NHS Staff Tracking Research – Winter 2011 (Research Wave 6)

June 2012

A research report for **Central Office of Information**

on behalf of **Department of Health**

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Table of contents

1. EXECUTIVE SUMMARY

1.1 Introduction and methods

COI commissioned a programme of research on behalf of the Department of Health (DH) that aims to explore and benchmark the attitudes of NHS staff on the following issues:

- Staff morale and satisfaction
- Levels of understanding and support for changes to the NHS
- Awareness and views on a range of specific policy areas:
    - Choice
    - Clinical Commissioning
    - Reducing targets
    - Increasing local autonomy
    - Working with Local Authorities
    - Greater provision of information
    - QIPP[1]
    - Shift of NHS services to community settings

Fieldwork was conducted by telephone using Computer Assisted Telephone Interviewing (CATI), and the number of interviews completed and fieldwork dates are shown below:

- Spring 2008 (wave 1) 1/4/2008 – 13/5/2008 (908 interviews)
- Autumn 2008 (wave 2) 6/10/2008 – 14/11/2008 (1046 interviews)
- Summer 2009 (wave 3) 22/7/2009 – 7/9/2009 (1113 interviews)
- Spring 2010 (wave 4) 11/1/2010 – 21/3/2010 (1124 interviews)
- Winter 2010 (wave 5) 19/11/2010 – 28/1/2011 (1001 interviews)
- Winter 2011 (wave 6) – 9/10/2011 – 16/12/2011 (1130 interviews)

1 The Quality, Innovation, Productivity and Prevention Programme (http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/index.htm)

Interviews were conducted with NHS staff in their work place, and contact lists were provided by Binleys who are a specialist provider of lists of NHS staff and organisations.

Data were weighted at the analysis stage to ensure findings were representative of all NHS staff within the occupations included in the survey. The weights re-balanced the proportions of different occupations in the sample and re-balanced SHA regions to bring them in-line with the national profile.

1.2 Morale and satisfaction

Satisfaction levels with the service the NHS delivers to patients in their local area has been maintained over the past year. Three quarters (76%) of staff reported they were satisfied in Winter 2011 but satisfaction has fallen significantly over the past year for Practice Nurses (75% Winter 2011 compared with 84% Winter 2010) and NHS Managers (77% Winter 2011 compared with 85% Winter 2010).

The proportion of staff agreeing they are proud to work in the NHS (89%) has remained stable over the past year.

The levels of satisfaction with the state of patient care over the past 12 months and in the future have also remained at the same level as Winter 2010. At Winter 2011 nearly three in ten (29%) think that patient care has got worse over the last 12 months and more than half (53%) think it will get worse over the next few years. For both of these measures the feeling that things have been getting worse has been increasing since Autumn 2008.

As in the previous wave GPs remained the most likely occupation to think that patient care had got worse recently, and would get worse in the next few years. Members of the Community Workforce were still the least positive about working in the NHS in Winter 2011.

1.3 Awareness and views on changes in the NHS

Awareness and views on changes in the NHS have largely remained unchanged over the past year. Seven in ten (71%) staff in Winter 2011 said that they knew a great deal or fair amount about the changes that the Government is making to the NHS.

The highest levels of spontaneous awareness were recorded in relation to measures to increase efficiency/cut costs (40%) and GP Consortia (33%). Mentions of GP Consortia have fallen significantly over the past year (53% Winter 2010 compared with 33% Winter 2011) but this is in line with the change in proposed commissioning structures from GP Consortia to Clinical Commissioning Groups over the past year. Only 4% mentioned Clinical Commissioning Groups. There has also been a significant increase in those mentioning private enterprise in the NHS (17% Winter 2011 compared with 11% Winter 2010).

The proportion of staff who either know a great deal or a fair amount about the specific initiatives has not changed since Winter 2010. Around seven in ten staff said in Winter 2011 that they knew at least a fair amount about both the new commissioning structures (76%) and initiatives to improve patient choice (73%). There were lower levels of awareness of initiatives to reduce central Government control over health (53%) and give local councils a greater role in shaping health services (31%).

1.4 Patient information & choice

Staff were still broadly supportive of the initiative to increase patient information and choice to help improve patient care but there is some concern that it may have financial implications. In Winter 2011:

- Two thirds (64%) agreed that providing patients with information about how local health services are performing would help to drive improvement in the quality of patient care; but more than a half (55%) also thought it would cost the NHS more money.

- Three fifths (63%) felt the initiative to increase patient information and choice would have a positive impact on the quality of patient care, with a significant increase in those thinking it would have a great deal of impact (16% Winter 2011 compared with 8% Winter 2010).
- More than half (55%) felt the initiative to increase patient information and choice would have a positive impact on how effectively the NHS operates. Again the proportion feeling it would have a great deal of positive impact has increased over the past year (10% Winter 2011 compared with 4% Winter 2010).

Staff were asked to rate on a scale from 1 (patients want health professionals to make the decisions about their treatment) to 5 (patients want to make their own decisions about treatment and not rely on the health professionals). The question was also included in a general public health tracker survey. In Winter 2010 and Winter 2011 staff generally felt that patients would like decisions about treatment to be made for them or it should be a joint decision, but it is notable that staff think patients want more involvement than they actually do. In Winter 2011 two fifths (42%) of staff expressed the opinion that patients want health professionals to make decisions about their treatment, whilst more than half of the public (58%) said this in the Winter 2011 general public Ipsos MORI survey[2].

1.5 Changes to commissioning

Over the past year proposals for commissioning have changed from GP Consortia to Clinical Commissioning Groups (CCGs). In Winter 2010 all questions asked about commissioning were framed in relation to GP Consortia whilst in Winter 2011 the questions focused on Clinical Commissioning Groups. Staff were generally much more positive about CCGs than GP Consortia. More than two fifths (46%) of staff in Winter 2011

2 Ipsos MORI 'Public Perceptions of the NHS and Social Care', December 2011

thought that CCGs would have a positive impact on patient care compared with just a third (34%) of staff in Winter 2010 who were asked about the impact of GP Consortia on the quality of patient care. Similarly, two fifths (42%) of staff in Winter 2011 felt that Clinical Commissioning Groups would have a positive impact on how effectively the NHS operates compared with a third (34%) of staff in Winter 2010 who were asked about the impact of GP Consortia.

However, there is a lack of understanding about their individual roles within the new commissioning structures. Only two fifths (40%) of staff in Winter 2011 agreed that they understood their own role. Positively there has been a sharp rise amongst GPs with seven in ten (70%) agreeing in Winter 2011 they understand their role compared with just over two fifths (44%) in Winter 2010.

Two thirds (67%) of all NHS staff in Winter 2011 felt that having a broader range of health professionals involved in commissioning would help to improve the quality of patient care.

As found in the previous wave, a third (32%) of staff in Winter 2011 reported that they had either been involved in the work to make changes to clinical commissioning or would be in the future.

1.6 QIPP

Overall staff still see the need for QIPP. In Winter 2011 three quarters (74%) felt that the NHS is under resourced and nearly nine in ten (87%) agreed that there is waste and inefficiency in the NHS. The trend data on these questions has remained stable over time.

Staff not only still understand the need for QIPP but in general they agree with the concept. Seven in ten (71%) staff in Winter 2011 agreed that applying new and creative solutions to issues facing the NHS will help to improve services and reduce costs. Whilst a similar proportion (68%) agreed in Winter 2011 that their manager would listen to their ideas on how to improve quality and reduce inefficiency.

However, there was a lower level of agreement over how QIPP should be achieved. Levels of agreement that freeing providers from top down control will enable them to focus on improving the quality of patient care, fell over the last year from two thirds (67%) in Winter 2010 to more than a half (55%) in Winter 2011.

Staff were also still expressing concerns that cost reductions could not be made without losing frontline services, particularly at the same time as delivering other reforms. In Winter 2011:

- Only a third (34%) agreed that efficiency savings would be reinvested in frontline services; and
- Only two fifths (40%) agreed that it would be possible to increase the quality of patient care while reducing costs (although this has increased since Winter 2010, 31%);
- Only a quarter (24%) agreed that over the next few years the NHS will be able to make the necessary efficiency savings at the same time as delivering reform.

Awareness levels for QIPP have remained stable over the past year; overall more than a half (52%) of staff were aware of QIPP in Winter 2011. However, the proportion of staff feeling that QIPP would have a positive impact on the quality of patient care has fallen significantly from more than three fifths (61%) in Winter 2010 to a half (50%) in Winter 2011.

1.7 Community Services

A section on community services was included in both Winter 2010 and Winter 2011. However, in Winter 2010 the survey asked staff about the transforming community services initiative, whilst in Winter 2011 the survey focused on changes to services provided in the community. Direct comparisons between the two waves should therefore be treated with caution.

Awareness of providing care in the community was high in Winter 2011 with seven in ten (70%) saying they knew something about the changes that will

improve access to treatment and care in the community rather than in hospitals. Awareness has increased significantly over the past year (70% Winter 2011 compared with 59% Winter 2010).

In Winter 2011 nearly two thirds (67%) thought that changing services provided in the community would have a positive impact on the quality of patient care, whilst slightly fewer (53%) thought it would have a positive impact on how effectively the NHS operates.

Positively, two fifths (40%) of staff in Winter 2011 felt that the services delivered in the community over the next few years will get better but the Community Workforce (39%) were more likely than average (31%) to think the service will get worse.

1.8 Health Visiting

This was a new section included in the Winter 2011 Staff Tracker Survey.

Overall, views on health visiting were generally positive. The majority of staff in Winter 2011 agreed that the work of health visitors is valuable (82%) and that increasing the number of health visitors will help to improve the health and well-being of communities (74%).

The majority of health visitors in Winter 2011 felt that their job is rewarding (87%) and they intend to stay working in health visiting (83%) but only two fifths (42%) reported that their team is able to give families the services they need.

A fifth (17%) of nurses in Winter 2011 would consider re-training to become a health visitor.

2 INTRODUCTION

2.1 Background

In recent years, there has been unprecedented reform of the NHS, including steps to improve patient experience, deal with variations in care (e.g. the postcode lottery), and change the way that NHS staff work and address the causes of ill health. With the new coalition government which came to power in May 2010 have come further reforms as laid out in the White Papers *'Equity and Excellence: Liberating the NHS'* and *'Healthy Lives, Healthy People'*. In addition, there is a continued need to find cost savings and efficiencies to enable the NHS to provide high standards of care into the future, and to face the challenges of a growing and ageing population.

Working with COI, DH Communications commissioned a programme of work that aims to track NHS staff awareness of and attitudes towards new and upcoming initiatives.

This sixth wave of research was used to track awareness and opinions on a range of reforms and initiatives, and to measure change over time. Specifically, the research aimed to track the following:

- Staff morale and satisfaction
- Levels of understanding and support for changes to the NHS
- Awareness and views on a range of specific policy areas
    - Choice
    - Clinical Commissioning
    - Reducing targets
    - Increasing local autonomy
    - Working with Local Authorities
    - Greater provision of information
    - QIPP[3]
    - Shift of NHS services to community settings

3 The Quality, Innovation, Productivity and Prevention Programme (http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/index.htm)

2.2 Research Methods

As in the previous waves the target audience for the research comprised of NHS staff within certain occupations, working in the NHS in England. The list of occupations included in the research changed slightly in Winter 2010 to reflect the Department's information needs. Core occupations which have been included in previous waves of the research included:

- GPs: half of GPs had been qualified for up to 10 years, and half qualified for 10 years or more
- Practice Nurses
- Hospital Doctors: quotas were set by grade - half were 'Junior' doctors of Specialist Registrar grade or below, and half were 'Senior' doctors of higher grades
- Nurses in Secondary Care: half were specialist Nurses and half were 'general' ward Nurses
- Senior Managers: quotas were set to achieve around half of interviews with clinical Managers, and half with non-clinical Managers. The list of job titles to be included in the research was agreed with DH/COI, and is appended. This sample was representative of NHS Managers and was spread across primary and secondary care settings.

Some staff groups were included in the survey for the first time in Winter 2010 and these included:

- Clinical Leaders: including Medical Directors, Nursing Directors and Clinical Directors in primary and secondary care settings
- PCT Commissioners: staff in PCTs with commissioning remit, e.g. Heads of Commissioning/Health Improvement, Commissioning Support and Development Managers, Acute Commissioning Managers, Public Health Commissioning Managers
- Community Workforce: including District Nurses, Health Visitors, Community Midwives

- Practice Managers

One of the aims of the Winter 2011 Staff Tracker Survey was to provide the Department of Health with information about staff awareness of the health visiting initiatives and their overall opinions of health visiting. To ensure that a more detailed analysis could be conducted on this data booster groups of midwives (both community and hospital based) and health visitors were included in this wave of the research. In order to maintain the validity of trend data and comparisons over time the views of these booster groups were not included in NHS Staff totals and the main survey data referred to in this report. However the booster group data has been included in some of the questions in section 5.6.

The contact lists for the research were provided by Binleys who hold extensive lists of medical professionals in England. Named lists were available for most staff groups with the exception of general ward Nurses, some junior Hospital Doctors and Practice Managers. These were sampled as follows:

- In order to speak to general ward Nurses, Binleys provided general reception numbers for hospitals and interviewers called these numbers and asked to be put through to a ward.
- Because of the mobility of Hospital Doctors in Foundation 1 and Foundation 2 grades, Binleys does not hold named listings of doctors at these grades. Interviewers called general hospital numbers and asked to be put through to a ward. When speaking with someone on the ward, they asked to be put through to a doctor at Foundation 1 or Foundation 2 grades (otherwise known as House Officers or Senior House Officers).
- Practice Managers, were sampled from lists of GP practices in England supplied by Binleys

Table 1 shows the number of interviews completed within each occupation.

Table 1. Interviewed sample

Occupation	No. Interviews						Notes (Winter 2011)
	Spring 2008	Autumn 2008	Summer 2009	Spring 2010	Winter 2010	Winter 2011	
GPs	185	204	202	200	200	200	68 qualified <10 yrs ago 132 qualified >10 yrs ago
Practice Nurses	104	104	102	102	100	101	
Hospital Doctors	206	206	200	200	150	150	75 at specialist registrar grade or below 75 above specialist registrar grade Note: number of interviews reduced slightly to enable other groups to be included
Nurses in Secondary Care	105	107	103	100	100	103	Mix of specialist and general Nurses
NHS Managers	200	207	203	212	201	202	Spread across primary and secondary care
Practice Managers	n/a	n/a	n/a	n/a	50	51	
Clinical Leaders	n/a	n/a	n/a	n/a	50	50	
PCT Commissioners	n/a	n/a	n/a	n/a	50	47	
Community Workforce	n/a	n/a	n/a	n/a	100	100	
Midwives booster	n/a	n/a	n/a	n/a	n/a	51	
Health Visitor Booster	n/a	n/a	n/a	n/a	n/a	75	
Total	**908**	**934**	**1,113**	**1,124**	**1,001**	**1,130**	

2.3 Questionnaire

The questionnaire which was used for the Winter 2011 stage of the research was to a great extent based upon previous waves' questionnaires in order to facilitate comparisons over time, particularly on the core questions covering morale, satisfaction, etc. Significant changes were made to the Winter 2010 questionnaire which were reflected in the Winter 2011 questionnaire, although further changes were made to ensure that it reflected current priorities and policy changes, and information requirements.

This questionnaire was designed by GfK NOP working in close collaboration with COI and DH. All questions used pre-coded lists of responses, although

the opportunity to capture further detail was possible via “other” answer options at some questions. The average interview length was 20 minutes.

2.4 Fieldwork

Fieldwork was conducted by telephone using Computer Assisted Telephone Interviewing (CATI). Fieldwork dates were as follows:

- Spring 2008 (wave 1) 1/4/2008 – 13/5/2008 (908 interviews)
- Autumn 2008 (wave 2) 6/10/2008 – 14/11/2008 (1,046 interviews)
- Summer 2009 (wave 3) 22/7/2009 – 7/9/2009 (1,113 interviews)
- Spring 2010 (wave 4) 11/1/2010 – 21/3/2010 (1,124 interviews)
- Winter 2010 (wave 5) 19/11/2010 – 28/1/2011 (1,001 interviews)
- Winter 2011 (wave 6) – 9/10/2011 – 16/12/2011 (1,130 interviews)

Interviewing took place from GfK NOP’s telephone interviewing centre in Central London. GfK NOP is a member of the Interviewer Quality Control Scheme (IQCS) and all interviewers were fully trained and monitored.

A letter from the DH Director of NHS Communications was available to fax or email to respondents who required further reassurance before completing the interview. A copy of the letter is included in the appendices.

2.5 Analysis and weighting

To enable separate analysis amongst healthcare professionals by job role a minimum number of interviews were conducted within each occupation.
Data were then weighted to give an estimate of the views and awareness of all NHS staff in England in the occupations included in the research.

Weighting was applied as follows:

- Re-balancing the proportion of staff in different occupations in the sample, then
- Weighting by SHA region.

These weights were based on the workforce number data taken from the NHS Information Centre (2010). The unweighted and weighted proportions are shown in Table 2.

Table 2. Weighted and unweighted profiles of NHS Staff sample by staff type and SHA region (Winter 2011)

	Unweighted		Weighted	
	N =	%	N =	%
Total	1,130	100	1,130	100
Occupation	N =	%	N =	%
GP	200	18	73	7
Practice Nurse	101	9	59	5
Practice Manager	51	5	17	2
Hospital Doctor	150	13	190	17
Nurse in Secondary Care	103	9	488	43
NHS Managers	202	18	86	8
Clinical Leaders	50	4	6	*
PCT Commissioners	47	4	2	*
Community Workforce	100	9	37	3
Midwives booster	51	5	136	12
Health Visitor booster	75	7	36	3
Region	N =	%	N =	%
East Midlands	92	8	97	9
East of England	119	11	124	11
London	156	14	168	15
North East	65	6	57	5
North West	158	14	153	14
South Central	86	8	89	8
South East Coast	90	8	94	8
South West	121	11	1114	10
West Midlands	127	11	120	11
Yorkshire and the Humber	116	10	114	10

The statistical impact of the weighting reduced the effective sample size for the total sample, as shown below. While the impact of this weighting may appear large, the need to structure the sample as shown above meant that weighting effects of this magnitude were expected.

