provide OH care. It is important that each questionnaire has the correct site code for the trust that employs the patient completing it.

How do I select patients for the survey?

You must provide a questionnaire to every patient seen by each OH professional employed by your service during a two week period, including all types of consultation (except telephone consultations). The questionnaire we have developed is suitable for patients who have seen OH doctors, nurses, psychologists, counsellors and physiotherapists. At a minimum you should survey every patient seen by an OH doctor or nurse. Please record the number of forms that you give out on the return slip below so that we can calculate your response rate.

What should I do now?

Please enter your site code into the two identified fields on the questionnaire. You must do this before printing your form.
Photocopy the questionnaire. When photocopying, please note it may be helpful to photocopy it in such a way that the cover letter can be retained by the patient – you may choose to add an additional page between pages 2 and 3, if photocopying double sided.

Decide how you will give the questionnaire to your patients. You may choose to hand the questionnaire to each patient when they arrive at reception prior to their appointment, or to hand the questionnaire to a patient at the end of a consultation. Communicate this to all staff members conducting consultations that will be included.

TOP TIP: Pilot sites recommended having a box in reception where the patients could leave their completed questionnaire. Alternatively, you could ask patients to return the forms in the internal post, or provide them with a pre-paid envelope to return the forms if they are not currently in work.

Complete the return slip below and send it in with the questionnaires when returning them to HWDU. Please submit completed questionnaires for different site codes separately.

Questionnaires must be received by HWDU by 9 December 2011.

RETURN SLIP

Site code: Name of individual returning the forms:
How many forms did you hand out? Contact phone number:
How many forms are you returning? Email address:
Occupational Health Service customer/client satisfaction survey 2011

Taking part in this survey is voluntary. Your response will be anonymous and treated in confidence.

Dear employee,

What is this survey about?

This survey is about your most recent appointment with the occupational health (OH) department named at the bottom of this letter. The purpose of this questionnaire is to ask about your opinions and experience of the recent appointment in order to improve and maintain a high quality service.

This survey is being coordinated nationally by the Health and Work Development Unit at the Royal College of Physicians and your OH department has opted to take part. All responses will be sent to the Royal College of Physicians. They will analyse the data and provide a report to the OH department named below. The results will be anonymous and untraceable to individuals, so please give your honest opinion. The questionnaire is based on the national patient survey.

Completing the questionnaire

Please mark clearly inside one box using a black or blue pen eg [x].

Don’t worry if you make a mistake; simply cross out the mistake and put a cross in the correct box.

Please do not write your name or address anywhere on the questionnaire – this is to ensure your anonymity.

Please complete this questionnaire before leaving the department or within a day of your appointment and return to your OH department named below. The department will explain how you can return your form to them.

Questions or help?

If you have any questions, please call the department named below.

Yours sincerely.

Dr Siân Williams
Clinical director
Health and Work Development Unit, Royal College of Physicians

*The NHS national outpatient survey was developed by Picker Institute Europe on behalf of the Care Quality Commission. Questions from the survey are copyright of the Care Quality Commission and are used with permission.*
Please remember, this questionnaire is about your most recent visit to the Occupational Health (OH) Department.

BEFORE THE APPOINTMENT

1. How easy was it to find the OH Department?
   - Very easy
   - Fairly easy
   - Not very easy
   - Not at all easy

2. Did you have a booked appointment?
   - Yes, I/my manager booked a specific appointment time ➔ Go to question 3
   - No, I dropped in without a booked appointment ➔ Go to question 5

3. Waiting in the Occupational Health Department

   If you had a booked appointment:

   How long after the stated appointment time did the appointment start?
   - Seen on time, or early ➔ Go to question 5
   - Waited up to 5 minutes ➔ Go to question 5
   - Waited 6 – 15 minutes ➔ Go to question 5
   - Waited 16 – 30 minutes ➔ Go to question 4
   - Waited 31 – 60 minutes ➔ Go to question 4
   - Waited more than 1 hour ➔ Go to question 4
   - Don’t know / can’t remember ➔ Go to question 4

4. Were you told how long you would have to wait?
   - Yes, but the wait was shorter
   - Yes, and I had to wait about as long as I was told
   - Yes, but the wait was longer
   - No, I was not told
   - Don’t know / Can’t remember

OCCUPATIONAL HEALTH DEPARTMENT ENVIRONMENT

5. In your opinion, how clean was the OH Department?
   - Very clean
   - Fairly clean
   - Not very clean
   - Not at all clean
   - Can’t say
SEEING AN OCCUPATIONAL HEALTH (OH) PROFESSIONAL

