

# ○ Sheffield Children's NHS Foundation Trust

## Health Visiting Survey Pilot 2014

FINAL REPORT

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PICKER INSTITUTE EUROPE

# Picker Institute Europe

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- build and use evidence to champion the best possible patient-centred care
- work with patients, professionals and policy makers to strive continuously for the highest standards of patient experience.

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## Introduction

The results presented here are from the Health Visiting Survey 2014, carried out by the Picker Institute Europe on behalf of Sheffield Children's NHS Foundation Trust and the Mid Yorkshire Hospitals NHS Trust. The aim of the project was to:

- Pilot the recently revised health visiting questionnaire using a postal methodology;
- Obtain feedback about the care that families receive from the health visiting service across two NHS Trusts in Yorkshire;
- Produce problem scores to identify where there is room for improvement in the health visiting services at each NHS Trust;
- Provide benchmarking to compare the feedback from the two providers (Sheffield Children's NHS Foundation Trust and The Mid Yorkshire NHS Trust).

### The Questionnaire

In 2013, Sheffield Children's NHS Foundation Trust contacted Picker Institute Europe to assist with developing a tool to measure people's experiences of their Health Visiting Service. The Picker Institute had an existing survey originally developed in 2008 for NHS Lincolnshire, NHS Camden Provider Services and formally Wandsworth Teaching PCT, and since implemented in Cumbria Partnership NHS Foundation Trust.

In 2013, work with Sheffield Children's Hospital was undertaken to revise and update the existing Health Visiting Survey. The Picker Institute conducted a series of in-depth interviews with families using the health visiting service to help to identify and clarify underlying attitudes towards and experiences of the service. Findings informed revisions to the existing questionnaire, including the deletion of some questions, the addition of new questions, and amending the format and wording of some questions. The survey was then cognitively tested with twelve people who were current users of the health visiting service to check for question comprehension, recall and relevance. This process resulted in some survey amendments to ensure that it was appropriate to the target population. The final survey is 8 pages in length and includes a total of 56 questions. Most are closed, single-response questions with a few multi-response questions and open-ended freetext boxes. The survey covers the following areas:

- Access and contact with health visitors
  - Home visits
  - Recent appointment, including:
    - Information
    - Communication
    - Reassurance and emotional support
    - Privacy
    - Confidence, trust, respect and dignity
-

- Feeding – advice, support
- Health Information
- Overall care from the Health Visiting Service
- Demographics
- Any other comments – freetext open-ended

The questionnaire also includes a small section at the end for another main carer of the child (e.g. another parent) to provide their feedback if they were not the main respondent. A copy of the questionnaire can be found in **Appendix 2** of this report.

During the redevelopment of the tool, Mid Yorkshire NHS Trust contacted the Picker Institute to ask about a survey tool to review their health visiting service. Sheffield Children's NHS Trust agreed that Mid Yorkshire could join the pilot of the survey, and both Trusts agreed to share their results with one another to obtain benchmarking data.

## Methodology

A postal methodology was adopted, i.e. mailing the questionnaire to home addresses of those using the Health Visiting Service. This approach reduces any bias associated with completing a survey that is handed out by healthcare staff and/or in a healthcare setting, and also allows for targeted reminders to be sent to non-responders, thus improving response rates.

## Sampling

Sheffield Children's NHS Foundation Trust compiled a sample of 1,000 current users of their Health Visiting Service by following the sampling instructions supplied by the Picker Institute. The data was shared with the Picker Institute for the purpose of mailing out the survey under the terms of an honorary contract. The Trust was required to carry out full checks for deceased patients (including a DBS trace) on all records in the file. The file was uploaded to the Picker Institute via their secure file-transfer (FTP) site, after which it was thoroughly checked prior to the survey mailing.

## Survey fieldwork

Picker Institute Europe mailed out the survey using a similar methodology to that used for the NHS patient survey programme:

- Mailing 1: an initial mailing of a survey pack to all records in the file, to contain the questionnaire, a covering letter from the trust, and a freepost envelope for returning the survey
- Mailing 2: first reminder sent to non-responders, 2-3 weeks after mailing one (a single reminder letter only)
- Mailing 3: second reminder sent to non-responders – to contain reminder letter, survey and freepost envelope.

## Logging survey responses and monitoring response rates

Survey responses were logged daily. Each questionnaire was numbered with a unique reference number (URN) so that each respondent was represented by a unique code. This ensures that each patient remains anonymous. Furthermore, the URN was used to track those who completed a survey and those non-responders were sent a reminder. Those

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wishing to opt out returned a blank questionnaire or used the Freephone survey helpline. The URN was used to identify those who returned a completed questionnaire or opted out, to ensure that they did not receive any further reminders.

### Freephone helpline

The Picker Institute ran a confidential Freephone helpline staffed by specially trained advisors. The phone number appeared on the front of the questionnaire and in the covering letter sent out with the survey. It was used for any respondent who had queries or concerns about the questionnaire they received. It also enabled respondents to opt out of the survey or asked to complete the survey over the phone with an advisor. The Freephone had a link to language-line in case callers needed language assistance.

### Data entry and analysis

All completed questionnaires were returned to the Picker Institute in the freepost envelope provided, for data entry. The Picker Institute captured all data from completed surveys, compiled into a final data file. Standard quality checks were in place, and all data was thoroughly checked and cleaned prior to analysis. This included removal of any patient identifiable information such as patient or staff names in the freetext boxes.

The Picker Institute analysed the results using SPSS (Statistical Package for the Social Sciences).

### Information Security

All patient identifiable data was transferred to the Picker Institute via our secure file transfer (FTP) site and used solely for the purpose of carrying out the survey fieldwork (i.e. posting out the surveys). We used an honorary contract between the Picker Institute and the Trust to allow access to patient identifiable information such as names and addresses for implementing the survey fieldwork. All patient identifiable information is destroyed six months after the survey fieldwork is complete. Until then, the data is encrypted and stored on a non-networked drive. To ensure confidentiality of patient responses, survey respondent data is never linked to patient details, only to the unique reference number that we generate for each person.

The Picker Institute is wholly committed to delivering high quality surveys, research and service improvement in a way that ensures patient confidentiality and protects the reputation of our clients. To meet this commitment we will maintain our current certifications to ISO 20252 and ISO 27001, providing a guarantee that we handle all information securely. We comply fully with the Data Protection Act 1998 and the Market Research Society's (MRS) Code of Conduct.

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## Survey Timings

The timings of the Health Visitor postal survey 2014 were as follows. Exact mailing dates can be viewed in the 'Response Rates' section.

Task	Date
Final questionnaire to be signed off	By end November 2013
The Picker Institute to provide sampling guidance to SCH & MYH	By end December 2013
Trust to provide Trust logo and CEO signature and details for covering letters	By end December 2013
Trust to provide their patient sample to the Picker Institute	By mid-January 2014
The Picker Institute to send mailing 1 (cover letter, questionnaire and freepost envelope)	End January 2014 (24/01/2014)
The Picker Institute to send mailing 2 (reminder letter) to non-responders	Mid-end February 2014 (14/02/2014)
The Picker Institute to send mailing 3 (reminder letter, questionnaire and freepost envelope) to non-responders	Start-mid March 2014 (07/03/2014)
Fieldwork closes (final questionnaires accepted)	28 <sup>th</sup> April 2014
Data entry complete/final raw data available	Tues 6 <sup>th</sup> May 2014
Analysis and reporting	May-June 2014
Final report available - to include comparisons between SCH and MYH	By end June 2014

## Format of Results

Findings are arranged by questionnaire section and interpreted in the text and in graphical and tabular format. The percentage calculations throughout the report **exclude** respondents that did not answer. Full frequency tables are included at the end of the report (**Appendix 1**), which display how many people answered, and the proportion of patients that selected each response option. Quotes are displayed throughout the report in "*green italics*", taken from the 'Any Other Comments' section of the survey. All freetext comments are sent separately in an excel document.

Due to the methodology chosen for this survey (self-completion), there are inevitably a number of missing responses for each question. Where respondents have answered questions that were not relevant to them (i.e. they should have been filtered out), these answers have been removed. For example, any answers to questions about home visits (questions 9-11) have been omitted where the respondent reported that they have not had a health visitor come to their home (i.e. if they answered "I have not seen a health visitor at home" to question 8). Due to rounding percentages to contain no decimals, it is possible that the whole count of these percentages do not add up or go over 100%.

## Response Rates

Of the 989 eligible patients who were sent a questionnaire, 347 responded, giving a response rate of 35.1%. This is slightly higher than the response rates for the Mid Yorkshire Hospitals NHS Trust who had response rates of 31.4%.

The exact mailing dates for this survey are shown in the table below:

### Health Visiting Pilot 2014

#### Sheffield Children's NHS Foundation Trust

Dates of Fieldwork:			
	Initial Mailing	24/01/2014	1000
	First Reminder	14/02/2014	849
	Second Reminder	07/03/2014	783

Response Rate:	Receipt Type	Number
	Completed questionnaire - Hardcopy	347
	Ineligible - returned undelivered	11
	Ineligible - deceased	0
	Too ill/Opt out	1
	Ineligible - other	0

Number of patients in the original sample:	1000
Total number of eligible patients:	989
Returned completed:	347
<b>Response rate</b>	<b>35.1%</b>

Please see the tables below for a breakdown in respondents by age group, work status and ethnic groups.

## Results

### Respondent characteristics

The demographic characteristics of the respondents from your NHS Trust are shown in the table below:

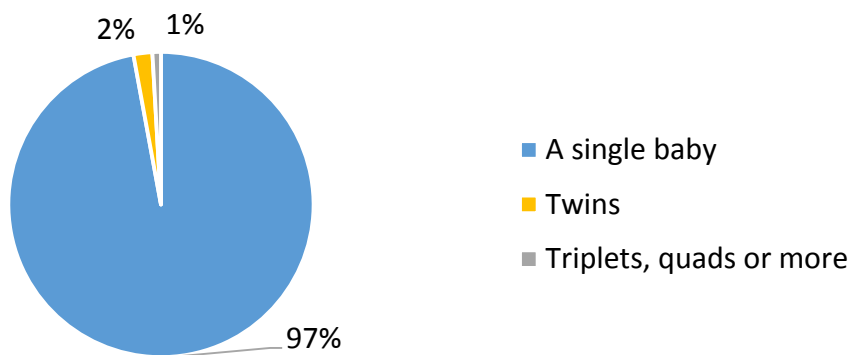
Respondent Characteristics	Number	Percent
<b>Who completed the questionnaire</b>		
Mother	311	93%
Father	6	2%
Both mother and father	14	4%
Other	4	1%
<b>Mother's Age</b>		
20 years or under	11	3%
21-30 years	111	32%
31-40 years	209	61%
41 years +	14	4%
<b>Mothers Ethnic Group</b>		
White / White British / Other	266	78%
Mixed	10	3%
Asian / Asian British	33	10%
Black / Black British	19	6%
Other ethnic group	13	4%
<b>Total number of babies given birth to</b>		
One	337	97%
Two	7	2%
Three or more	3	1%
<b>Current work status</b>		
Work full-time	33	10%
Work part-time	31	9%
In full-time education or training	1	<0.5%
Unemployed/looking for work	33	10%
On maternity leave	181	54%
Does not work due to an illness or disability	4	1%
Other	54	16%

Findings by questionnaire section are interpreted in each subsection below.

## A. Access and Contact with the Health Visitors

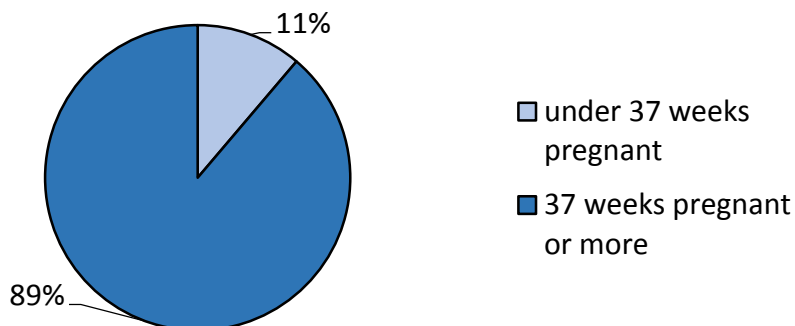
97% of the Health Visitor Service users (n=337) reported that they gave birth to a *single baby* in their most recent pregnancy. 2% (n=7) of the respondents gave birth to *twins* and 3 respondents (1%) gave birth to *triplets, quads or more*.

**Q1. Did you (or your partner) give birth to a single baby, twins or more in your most recent pregnancy?** (Asked to all; n=347)



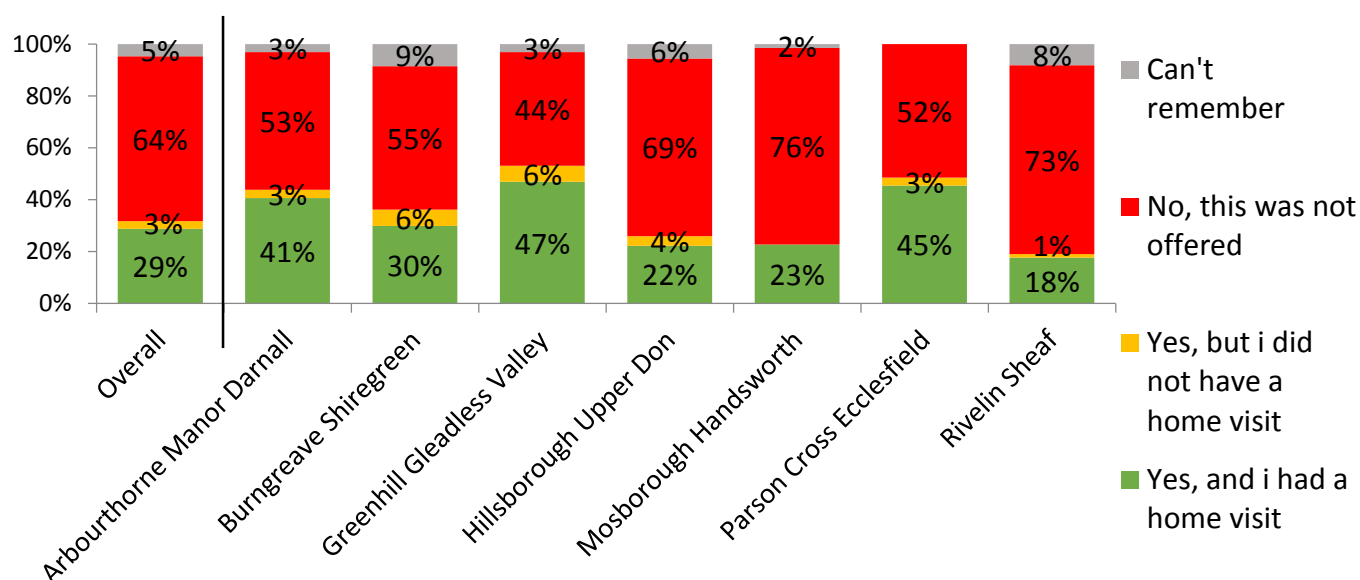
11% (n=39) of the respondents were *under 37 weeks pregnant* when they gave birth and 89% (n=307) were pregnant for *37 weeks of more*.

**Q3. Roughly how many weeks pregnant were you (or your partner) when your baby was born?** (Asked to all; n=346)



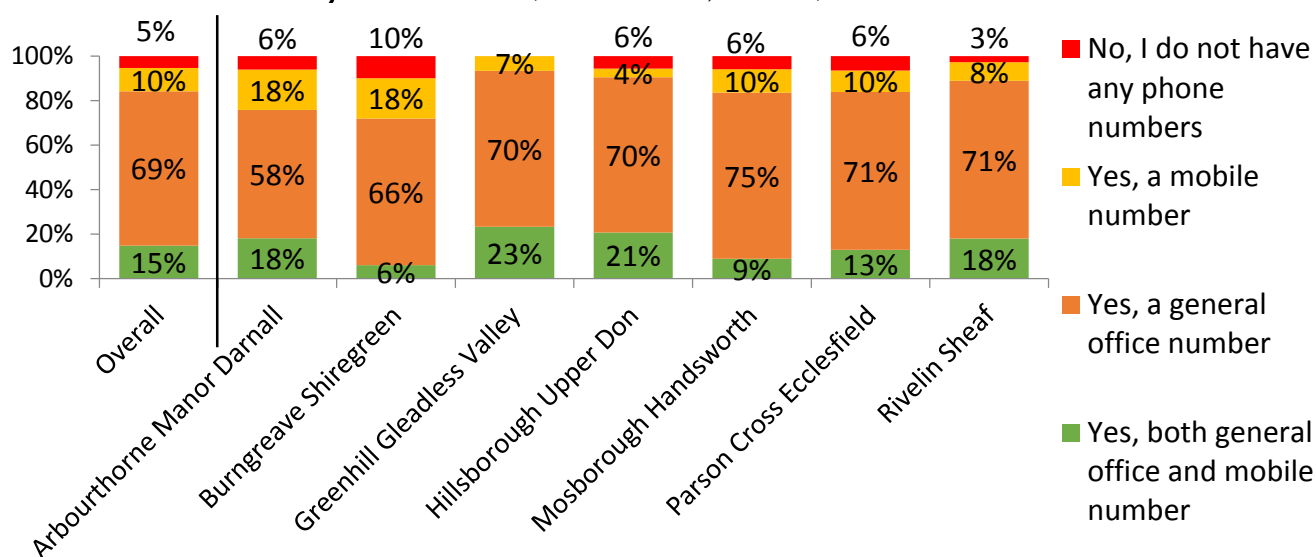
Respondents were asked whether they were offered a visit from a health visitor at home before their baby was born. For those 338 respondents who were not already receiving visits, 29% (n=97) were offered and received a home visit, and 3% (n=10) were offered a home visit but did not have one. 64% (n=215) were not offered a home visit and 16 participants (5%) could not remember. The graph below highlights that those respondents from Mosborough Handsworth and Rivelin Sheaf were the least likely to be offered a home visit before their baby was born compared to other units (76% (n=50); 73% (n=54) respectively). Whereas, only 14 participants (44%) from Greenhill Gleadless Valley stated they were not offered a home visit before their baby was born. Please see the graph below.

**Q4+. Were you offered a visit from a health visitor at home before you baby was born? (Asked to all; n=343)**



95% (n=318) of the responders confirmed that they had a phone number to contact the Health Visitor Service between visits when they needed to. Of these, 69% (n=233) had access to *the number of a general office*, 10% (n=35) had a *mobile number* and 15% (n=50) had access to *both a general office and mobile number* to contact the Health Visitor Service. Only 5% (n=18) of the respondents *did not have any phone numbers* to contact the Service. This was similar across all units. Please see the graph below.

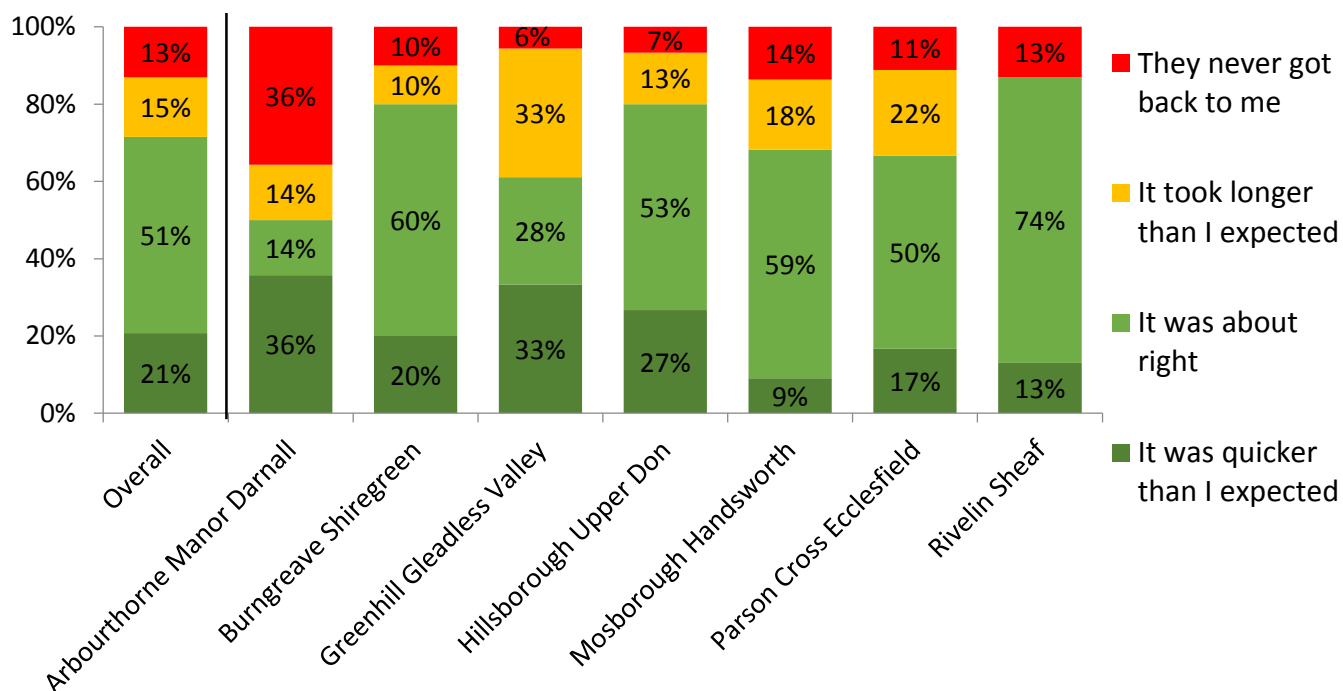
**Q5. Do you have a phone number for the Health Visitor Service so you can contact them between visits if you need to? (Asked to all; n=336)**



*“Access to a mobile phone number I needed to cancel an appointment at short notice rang the office landline & left a message with another health visitor but this was not passed into my health visitor who still came to my home & I was not in.”*

87% (n=20) of Rivelin Sheaf respondents who left a voice message for their health visitor on the phone (n=23) felt that the time they waited for the health visitor to get back to them was *quicker than expected or about right*. This varied from the Arbourthorne Manor Darnall site where only 50% (n=7) gave the same response. 36% (n=5) of the respondents of this site mentioned that the health visitor *never came back to them*, which is more than any other site.

**Q6+. If you have left a phone message for a Health Visitor, how long did it take them to get back to you? (Asked to all who left a message; n=130)**



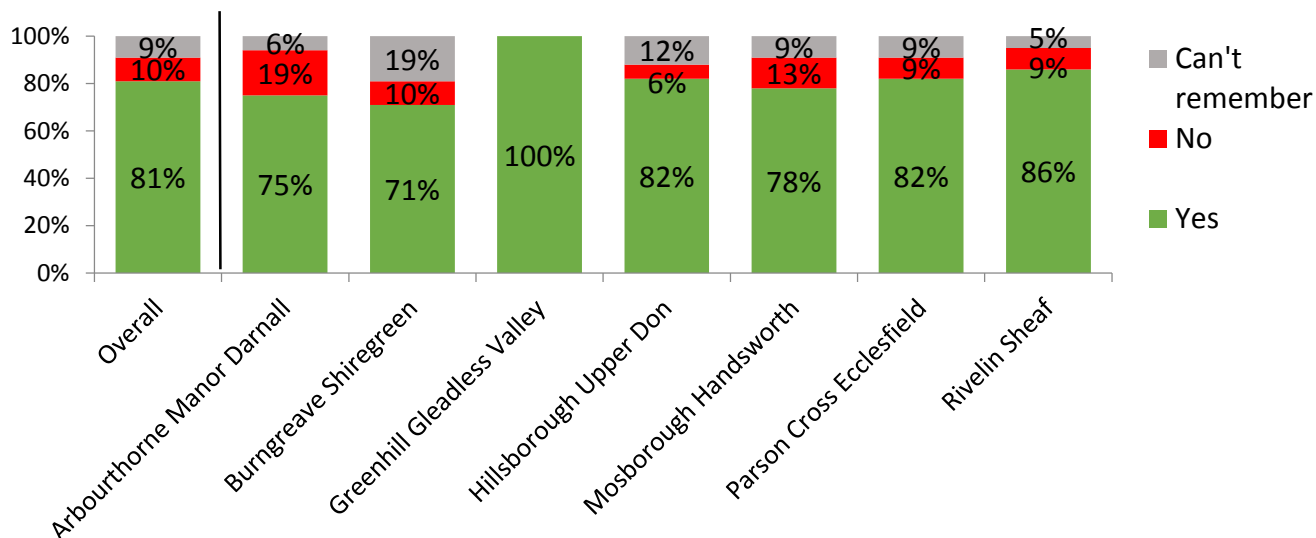
*“They are always at the end of the phone with advice and support. \*\*\* has been very supportive through a difficult time adjusting to being a new mum.”*

*“I find it reassuring to know I can phone the health visit team for advice (and they will return my call quickly if I have left a message). I have found most of their advice very useful.”*

When respondents were asked if it could be arranged to see a health visitor at short notice, overall 81% (n=98) said ‘yes’ and 10% (n=12) said ‘no’ (the rest could not remember). All from Greenhill Gleadless Valley (n=11) mentioned that this was possible – much greater than at other sites. Almost one fifth (19%) of Arbourthorne Manor Darnall respondents were not able to see a health visitor at short notice. Please see the graph below.

**Q7+. If you have needed to see the Health Visitors at short notice (at home or in a clinic) could this be arranged?**

(Asked to those who needed to see the Health Visitors at short notice, n=121)



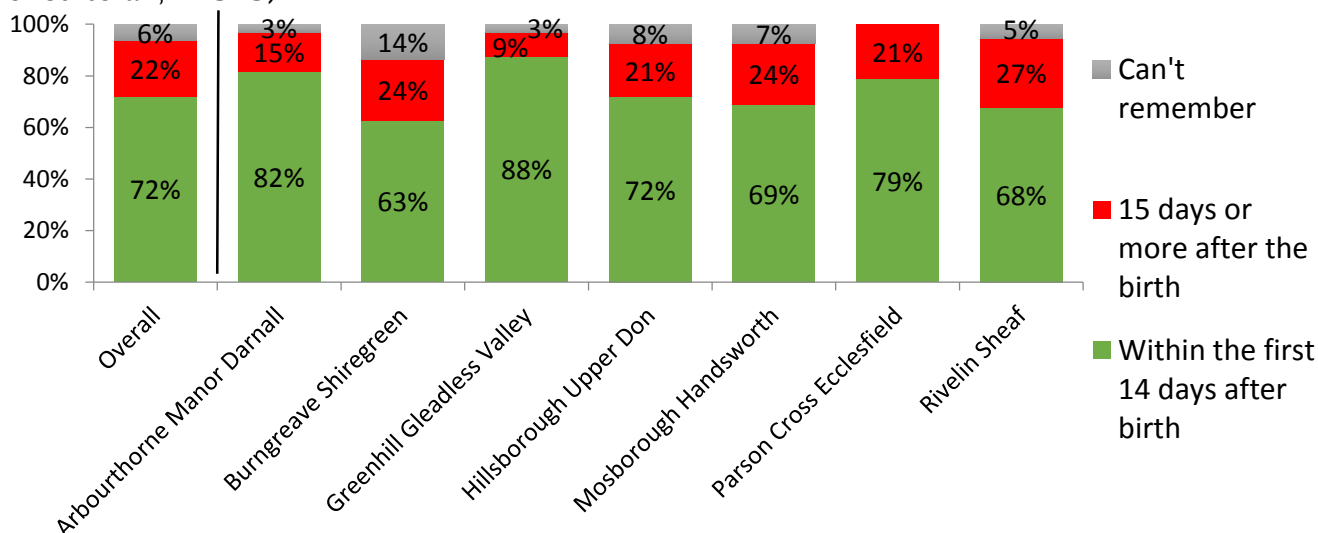
*“Very good advice given always. Willingness to see us always. Always friendly”*

**Home Visits**

Overall, 72% of responders said they were first seen by a health visitor within two weeks of the birth of their baby. No responders stated they had not received a visit from the home visitor at home. Of Rivelin Sheaf respondents, 27% (n=20) said they were first seen by a health visitor more than two weeks after their baby was born, whereas for Greenhill Gleadless Valley this figure was lower at 9% (n=3).

**Q8+. How soon after your baby was born did you first see a Health Visitor at home?**

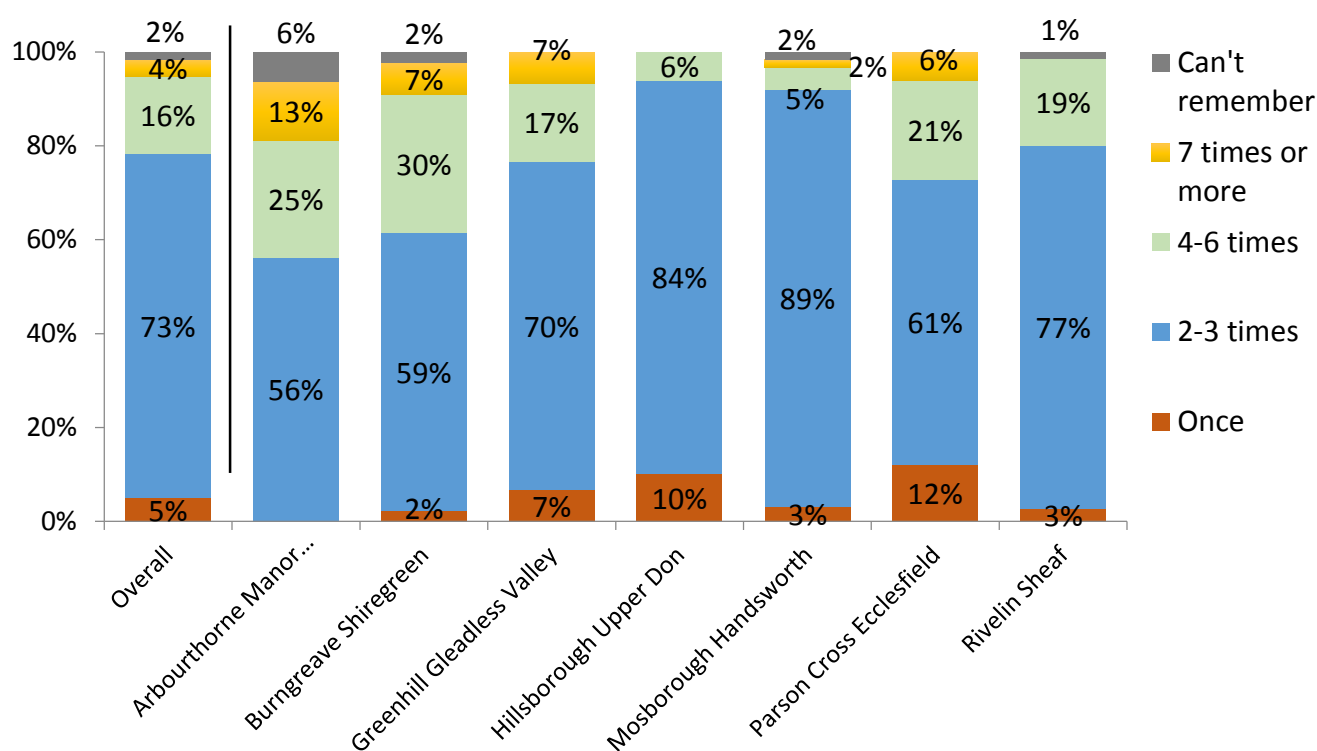
(Asked to all; n=343)



The majority of respondents (73%, n=235) reported that a health visitor had come to see them at home two or three times. Only 5% said they had been visited only once (n=16) and 16% (n=52) said they had been visited between four and six times. 4% (n=12) reported having been visited seven times or more.

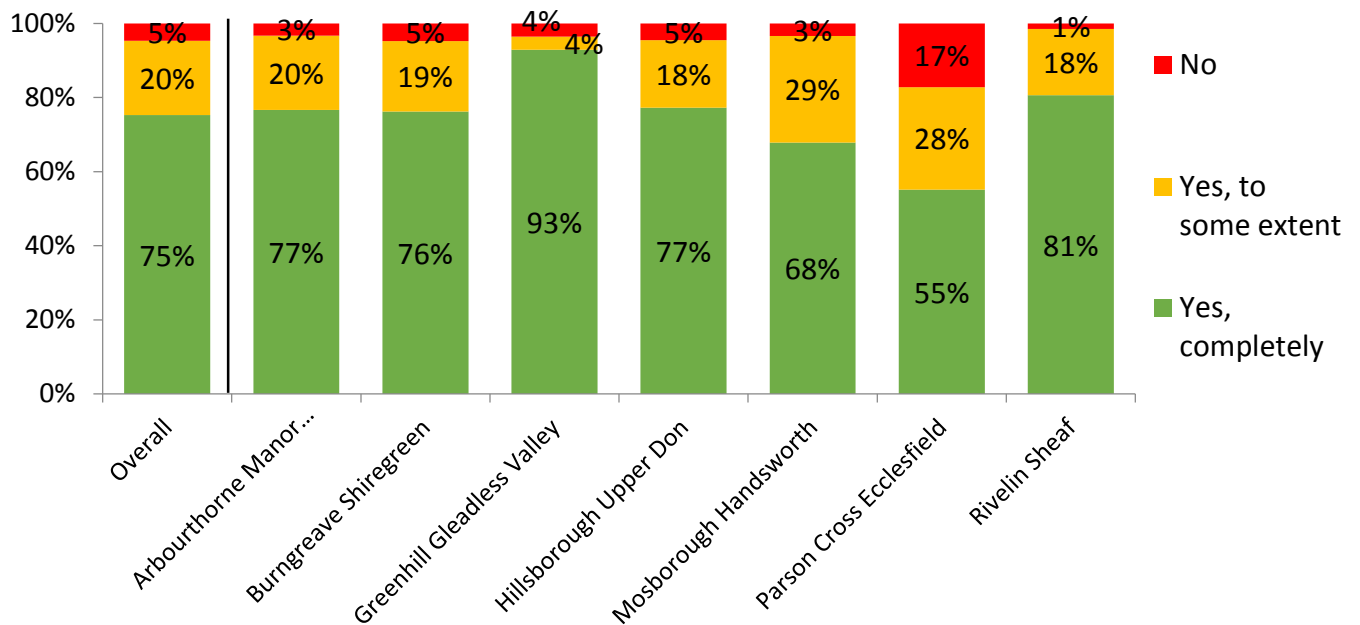
Of respondents from Arbourthorne Manor Darnall, none said they had had only one visit, and 38% (n=12) said they had been visited four times or more. Of Parson Cross Ecclesfield respondents, 12% (n=4) said they had had only one visit, and of Hillsborough Upper Don respondents, only 6% (n=3) had had more than 3 visits.

**Q9. Since your baby was born, how many times has a Health Visitor come to see you and your baby at home? (Asked to all; n=320)**



Overall, 75% (n=225) of respondents said they knew completely when the home visits with the health visitor would take place, with a further 20% (n=60) reporting that they knew to some extent. 93% (n=26) of the Greenhill Gleadless Valley always knew when the home visits with the health visitor would take place, whereas only 55% (n=16) of those from Parson Cross Ecclesfield always knew when the visit would take place.

**Q10. Do you always know when your home visits with the Health Visitor will take place? (Asked to all; n=299)**



*“call or text us when going to be late”*

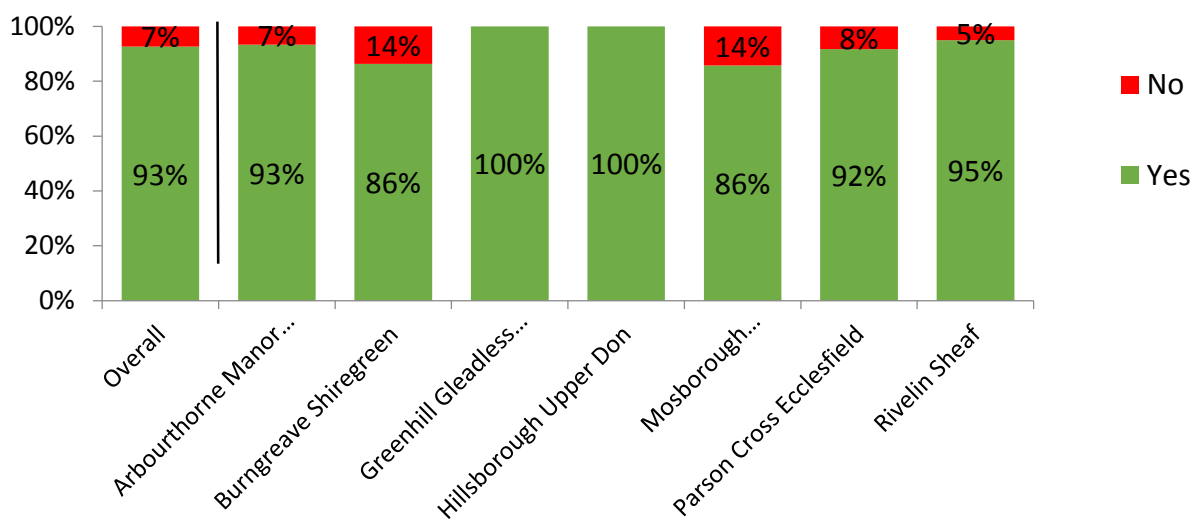
*“Punctuation [punctuality] of the health visitor is a bit poor both at home and the drop in centres in my case it is usually at the GP's practice. The health visitor comes late, almost on all the occasions I visited she was late.”*

*“The health visitor could turn up at the time arranged”*

Overall the majority (93%, n=113) of respondents who needed to, said they were able to change the time or date of a scheduled home visit, or arrange an extra visit. For respondents from the Greenhill Gleadless Valley and Hillsborough Upper Don units, 100% (n=13 and n=19 respectively) of respondents said yes, they could. For Burngreave Shiregreen and Mosborough Handsworth units, 14% (n=3 at each) said they were not able to.

**Q11. If you have needed to change the time or date of a scheduled home visit, or wanted to arrange an extra visit, were you able to do this?**

(Asked to those who needed to change the time/date of a visit or arrange an extra visit; n=122)

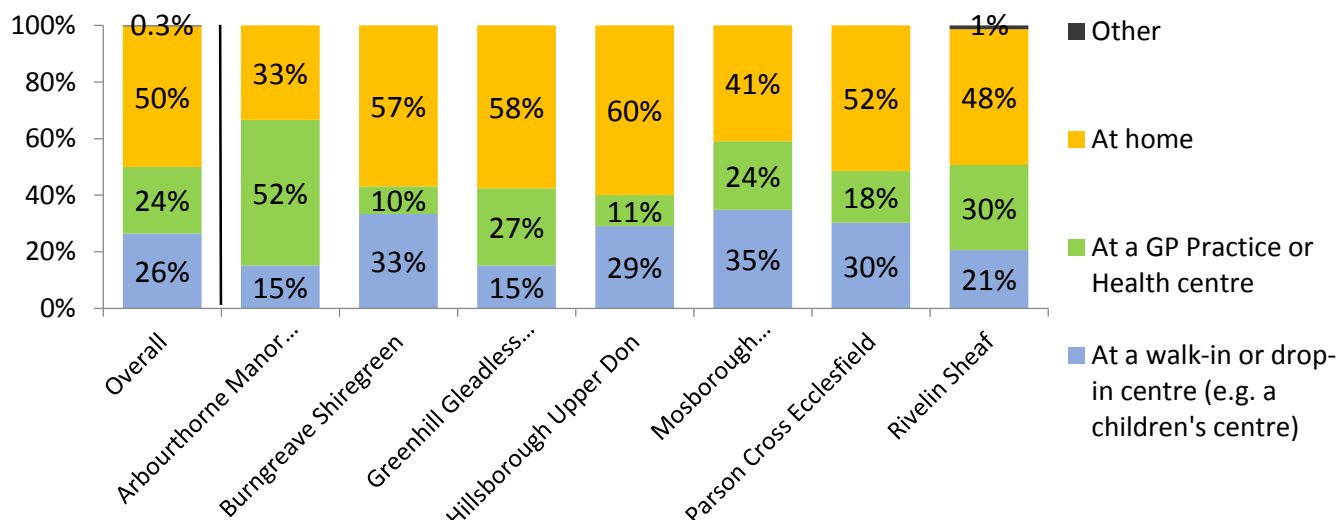


**B. Most Recent Appointment with a Health Visitor**

Half of all respondents (n=171) said their most recent visit with a health visitor took place at home. The remainder were split between at a walk-in or drop-in centre (26%, n=91) and at a GP Practice or health centre (24%, n=81). Only one participant stated their appointment was at another location. Arbourthorne Manor had a higher proportion of respondents than the other units reporting that they most recently saw the health visitor at a GP practice or health centre (52%, n=17). Burngreave Shiregreen (57%, n=29), Greenhill Gleadless Valley (58%, n=19), and Hillsborough Upper Don (60%, n=33) had higher proportions compared to other units who had most recently seen the health visitor at home.

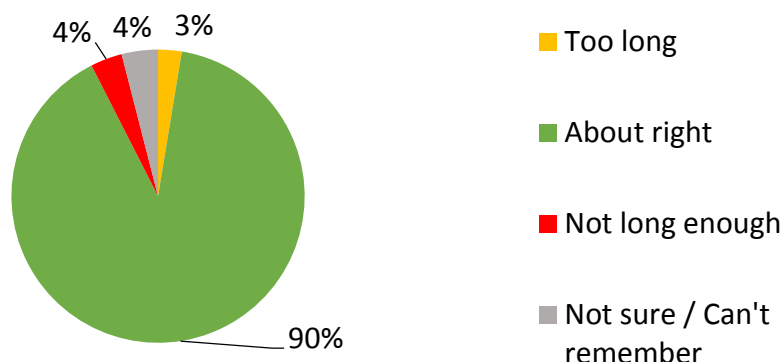
**Q12. Where did your most recent appointment with the Health Visitor take place?**

(Asked to all, n=344)



The majority of respondents (90%; n=311) agreed that the length of their appointment was *about right*. 3% (n=9) thought the appointment was *too long*, while 4% (n=12) found it *not long enough*. 4% (n=14) of the Health Visitors Service users *could not remember*.

**Q13. Thinking about the length of your last appointment, was it...**  
(Asked to all; n=346)

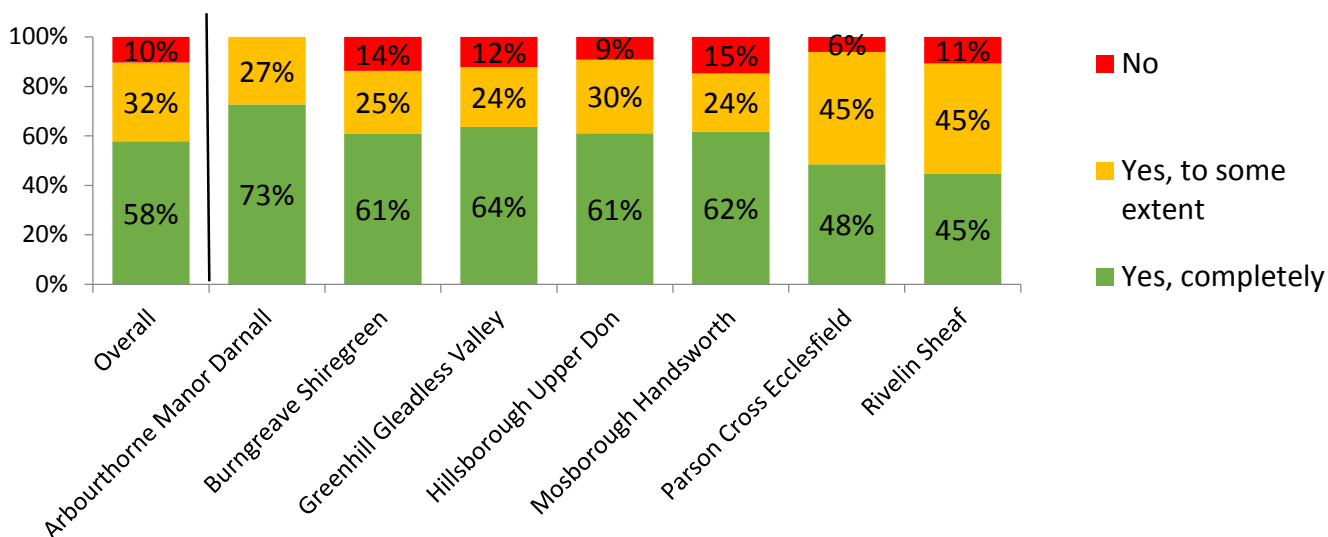


*“More time for appointments @ the GP practice HV always seem rushed.”*

*“More session/ time. Not a production line at drop in sessions. Not feeling rushed. HV asking about health of mum not just baby Continuity so you know the HV and they know you and your baby. More privacy.”*

Of all respondents, more than half (58%, n=200) thought the health visitor had all the necessary background information about them and their baby. A further 32% (n=110) said they had this information to some extent, while 10% (n=36) said they did not. All respondents from the Arbouthorne Manor Darnall Unit indicated that the health visitors had the necessary information about them, but for Burngreave Shiregreen the proportion who said they did not was 14% (n=7) and for Mosborough Hansworth it was 15% (n=10).

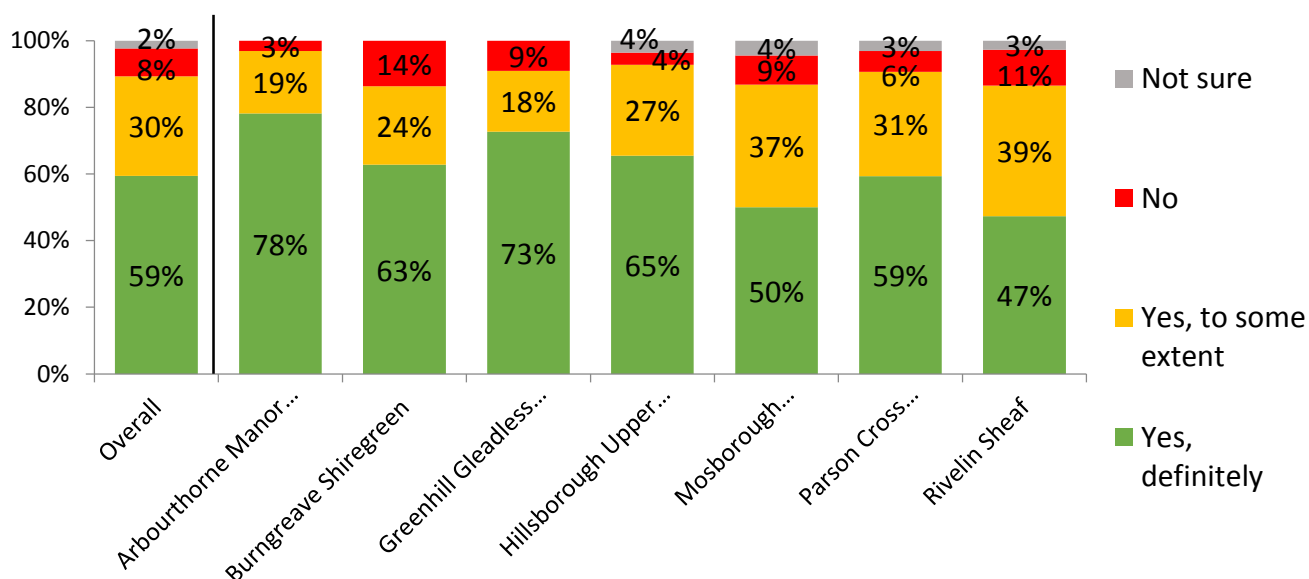
**Q14. Did you feel that the Health Visitor had all the necessary background information about you and your baby? (Asked to all; n=346)**



*“It would be better if they had records of previous visits so that you don’t have to repeat yourself each time you see a health visitor at baby clinic.”*

59% (n=205) of all respondents to the survey said that the information provided by the health visitor was definitely helpful, while 30% (n=103) said this information was helpful to some extent. 8% (n=29) reported that it was not helpful, and a further 2% (n=8) said they were not sure. Only 3% (n=1) of Arburthourne Manor Darnall respondents said the information and advice provided by the health visitor was not helpful, whereas for Burngreave Shiregreen this figure was 14% (n=7).

**Q15. Was the information and advice provided by this Health Visitor helpful? (Asked to all; n=345)**



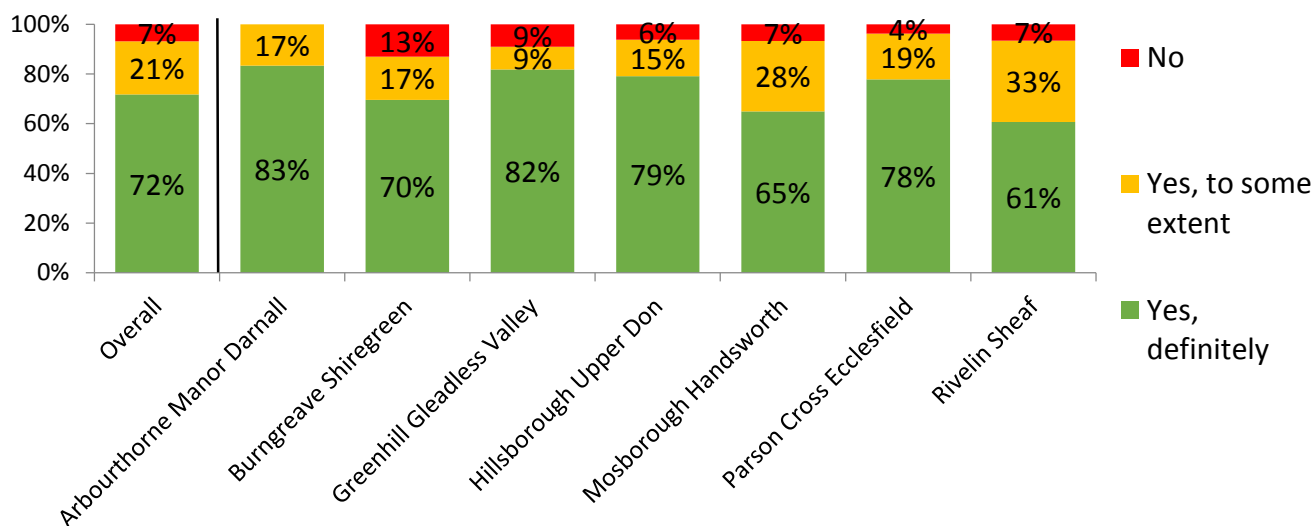
*“Understanding, helpful and get to know you and your family”*

*“I appreciate particularly the personal anecdotes and reassurance received with potty training my toddler. Made me relate more to the HV and gave me more confidence in my mothering skills.”*

*“I found health visit team very informative, supporting and caring”*

Nearly three quarters (72%, n=219) of those respondents for whom it was necessary that their needs and those of their family were considered (n=305), said the health visitor definitely considered these needs when providing information and advice. A further 21% (n=65) said they did to some extent, and 7% (n=21) reported that they did not. Of Arbourthorne Manor Darnall respondents, 83% (n=25) reported that these needs were definitely considered and none reported that they were not. In contrast, only 61% (n=37) of respondents from the Rivelin Sheaf unit reported that these needs were definitely considered, and 13% (n=6) of Burngreave Shiregreen respondents reported that they were not considered.

**Q16+. Did the Health Visitor consider the needs of you and your family when providing information and advice?** (Asked to those for whom it was necessary that the health visitor considered the needs of them and their family; n=305)



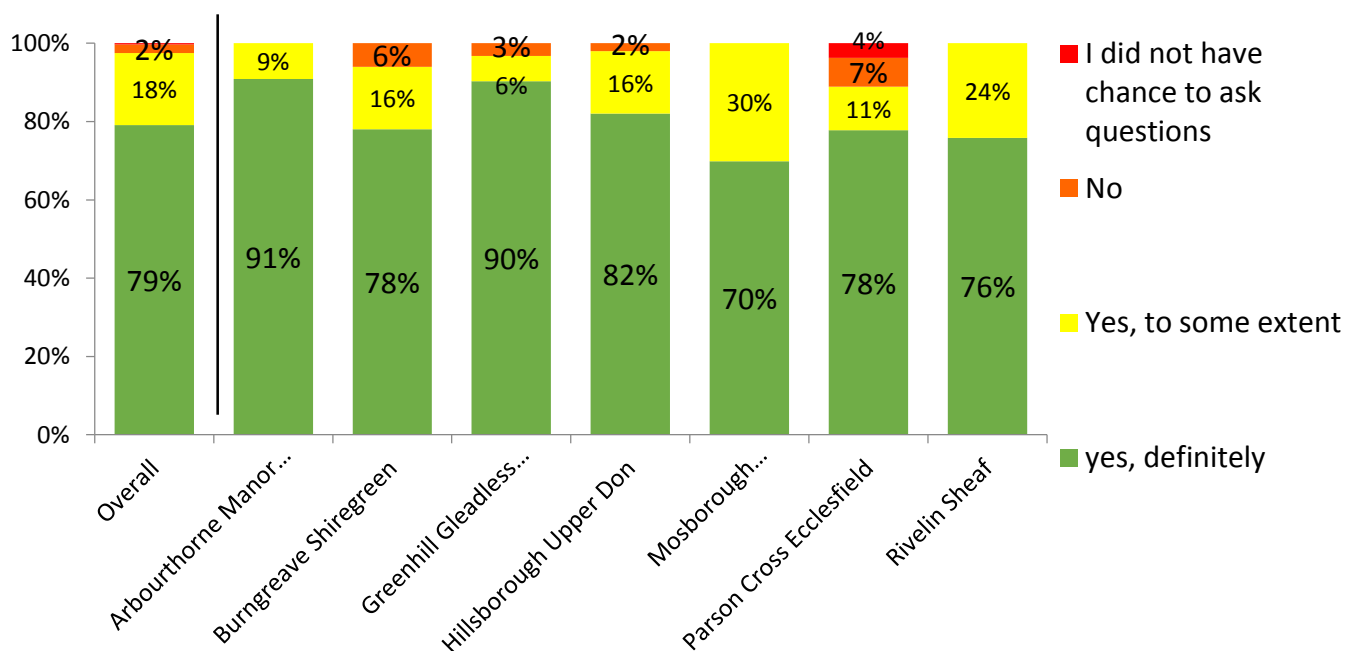
*“has been supportive non-judgmental consistent kind and generous with her time she provided me with everything I needed when I needed it. She was truly professional accessible she took care of me and my daughter almost as though she was a family member an amazing lady who probably doesn't realise how very special she is.”*

79% (n=250) of survey respondents who had questions for the health visitors reported that they definitely got answers they could understand, with 18% (n=58) saying they could understand the answers to some extent and only 2% (n=7) saying they did not understand the answers.

Arbourthorne Manor Darnall respondents all said they were given answers they could understand either definitely (91%, n=30) or to some extent (9%, n=3). At Parson Cross Ecclesfield, 78% (n=21) of respondents reported that they were definitely given answers they could understand, 11% (n=3) were given answers they could understand to some extent, while 7% (n=2) were not given answers they could understand and 4% (n=1) said they did not have a chance to ask questions.

**Q17+. If you had questions to ask the Health Visitor, did you get answers that you could understand?**

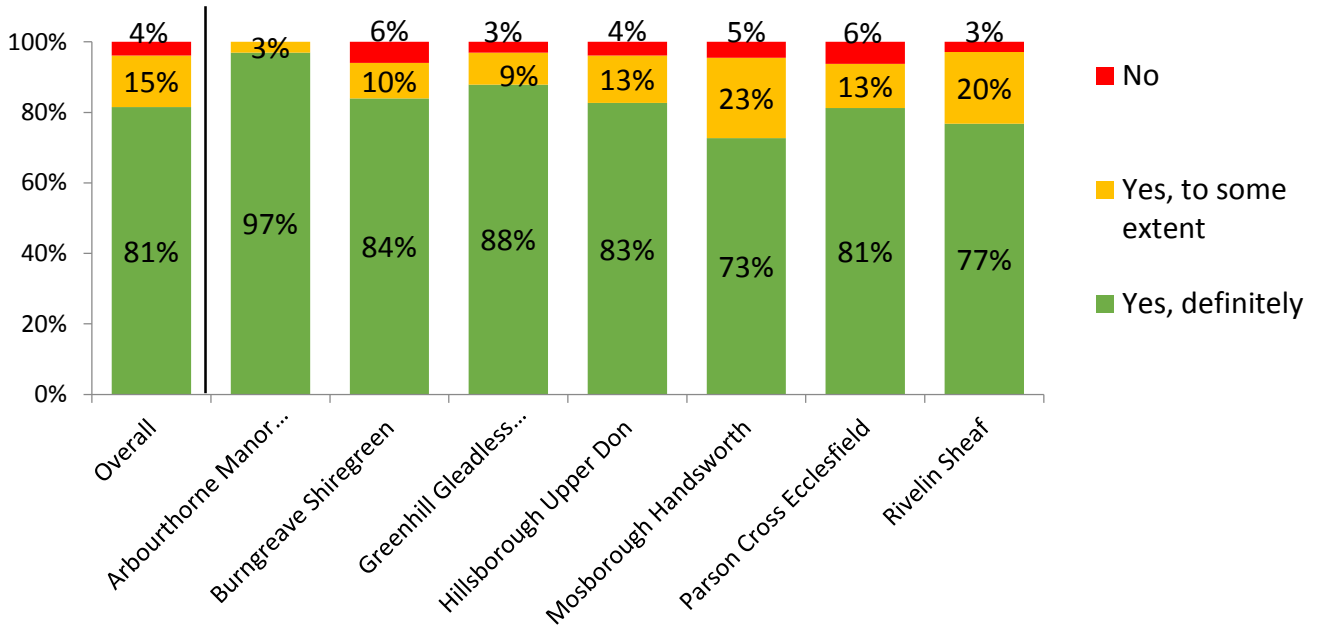
(Asked to those who had questions for the health visitor; n= 316)



Of those who considered it necessary (n=335), 81% (n=273) found the health visitor definitely listened carefully to what they had to say and 15% (n=49) said they did to some extent. 4% (n=13) said they did not listen carefully.

Arbourthorne Manor Darnall respondents were most likely (97%, n=32) to report that the health visitor listened carefully and none reported that they did not listen. At Mosborough Handsworth only 73% (n=48) said they definitely listened carefully.