- Spring 2008 - 362
- Autumn 2008 - 368
- Summer 2009 - 357
- Spring 2010 - 349
- Winter 2010 - 270
- Winter 2011 – 302

2.6 Notes on reading this report

The following points explain the way in which the results have been commented upon in this report.

- All of the differences which have been commented upon within this report are statistically significant. The significance tests which have been used are two tailed and are based on a 95% confidence interval. This means that we are 95% certain of detecting a difference where one exists in the population. Different significance tests were used depending on whether comparisons were being made between mean scores or percentages or whether comparisons were being made between two independent samples or between a sub-sample and the total.

- In order to conduct this significance testing, we have referred to the effective sample size for the research. However, because the greatest impact on the effective sample size arises when weighting by staff occupation, where appropriate base sizes for individual staff groups show the unweighted base for staff occupation. This is because the weighting mainly affects the total staff sample and not samples within each occupation. Significant differences are marked on charts in the following way. ○ denotes that a group is significantly more likely than average to give the relevant answer, and □ denotes that they are significantly less likely than average to do so. ↗ denotes a significant positive trend across a number of waves (e.g. a significant but gradual change between research waves). ↗ denotes a significant negative trend across a number of waves (e.g. a significant

but gradual change between research waves).  denotes a non-significant trend.

- Sub-groups which have an effective sample size below 30 are too small for statistical significance testing to be carried out and so no comments on these groups will be made in this report.
- Throughout this report '*' indicates a proportion of less than 0.5% but greater than zero. '-' indicates a zero proportion.

3 GENERAL VIEWS AND SATISFACTION

As well as asking specific questions about reforms and initiatives, the survey also aims to track levels of staff morale and satisfaction over time.

3.1 Staff morale and satisfaction

All staff were asked a number of questions relating to their satisfaction with the service the NHS currently delivered to patients in their local area and how they feel the service has changed, or will change, over time.

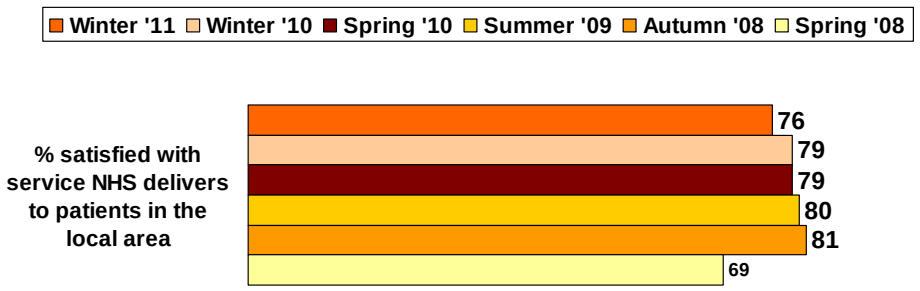
Satisfaction with NHS service delivered currently

All staff were asked how satisfied or dissatisfied they were with the NHS services currently delivered to patients in their local area. The most recent wave of research conducted in Winter 2011 showed that three quarters (76%) were satisfied with the service in their local area, with around one in six very satisfied (17%). One in nine (11%) were dissatisfied, including 2% who were very dissatisfied. One in eight (12%) indicated that they were neither satisfied nor dissatisfied with the service the NHS delivers in their local area.

Chart 1 shows how the level of satisfaction has remained stable over time. Following an increase in levels of satisfaction from Spring 2008 to Autumn 2008, satisfaction has remained consistent over time, with around four fifths satisfied at each wave (76% Winter 2011). In fact the proportion saying very satisfied or dissatisfied has not changed either and so there has been no reduction in the strength of satisfaction.

Chart 1 Satisfaction with NHS service currently delivered in local area

A1: How satisfied or dissatisfied would you say you are with the service the NHS currently delivers to patients in your local area?



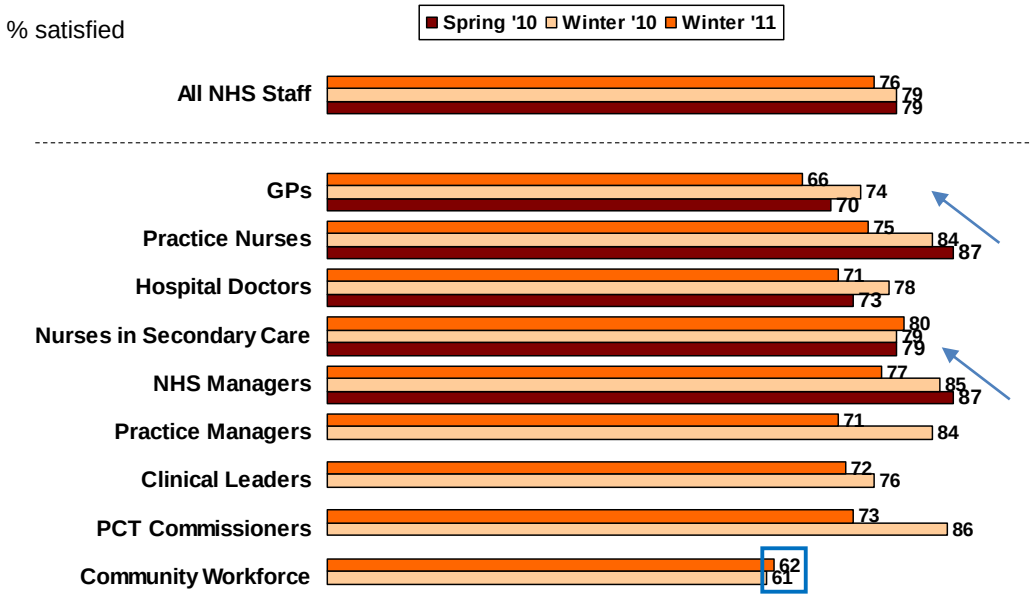
Base: All NHS Staff (Sp 2008 – 362; A 2008 – 368; S 2009 – 357; Sp 2010 – 349, W 2010 – 270, W 2011 - 302)

Chart 2 shows the proportion satisfied within each occupation group, and where time series data is available, shows that levels of satisfaction within each occupation group has been fairly stable over time. However, NHS Managers and Practice Nurses have become less likely to say they are satisfied with the service delivered since Spring 2010.

Overall the Community Workforce have continued to be the least likely to say they were satisfied with the service the NHS currently delivered to patients (62%, compared with 76% on average), and this has remained unchanged over time.

Chart 2 Satisfaction with NHS service currently delivered in local area (by occupation)

A1: How satisfied or dissatisfied would you say you are with the service the NHS currently delivers to patients in your local area?



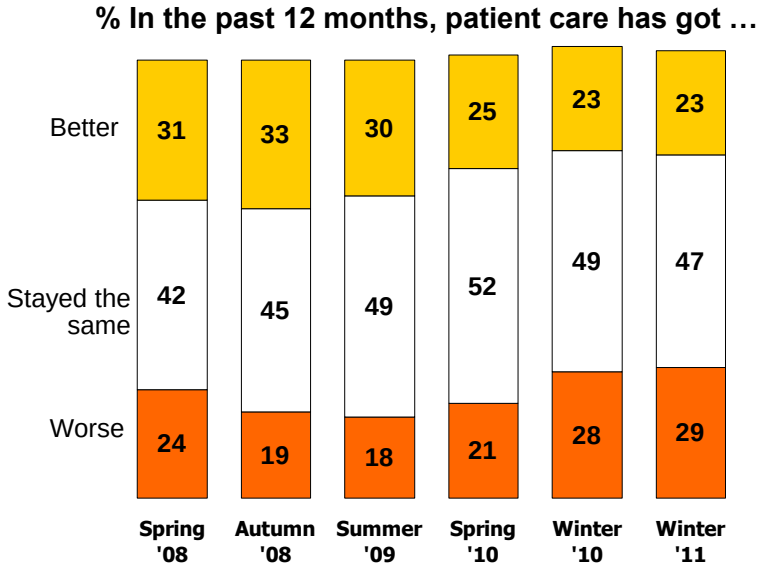
Base: All NHS Staff (S 2009 357; Sp 2010 349; W 2010 270, W 2011 302), GPs (S 2009 202; Sp 2010 200; W 2010 200, W 2011 199), Practice Nurses (S 2009 102; Sp 2010 102; W 2010 100, W 2011 101), Hospital Doctors (S 2009 200; Sp 2010 200; W 2010 131, W 2011 131), Nurses in Secondary Care (S 2009 103; Sp 2010 100; W 2010 100, W 2011 103), NHS Managers (S 2009 203; Sp 2010 212; W 2010 201, W 2011 201), Practice Managers (W 2010 50, W 2011 51), Clinical Leaders (W 2010 50, W 2011 50), PCT Commissioners (W 2010 50, W 2011 47), Community Workforce (W 2010 100, W 2011 100)

Perceived changes in patient care locally in past 12 months

Staff were asked their opinions on patient care locally and whether they thought it had got better, worse or had stayed the same over the last 12 months. The proportion saying that patient care has got worse in the past 12 months increased by seven percent between Spring 2010 (21%) and Winter 2010 (28%); and at Winter 2011 the proportion saying care has got worse has remained at this higher level (29%) (Chart 3).

Chart 3 Staff perceptions of patient care locally in the past 12 months

A2: And still thinking about the NHS in your local area, in the past 12 months, do you think it has got better, got worse or stayed the same in terms of patient care?

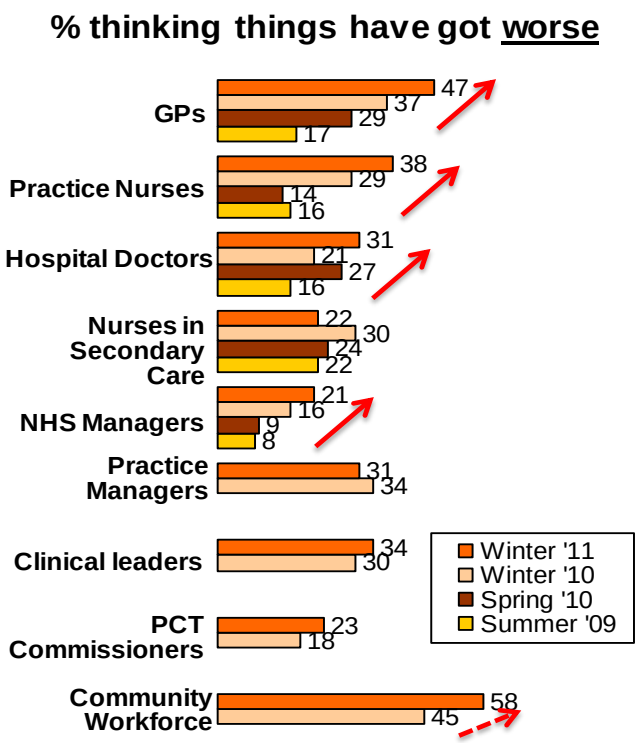


Base: All NHS Staff (Sp 2008 – 362; A 2008 – 368; S 2009 – 357; Sp 2010 – 349, W 2010 – 270, W 2011 – 302)

Chart 4 looks in more detail at the proportion of NHS staff who felt that the patient care in their local area had got worse over the past 12 months by staff group. The proportion of staff feeling that patient care has worsened over the past 12 months has steadily increased since Summer 2009. This is particularly evident amongst GPs (+30% points from Summer 2009-Winter 2010), Practice Nurses (+22% points) and NHS Managers (+13% points).

It should also be noted that there has been a significant increase over the past year for GPs (+10% points).

Chart 4 Perceptions of changes in patient care locally over the past 12 months



Base: All NHS Staff (S 2009 357; Sp 2010 349; W 2010 270, W 2011 302), GPs (S 2009 202; Sp 2010 200; W 2010 200, W 2011 199), Practice Nurses (S 2009 102; Sp 2010 102; W 2010 100, W 2011 101), Hospital Doctors (S 2009 200; Sp 2010 200; W 2010 131, W 2011 131), Nurses in Secondary Care (S 2009 103; Sp 2010 100; W 2010 100, W 2011 103), NHS Managers (S 2009 203; Sp 2010 212; W 2010 201, W 2011 201), Practice Managers (W 2010 50, W 2011 51), Clinical Leaders (W 2010 50, W 2011 50), PCT Commissioners (W 2010 50, W 2011 47), Community Workforce (W 2010 100, W 2011 100)

The Community Workforce were the most negative with nearly three fifths (58%) indicating that patient care delivered locally has got worse in the past year. There has also been an increase over the past year in the proportion of Community Workforce saying that patient care delivered locally has got worse but this increase is not significant.

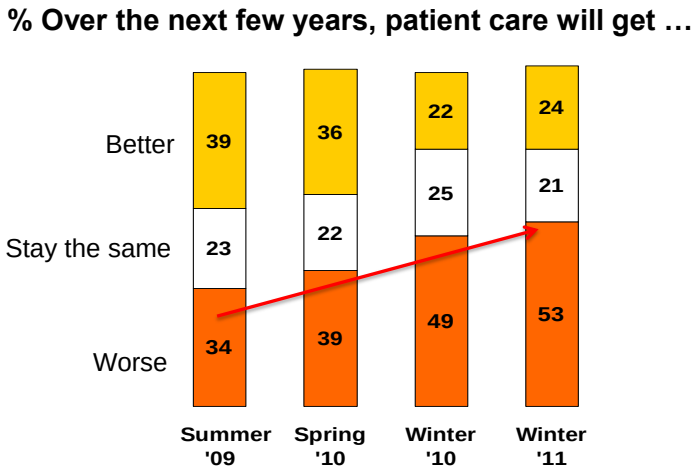
Optimism for future care delivered by the NHS

Staff were asked to consider whether or not they felt the care the NHS delivers to patients as a whole would get better, stay the same or get worse over the next few years. Staff optimism about future patient care is continuing to decline with a steady increase in the proportion thinking that

things will get worse since Summer 2009 (Chart 5). Just over a half (53%) of NHS staff feel that the care the NHS delivers to patients will get worse over the next few years, up from a third (34%) in Summer 2009 when the question was first asked.

Chart 5 Expectation of changes in patient care over the next few years

A3: Thinking about the care the NHS delivers to patients: over the next few years do you expect it to get better, worse or stay about the same?

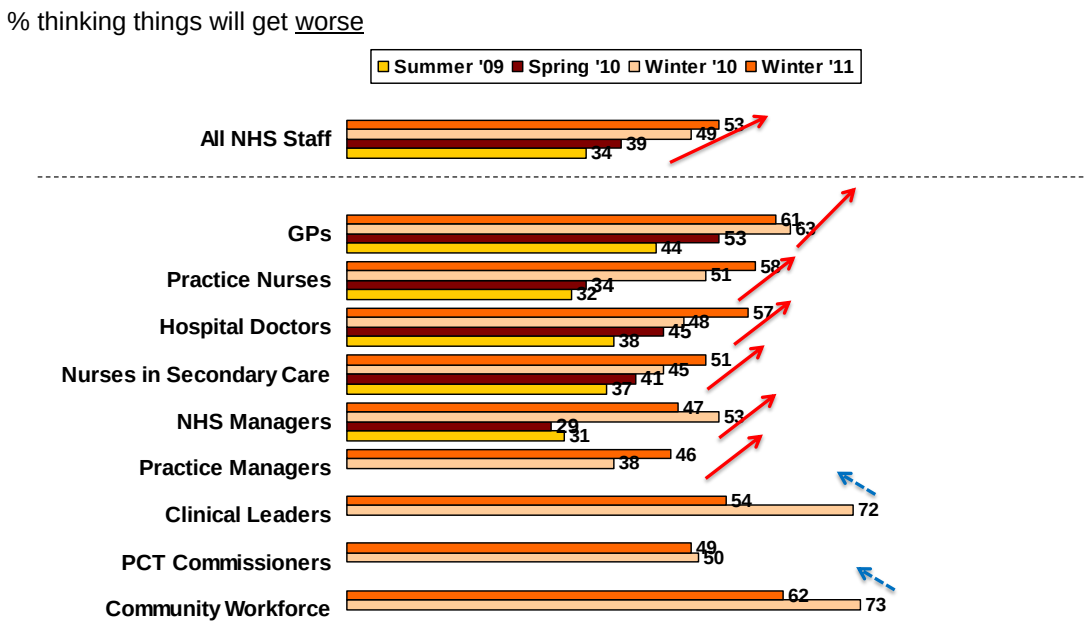


Base: All NHS Staff (S 2009 – 357; Sp 2010 – 349, W 2010 – 270, W 2011 – 302)

Chart 6 shows the proportion of staff in each occupation who think that patient care will get worse over the next few years. The significant increase in the proportion of NHS staff feeling that patient care delivered locally has got worse between Spring 2010 and Winter 2010 has been maintained. In the case of Hospital Doctors, Nurses in Secondary Care, Practice Managers and Practice Nurses there has been a further slight increase at Winter 2011.

Chart 6 Expectation of change in patient care over next few years

A3: Thinking about the care the NHS delivers to patients: over the next few years do you expect it to….?



Base: All NHS Staff (S 2009 357; Sp 2010 349; W 2010 270, W 2011 302), GPs (S 2009 202; Sp 2010 200; W 2010 200, W 2011 199), Practice Nurses (S 2009 102; Sp 2010 102; W 2010 100, W 2011 101), Hospital Doctors (S 2009 200; Sp 2010 200; W 2010 131, W 2011 131), Nurses in Secondary Care (S 2009 103; Sp 2010 100; W 2010 100, W 2011 103), NHS Managers (S 2009 203; Sp 2010 212; W 2010 201, W 2011 201), Practice Managers (W 2010 50, W 2011 51), Clinical Leaders (W 2010 50, W 2011 50), PCT Commissioners (W 2010 50, W 2011 47), Community Workforce (W 2010 100, W 2011 100)

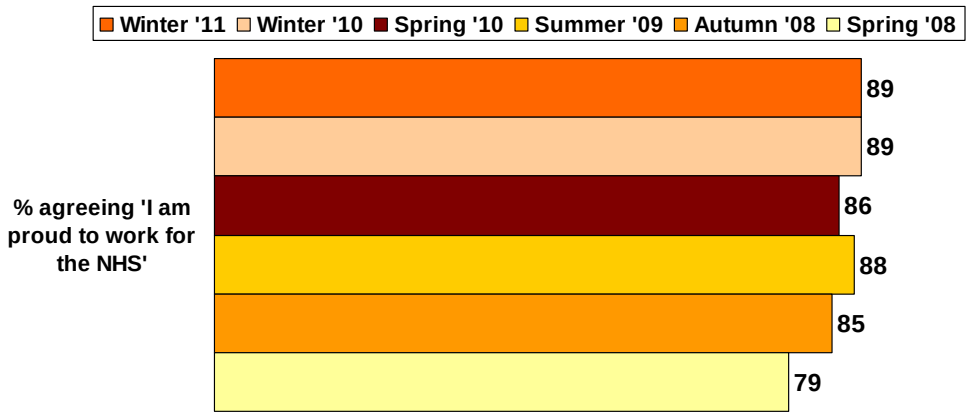
It is important to be aware that there has been an increase in the proportion of NHS Managers who think that patient care has got worse in the past 12 months and will get worse in the future; as NHS Managers have traditionally been the most positive occupation group regarding NHS service delivery and reform.

3.2 Pride in working for the NHS

Despite these low levels of optimism and increasing proportions thinking patient care has got worse, the vast majority of staff remain proud to work for the NHS. Almost nine in ten (89%) agreed that they feel proud and 71% strongly agreed. These levels have remained unchanged over time (Chart 7).

Chart 7 Pride in working for the NHS

B1: I am now going to read a few things that other people have said about working in the NHS. To what extent do you agree or disagree with each of these?



Base: All NHS Staff (Sp 2008 – 362; A 2008 – 368; S 2009 – 357; Sp 2010 – 349, W 2010 – 270, W 2011 - 302)

As in previous waves, one of the key influences on NHS staff feelings of pride would appear to be their perceptions of the performance of their local NHS service to patients. Nine in ten (90%) of those who were satisfied with the delivery of the local NHS service to patients agreed they were proud to work for the NHS, compared with three quarters of those who were dissatisfied with the service delivery (77%).

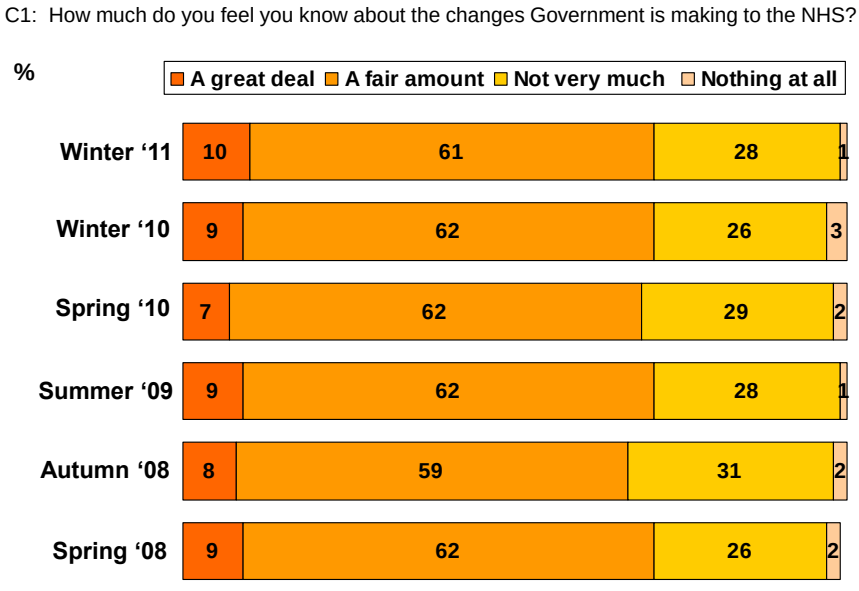
4 AWARENESS AND VIEWS ON CHANGES IN THE NHS

One of the key aims of the study was to investigate staff knowledge of, and views on the changes that are being made within the NHS.

4.1 Knowledge of changes being made to the NHS

Staff were asked, in general, how much they felt they knew about the changes the Government is making to the NHS. Levels of knowledge about changes to the NHS have remained fairly consistent since this question was first asked in Spring 2008 (Chart 8). This is somewhat surprising given the various changes that have been made to the reforms over the past year. In Winter 2011, seven in ten staff (71%) felt they knew either a great deal or a fair amount about the changes, although only one in ten (10%) said that they know a great deal. Just over a quarter (28%) felt that they did not know very much and 1% of staff said that they knew nothing at all.

Chart 8 How much do you feel you know about the changes the Government is making to the NHS?



Base: All NHS Staff (Sp 2008 – 362; A 2008 – 368; S 2009 – 357; S 2010 – 349, W 2010 – 270, W 2011 - 302)

As seen in previous waves, NHS Managers (94%), Clinical Leaders (94%) and PCT Commissioners (96%) were the staff groups most likely to know a great deal or a fair amount about the changes the Government is making to

the NHS, a significantly greater proportion than noted for all other occupational groups. As in Winter 2010, Community Workforce (66%), Junior Hospital Doctors (62%) and Practice Nurses (49%) were the least likely to say that they knew about changes to the NHS.

However, it is encouraging to see that the proportion of Community Workforce claiming to know a great deal or fair amount about changes to the NHS has increased over the past year (66% Winter 2011 compared with 54% Winter 2010).

4.2 Awareness of recent changes to the NHS

Spontaneous awareness of changes

All staff who felt that they knew something about the changes the Government is making to the NHS were asked to describe the main changes in their own words. The individual verbatim comments were coded to enable analysis and the data re-based on all NHS staff.

Chart 9 shows that in Winter 2011 the two most commonly recalled changes were the initiatives to make efficiency savings/cut costs (mentioned by 40%) and the new GP commissioning structures (mentioned by 33% of all staff, and by nine in ten GPs). The proportion mentioning GP Consortia has fallen significantly over the past year (33% Winter 2011 compared with 53% Winter 2010). This decline was to be expected with the change in Government policy from the formation of GP Consortia to broader Clinical Commissioning Groups; just 4% spontaneously mentioned the formation of Clinical Commissioning Groups in Winter 2011.

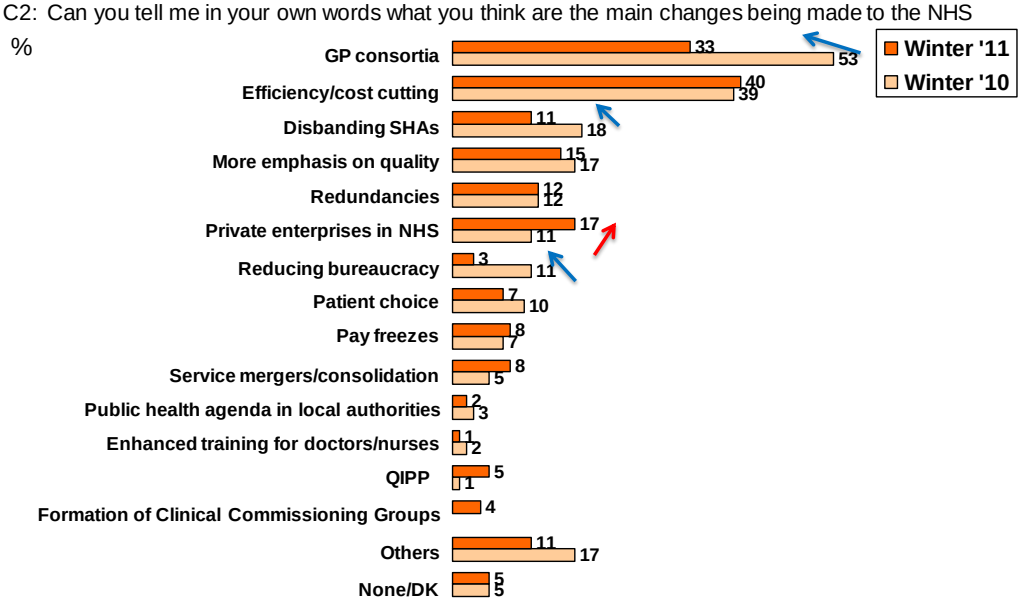
The proportion of mentions of private enterprise in the NHS has increased significantly over the past year (17% Winter 2011 compared with 11% Winter 2010).

Declines in spontaneous mentions were also seen for:

- Disbanding SHAs (11% Winter 2011 down from 18% Winter 2010)
- Reducing bureaucracy (3% Winter 2011 down from 11% Winter 2010)

Chart 9 Spontaneous awareness of changes being made to the NHS

C2: Can you tell me in your own words what you think are the main changes being made to the NHS



Base: All NHS staff (W 2010 – 270, W 2011 - 302)

As in Winter 2010, only one in eight (12%) mentioned employment changes within the NHS such as redundancies and job losses: in both years this was more likely to be mentioned by Nurses in Secondary Care (15%), the Community Workforce (16%) and Practice Nurses (18%) than by GPs (4%), Hospital Doctors (7%) or staff in managerial/leadership roles (5%).

Knowledge of changes

To understand how much staff know about the key reforms, they were prompted with descriptions of the proposed changes and asked how much they knew about each change. Responses between Winter 2010 and Winter 2011 were similar for the majority of the proposed changes.

Staff had the greatest levels of knowledge about the new commissioning structures (76% knew a great deal or a fair amount) and the initiative to improve patient choice (73% knew a great deal or a fair amount). They were less likely to know a great deal or a fair amount about local councils playing a greater role in shaping local health services (31%) (Chart 10).

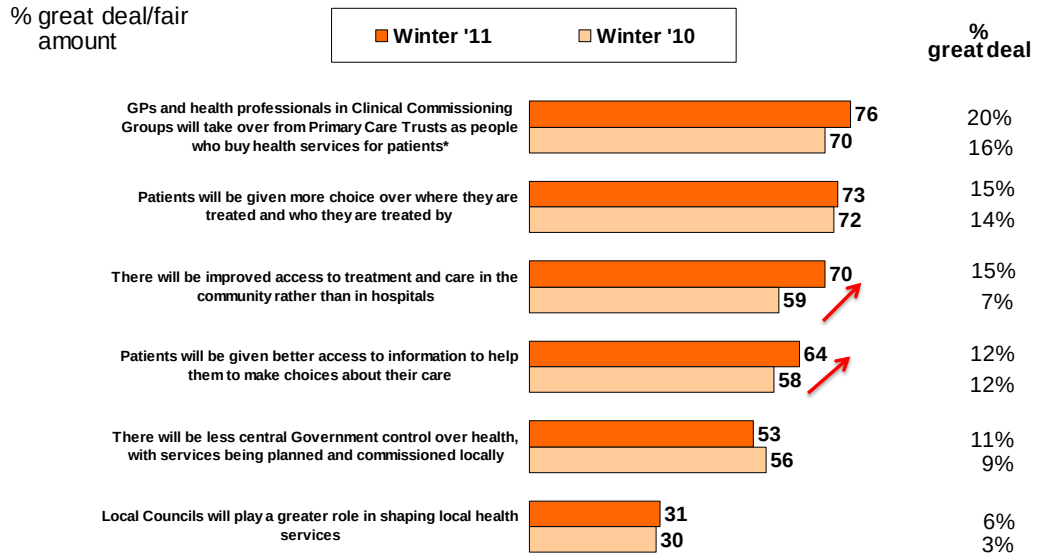
The proportions saying they know either a great deal or a fair amount about improving the access to treatment and care in the community rather than in

hospitals (70% Winter 2011, 59% Winter 2010) and patients being given better access to information to help them make choices about their care (64% Winter 2011, 58% Winter 2010) have increased significantly since Winter 2010. These increases were particularly amongst GPs, Nurses in Secondary Care and members of the Community Workforce:

- GPs were more likely in Winter 2011 than in Winter 2010 to agree that there will be improved access to treatment and care in the community (71% Winter 2011 compared with 57% Winter 2010) and that patients will be given better access to information to help them make choices about their care (53% Winter 2011 compared with 44% Winter 2010).
- Nurses in Secondary Care were more likely in Winter 2011 than in Winter 2010 to agree that there will be improved access to treatment and care in the community (73% Winter 2011 compared with 59% Winter 2010).
- Community Workforce were more likely in Winter 2011 than in Winter 2010 to agree that patients will be given better access to information to help them make choices about their care (63% Winter 2011 compared with 49% Winter 2010).

Chart 10 How much is known about changes to the NHS

C8: Next I am going to read out short descriptions of some of the changes that are being proposed. For each, please could you tell me how much, if at all, you know about that change?



Base: All NHS Staff (W 2010 – 270, W 2011 - 302)

In line with Winter 2010 there were variations in levels of knowledge across the different staff groups. As noted at previous waves of research, Managers (including Clinical Leaders and PCT Commissioners) were the most likely to say they knew about all of the changes being made within the NHS.

All PCT Commissioners (100% compared with 76% on average) were aware of the new commissioning structures and nearly nine in ten (85% compared with 31% on average) knew a great deal or a fair amount about local councils playing a greater role in shaping services.

As in the previous wave GPs were again amongst the most likely to say they knew about the changes to commissioning (93% compared with 76% average). GPs were less likely than average to say they knew about patient choice and patient information initiatives:

- Patient choice (73% average) – GPs (63%); and,
- Patient information (64% average) – GPs (53%).

Practice Nurses were less likely to than average to say they knew either a great deal or a fair amount about patient choice and patient information initiatives in Winter 2011.

- Patient choice (73% average) – Practice Nurses (65%); and,
- Patient information (64% average) – Practice Nurses (51%).

Historically, nurses were less likely than other staff to be aware of initiatives/reforms. However, it is notable that as in Winter 2010, the knowledge levels of Nurses in Secondary Care were in line with the average for all NHS staff on these two initiatives.

Opportunity to give view on changes

At Winter 2011 a new question was added to the survey to gauge whether staff felt they were able to have their say on the proposed changes. Two fifths (42%) of all NHS staff agreed that they had the opportunity to give their views on the proposed changes to the NHS, with one fifth (20%) strongly agreeing. Unsurprisingly, NHS managers were more likely than average to agree that they had an opportunity to give their view:

- NHS Managers (64%)
- PCT Commissioners (59%)
- Clinical Leaders (58%)

In contrast Hospital Doctors (62%), particularly Junior Hospital Doctors (70%) were significantly more likely than average (44%) to disagree that they had their opportunity to express their views on the changes.

5 AWARENESS AND VIEWS ON POLICY AREAS

This section of the report looks at staff reactions to some of the current and proposed initiatives, in particular:

- patient information and choice
- changes to commissioning
- QIPP
- changes to community services
- health visiting

5.1 Patient information and choice

Staff were asked a series of questions to gain their views on the initiative to improve patient information and choice, namely giving patients better choice over:

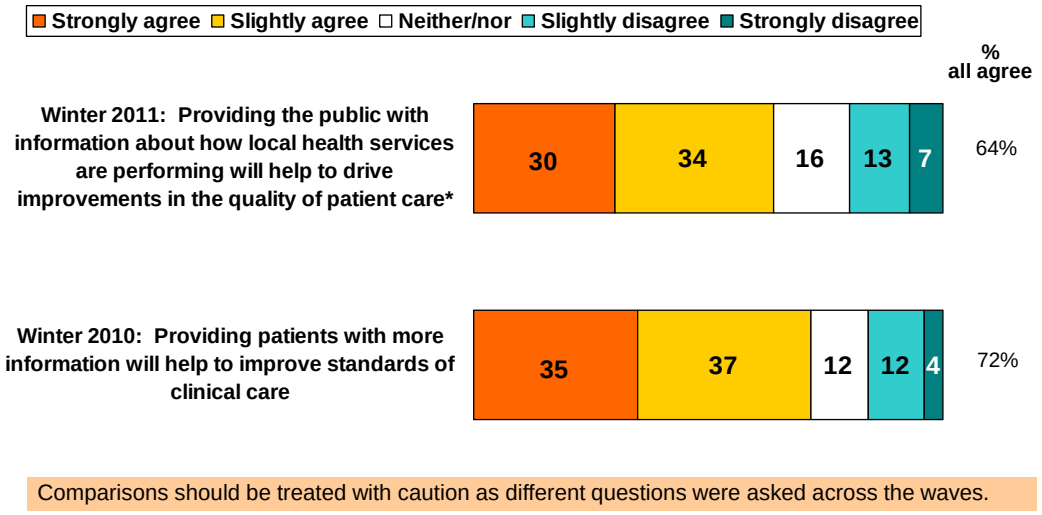
- what treatment they receive
- where they are treated
- who they are treated by.

Nearly two thirds (64%) of all staff agreed that **providing the public with information about how local health services are performing will help to drive improvements in the quality of patient care**, including nearly a third (30%) who strongly agreed (Chart 11).

Overall the proportion agreeing was slightly lower in Winter 2011 compared with 2010 (72%) but a direct comparison between the two waves is difficult due to the slight change to the wording of the statement, as shown in Chart 11.

Chart 11 Providing patients with more information will help to improve standards of clinical care

D1: How much do you agree or disagree with these things.



Base: All NHS Staff (W 2010 – 270, W 2011 - 302)

Some new statements were added to the survey in Winter 2011 to further explore NHS staff opinions on the impact of providing patients with more information and choice.

Positively three fifths (60%) of staff agreed that **the public can influence how local health services are provided** (Chart 12). However, there were also some negative perceptions about this initiative, with just over a half (55%) of all staff agreeing that **increasing patient choice will cost the NHS more money**, including more than a quarter (27%) who strongly agreed with this statement (Chart 12).