6. Did the OH professional seeing you introduce themselves?
   - Yes
   - No
   - Don’t know / Can’t remember

7. Did the OH professional explain his or her role in a way that you could understand?
   - Yes, completely
   - Yes, to some extent
   - No
   - I did not need an explanation

8. Did you have enough time to discuss your health or work problems with the OH professional?
   - Yes, definitely
   - Yes, to some extent
   - No
   - It was not necessary to discuss any issues (for example, when attending for an immunisation or blood test)

9. Did the OH professional listen to what you had to say?
   - Yes, definitely
   - Yes, to some extent
   - No

10. If you had important questions to ask the OH professional, did you get answers that you could understand?
    - Yes, definitely
    - Yes, to some extent
    - No
    - I did not need to ask
    - I did not have an opportunity to ask

11. Were you involved as much as you wanted to be in decisions about your occupational health care?
    - Yes, definitely
    - Yes, to some extent
    - No
    - Not applicable
### 12. Did you have confidence and trust in the OH professional you saw?
- [ ] Yes, definitely
- [ ] Yes, to some extent
- [ ] No

### OVERALL IMPRESSION

13. How well organised was the OH Department you visited?
- [ ] Not at all organised
- [ ] Fairly organised
- [ ] Very well organised

14. Overall, did you feel you were treated with respect and dignity while you were at the OH Department?
- [ ] Yes, all of the time
- [ ] Yes, some of the time
- [ ] No

15. Were you given enough privacy while you were at the OH department?
- [ ] Yes, definitely
- [ ] Yes, to some extent
- [ ] No

16. Overall, how would you rate the care you received at the OH Department?
- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Very poor

THANK YOU VERY MUCH FOR YOUR HELP
Please check that you answered all the questions.
Appendix 2: List of participating OH services

2gether NHS Foundation Trust
5 Boroughs Partnership NHS Foundation Trust
Blackpool Teaching Hospitals NHS Foundation Trust
Bolton NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Burton Hospitals NHS Foundation Trust
Calderdale & Huddersfield NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Central and North West London NHS Foundation Trust
(Camden Provider Services)
Central London Community Healthcare NHS Trust
Cheshire and Wirral Partnership NHS Foundation Trust
Colchester Hospital University NHS Foundation Trust
Coventry & Warwickshire Partnership NHS Trust
Croydon Health Services NHS Trust
Derby Hospitals NHS Foundation Trust
Dorset HealthCare University NHS Foundation Trust
East and North Hertfordshire NHS Trust
Great Western Hospitals NHS Foundation Trust
Heart of England NHS Foundation Trust
Hereford Hospitals NHS Trust
Homerton University Hospital NHS Foundation Trust
Hull and East Yorkshire Hospitals NHS Trust
Humber NHS Foundation Trust
Imperial College Healthcare NHS Trust
Ipswich Hospital NHS Trust
King’s College Hospital NHS Foundation Trust
Liverpool Women’s NHS Foundation Trust
Luton and Dunstable Hospital NHS Foundation Trust
Mid Cheshire Hospitals NHS Foundation Trust
Mid Staffordshire NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
Oxford Health NHS Foundation Trust
Oxford Radcliffe Hospitals NHS Trust
Papworth Hospital NHS Foundation Trust
Portsmouth Hospitals NHS Trust
Royal Devon & Exeter NHS Foundation Trust
Royal Free Hampstead NHS Trust
Royal National Orthopaedic Hospital NHS Trust
Salford Royal NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust
Solent NHS Trust
South Tees Hospitals NHS Foundation Trust
South Tyneside NHS Foundation Trust
South Warwickshire NHS Foundation Trust
Southampton University Hospitals NHS Trust
St George’s Healthcare NHS Trust
Stockport NHS Foundation Trust
Surrey & Sussex Healthcare NHS Trust
Sussex Community NHS Trust
Tameside Hospital NHS Foundation Trust
Team Prevent
The Dudley Group NHS Foundation Trust
The Leeds Teaching Hospitals NHS Trust
The Mid Yorkshire Hospitals NHS Trust
The North West London Hospitals NHS Trust
The Pennine Acute Hospitals NHS Trust
The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
The Royal Wolverhampton Hospitals NHS Trust
Trafford Healthcare NHS Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Bristol NHS Foundation Trust
University Hospitals Coventry & Warwickshire NHS Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
West Hertfordshire Hospitals NHS Trust
West Middlesex University Hospital NHS Trust
Whipps Cross University Hospital NHS Trust
Whittington Health
Worcestershire Acute Hospitals NHS Trust
Wrightington, Wigan & Leigh NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust