

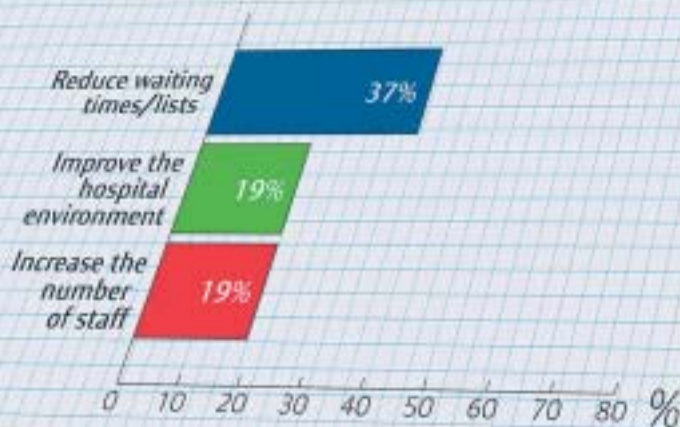
THE PUBLIC HOSPITAL PATIENTS

Has the NHS improved since 2000?



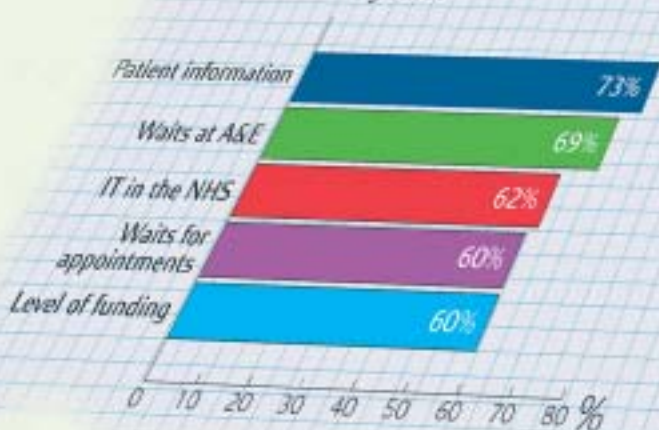
(of those who expressed an opinion)

What improvements would you like to see in hospital services?



HOSPITAL DOCTORS

Which areas of the NHS have improved over the last two years?



Which areas have worsened?



Our surveys show that the NHS is improving in some key areas. But waiting times and staffing levels cause concern. **THE PUBLIC** Most people have seen no change or some improvement to health services since the NHS Plan was introduced, but around a fifth thought things had got worse. Those who had been in hospital in the last year were more likely to think the NHS had improved.

HOSPITAL PATIENTS When we asked people who'd used an NHS hospital in the last year what improvements they would like, shorter waiting times was by far the biggest request. **HOSPITAL DOCTORS** We show the percentage of doctors who thought particular areas of the NHS had improved or got worse. Most thought staff morale was worse but that waiting times and patient information had improved.

The state of the NHS

Most of us are happy with the NHS, and staffing levels are at an all-time high. But waiting lists are still a problem and inequalities remain

NHS Plan targets

These are some of the key targets the government set the NHS in England, together with the latest figures on the progress so far. While the NHS has exceeded some staffing targets, it's falling behind in numbers of GPs, consultants and new hospital beds.

- 7,500 extra consultants by 2004
(latest figures: **6,850 more**)
- 2,000 extra GPs by 2004
(latest figures: **1,710 more**)
- 20,000 extra nurses by 2004
(latest figures: **43,552 more**)
- 6,500 extra therapists/other healthcare staff by 2004 (latest figures: **19,700 more**)
- 7,000 extra hospital and intermediate care beds by 2004 (latest figures: **6,647 more**)
- 500 new walk-in primary care centres by 2004 (latest figures: **312**)
- 100 new hospitals by 2010
(latest figures: **132 are in development**)
- An end to long waits in A&E by 2004
(**96.4% of people now seen in under four hours**)
- Three-month wait for outpatients by 2005
(**8 out of 10 patients seen within three months**)
- Six-month wait for inpatients by 2005
(**7 out of 10 admitted within three months**)

The ten-year NHS Plan launched in 2000 signalled the biggest shake up since the health service was established in 1948. It set out 'core principles' for the NHS, including universal access based on need, a reduction in health inequalities, improved care, and investment in staff.

The plan meant a major cash injection for the service, with the budget more than doubling over the last eight years to £67.4 billion a year. And there's a promise of a further £20 billion by 2008. It also introduced new targets and priorities, and began to measure health service performance as never before.

So has the plan hit the spot? Official figures certainly show speedier, more responsive care overall, with shorter waiting times for operations and quicker treatment in accident and emergency. Our survey also found that most people are happy with the NHS (three quarters of people thought the service was good or very good). Those people who have visited an NHS hospital in the last year came away with an even more positive view – suggesting that things are getting better.

But the NHS isn't yet the equitable, patient-centred service envisaged in the NHS Plan, and fewer than a quarter of doctors we surveyed think the government has delivered what it promised. Waiting times and staffing levels are still points of concern for both the public and doctors. And there are good reasons to be concerned: not only are there huge differences between services in different regions, there are also discrepancies in funding for different diseases and conditions. And the government admits that there still aren't enough staff in some important parts of the NHS.

WAITING LISTS

When the plan was launched, the NHS was in pretty bad shape: more than a million people had been waiting more than six months for hospital appointments and operations. A major objective of the plan was to reduce



waiting times so that nobody waited longer than six months for a hospital appointment. The Department of Health (DoH) told us it's on track to hit its targets by the end of the year: eight out of ten people now wait less than three months for inpatient appointments, and seven out of ten wait less than three months for outpatient slots.

However, official statistics don't include the significant number of people who have had an initial appointment but are still waiting for tests or treatment. For example, 99.2 per cent of people with suspected cancer are now seen by a specialist within two weeks of a GP referral – close to the government's target. But one reader's story highlights the fact that such speedy appointments don't always mean speedy treatment: 'My mother was urgently referred to a gastroenterologist in June 2004. She had a consultant's appointment in July and was diagnosed with stomach cancer in August. But she didn't start treatment until November – five months after the original referral.'

The DoH acknowledges that waits for cancer diagnosis and treatment – which may not happen during the first appointment – are still too long. Dr Richard Sullivan, head of clinical programmes at Cancer Research UK, told us that waits for radiology, for example, have lengthened in the last few years and 'must be addressed'.

There's also concern about how hospitals measure waiting times. One reader told us: 'My father-in-law was waiting for an appointment with a urologist and received a letter from the hospital saying: 'All our patients are seen within 13 weeks...As we cannot meet this target, we shall tell you when your 13 weeks starts'. The DoH told us it was unable to comment on whether this was acceptable or widespread practice. It said it was up to the hospital in question to address the issue.

In response to concerns about such 'hidden waits', the government has announced a new target. By 2008, it says that nobody should have to wait more than 18 weeks between a GP's referral and eventual treatment. Health Secretary John Reid estimates that average waits will be nine to ten weeks. However, healthcare think tank The King's Fund says it's unclear how the government will measure this target.

Six out of ten hospital doctors told us they think waiting times have improved over the last two years. But it's clear that most patients think they're still waiting too long: waiting times were the major concern for people in our survey. The number one improvement requested by those who'd visited a hospital in the last year was shorter waiting times.

POSTCODE LOTTERY

Although waiting times are improving overall, there are huge variations between hospitals. For example, earlier this year, the research company Dr Foster found that waits for knee and hip replacements vary from less than six months to almost a year – depending on where you live.

This isn't a new phenomenon: all too often it's been shown that where you live affects the quality or type of NHS treatment you receive. However, it's

a problem we hoped would go away, as one of the core principles of the NHS Plan was to tackle such variations, ending the 'postcode lottery' of care. Yet two thirds of the doctors in our survey felt postcode differences haven't improved – or have got worse – over the last two years. Only 9 per cent of hospital doctors and just 3 per cent of GPs believe that patients get the same quality of treatment wherever they live.

Geographical differences in care exist even where a service has received high levels of money and attention. Three areas – cancer, heart disease and mental health services – were identified as priorities and given extra funding under the NHS Plan. The government also introduced a series of national service frameworks (NSFs) to set standards for treatment of certain conditions and groups, including cancer, heart disease and older people. Their aim was to decrease variations between areas and to raise the standard of care.

Yet, in January this year, the Commons Public Accounts Committee concluded that, though cancer services had improved overall, differences still exist between areas in the availability of drugs and in waiting times for scans and chemotherapy. Joanne Rule, chief executive of charity CancerBacup, told us that 45 per cent of areas still have a shortage of key staff: 'It's intolerable that

OUR RESEARCH

Last December, we interviewed 1,008 adults – a representative sample of the British population. We also asked 300 doctors (100 GPs and 200 hospital doctors) to fill in an online questionnaire. Both groups gave us their views on the NHS. We asked the public whether they'd seen any improvements in the health service and what improvements they would like. We asked doctors about funding, patient choice and the impact of the NHS Plan. As part of our Bite Back consultation (see p6), we also asked 6,000 people for their views on patient choice.

WAITING IN PAIN

Even patients needing urgent care can be victims of long waiting lists. Since rupturing his knee ligaments and urethra in a car accident, Gareth Knox has had to endure long waits that have made his conditions worse.

After his accident, he was mistakenly discharged from hospital without a physiotherapy referral. Finally put on a waiting list after nine months, he didn't have surgery until two and a half years after his injury.

The long wait led to permanent loss of motion in his knee.

Gareth also waited 22 months for an appointment with a urologist before deciding to pay £160 to go private instead.

He's now on another waiting list for surgery. When he contacted the hospital in January, he was told that, although his need was urgent, he wouldn't be seen before April.

'In hospital the service is very good,' Gareth admits. 'It's the waiting times that are awful. It's not only the physical problems, but the stress of knowing that something can be done, but you don't know when or how long it'll take'.



Gareth didn't receive care soon enough to save the movement in his knee

GP services

The government has employed 1,700 extra GPs since 1999 – but patients are still having trouble getting an appointment when it suits them.

Research by the Royal College of General Practitioners (RCGP) last year found that, despite a 20 per cent increase in GPs since 1985, there are still shortages in rural and deprived areas. Perhaps because of this, only 17 per cent of the GPs we spoke to think the government is delivering what was promised in the NHS Plan. Most had felt the benefit of extra funding, though, with nearly 60 per cent saying facilities at their surgery had improved. But, again, not all have benefited: those GPs with small lists of patients were less likely to have noticed improvement.

The uneven spread of staff and facilities inevitably affects patients. People in our survey were generally positive about their GP: 87 per cent who'd visited a GP in the last

year thought the service was good. But the most commonly requested improvement was to be able to get an appointment more quickly, followed by being able to make appointments at a convenient time. A fifth of people were unhappy that appointment systems didn't always let them make appointments at suitable times – this was a particular problem for younger people.

APPOINTMENTS

A key NHS Plan target was for all patients to be able to see a GP within two working days. We think it's also important to be able to book further in advance – for routine checks or medicine reviews, say.

In November 2004, we put GP appointment systems to the test – making 360 calls to GP practices in six regions. In half the calls researchers said they were registered patients and been advised by NHS Direct to see a GP in the next couple of days. In half, we asked for an appointment in

The government's 48-hour target means urgent appointments are easy to come by – but booking ahead is a big problem



In a third of calls, we couldn't make an appointment for two weeks ahead

two weeks' time (we didn't waste valuable NHS time by booking a slot).

All the practices offered us an appointment within two days. But nearly a third couldn't book a slot for two weeks ahead. Many appointment systems were inflexible, allowing booking only on the day or a few days in

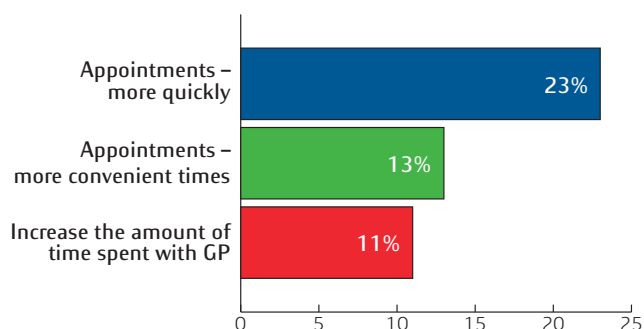
advance. This means people with less urgent requirements can't book in advance for a convenient time.

The government's Health Select Committee is now investigating whether the 48-hour target has made it harder to book ahead. The NHS Alliance, which represents primary care trusts, and the RCGP

have both been critical of the 48-hour target for this reason. Dr Mayur Lakhani, Chair of the RCGP, told us: 'People visit their GP for a variety of reasons, from the worried well to people needing urgent referrals. The current target system doesn't deliver according to needs, and assumes all patients are the same.'

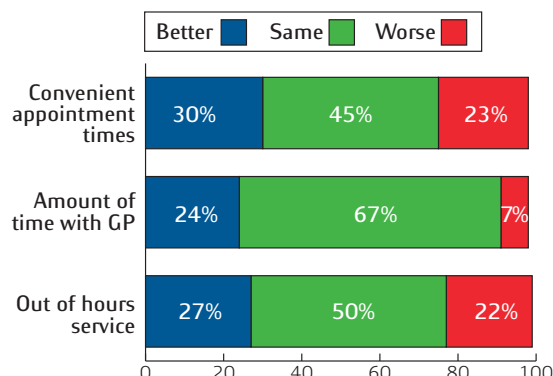
The vast majority (87 per cent) of people in our survey thought their GPs offered a good service. But booking appointments quickly and at convenient times were areas of concern.

What improvements would you like to see in your GP's service?



Although the 48-hour target has been met, most people didn't find getting convenient appointments easier than five years ago.

Have the following aspects of your GP's service got better or worse?



Your right to choose

Patient choice – about where and when we're treated – has become a key health debate. Since last year, all patients waiting longer than six months for an operation are being offered the choice of an alternative hospital so they can get speedier treatment.

And, from the end of the year, anyone needing surgery will be able to use a new 'Choose and Book' system to choose from up to five hospitals, and to pick the time and date of their first appointment.

as the other hospital was 60 miles away.'

Nor is greater choice necessarily possible. More than 80 per cent of all doctors in our survey said that, given current resources, it wasn't feasible to offer patients a choice of date, time and hospital. Offering a choice of hospital was considered less problematic, but half of hospital doctors still felt this wasn't feasible.

Frances Blunden, principal policy adviser for Which?, warns: 'More choice is valuable only if it delivers more

doctors. Since 2000, all primary care trusts, ambulance trusts and hospital trusts have been given annual star ratings – an indication of how well they meet national performance targets. But Which? research last year found that public confidence in the ratings was low, with almost half of people unlikely to use them to help them choose a service. The current ratings are based on a range of topics so aren't specific enough to help patients choose. They also focus on easy-to-measure outputs rather than clinical results. Ambulance trusts, for example, are rated on response times but not on how many patients survive a cardiac arrest.

In response to criticisms, the Healthcare Commission is scrapping star ratings and working on a new style of 'health check' for the NHS. We will be monitoring these new checks to ensure they reflect people's priorities and produce useful information.

people are continuing to experience the postcode lottery. The government must ensure that every service in the country prescribes the drugs to which patients are entitled.'

In March, the Healthcare Commission found that regional variations in care for heart disease are also unacceptably high, and that funding hasn't been distributed equally between areas.

Cancer and heart disease aren't the only conditions where your postcode counts. The NSF for older people stated that, by April 2004, all hospitals in England should have a specialist stroke unit, as evidence shows that patients treated in a specialist unit are more likely to survive. However, the latest audit of stroke services shows that 39 hospitals still have no such facility, and only half the number of stroke beds needed currently exist. The Stroke Association told us: 'Standards vary depending on location. This needs to be addressed to ensure that all people affected by stroke, wherever they live, receive a high standard of specialist care.'

Despite the evidence, the DoH doesn't seem to be addressing the postcode lottery. When we asked why these differences still exist, it told us it was aware of problems in 'one or two trusts' and that these were being tackled. It then pointed out that patients would soon be offered a choice of hospitals (see 'Your right to choose', left) – presumably meaning that patients will be able to choose to avoid underfunded hospitals.

Quality of service is more important than choice for 93 per cent of people

PATIENTS' VIEWS

A Department of Health survey in 2003 showed that 36 per cent of people wanted to choose their hospital or doctor. But, in a recent survey we carried out with 6,000 adults, 93 per cent told us that quality of hospital service was more important to them than having a choice of hospitals.

And more choice won't always mean more convenience. One reader was contacted by his health service after waiting nine months to have a cyst removed. 'They said I could be seen more quickly by switching to another hospital's waiting list. I declined

responsive and better quality services.'

HOW TO CHOOSE

Primary care trusts are expected to provide services and advice to help patients choose. But research from the National Audit Office found that many doctors know little about patient choice, and warned that 'GPs' support [for patient choice] may be hard to secure.' The government is trying to get doctors to 'buy in' by offering financial incentives to GPs who implement the Choose and Book system.

Patients confronted by choice will find there's a lack of useful information to help them compare different hospitals or



Most doctors don't think it's feasible to offer patients a choice of hospital

PATCHY IMPROVEMENTS

Postcode differences aside, the investment in priority areas such as heart disease and cancer has led to some major improvements. For example, there are now rapid-access chest-pain clinics across the country – designed to cut waits and speed up diagnosis for patients who have been referred by their GP with suspected heart problems. Various other steps have been taken to help cut heart disease, including a package of public health measures such as an increase in stop-smoking clinics and moves to persuade manufacturers to reduce salt levels in food.

Dr Huon Gray, president of the British Cardiac Society, feels there's much to be positive about. 'There's been an expansion in the number of cardiologists, diagnostic facilities and improved waiting times,' he told us. But he warns: 'We started from a low base and there's a significant way to go, particularly with the number of cardiologists'.

Stroke services are also seeing some limited improvements. Dr Tony Rudd, president of the British Association of Stroke Physicians says he's convinced that the NHS Plan and the NSF have helped to get stroke onto the agenda: 'Although not yet 100 per cent, the proportion getting the majority of their care in a stroke unit has risen from 18 to 46 per cent. Stroke has now been recognised as a specialty of medicine, with funds for training and research.'

"I'm convinced the NHS Plan helped

get stroke on the agenda Dr Tony Rudd,

British Association of Stroke Physicians"

Most doctors in our survey agree: more than six in ten felt that NSFs have helped to improve standards of care in the NHS. What's concerning is the lack of improvement in the neglected 'Cinderella services' such as podiatry and chiropody, which weren't targeted in the NHS Plan, and haven't been covered by NSFs. In the case of podiatry, this is in spite of increasing demand for the services. Most older people need some form of foot care, and it's also essential for the growing number of people with diabetes, who are at risk of foot ulcers and nerve damage in the feet.

The Society of Chiropractors and Podiatrists (SCP) told us that local primary care trusts (PCTs) are now limiting their podiatry services, so many patients have no access to podiatry on the NHS. One reader's story illustrates the problems: 'I'm registered disabled after a stroke. My GP has referred me for podiatry twice. On both occasions the PCT refused to treat me, saying I didn't meet its age requirements.'

Nita Parmar from the SCP predicts things will get worse: 'Unless investment keeps pace with need, more patients will have no access to NHS podiatry'. It's unlikely to change. The DoH told us that it's up to PCTs to provide the service, though it admitted that PCTs are told to focus on priorities such as heart disease and cancer. There are no plans to prioritise podiatry or other neglected areas.

STAFF SHORTAGES

Doctors in our survey were particularly concerned at the shortage of healthcare staff in the NHS, and strongly felt that more staff were needed if waiting times were to be cut. Patients agree: one of the most commonly requested improvements in our survey was for more staff in hospitals. The NHS Plan promised and delivered tens of thousands

HOW THE NHS WORKS

DEPARTMENT OF HEALTH

Leads the direction and reform of the NHS, sets standards, secures resources and works with the Healthcare Commission to help ensure the quality of services.

Healthcare Commission

The independent inspection body for the NHS in England and Wales.

Special health authorities

National services such as the National Blood Authority.

Strategic health authorities

England has 28 SHAs, responsible for making sure local NHS trusts are performing well.

Primary care trusts (PCTs)

There are 302 PCTs in England, responsible for providing

- GPs
- dentists
- opticians
- pharmacists
- walk-in centres
- NHS Direct.

PCTs have the main responsibility for planning and funding secondary care from these trusts

NHS trusts

Provide hospital services. Include acute and foundation trusts

Ambulance trusts

Provide emergency access to healthcare

Mental health trusts

Provide services for people with mental health problems

Care trusts

Work to coordinate health and social care services

THE NEW STRUCTURE

New NHS structures in England mean less centralisation, which could lead to more variation in services.

Around 75 per cent of the NHS budget has been devolved to local primary care trusts (PCTs). They are now responsible for commissioning most NHS services, such as ambulances or hospital services. The plan is that this will help them meet local needs – though they still have to meet national targets.

But the all-party parliamentary group on cancer, along with charity CancerBacup, has criticised the new system. They found that PCTs lacked

expertise and experience in buying drugs and services. This was badly affecting patients and worsening the postcode lottery.

From this month, GP surgeries also have the right to hold their own budgets – allowing them to provide extra services, such as X-rays and tests, in the GP practice. Health minister John Hutton said: 'This could help patients get care closer to home and minimise the need for hospital treatment.' But again there are concerns that it could lead to inequalities.

The introduction of foundation trusts (a new type of NHS

hospital) means more decentralisation. They control their own budgets and have more freedom to decide which services to provide. Local people and staff are given a bigger say in running the hospital. Only hospitals that meet certain standards can apply to become foundation trusts. One criticism is that they'll lead to a two-tier system of healthcare.

There's also been huge private sector involvement to help reduce waiting lists. Of the 132 new hospitals being developed, 121 are being funded through private initiatives.

Making a complaint

Nearly six in ten people in our survey don't know where to turn for help about making complaints about the NHS.

- Complain first to the hospital, clinic or practitioner involved. If you're not happy with the response, put a complaint in writing to the service's complaints manager.
- If you're still not satisfied, ask the Healthcare Commission to carry out an Independent Review.

www.healthcarecommission.org.uk

- The next stage is the Health Service Ombudsman – independent of the NHS and government.

www.ombudsman.org.uk

- Complaints should be made within six months of the event.

- Your local NHS Trust has a Patient Advice and Liaison Service (Pals), which can explain the complaints procedure and provide help and information.

- The Independent Complaints Advocacy Service (Icas), run by Citizens Advice, can help with complaints.

www.adviceguide.org.uk

- These professional bodies also deal with complaints, and can discipline members: General Medical Council (www.gmc-uk.org), Nursing and Midwifery Council (www.nmc-uk.org) and General Dental Council (www.gdc-uk.org).

more doctors and nurses. There are now 43,000 more nurses and 19,700 more therapists and other health professionals than in 1999. Both these figures exceed the government's own targets. Numbers of GPs and hospital consultants are below target – but still represent large increases in the past five years. The Department of Health told us that 'the total workforce in the NHS is now at its highest level' and that it's working on improved pay and conditions and investments in training and childcare to attract staff to the NHS.

However, some services are still suffering from staff shortages. For example, despite huge investment in cancer services under the NHS Plan, 71 per cent of cancer specialists in our survey told us they feel hampered by a shortage of nursing staff – compared with 58 per cent of other hospital doctors. Last October, the Royal College of Radiologists said a shortage of radiologists meant that cancer patients were dying unnecessarily. And, though government targets for the numbers of heart specialists have been met, the heart specialists in our survey, together with the British Cardiac Society, still have concerns about staffing levels. Nearly half of all cardiologists in our survey said a shortage of doctors was a barrier to doing their job to the best of their ability. The DoH acknowledges that more cardiologists and key cancer staff need to be recruited.

On a more positive note, there's little doubt that existing NHS staff are doing an invaluable job. Patients in our survey were worried about long waiting times and booking appointments, but there were few gripes about the treatment they received once they got to see a doctor or nurse. Despite the obvious pressures on the staff, it's encouraging to see that 89 per cent of people in our survey thought NHS hospital staff were friendly, 78 per cent thought the explanations they received about their treatment were good, and 75 per cent were pleased with the length of time hospital staff spent with them.

There'll always be a limit to the NHS budget and to the number of NHS staff, and it's likely these limits will never seem high enough. Five years into the NHS Plan, extra resources are clearly making a difference in some areas. The remaining shortages and inequalities show just how much more money would be needed to fund the perfect health service.

Patient involvement

The NHS Plan promised 'an NHS shaped around the convenience and concerns of patients'. Steps have been taken to improve patient choice (see p14) and 70 per cent of doctors in our survey told us that the information available to patients has improved over the last couple of years.

Yet the government is scrapping the only national independent voice for patients. The Commission for Patient and Public Involvement in Health (CPPIH) involves patients through 572 local forums run by volunteers (see www.cpiph.org). The forums, which gather views about local services and help shape decisions, will remain – but without

a national voice or support.

Frances Blunden from Which? says: 'In cutting CPPIH, the government is ignoring the critical role it was set up to fulfil – to give patients a voice. This is nothing more than a cost-cutting exercise.' Niall Dickson, Chief Executive of the King's Fund, agrees: 'Abolishing the CPPIH leaves the question of public involvement in further disarray'.

Our surveys show a clear need for a strong patient voice. Six in ten people think the public aren't involved enough in healthcare decisions. And only 40 per cent of doctors think the NHS is currently patient-centred.



Niall Dickson, Chief Executive of healthcare think tank the King's Fund

which? says

It's clear that the NHS Plan and the accompanying investment and service standards have led to improvements. On the whole, patients receive better care more quickly. But, even within priority services, there are still

unacceptable variations across the country. And services that haven't been prioritised are in danger of fading away.

Extra investment for the Plan stops in 2008, so the government must ensure all its promised improvements are made by then.

The emphasis on patient choice suggests that the NHS is becoming more patient-centred – but it needs to listen to patients properly. Quality local services, with equal and convenient access, are more important than a choice of hospitals.

We're worried it will be harder for patients to be heard when the CPPIH is scrapped. We want the Healthcare Commission's new check-ups on services to address this – and make sure that they take patients' views on board.