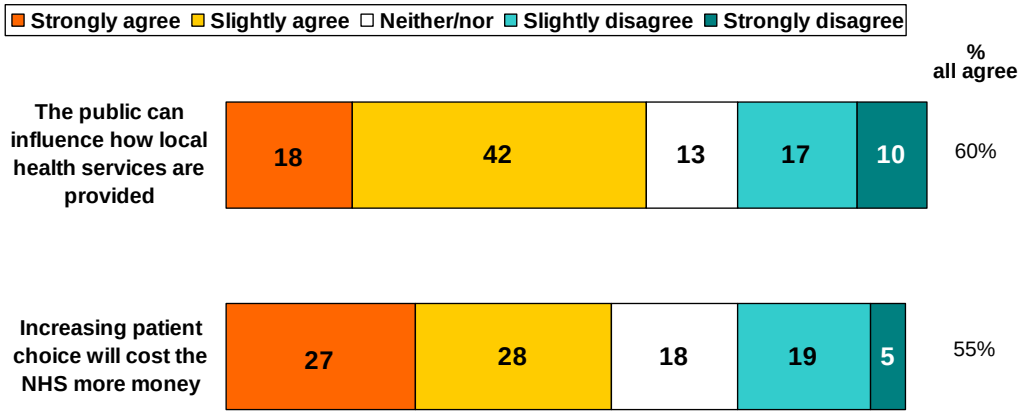
Overall NHS Managers were amongst the most positive group in relation to the patient information and choice initiative. NHS Managers were more likely than average to agree that providing the public with information about how local health services are performing will help to drive improvements in the quality of care (70% agreed compared with 64% on average) and held the same view as the average of all NHS staff in relation to thinking that the

public can influence how local health services are provided (62% agreed, 60% average).

GPs in contrast were the most negative. GPs were less likely than average to agree that providing the public with information about how local health services are performing will help to drive improvements in the quality of patient care (51% agree compared with 64% on average) or that the public can influence how local health services are provided. They were the most likely to agree that increasing patient choice will cost the NHS money (70% agreed compared with 55% on average).

Chart 12 The public can influence how local healthcare services are provided

D1: How much do you agree or disagree with these things.



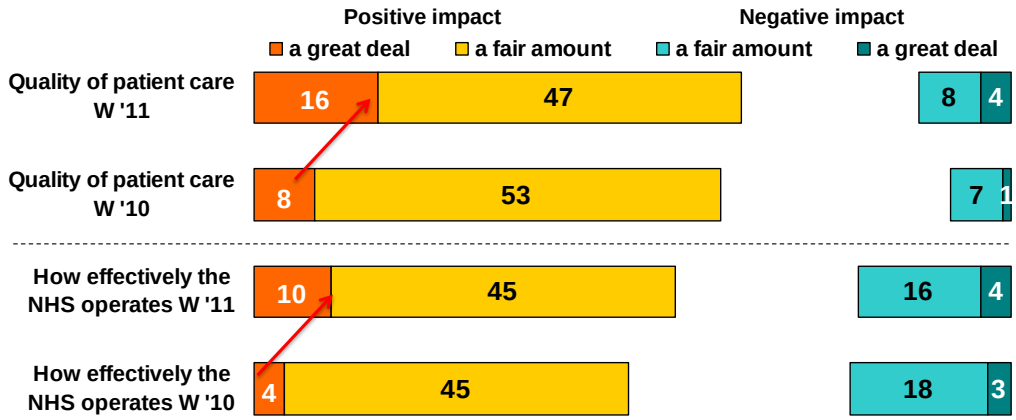
Base: All NHS Staff (W 2011 - 302)

Perceived impact of initiative to improve patient information and choice

All NHS staff were asked what impact they thought the initiative to improve patient information and choice would have on the quality of patient care and how effectively the NHS operates (Chart 13).

Chart 13 Perceived impact of initiative to improve patient information and choice

D3: Taking everything into account, what impact do you think the initiative to improve patient information and choice will have on …



Base: All NHS Staff (W 2010 – 270, W 2011 - 302)

The proportion feeling that the initiative to improve patient information and choice will have a great deal of positive impact on both the quality of care (16% Winter 2011 compared with 8% Winter 2010) and how effectively the NHS operates (10% Winter 2011 compared with 4% Winter 2010) has increased significantly over the past year. In both instances the proportion of Nurses in Secondary Care feeling that the initiative will have a positive impact has increased significantly:

- 22% of Nurses in Secondary care felt it would have a great deal of positive impact on the quality of patient care in Winter 2011 compared with 8% in Winter 2010
- 13% of Nurses in Secondary care felt it would have a great deal of positive impact on how effectively the NHS operates in Winter 2011 compared with 4% in Winter 2010

Staff versus Public Opinion on patient involvement in decision making

In Winter 2010 a new question was included that was designed to establish NHS staff perceptions about the amount of involvement patients wanted in

decisions about their treatment. The question allowed NHS staff to place their view on a spectrum from 1 to 5 as follows:

1) Patients want health professionals to make decisions about their treatment

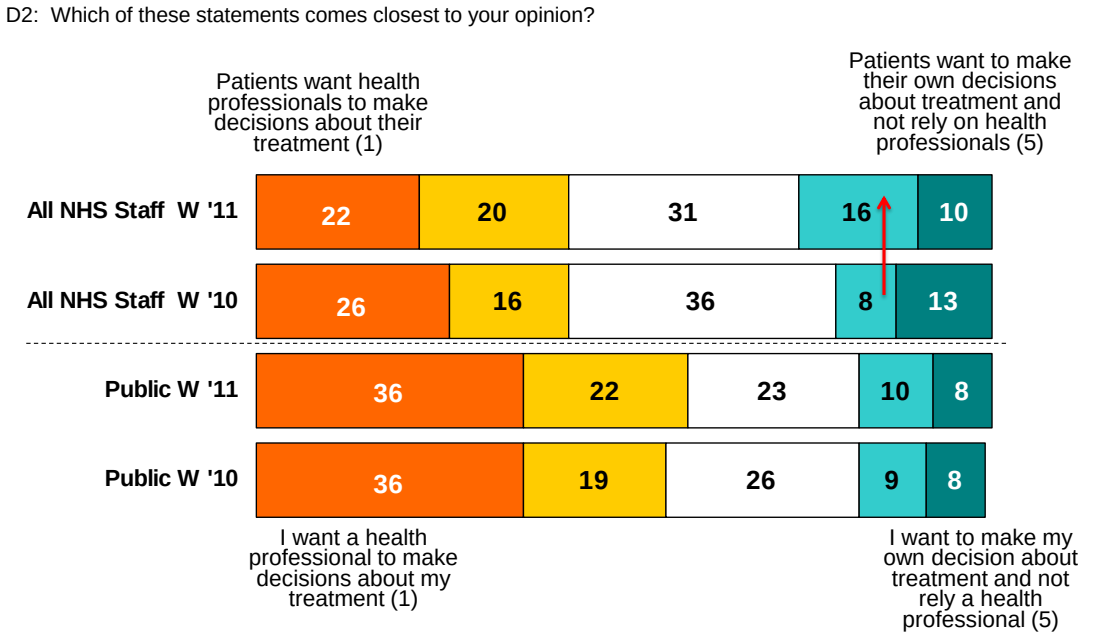
5) Patients want to make their own decisions about treatment and not rely on health professionals

Similar statements were included on a tracking study amongst the general public conducted by Ipsos MORI[4] at around the same time, to enable us to make comparisons between NHS staff perceptions and the public's actual desire regarding involvement in decision making (Chart 14).

Over the past year there has been a significant increase in the proportion of staff choosing a code 4 (i.e. they think patients want to make their own decision) as the closest to their opinion (16% Winter 2011 compared with 8% Winter 2010). However, when the combined totals for 4 and 5 are considered there is no significant change in the overall scores between Winter 2011 and Winter 2010 (Chart 14).

4 Ipsos MORI 'Public Perceptions of the NHS and Social Care', December 2011

Chart 14 Patient involvement in decision making



Base: All NHS Staff (W 2010 – 270, W2011 – 302), Public on MORI tracker (W 2010 – 1011, W 2011 - 1001)

Public opinion on the degree of involvement they wish to have in decisions about their treatment has not changed significantly between Winter 2010 and Winter 2011. It is clear to see from the comparison between the public and staff survey that the pattern of response still suggests that staff think patients want more involvement in decisions than they actually do. In Winter 2011 nearly three fifths (58%) of the public indicated that they want health professionals to make decisions about their treatment, compared with two fifths (42%) of staff perceiving that patients want health professionals to make the choice (Chart 14).

As in Winter 2010 the staff groups most likely to think that patients want health professionals to make decisions about their treatment were:

- Practice Managers (73% gave a score of 1 or 2)
- Hospital Doctors (52%)
- PCT Commissioners (48%)
- Clinical Leaders (44%)

- GPs (43%)

5.2 Changes to service provision

A new section was included in the Winter 2011 questionnaire that looked at NHS staff opinions on the proposed changes to the way NHS services and care are provided. A brief summary of the changes was read out to ensure staff had an awareness of the issues before answering questions on the subject. The summary was as follows:

- All NHS Trusts will become Foundation Trusts
- The provision of NHS services and care will be opened up to a wider range of providers, including the private sector and charities.
- The independent organisation 'Monitor' will have a new role to regulate the provision of services and care

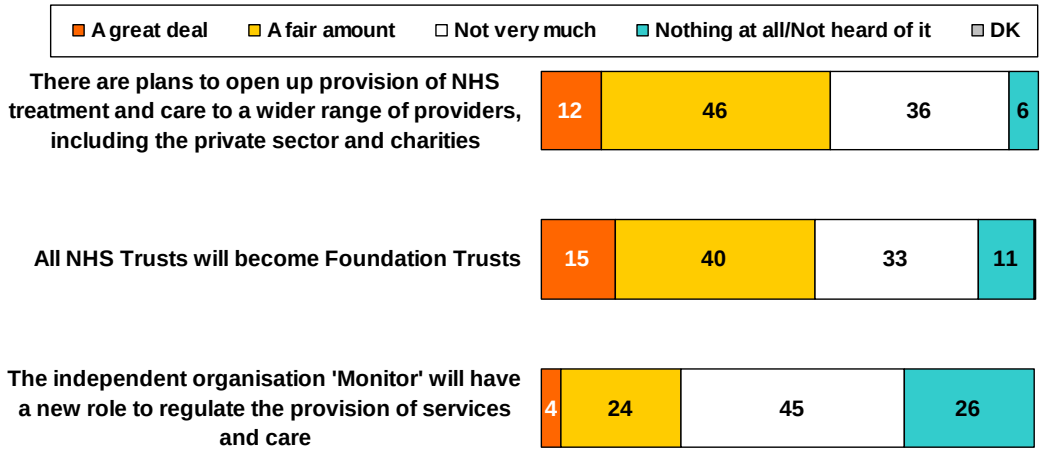
Level of knowledge about the changes to service provision

All staff were asked how much they knew about Trusts becoming Foundation Trusts, the provision of services and care being opened up to a wider range of providers and about the role of 'Monitor'.

Just over a half of staff either knew a great deal or a fair amount about the fact that all NHS Trusts will become Foundation Trusts (56%) and that there were plans to open up the provision of NHS treatment and care to a wider range of providers, including the private sector and charities (58%). Just under three in ten (29%) were aware that the independent organisation 'Monitor' will have a new role to regulate the provision of services and care (Chart 15).

Chart 15 Knowledge of changes

C8: How much do you think you know about each of the following things?



Base: All NHS Staff (W 2011 – 302)

Unsurprisingly it is again managers that are more likely than average to at least know a fair amount about each of these changes.

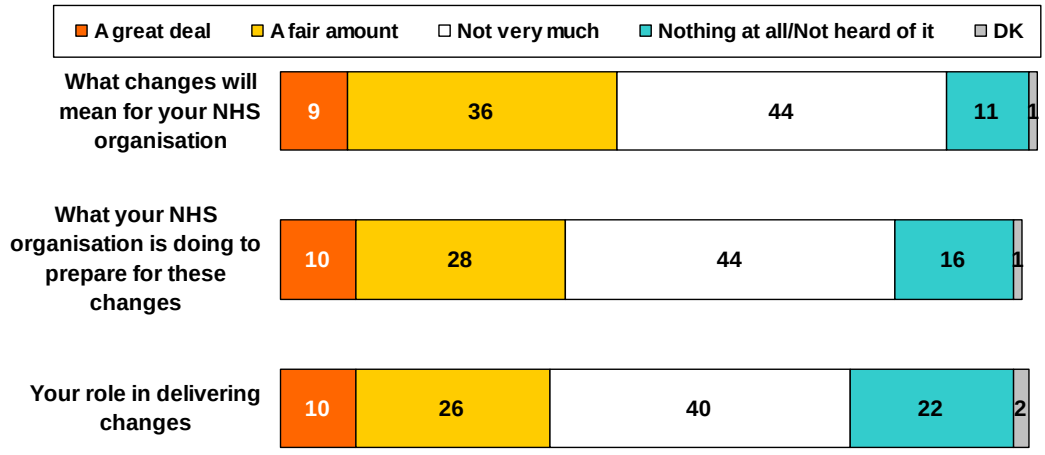
- PCT Commissioners (94%), Clinical Leaders (92%) and NHS Managers (87%) were all more likely than average (58%) to know at least a fair amount about the plans to open up the provision of NHS treatment and care.
- PCT Commissioners (92%), Clinical Leaders (92%) and NHS Managers (89%) were again more likely than average (56%) to know at least a fair amount about the fact all NHS Trusts will become Foundation Trusts.
- Clinical Leaders (84%), PCT Commissioners (83%) and NHS Managers (72%) were again more likely than average (29%) to know at least a fair amount about the role that 'Monitor' will have in regulating the provision of services and care.

Staff views on changes to the way NHS services and care are provided

All staff were asked how much they knew about how the changes would affect their organisation and their own role (Chart 16).

Chart 16 Knowledge of what changes will mean

D4: How much do you think you know about each of the following things?



Base: All NHS Staff (W 2011 – 302)

Just over two fifths (45%) of staff said they knew at least a fair amount about what the changes to the way NHS services and care are provided will mean for their organisation. Slightly fewer (38%) said that they knew either a great deal or a fair amount about what their NHS organisation was doing to prepare for the changes. A similar proportion (36%) were aware of their own role in delivering the changes.

Unsurprisingly, it was the managers that were the most well informed:

- Clinical Leaders (84%), PCT Commissioners (82%) and NHS Managers (74%) were the most likely to know about what the changes will mean for their organisation
- PCT Commissioners (87%), Clinical Leaders (86%), and NHS Managers (78%) were also the most likely to know what their NHS organisation was doing to prepare for the changes

- Clinical Leaders (83%), PCT Commissioners (78%) and NHS Managers (72%) were again the most likely to know at least a fair amount about their role in delivering the changes.

Junior Hospital Doctors (6%) were the least likely to have knowledge of their own role.

Impact of changes to the way NHS services and care are provided

NHS staff were asked to rate their view of the impact on a number of outcomes of the changes to the way the NHS services and care is provided.

More than a half (56%) of NHS staff thought the changes would have a positive impact on **how much choice patients have over where they are treated and who they are treated by**. Two fifths (42%) of staff felt that changes would have a positive impact on **the quality of patient care** and the same proportion (42%) said that it would have a positive impact on the **patient experience of the NHS** (Chart 17).

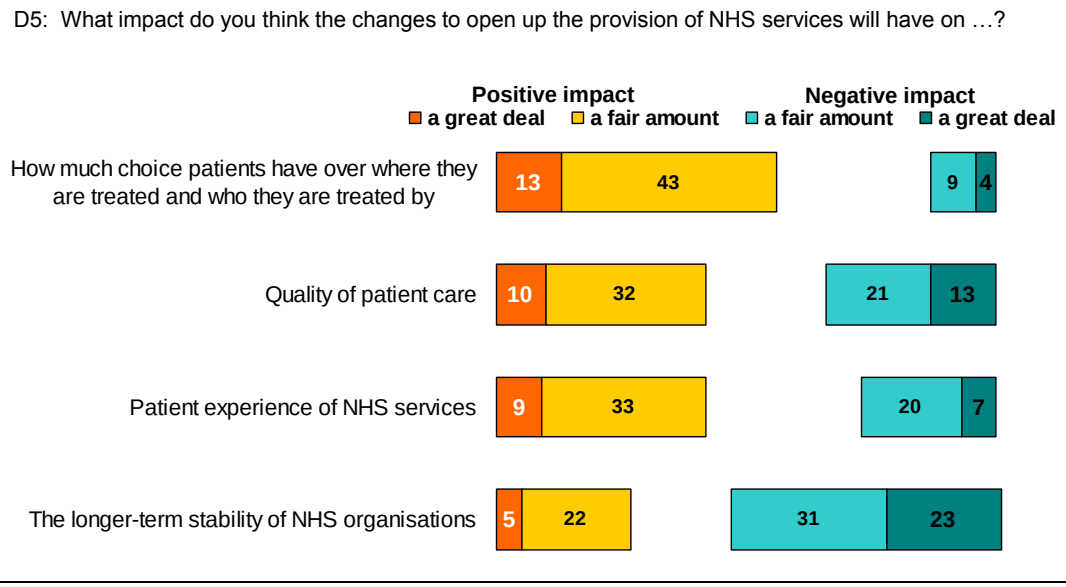
GPs, Senior Hospital Doctors and Clinical leaders were less likely than average to think that changes to open up the provision of NHS services would have a positive impact.

- Around two fifths of GPs (41%) Senior Hospital Doctors (38%) and Clinical Leaders (41%) felt that the changes in provision would have a positive impact on how much choice patients have over where they are treated and who they are treated by, compared with nearly three fifths (56%) for the average of all NHS staff.
- A third or fewer, GPs (33%), Clinical Leaders (30%) and Senior Hospital Doctors (20%) said that opening up the provision of services would have a positive impact on patients' experience of the NHS compared with two fifths (42%) for the average of all NHS staff.
- Three in ten or fewer GPs (29%), Senior Hospital Doctors (23%) and Clinical Leaders (18%) felt that opening up the provision of NHS services would have a positive impact on the quality of patient care compared with two fifths (42%) for the average of all NHS staff.

Views on the impact of the changes on the **longer term stability of NHS organisations** were generally not positive. Over a half (54%) thought that the changes would have a negative impact whilst only a quarter (27%) held a positive view (Chart 17). NHS Managers (74%) were amongst the most likely to think it would have a negative impact which is in contrast to their more usual positive outlook on NHS reform. Other staff groups who were more likely than average to be negative were:

- PCT Commissioners (88%)
- Clinical Leaders (78%)
- Senior Hospital Doctors (76%)
- GPs (67%)

Chart 17 Impact of opening up provision of NHS care



Base: All NHS Staff (W 2011 – 302)

5.3 Changes to Commissioning

All staff were asked for their views about the changes to the way in which services are commissioned. Although this question was asked in both Winter 2010 and Winter 2011 there was a change in plans during this period of time from GP Consortia to Clinical Commissioning Groups. At both waves a brief

summary of the changes involved was read out to ensure that all staff had basic levels of awareness before answering questions on the subject.

In Winter 2010 staff were asked to consider:

- GPs, working together in consortia, will be responsible for commissioning health services instead of PCTs.
- GP consortia will work closely with Local Authorities to shape services that best respond to the needs of their local population
- A new NHS Commissioning Board will oversee the consortia, commission some specialist services and provide leadership for improving quality

The emphasis in Winter 2011 changed (as mentioned above) so that staff were asked to consider:

- GPs and health professionals in Clinical Commissioning Groups will take over from Primary Care Trusts as the people who buy health services for patients.
- Clinical Commissioning Groups will work closely with Local Authorities to shape services that best meet the needs of their local population.
- A new NHS Commissioning Board will oversee the work of Clinical Commissioning Groups and will also commission some specialist services and provide leadership for improving quality.

Staff views on new commissioning structure – broader range of professionals involved

All staff were asked to consider whether having a broader range of health professionals involved in commissioning will help to improve the quality of patient care (this was a new question in Winter 2011). Views were very positive with two thirds (67%) agreeing that this would help to improve the quality of patient care. Agreement was highest amongst PCT Commissioners

(81%), NHS Managers (73%), Practice Managers (72%), Clinical Leaders (72%) and Hospital Doctors (70%).

Perceived impact of changes in commissioning – all NHS staff

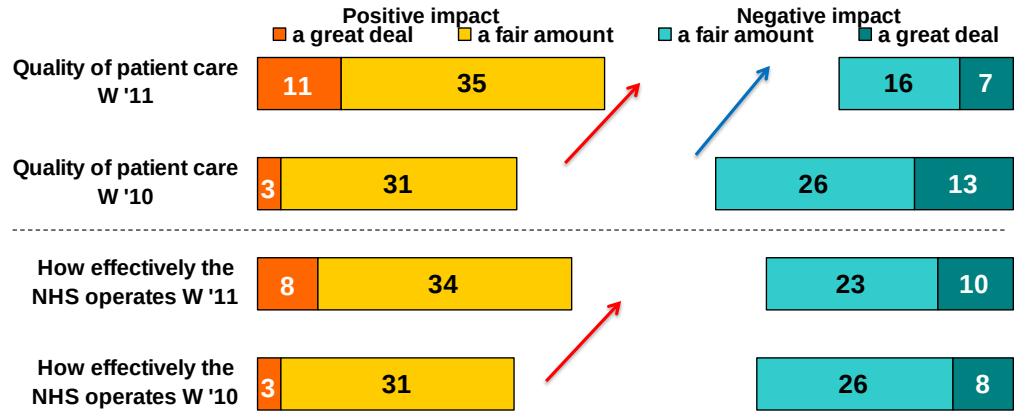
All NHS staff were asked what impact they thought the changes to commissioning would have on quality of patient care and on how effectively the NHS operates.

Overall more than two fifths agreed that the changes to commissioning would have a positive impact on the quality of patient care (46%) and how effectively the NHS operates (42%).

In Winter 2010 staff were asked about their views on the impact of GP Consortia on commissioning, whilst by Winter 2011 the reforms had evolved into the formation of Clinical Commissioning Groups and therefore staff were asked about the impact of Clinical Commissioning Groups. Overall NHS staff held more positive opinions about Clinical Commissioning Groups compared to GP Consortia. Just over a third (34%) felt that GP Consortia would have a positive impact on quality of patient care compared with more than two fifths (46%) of those asked about Clinical Commissioning Groups. The same pattern was observed for how effectively the NHS operates, a third (34%) of NHS Staff felt that GP Consortia would have a positive impact on how effectively the NHS operates compared with two fifths (42%) of those asked about Clinical Commissioning Groups (Chart 18).

Chart 18 Perceived impact of changes to commissioning

E2: Taking everything into account, what impact do you think the changes to commissioning will have on …



Base: All NHS Staff (W 2010 – 270, W 2011 – 302)

It is worth noting that at both waves Practice Nurses (58% Winter 2011) and Practice Managers (59% Winter 2011) were more likely than average to say changes to commissioning would have a positive impact on patient care.

Clinical Leaders seem to have more favourable opinions of the impact of Clinical Commissioning Groups on the quality of patient care and how effectively the NHS operates compared with their views on GP Consortia. The proportion of Clinical Leaders saying that the changes to commissioning will have a positive impact on the quality of patient care (44% Winter 2011 compared with 20% Winter 2010) and how effectively the NHS operates (40% Winter 2011 compared with 20% Winter 2010) has increased over the past year.

NHS Managers also have more favourable opinions of the impact of Clinical Commissioning Groups on the quality of patient care compared with their views on GP Consortia. Nearly a half (46%) of NHS Managers felt that Clinical Commissioning Groups would have a positive impact on the quality of patient care compared with three in ten (30%) of those asked about GP Consortia.

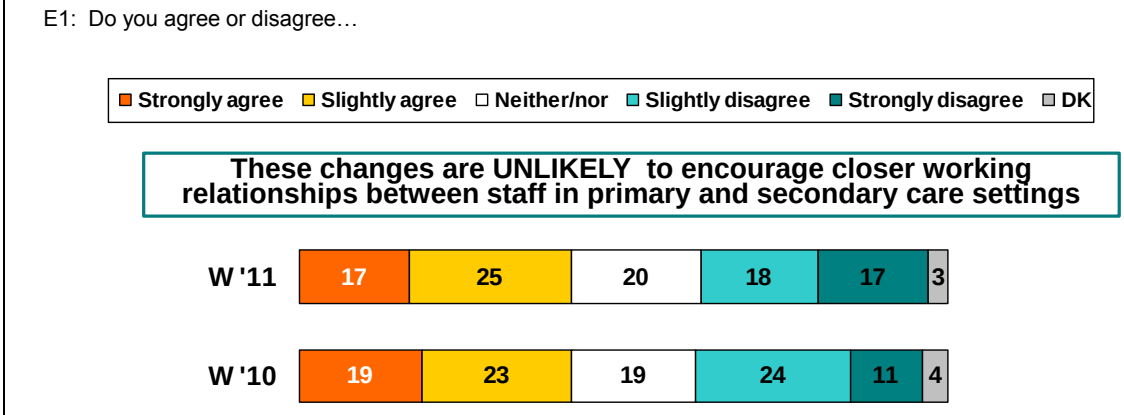
Staff views on new commissioning structure – working relationships

All staff were asked to what extent they agreed or disagreed with statements related to their own role in the new commissioning structures, and the impact on relationships between staff in primary and secondary care settings. (Chart 19).

All staff were asked to consider whether the changes would encourage closer working relationships between staff in primary and secondary care settings. Note that the statement was worded negatively, so agreement indicated that staff felt that changes would be *unlikely* to encourage closer working relationships.

Opinions on whether changes will encourage a closer working relationship have remained divided and stable over the last year. As in Winter 2010 two fifths (42%) of staff agreed that the changes to commissioning were unlikely to encourage closer working relationships, a third (35%) disagreed (Chart 19).

Chart 19 Views of new commissioning structures: Working relationship



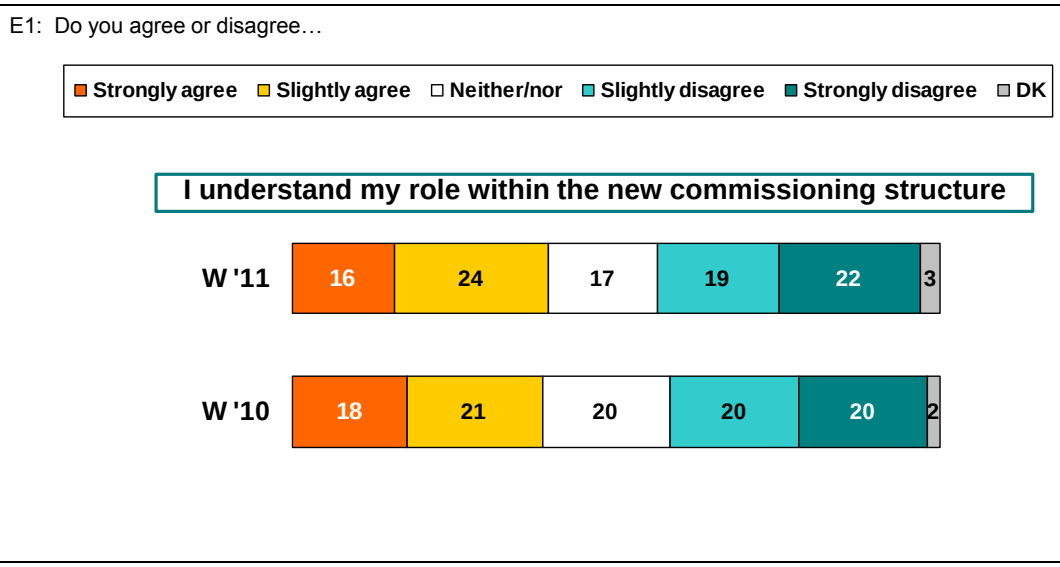
Base: All NHS Staff (W 2010 – 270, W 2011 – 302)

Staff views on new commissioning structure – own role

As in Winter 2010, staff were still uncertain about their own role within the new structures (Chart 20). This is perhaps unsurprising given the changes to the original policy over the last year and the fact that the new structures are

not yet in place. Similar proportions agreed and disagreed that they understand their role within the new commissioning structures (Chart 20): in Winter 2011 two fifths (40%) agreed and a similar proportion disagreed (41%).

Chart 20 Views of new commissioning structures: Own role



Base: All NHS Staff (W 2010 – 270, W 2011 – 302)

However, it is notable that agreement levels have increased significantly over the past year amongst:

- GPs (70% Winter 2011 compared with 44% Winter 2010),
- PCT Commissioners (72% Winter 2011 compared with 36% Winter 2010)
- Practice Managers (64% Winter 2011 compared with 46% Winter 2010)
- NHS Managers (63% Winter 2011 compared with 48% Winter 2010)
- Community workforce (46% Winter 2011 compared with 29% Winter 2010)

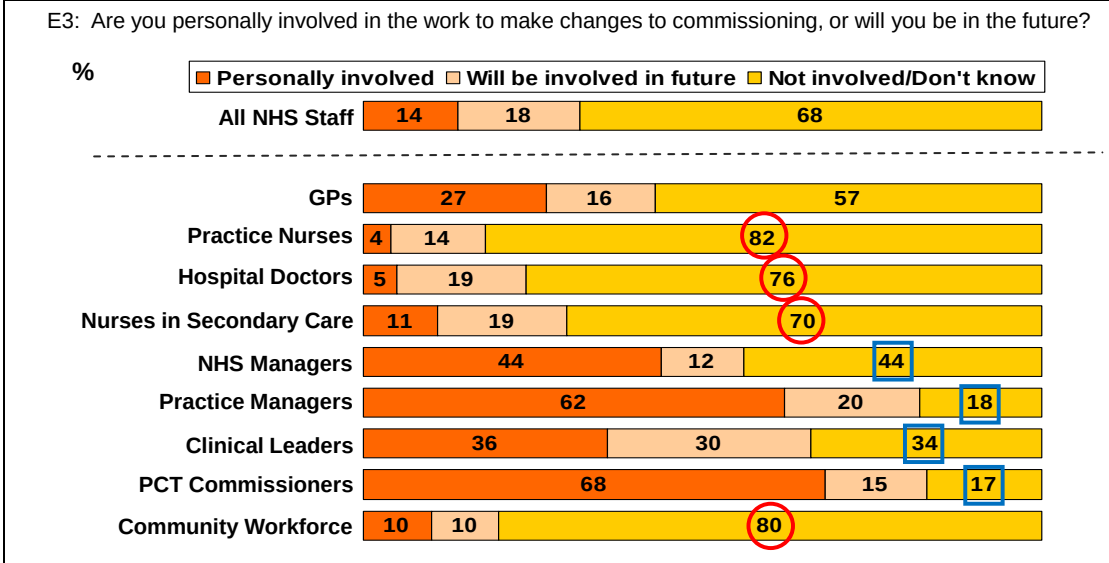
Junior hospital doctors (21%) were the least likely to understand their role within the new commissioning structure.

Involvement in new commissioning structures

The questions asked in Winter 2010 and Winter 2011 with regard to involvement in commissioning were very different. In Winter 2010 an attitudinal statement was asked i.e. how much do you agree or disagree, I am/have been/will be involved in the work to make the changes to commissioning. In Winter 2011 we asked 'Are you personally involved in the work to make changes to commissioning, or will you be in the future?'

The questions are not directly comparable but the proportion of staff reporting that they have either been involved in the work to make changes to commissioning or will be in the future was similar across both waves. Three in ten staff (32% in Winter 2011 and 31% in Winter 2010) agreed that they either had been or would be involved in the work to make the changes to commissioning. Given that the data between these two questions is not directly comparable Chart 21 only displays Winter 2011 data.

Chart 21 Involvement in the new commissioning structures



Base: All NHS Staff (W 2011 – 302)

As found in Winter 2010, Practice Managers (82%) and PCT Commissioners (83%) were the most likely to agree that they had been or would be involved in this work, but it is notable that lower proportions of GPs (43%) and NHS Managers (56%) said that they had/would be involved. Practice Nurses

(18%), the Community Workforce (20%) and Hospital Doctors (24%), were the least likely to think they would be involved in the changes (Chart 21).

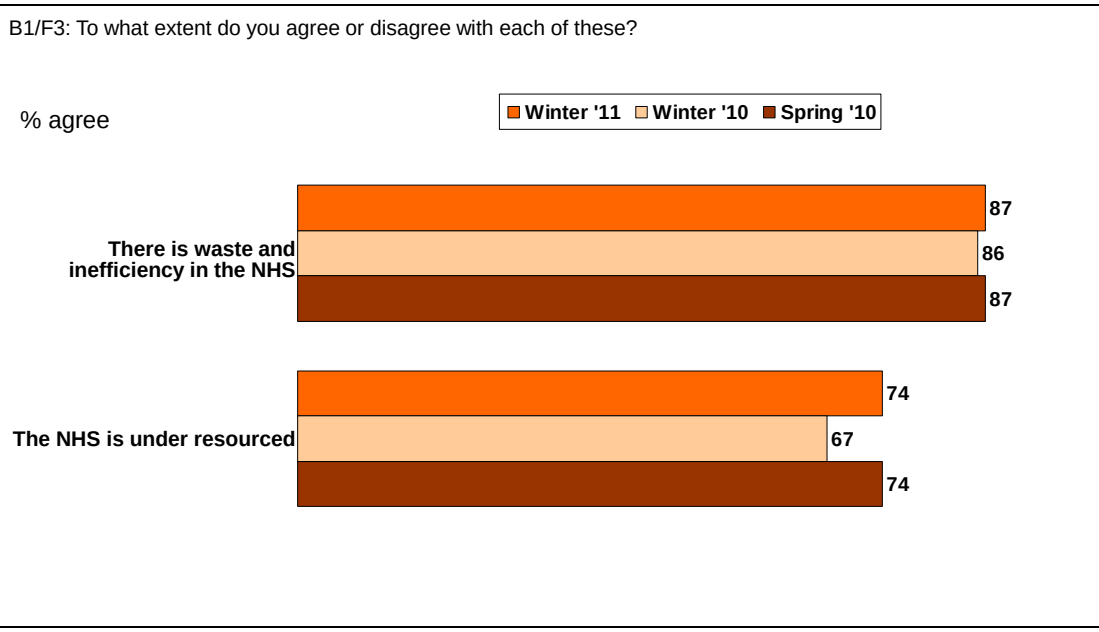
Overall a third (33%) of staff reported that either they or their practice/organisation was involved in an emerging Clinical Commissioning Group and this figure rose to three quarters (76%) of staff in GP Practices. In contrast three quarters (75%) of non-practice based staff reported no involvement (either themselves or their practice/organisation) in Clinical Commissioning Groups.

5.4 QIPP

The NHS reforms continue to focus on maintaining and improving the quality of care given to patients. All staff were initially asked about their general attitudes towards quality and service improvement in the NHS, as well as looking at awareness, knowledge and involvement in the QIPP (Quality, Innovation, Productivity and Prevention) Programme.

Overall, staff understood the need for QIPP. Three quarters (74%) of staff agreed that the NHS is under resourced; whilst almost nine in ten (87%) agreed that there is waste and inefficiency in the NHS. Views on both of these measures have remained consistent over time (Chart 22).

Chart 22 Quality and efficiency



Base: All NHS Staff (Sp 2010 – 349, W 2010 – 270, W 2011 – 302)

Positively NHS staff not only understand the need for QIPP but in general they agree with the concept of QIPP.

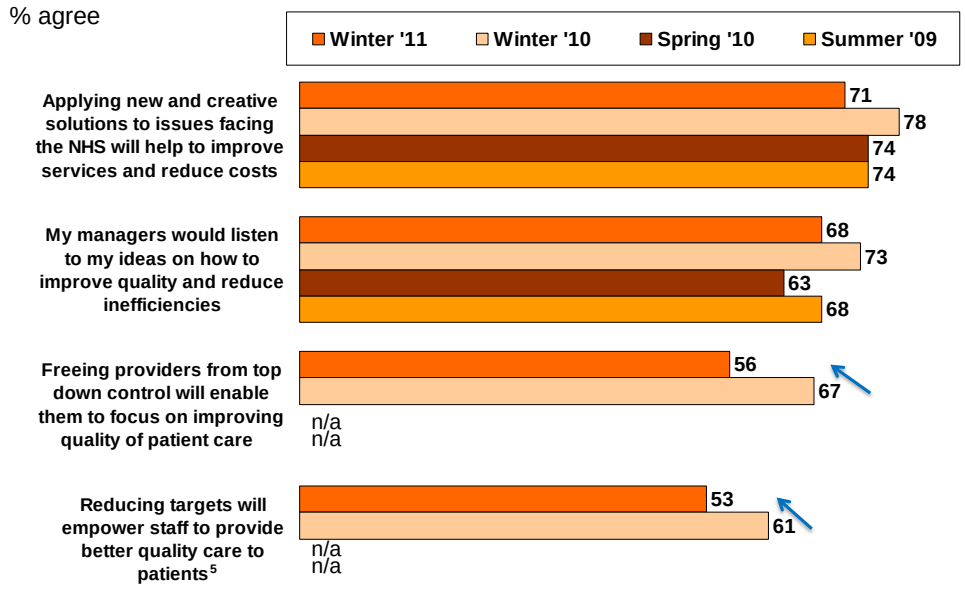
In Winter 2011, around three quarters of staff agreed (71%) that **applying new and creative solutions to issues facing the NHS will help to improve services and reduce cost** including 31% who agreed strongly. Whilst there has been a slight decline (but not significant decline) since Winter 2010 in the proportion of staff agreeing, the longer term trend is stable (Chart 23).

A similar proportion (68%) agreed that **my managers would listen to my ideas on how to improve quality and reduce inefficiencies:** the proportion agreeing has also remained consistent over time (Chart 23).

In Winter 2011, as in previous waves, GPs (33%) and Hospital Doctors (37%) were still more likely than average (23%) to *disagree* that their managers would listen to their ideas to improve quality and reduce inefficiencies. Members of the Community Workforce (34%) were also more likely than average to *disagree*.

Chart 23 Attitudes towards service improvement

B1/F3: To what extent do you agree or disagree with each of these?



Base: All NHS staff (S 2009 – 357; Sp 2010 – 349, W 2010 – 270, W 2011 – 302)

However, NHS staff were generally less positive about the effect of freeing providers from top down control and reducing targets on the quality of patient care. Levels of agreement on these two issues has fallen over the past year (Chart 23).

Just over a half (53%) agreed in Winter 2011 that **reducing targets would empower staff to provide better quality care for patients**: down from 61% in Winter 2010 agreeing that **removing[5]** targets would empower staff to provide better quality care for patients (Chart 23).

A similar decline was evident in the proportion of staff who agreed that **freeing providers from top down control would enable them to focus on improving quality of patient care** (Chart 23). This fell from two thirds (67%) in Winter 2010 to more than a half (56%) in Winter 2011. The decline in agreement over the past year was most evident amongst:

- Hospital Doctors (50% Winter 2011 compared with 65% Winter 2010)
- Nurses in Secondary Care (55% Winter 2011 compared with 71% Winter 2010)

Overall NHS staff appear to understand the concept of QIPP and why it is needed but there is some uncertainty about whether it is currently achievable. As in Winter 2010 staff expressed reservations about the viability of making cost reductions without a loss in frontline services, and at the same time as delivering reform.

Only two fifths (40%) of staff in Winter 2011 agreed **it will be possible to increase the quality of patient care whilst reducing costs**, although this has increased since Winter 2010 (31%) (Chart 24).

Two thirds (66%) of staff in Winter 2011 agreed that **there was no way cost reductions could be made without losing frontline services**, including 45% who strongly agreed with this viewpoint. Just a fifth were in

disagreement (22%). Staff opinions have remained stable on this issue over the past year (Chart 24). Agreement was highest amongst Senior Hospital Doctors (76%) and NHS Managers (71%). In contrast staff who worked in a GP Practice were more likely than average to disagree with this statement (30% compared with 22% average).

Staff were still sceptical as to **whether savings brought about through greater NHS efficiency would be reinvested in frontline services**: while a third (34%) agreed that this was the case, more than two fifths (43%) disagreed (Chart 24). Clinical Leaders (66%), Senior Hospital Doctors (60%) and members of the Community Workforce (63%) were more likely than average (43%) to *disagree* that savings will be re-invested in frontline services. Whilst agreement had declined in the past year for:

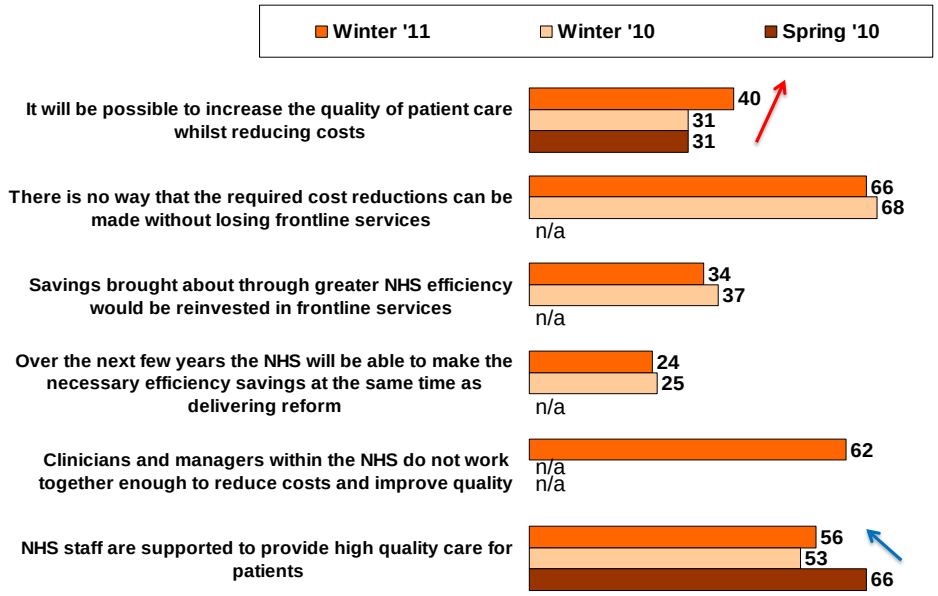
- GPs (32% Winter 2011 compared with 42% Winter 2010)
- Practice Managers (29% Winter 2011 compared with 58% Winter 2010)

Only a quarter (24%) of staff agreed that **the NHS would be able to make the necessary efficiency savings at the same time as delivering reform**, but more than double this proportion (54%) disagreed, and 29% disagreed strongly (Chart 24). Disagreement was highest amongst Hospital Doctors (69%), PCT Commissioners (70%) and the Community Workforce (64%).

[5] Note the change in question wording between Winter 2010 and Winter 2011. The Winter 2010 wording was "removing targets would empower staff to provide better quality care for patients"

Chart 24 Views related to QIPP

B1/F3: To what extent do you agree or disagree with each of these?



Base: All NHS staff (Sp 2010 – 349, W 2010 – 270, W 2011 – 302)

Three fifths (62%) of staff thought that **clinicians and managers within the NHS do not work together enough to reduce costs and improve quality** (39% strongly agree) (Chart 24). Opinions were divided across occupation groups with Junior Doctors (80%), GPs (76%) and Practice Nurses (73%) more likely than average to agree**.**

Levels of agreement with the statement that **NHS Staff are supported to provide high quality care for patients** have declined by ten percentage points since Spring 2010 (56% Winter 2011 compared with 66% Spring 2010) but they were at a similar level to Winter 2010 (53%) (Chart 24).

Amongst the majority of occupation groups levels of agreement that **NHS staff are supported to provide high quality care to patients** remained stable. However, NHS Managers were less likely in Winter 2011 (60%) compared with Winter 2010 (71%) to think that NHS staff are supported to provide high quality care for patients. In contrast after a decline in agreement in Winter 2010, agreement amongst Nurses in Secondary Care has returned to Spring 2010 levels (62% Winter 2011, 53% Winter 2010 and 68% Spring 2010).

Awareness of QIPP

All staff were asked if they had heard of QIPP. Just over a half (52%) of all NHS staff had heard of QIPP in Winter 2011. Although there has been a directional increase in the proportion of staff who were aware of QIPP between Winter 2010 (46%) and Winter 2011 (52%), this increase is not significant (Chart 25).

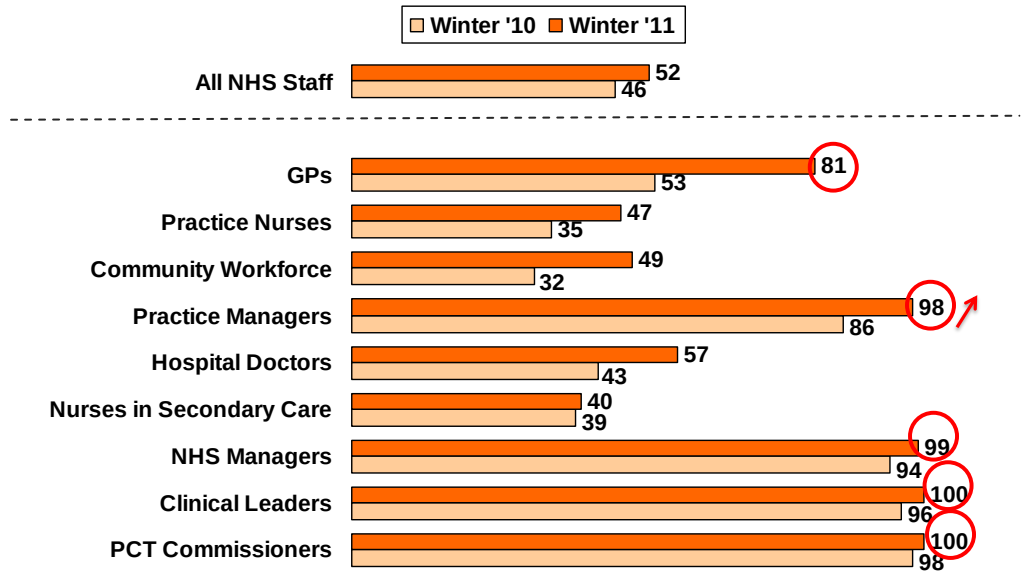
As in previous waves managers were more likely than average to be aware of QIPP, with 98% of Practice Managers, 99% of NHS Managers, 100% of Clinical Leaders and 100% of PCT Commissioners aware. Levels of awareness were still lower amongst Nurses in Secondary Care (40%), the Community Workforce (49%) and Practice Nurses (47%).

Awareness of QIPP has increased significantly over the past year amongst:

- Practice Managers (98% Winter 2011 compared with 86% Winter 2010)
- GPs (81% Winter 2011 compared with 53% Winter 2010)
- Community Workforce (49% Winter 2011 compared with 32% Winter 2010)

Chart 25 Awareness of QIPP

F1: Can I just check, have you heard of QIPP?



Base: All NHS staff (W 2010 – 270, W 2011 – 302)

Perceived impact of QIPP

In the same way as for other programmes and initiatives, all staff were asked what impact they thought the initiative to improve quality, innovation, productivity and prevention would have on the quality of patient care and how effectively the NHS operates (0).

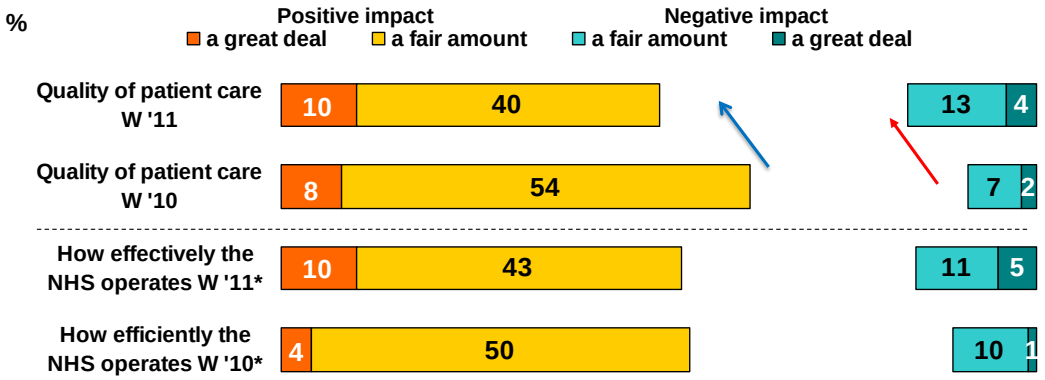
Perceptions of the impact of QIPP **on patient care** have become less positive since Winter 2010. Whilst three fifths (61%) of staff in Winter 2010 thought QIPP would have a positive impact on the **quality of patient care**, this had dropped to a half (50%) in Winter 2011 (0). NHS Managers (57%) and Nurses in Secondary Care (52%) were still the most likely to think that QIPP has a positive impact on the quality of patient care but the proportion of Nurses in Secondary Care saying it will have a positive impact has fallen from two thirds (66%) in Winter 2010 to just over a half (52%) in Winter 2011.

Views on the impact of QIPP on **how effectively the NHS operates** have remained stable over the past year. However, it should be noted that there was a wording change between Winter 2010 and Winter 2011; in the Winter 2010 survey staff were asked about the impact on how efficiently the NHS operates whilst in Winter 2011 they were asked about the impact on how effectively the NHS operates.

In Winter 2011 just over a half (53%) thought that QIPP would have a positive impact on how effectively the NHS operates (0). GPs (41%), Hospital Doctors (43%) and Practice Nurses (43%) were the least likely to think it would have a positive effect. These staff types were more likely than all NHS staff on average (23%) to think it would have no impact at all (GPs 30%, Hospital Doctors 33% and Practice Nurses 31%).

Chart 26 Perceived impact of QIPP

F7: Taking everything into account, what impact do you think the initiative to improve quality, innovation, productivity and prevention will have on …



*Please note wording change from efficiently in W'10 to effectively in W'11

Base: All NHS Staff (W 2010 – 270, W 2011 – 302)

5.5 Community Services

A short section of questions was included to establish staff views on changes to services provided in the community. Although a section of questions was devoted to community services in Winter 2010 and Winter 2011, it should be noted that between Winter 2010 and Winter 2011 there was a shift of emphasis. In Winter 2010 the question referred to the transforming community services initiative whilst in Winter 2011 we have asked about changes to services provided in the community. A brief summary of the changes involved was read out to ensure that all staff had basic levels of awareness before answering questions on the subject.

In Winter 2010 staff were provided with the following description of the initiative:

- As I mentioned earlier, one of the changes made will involve improving access to treatment and care in the community to alleviate pressure on hospitals.
- This means that more services may be provided through GP practices or clinics, or by NHS staff delivering them in patients' homes.

In Winter 2011 the following reminder of the changes was provided to staff:

- As I mentioned earlier, one of the changes made will involve improving access to treatment and care in the community to provide better services to patients.
- This means that more services may be provided through GP practices or clinics, or by NHS staff delivering them in patients' homes.

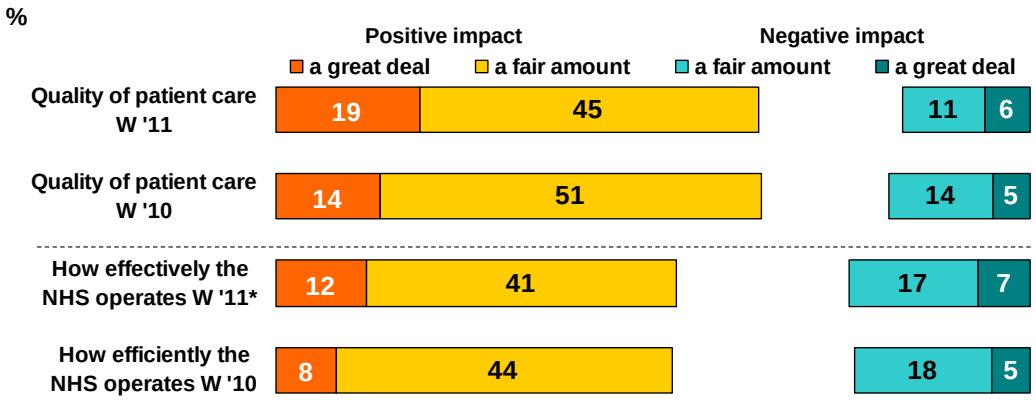
As already mentioned, in Winter 2011 seven in ten (70%) of all staff said they knew something about changes which will improve access to treatment and care in the community rather than in hospitals; and the proportion has increased significantly from Winter 2010 (59%). The proportion of staff who knew either a great deal or a fair amount has increased significantly amongst GPs (71% Winter 2011 compared with 57% Winter 2010) and Nurses in Secondary Care (73% Winter 2011 compared with 59% Winter 2010).

All staff were asked what impact they thought the changes to the way NHS services are provided in the community would have on the quality of patient care and how effectively the NHS operates. As with other initiatives, staff felt that the changes to community services would have more of a positive impact on the quality of patient care, than it would on how effectively the NHS operates (0).

Almost two thirds (64%) of staff in Winter 2011 felt that changes to community services would have a positive impact on the quality of patient care, and around half (53%) thought that it would have a positive impact on how effectively the NHS operates (0). Only around a fifth thought that the changes would have a negative impact. Similar responses were given in Winter 2010.

Chart 27 Perceived impact of changes to community services

G1: What impact do you think these changes to service provision will have on…



Base: All NHS Staff (W 2010 – 270, W 2011 – 302)

As was found when staff were asked about the impact of the transforming community services initiative; Practice Managers and the Community Workforce were the most likely to feel that changing services provided in the community would have a positive impact on both the quality of patient care and how effectively the NHS operates. Senior Hospital Doctors were the most likely to think changes would have a negative impact. In Winter 2011:

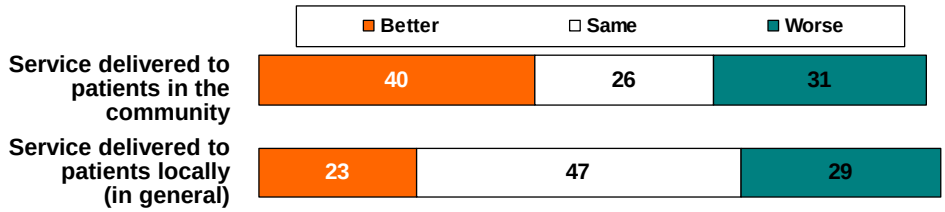
- Around seven in ten of Practice Managers (70%) and members of the Community Workforce (72%) thought that changes to services provided in the community would have a positive impact on the quality of patient care. This compares with two fifths of Senior Hospital Doctors (41%).
- Senior Hospital Doctors (43%) and Clinical Leaders (38%) were more likely to think that these changes would have a negative impact on how effectively the NHS operates, compared with the average of 24% for all NHS staff.

Staff had a more positive view about how services in the community will be delivered over the next few years compared with services delivered to patients locally (in general). Two fifths (40%) of staff felt that services delivered to patients in the COMMUNITY would get better over the next few

year compared to less than a quarter (23%) when asked about the services delivered to patients locally over the same time period (Chart 28).

Chart 28 Service delivery over the next few years

G2: Thinking about the care the NHS delivers to patients in the COMMUNITY, over the next few years do you expect it to get better, worse or stay about the same? A3 Thinking about the care the NHS delivers to patients: over the next few years do you expect it to get better, worse or stay about the same?



Base: All NHS Staff (W 2011 - 302)

However, in Winter 2011 staff who worked in the community were more negative overall; with two fifths of the Community Workforce (38%) indicating services will get worse compared with under a third (31%) of all NHS staff on average.

5.6 Health Visitor Initiative

A new section was included in Winter 2011 which included questions on staff views on health visiting and how health visitors felt about their role. A booster sample of midwives and health visitors was included in the Winter 2011 survey and the data from these groups has been included in this section.

Awareness of the plans to recruit more health visitors and provide an improved health visiting service was about average when compared to other initiatives. Two fifths (40%) of staff were aware of the plans to recruit more health visitors whilst a third (33%) were aware of the initiative to improve health visiting services (Chart 29). Perhaps, not unsurprisingly, staff who worked in the community had the highest levels of awareness; more than two thirds of the Community Workforce were aware of plans:

- to recruit more Health Visitors (77%)
- improve health visiting services (67%)

Chart 29 Awareness of health visiting initiatives

G3: Can I just check, which of these things have you heard of before this interview?

Base: All NHS Staff (W 2011 - 302)

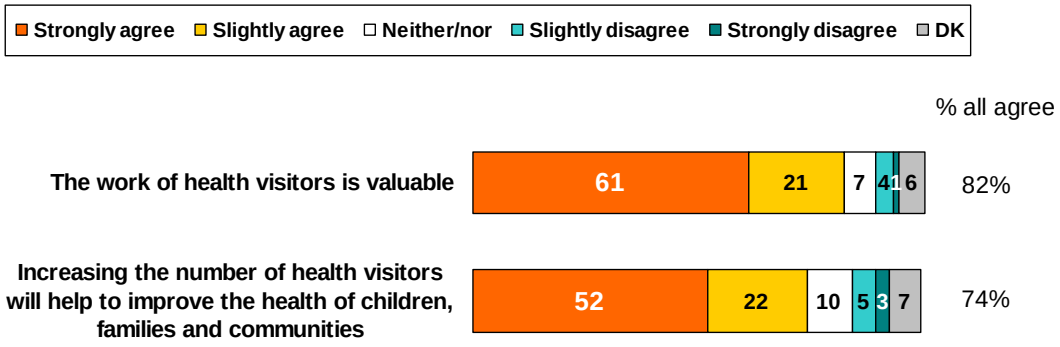
Attitudes to health visiting

Perceptions of health visiting were positive with four fifths (82%) agreeing that the work of health visitors is valuable and just under three quarters (74%) agreeing that increasing the number of health visitors would improve the health of children, families and communities (0). Again, unsurprisingly, those who worked in a GP Practice or in a non-hospital based setting were more likely to agree than those working in a hospital setting:

- Around nine in ten staff who worked in a GP Practice (87%) or non-hospital based setting (92%) agreed that the work of a health visitor is valuable compared with 80% of staff working in a hospital setting
- At least eight in ten staff who worked in a GP Practice (80%) or in a non-hospital based setting (87%) agreed that increasing the number of health visitors would improve the health of children, families and communities compared with 72% of staff working in a hospital setting

Chart 30 Attitudes to health visiting in general

G4: How much do you agree or disagree with each of these things about the work of health visitors in the community?



Base: All NHS Staff (W 2011 - 302)

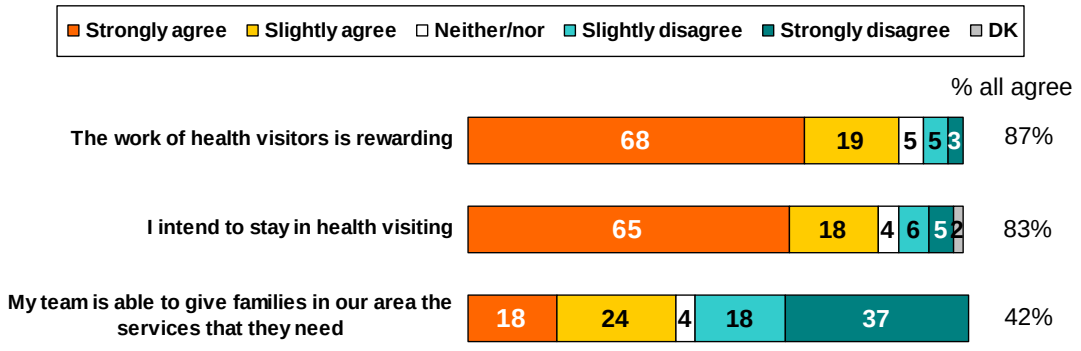
All nurses were asked whether they would consider training to be a health visitor. Overall less than a fifth (17%) said they would consider re-training. Nurses in Secondary Care (14%) were the least likely to consider re-training, whilst nurses who worked in a non-hospital setting (22%) were the most likely to consider re-training.

Health Visitors' attitudes to health visiting

Health Visitors were positive about their job; more than four fifths agreed that the work of a health visitor is rewarding (87%) and that they intend to stay in health visiting (83%). There does however, appear to be some concern about resources with over a half (54%) disagreeing that their team is able to give families the services that they need (Chart 31).

Chart 31 Health Visitors' opinions of their role

G4: How much do you agree or disagree with each of these things about the work of health visitors in the community?



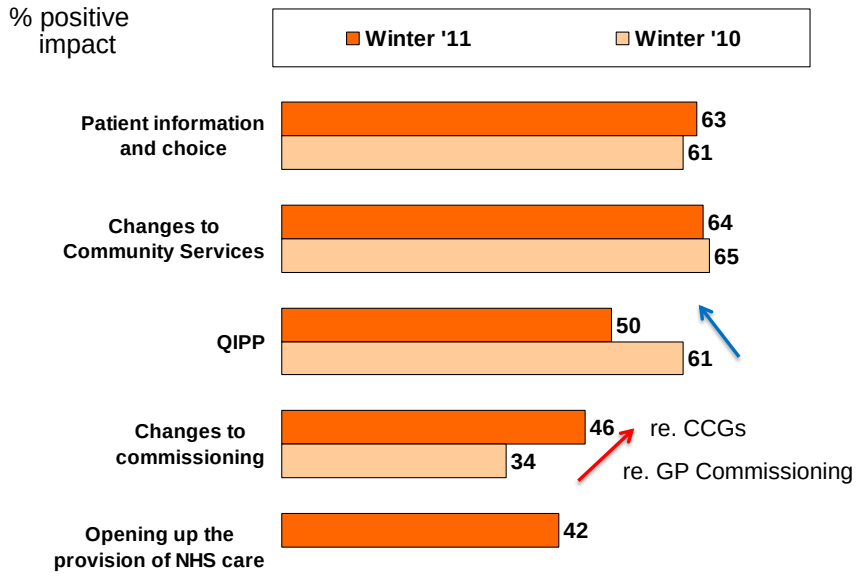
Base: All Health Visitors (W 2011 – 115 inlcues booster health visitors)

5.7 Comparison of perceptions of impact of the initiatives

Because similar questions were asked about the perceived impact of the main initiatives included in the survey, it is possible to draw comparisons across them.

Chart 32 shows that the initiatives that are perceived as having the greatest positive impact on the quality of patient care were the changes to the services provided in the community and patient information and choice. The initiative which was perceived to be the least likely to have a positive impact was opening up the provision of NHS care.

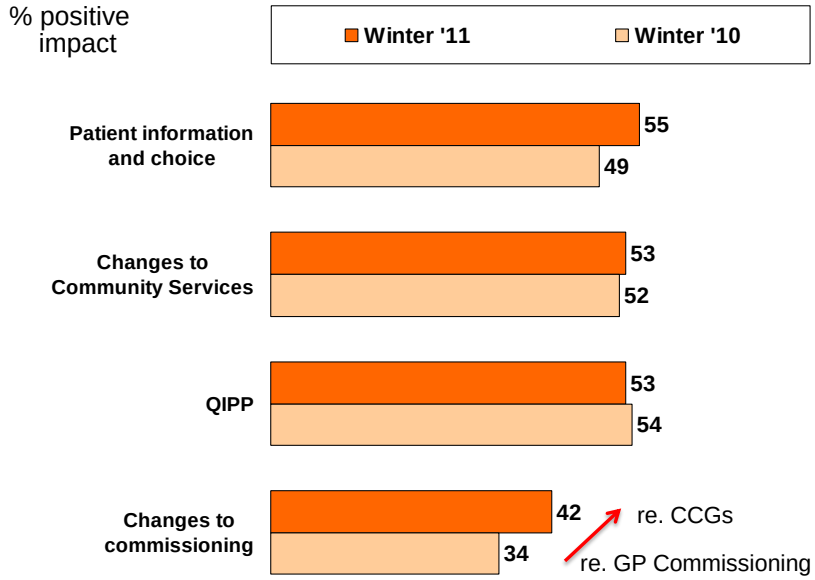
Chart 32 Perceived impact of initiatives on quality of patient care



Base: All NHS Staff (W 2010 – 270, W 2011 – 302)

Similar patterns were observed in relation to perceptions of the impact of the initiatives on how effectively the NHS operates. The initiatives to increase patient information and choice, and changes to the provision of community services were seen by the highest proportion of staff to have a positive impact on how effectively the NHS operates. The initiative which was perceived to be the least likely to have a positive impact on how effectively the NHS operates were the changes to commissioning (Chart 33).

Chart 33 Perceived impact of initiatives on how effectively/efficiently the NHS operates



Base: All NHS Staff (W 2010 – 270, W 2011 – 302)

6 HOW DID STAFF IN DIFFERENT OCCUPATIONS RESPOND?

6.1 GPs

As at all previous waves, GPs tended to have amongst the lowest levels of satisfaction with local service delivery (66% GPs, 76% average across all NHS staff) and were amongst the most likely to think that patient care will get worse over the next few years (61% GPs, 53% average).

GPs were still less supportive of QIPP than average, they are:

- less likely to agree that new and creative solutions will improve services and reduce costs (66% GPs, 71% average).
- they are amongst the least likely to feel that QIPP will have a positive impact on either patient care (42% GPs, 50% average), or on how effectively the NHS operates (41% GPs, 52% average).

However, there has been a significant increase in the number of GPs agreeing that it will be possible to increase the quality of care whilst reducing costs (41% Winter 2011 compared with 29% Winter 2010).

GPs' views on patient information and choice have become more positive since Winter 2010, but they still remain less likely than average to be aware of these initiatives and they were more likely than average to agree that giving patients choice will cost the NHS money (70% compared with 55% on average).

As at the previous wave the majority of GPs were aware of the upcoming changes to commissioning structures and knew about CCGs taking over the commissioning role. Positively the proportion of GPs agreeing that they understand their own role in the new commissioning structure has increased significantly over the past year (70% Winter 2011 compared with 44% Winter 2010).

6.2 Practice Managers

Practice Managers views of their local NHS services and their expectations for the future have remained stable over the past year. Levels of satisfaction with the NHS service currently delivered to patients in their local area have remained about average (71%, 76% average), as has the proportion feeling that care has got worse over the past 12 months (31%, 29% average) and will get worse in the future (46%, 53% average).

Practice Managers were fairly supportive of the QIPP programme but there has been a significant decline in the proportion agreeing that applying new and creative solutions to issues facing the NHS will help to improve services and reduce costs (64% Winter 2011 compared with 86% Winter 2010).

Practice Managers were still more likely than the all NHS Staff average to think that patients want health professionals to make decisions about their treatment. Consequently Practice Managers were less likely than average to feel that improving patient choice and information will have positive impact on the quality of patient care (41% compared with 63% average) or on how effectively the NHS operates (30% compared with 55% average)

Overall as in Winter 2010 Practice Managers were supportive of the changes to commissioning. They were amongst the most likely to agree that having a broader range of health professionals involved in commissioning will help to improve the quality of patient care (73%, 67% average) and that the changes to commissioning would have a positive impact on the quality of patient care (59%, 46% average).

Practice Managers were again more likely than average to be involved/involved in the future in the work to make changes to commissioning (82%, 32% average). Positively, the proportion of Practice Managers agreeing that they understand their role in the new commissioning structure has significantly increased over the past year (64% Winter 2011 compared with 46% Winter 2010).

6.3 Practice Nurses

As at all previous waves, Practice Nurses tended to have amongst the lowest levels of awareness and knowledge of most NHS initiatives.

- 49% knew a great deal/fair amount about the changes the Government is making to the NHS (71% average)

They were amongst the most supportive of the changes to commissioning and as per last wave they were more likely than average to feel that changes to commissioning would have a positive impact on the quality of patient care (58%, 46% average) and on how effectively the NHS operates (55%, 41% average). This group were again amongst the least likely to say that they have been or will be involved in changes to commissioning (18%).

Practice Nurses continued to have a patient focus and were supportive of initiatives to increase patient information and choice and the changes to services provided in the community.

- Three fifths (62%) agreed that providing the public with information about how local health services are performing will help to drive improvements in the quality of patient care (64% average).
- Three fifths (62%) felt the initiative to improve patient information and choice would have a positive impact on the quality of patient care (63% average).
- More than a half (52%) felt that changes to open up the provision of NHS services would have a positive impact on the quality of patient care (42% average).
- 71% felt the changes to service provision in the community would have a positive impact on the quality of patient care (64% average).

Practice Nurses were amongst the least likely to agree that efficiency savings can be made without losing frontline staff (51% compared with 66% on average).

6.4 Community Workforce

As at the previous wave members of the Community Workforce had the lowest levels of satisfaction with the service the NHS provides to patients in their local area (62% compared with 76% average), and were the most likely to think that local service provision had got worse recently (58% compared with 29% average) and would get worse in the future (62% compared with 53% average).

This group has continued to be amongst the most likely to agree that the NHS is under-resourced, and the least confident in the organisation's ability to bridge the funding gap by efficiencies being reinvested in frontline services or by applying innovation to issues facing the NHS.

Awareness of QIPP has increased significantly amongst this group over the past year (49% Winter 2011 compared with 32% Winter 2010) and has now reached average level (52%). However, they are amongst the most likely to agree that there is no way that the required cost reductions can be made without losing frontline staff and this feeling has increased significantly over the past year (74% Winter 2011 compared with 68% Winter 2010).

As in the previous wave the Community Workforce were amongst the least likely to know about NHS reforms (66%, 71% on average) but positively there has been a significant increase in the proportion of the Community Workforce who agreed that they understand their role within the new commissioning structures (46% Winter 2011 compared with 29% Winter 2010).

Members of the Community Workforce were generally supportive of the initiative to improve patient information and choice. However, they were less sure than Practice Nurses and Nurses in Secondary Care as to whether it would have a positive impact on patients.

After being told about changes to providing services in the community, the Community Workforce were amongst the most likely to think that the changes would have a positive impact on patient care (72% compared with 64% average), while their views were in line with the average in terms of whether

the programme would have a positive impact on how effectively the NHS operates (59% compared with 53% average).

6.5 Hospital Doctors

As at previous waves of research, their levels of satisfaction, awareness and support for initiatives tended to be lower than average, though generally higher than for GPs.

Overall, Hospital Doctors tended to feel more detached from NHS reforms than GPs and Managers, though there was significant variation between Junior and Senior Hospital Doctors.

Levels of awareness of QIPP across all Hospital Doctors was about average (57%, 52% on average), but awareness amongst Junior Hospital Doctors was much lower (44%). Hospital Doctors were more likely than average to disagree that it will be possible for the NHS to make the necessary efficiency savings at the same time as delivering reform (69%, 54% average). Senior Hospital Doctors were even more sceptical with three quarters (73%) disagreeing that this was possible.

As in the previous wave Hospital doctors (particularly senior hospital doctors) were less likely than average to think that changes to commissioning will have a positive effect on the quality of patient care (30%, 46% on average) and on how effectively the NHS operates (34%, 41% average).

Senior Hospital Doctors were generally less positive than the all NHS staff average about the initiative to improve patient information and choice.

- Just over a half (53%) felt that providing the public with information about how local health services are performing will help to drive improvements in the quality of patient care compared with an all NHS staff average of nearly two thirds (64%)..
- Just over two fifths (41%) of Senior Hospital Doctors said the initiative would have a positive impact on the how effectively the NHS operates compared with the all NHS staff average of more than a half (55%).

6.6 Nurses in Secondary Care

As at all previous waves, the majority of Nurses in Secondary Care (80%) felt satisfied with NHS service delivery in their local area. But there was an increasing perception amongst Nurses that services would continue to get worse over the next few years and this has continued (51% Winter 2011 compared with 37% Summer 2009).

Nurses in Secondary Care are still the most likely to think that the NHS is under-resourced (82%) and this trend has remained stable over time.

As in previous waves nurses broadly supported initiatives providing patients with more information and choice; as well as initiatives to provide services in the community. However their perceptions of what patients want were not totally in line with what patients say they want. Nurses in Secondary Care were more likely to think that patients want to make their own decisions about treatment (33%) than was revealed in the general public survey where fewer than a fifth (18%) were in favour of this.

Awareness of QIPP amongst Nurses in Secondary Care has remained low (40% compared with 52% average). After a significant decline in Winter 2010 in the proportion of Nurses in Secondary Care feeling supported to provide high quality care, the proportion now agreeing with this has risen to above average levels (62% compared with 56% on average). However, they were now less likely to feel that innovation would help to improve services for patients (71% Winter 2011 compared with 83% Winter 2010). Nurses in Secondary care also still feel empowered to put their ideas for improvement forward to their Managers (77% compared with 68% on average).

6.7 NHS Managers, Clinical Leaders and PCT Commissioners

In line with previous waves, NHS Managers continued to be the most likely to be aware of and supportive of NHS reforms:

- 94% of NHS Managers knew a great deal/fair amount about Government changes to the NHS (71% average).

NHS Managers were less likely than average to agree that reducing targets will empower staff to provide better quality care (45% Winter 2011 compared with 53% on average in Winter 2011). They were however, more likely than average to agree that it will be possible to increase the quality of patient care whilst reducing costs (57% Winter 2011 compared with 40% on average Winter 2011).

As in previous waves NHS Managers were the most likely to feel they can influence changes in their organisation. They are more likely than average to agree that their managers would listen to their ideas on how to improve quality and reduce inefficiencies in the NHS (90% compared with 68% on average). Whilst nearly two thirds agreed that they had the opportunity to give their views on the proposed changes to the NHS (64% compared with 42% on average).

There has been a significant increase in the past year in the proportion of NHS Managers (63% Winter 2011, 48% Winter 2010), Clinical Leaders (68% Winter 2011, 55% Winter 2010) and PCT Commissioners (72% Winter 2011, 36% Winter 2010) who understand their own role in the commissioning structure. However, NHS Managers were less likely than average to feel that the changes to commissioning will have a positive impact on how effectively the NHS operates (33% compared with 41% on average).

Clinical leaders were again as likely as NHS managers to be aware of the reforms, but they were amongst the most likely to say that changes to open up the provision of NHS services will have a negative impact on the quality of patient care (54% negative compared with 34% average).

The majority of **PCT commissioners** were aware of the new commissioning structures and understood their own role in the new commissioning structures. This group was also again the most likely to think that it is possible to increase the quality of patient care whilst reducing costs.

7 Appendix A – Questionnaire

NHS Staff Tracking Survey Wave 6

Questionnaire FINAL 10/10/2011

OVERVIEW

Staff in the following occupations will be included:

Core groups	Additional groups
Included in previous tracking surveys ♦ GPs ♦ Practice nurses ♦ Hospital doctors ♦ Hospital nurses ♦ Senior managers	♦ Practice Managers ♦ Community based staff (including boost of Health Visitors) ♦ Clinical Leaders ♦ PCT Commissioners ♦ Midwives

Research Objectives
Specific issues to be tracked within the survey include the following: 1. Staff morale, including advocacy/favourability and the factors which impact on these issues 2. Levels of staff engagement - whether feel own ideas are listened to 3. Levels of understanding and support for changes to the NHS 4. Awareness and views on a range of specific modernisation/policy areas • Choice • Clinical Commissioning • Reducing targets • Increasing local autonomy • Working with Local Authorities • Greater provision of information • QIPP • Shift of NHS services to community settings

A Satisfaction and advocacy (core questions from previous trackers)

I'd like to start by asking you a bit about your job…

A 1 How satisfied or dissatisfied would you say you are with the service the NHS currently delivers to patients in your local area?

By local area we mean all health services within your local area or across your local health economy
Would you say that you are…?
READ OUT SINGLE CODE

Very satisfied
Quite satisfied
Neither satisfied nor dissatisfied
Quite dissatisfied
Very dissatisfied
(Don't know)

A 2 And still thinking about the NHS in your local area, in the past 12 months, do you think it has got better, got worse or stayed the same in terms of patient care?

READ OUT IF NECESSARY: by local area we mean all health services within your local area or across your local health economy
READ OUT SINGLE CODE

Got much better
Got better
Stayed about the same
Got a bit worse
Got much worse
(Don't know)

A 3 Thinking about the care the NHS delivers to patients: over the next few years do you expect it to…?

READ OUT SINGLE CODE

Get much better
Get better
Stay about the same
Get worse
Get much worse
(Don't know)

B Motivations and general attitudes (inc finance)

B 1 I am now going to read a few things that other people have said about working in the NHS. Would you say you strongly agree/ disagree or slightly agree/disagree?

READ OUT SINGLE CODE – ROTATE STATEMENTS

- The NHS is under resourced
- I am proud to work for the NHS
- It will be possible to increase the quality of patient care whilst reducing costs
- Clinicians and managers within the NHS do not work together enough to reduce costs and improve quality
- There is waste and inefficiency in the NHS
- Applying new and creative solutions to issues facing the NHS will help to improve services and reduce costs
- Savings brought about through greater NHS efficiency will be reinvested in the frontline services
- My managers listen to my ideas on how to improve quality and reduce inefficiencies in the NHS (If necessary: by that I mean managers in the part of the NHS in which you work)
- I feel I had the opportunity to give my views on the proposed changes to the NHS

Do you….? READ OUT

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree
(Don't know)

C Awareness of changes

C 1 How much do you feel you know about the changes the Government is making to the NHS? Would you say you know…?

READ OUT SINGLE CODE
(HEALTHCARE SURVEY)

A great deal
A fair amount
Not very much
Nothing at all
(Don't know)

IF KNOW SOMETHING AT C 1, OTHERS GO TO C 3

C 2 Can you tell me in your own words what you think are the main changes being made to the NHS (new)

Open ended
(Don't know)

ASK ALL

Next I am going to read out short descriptions of some of the changes that are being proposed. For each, please could you tell me how much, if at all, you know about that change.

C 3 How much do you know about this?

A great deal
A fair amount
Not very much
Nothing at all/Not heard of it
(Don't know)

- Patients will be given more choice over where they are treated and who they are treated by
- Patients will be given better access to information to help them to make choices about their care
- GPs and health professionals in Clinical Commissioning Groups will take over from Primary Care Trusts as the people who buy health services for patients
- There will be less central government control over health, with services being planned and commissioned locally
- Local councils will play a greater role in shaping local health services
- There will be improved access to treatment and care in the community rather than in hospitals
- There are plans to open up the provision of NHS treatment and care to a wider range of providers, including the private sector and charities
- All NHS Trusts will become Foundation Trusts
- The independent organisation 'Monitor' will have a new role to regulate the provision of services and care

D Information/Choice

ASK ALL
READ OUT

One of the changes aims to provide patients with better choice over what treatment they receive, where they are treated and who they are treated by.

D 1 How much do you agree or disagree with these things?

RANDOMISE ORDER OF PRESENTATION

- Providing the public with information about how local health services are performing will help to drive improvements in the quality of patient care
- The public can influence how local healthcare services are provided
- Increasing patient choice will cost the NHS more money

Do you….? READ OUT

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree
(Don't know)

D 2 Which of these statements comes closest to your opinion?

- A: Patients want health professionals to make decisions about their treatment
- B: Patients want to make their own decisions about treatment, and not rely on health professionals

1 Agree more with statement A
2
3
4
5 Agree more with statement B
(Don't know)

D 3 Taking everything into account, what impact do you think the initiative to improve patient information and choice will have on…

- Quality of patient care
- How effectively the NHS operates

A great deal of positive impact
A fair amount of positive impact
No impact at all
A fair amount of negative impact
A great deal of negative impact
(Don't know)

ASK ALL READ OUT

As previously mentioned, there are plans to make changes to how NHS services and care are provided.

- All NHS Trusts will become Foundation Trusts
- The provision of NHS services and care will be opened up to a wider range of providers, including the private sector and charities.
- The independent organisation 'Monitor' will have a new role to regulate the provision of services and care

D 4 How much do you think you know about each of these things?

A great deal
A fair amount
Not very much
Nothing at all/Not heard of it
(Don't know)

- What the changes will mean for your NHS organisation
- What your NHS organisation is doing to prepare for these changes
- Your role in delivering these changes

D 5 What impact do you think the changes to open up the provision of NHS services will have on…

- Patient experience of NHS services
- How much choice patients have over where they are treated and who they are treated by
- The longer-term stability of NHS organisations
- Quality of patient care

A great deal of positive impact
A fair amount of positive impact
No impact at all
A fair amount of negative impact
A great deal of negative impact
(Don't know)

E Changes to commissioning

READ OUT

The next few questions are about proposed changes to the way in which services are commissioned. In brief the changes involve:

- GPs and health professionals in Clinical Commissioning Groups will take over from Primary Care Trusts as the people who buy health services for patients.
- Clinical Commissioning Groups will work closely with local authorities to shape services that best meet the needs of their local population
- A new NHS Commissioning Board will oversee the work of Clinical Commissioning Groups and will also commission some specialist services and provide leadership for improving quality

E 1 How much do you agree or disagree with these things?

RANDOMISE ORDER OF PRESENTATION

- I understand my role within the new commissioning structures
- These changes are unlikely to encourage closer working relationships between staff in primary and secondary care settings
- Having a broader range of health professionals involved in commissioning will help to improve the quality of patient care

Do you….? READ OUT

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree
(Don't know)

E 2 Taking everything into account, what impact do you think these changes to commissioning will have on…

- Quality of patient care
- How effectively the NHS operates

A great deal of positive impact
A fair amount of positive impact
No impact at all
A fair amount of negative impact
A great deal of negative impact
(Don't know)

E 3 Are you personally involved in the work to make changes to commissioning, or will you be in the future?

PROBE TO PRECODES

Personally involved
Will be involved in the future
I know I will NOT be involved
(Don't know)

ASK GPS/PRACTICE STAFF ONLY

E 4 Are you personally involved in an emerging Clinical Commissioning Group, or is your practice/organisation involved?

Personally involved
Practice/organisation involved
Just aware, no involvement
Not aware
(Don't know)

IF ARE INVOLVED AT E3, OTHERS GO TO F

E 5 Are you or your practice/organisation involved in the Clinical Commissioning Group Pathfinders Programme?

Yes
No
(Don't know)

ASK ALL OTHER STAFF

E 6 Are you personally involved in a Clinical Commissioning Group, or are any of your immediate colleagues involved?

Personally involved
Immediate colleagues involved
Just aware, no involvement
Not aware
(Don't know)

F Quality

ASK ALL
READ OUT
All of these changes focus on maintaining and improving the quality of care given to patients.

F 1 Can I just check, have you heard of QIPP?

Yes
No
(Don't know)

ASK ALL
QIPP stands for Quality, Innovation, Productivity and Prevention and is the name of the programme to help the NHS deliver high quality care while making efficiency savings that can be reinvested in the service to deliver improvement.

F 2 How much do you agree or disagree with each of these things? Would you say you strongly agree/ disagree or slightly agree/disagree?

READ OUT. SINGLE CODE

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree
(Don't know)

ROTATE (taken from old tracker)

- NHS staff are supported to provide high quality care for patients
- Reducing targets will empower staff to provide better quality care to patients
- Freeing providers from top down control will enable them to focus on improving quality of patient care
- There is no way that the required cost reductions can be made without losing frontline services
- Over the next few years the NHS will be able to make the necessary efficiency savings at the same time as delivering reform

ASK ALL

F 3 Taking everything into account, what impact do you think the initiative to improve quality, innovation, productivity and prevention will have on…

- Quality of patient care
- How effectively the NHS operates

A great deal of positive impact
A fair amount of positive impact
No impact at all
A fair amount of negative impact
A great deal of negative impact
(Don't know)

G Changing Services

The next few questions are about changes to the way in which services may be delivered.

- As I mentioned earlier, one of the changes may involve improving access to treatment and care in the community to provide a better service to patients
- This means that more services may be provided through GP practices or clinics, or by NHS staff delivering them in patients' homes.

G 1 What impact do you think these changes to service provision will have on…

- Quality of patient care
- How effectively the NHS operates

A great deal of positive impact
A fair amount of positive impact
No impact at all
A fair amount of negative impact
A great deal of negative impact
(Don't know)

G 2 Thinking about the care the NHS delivers to patients in the community: over the next few years do you expect it to…?

READ OUT SINGLE CODE

Get much better
Get better
Stay about the same
Get worse
Get much worse
(Don't know)

G 3 Can I just check, which of these things had you heard of before this interview?

CODE ALL HEARD OF

Government plans to offer an improved Health Visiting service
Plans to recruit more Health Visitors
(Neither of these)
(Don't know)

ASK ALL

G 4 How much do you agree or disagree with each of these things about the work of health visitors in the community?

Would you say you strongly agree/ disagree or slightly

agree/disagree?

READ OUT. SINGLE CODE

Strongly agree
Slightly agree
Neither agree nor disagree
Slightly disagree
Strongly disagree
(Don't know)

ASK ALL

- The work of health visitors is valuable
- Increasing the number of health visitors will help to improve the health and wellbeing of children, families and communities

ASK HEALTH VISITORS ONLY

- The work of health visitors is rewarding
- My team is able to give families in our area the health visiting services that they need
- I intend to stay in health visiting

ASK NURSES AND MIDWIVES ONLY

- I would consider training to become a health visitor

H DEMOGRAPHICS

Finally, I'd like to ask a few questions about you.

H 1 Where do you mainly work…(new)
READ OUT

In the community (e.g. in people's homes, community settings)
In an office/surgery/hospital
Somewhere else (specify)
(Don't know)

ASK ALL IN CLINICAL ROLES AND CLINICAL MANAGERS

H 2 How long ago did you qualify as a <doctor / nurse / job title> ?
READ OUT AS NECESSARY.

Less than 2 years ago
2 years but less than 5 years ago
5 years but less than 10 years ago
10 years but less than 20 years ago
20 years but less than 30 years ago
30 years ago or more
(Don't know)

ASK ALL

H 3 How long have you been working for the NHS in your current role?
READ OUT AS NECESSARY

Less than 2 years
2 years but less than 5 years
5 years but less than 10 years
10 years but less than 20 years
20 years but less than 30 years
30 years or more
(Don't know)

ASK GPS ONLY

H 4 Are you salaried, or a partner in your practice?

Salaried
Partner
Other (specify)
(Don't know)
(Refused to answer)

H 5 The Department of Health may wish to undertake further research with health professionals on these issues in the future. Would you be willing to be contacted again?

Yes (ENSURE NAME AND CONTACT NUMBER ARE RECORDED)
No

Thank and close

H 6 INTERVIEWER CODE SEX OF RESPONDENT

8 Appendix B – Re-assurance letter

Gateway reference number: 16774

October 2011

To whom it may concern,

Re: Department of Health Survey of NHS Staff

This letter provides you with an overview of some research that we are carrying out with NHS staff. The Department of Health wishes to better understand staff awareness of a range of key issues including major NHS policy initiatives, and attitudes towards them. The results of the study will help the Department to better plan communications with NHS staff and other stakeholders, to ensure that staff receive information relevant to them and in the best format for them.

The survey has been commissioned by the Department of Health Communications Directorate and aims to understand opinion across a range of staff of different grades and in different job roles across England. The study will seek the views of clinicians and nursing staff in primary and secondary care, as well as senior clinical and non-clinical managers.

The survey will take the form of a telephone interview and will be carried out by the independent research agency, GfK NOP, on our behalf. The fieldwork will take place throughout October, November and December 2011. We are aiming to achieve roughly 1,100 interviews in total, and it is anticipated that the interviews will last around 20 minutes on average. If staff members are not available to complete the interview when called, the research company would be pleased to make an appointment to call back at another more convenient time.

All responses are kept completely confidential, and the Department will not know anyone's answers. Data are kept secure and processed in line with the Data Protection Act, and GfK NOP operates within the Market Research Society Code of Conduct.

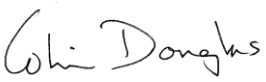
Please note that this survey is not classified as research under the Research Governance Framework. Clearance has been received from ROCR for the survey to take place (reference ROCR/OR/2118/001VOLU).

If you should have any questions about this, then please do contact Sarah McHugh who is responsible for managing the research, either by email at sarah.mchugh@gfk.com or by phone on 020 7890 9379.

I would be grateful if you could share this letter with any colleagues that you feel it is appropriate for you to copy in, so they can be alerted to the fact that this survey is taking place.

I do hope that you will be able to help with this important research project.

Yours sincerely



Colin Douglas
Director, NHS Communications

9 Appendix C - Job Titles of Senior Managers

Job titles included in Senior Managers sample
Clinical managers
Clinical Audit Manager, Clinical Directors, Clinical Governance, Director of Infection Control, Director of Public Health, Directorate nurse managers, GP – executive committee member, Infection control, Medical director, NSF lead – cancer, NSF lead – children's, NSF lead – coronary heart disease, NSF lead – elderly care, NSF lead – diabetes, NSF lead – long term conditions, NSF lead – mental health, NSF lead – renal, NSF lead – sexual health, PCT board member, Nursing Director, Pharmacy.
Non-clinical managers
Assistant director of finance, Chair – executive committee, Chair – member council, Chairperson, Chief executive, Chief officer, Executive director, Finance, Information technology, Lead in workforce development, lead in workforce planning, medical records, Operations, Patient and public involvement representative, Planning and strategy, Directorate managers, Directorate service manager, Other directorate managers, Other managers, Other PCT board member.