**Q18+. Did the Health Visitor listen carefully to what you had to say?**  
 (Asked to all for whom this was necessary, n=335)



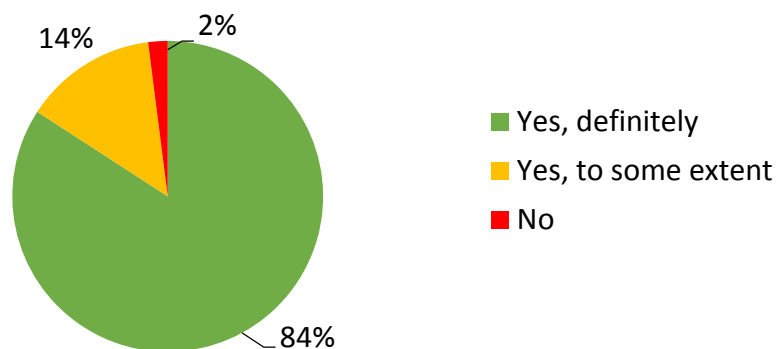
*“Patience in listening”*

*“Communication could be improved between the health visitor + new mum.*

*Contradictions in information from health visitor + midwife.”*

When asking the respondents if the health visitor was welcoming and friendly, 84% (n=292) answered: *Yes, definitely*. 14% (n=48) felt that this was true *to some extent* and only 7 respondents (2%) did not agree.

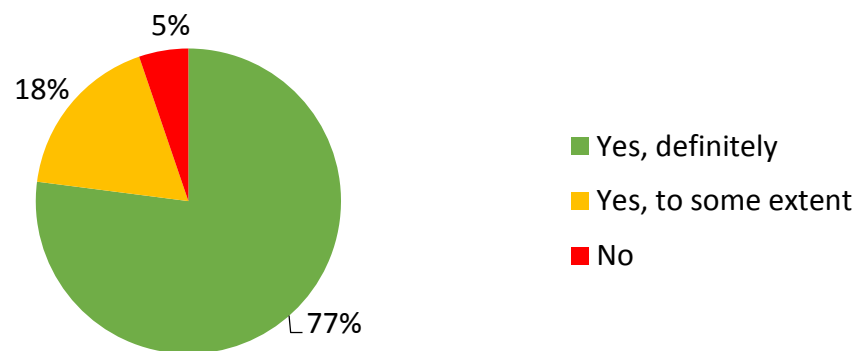
**Q19. Was the Health Visitor welcoming and friendly?** (Asked to all; n=347)



*“Good company/very friendly”*

Respondents were asked if the health visitor was reassuring during their last appointment. 77% (n=265) answered that they *definitely* felt the health visitor was reassuring and 18% (n=61) said 'to some extent'. Only 5% (n=18) of the respondents did not think the health visitor was reassuring.

**Q20. Was the Health Visitor reassuring?** (Asked to all; n=344)



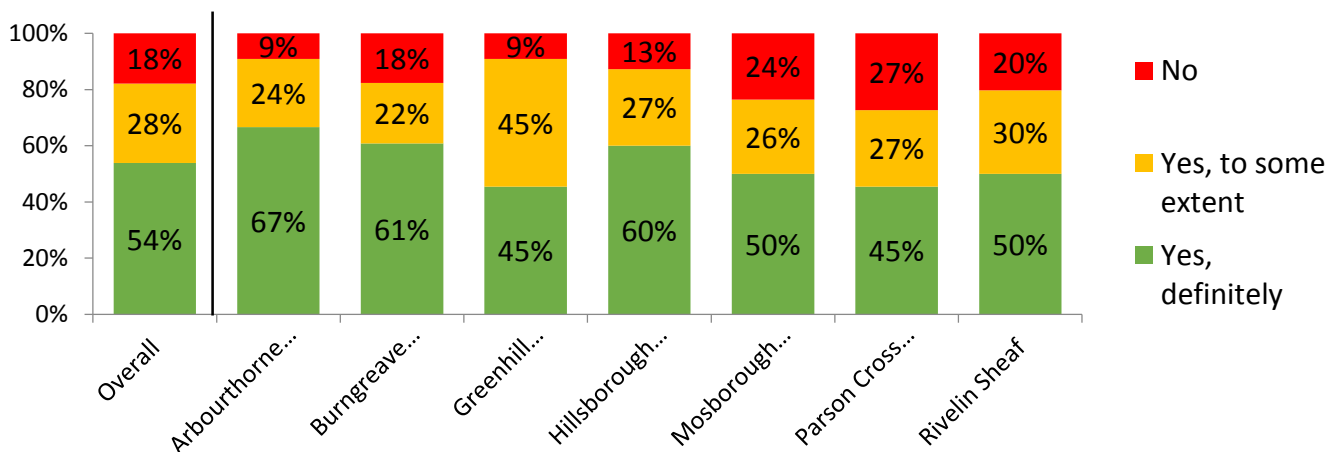
*“She made me feel more confident and I felt I could call her anytime if I needed to”*

*“There were a couple of occasions when I felt more anxious after receiving advice from a health visitor. On one occasion the health visitor seemed to hold a strong personal opinion and I left feeling I'd done wrong, and on another occasion I felt I hadn't been listened to. (I would like to say that this wasn't the case on most occasions.)”*

Overall, only slightly over half of respondents (54%, n=187) said that they would definitely feel comfortable discussing emotional issues with the health visitor, with 28% (n=98) saying they would be comfortable to some extent and 18% (n=62) saying they would not.

For Parson Cross Ecclesfield, only 45% (n=15) said they would definitely feel comfortable discussing emotional issues with the health visitor, and 27% (n=9) said they would not feel comfortable. Of Arburthourne Manor Darnall respondents, 67% (n=22) would definitely feel comfortable, 24% (n=8) to some extent and 9% (n=3) would not.

**Q21. Would you feel comfortable discussing any emotional issues with your Health Visitor (e.g. anxiety, depression) if needed to? (Asked to all; n=347)**

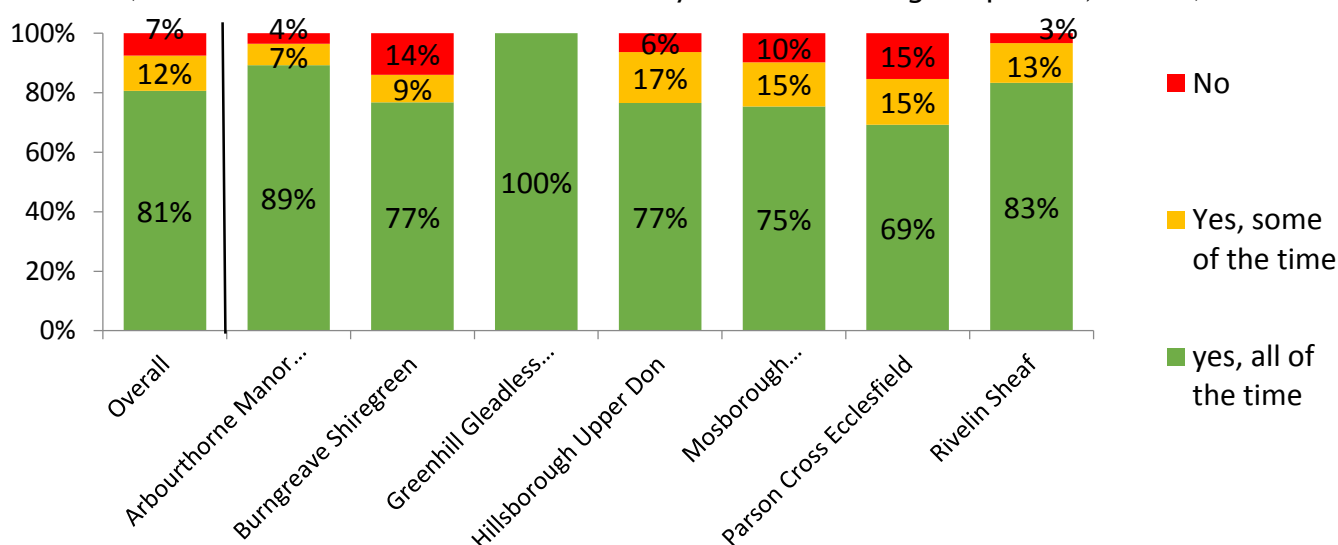


*“My health visitor recognised that I was feeling emotional and helped me by talking about it making me understand that what I was feeling was normal”*

When asked whether they were given enough privacy when discussing things with the health visitor, 81% (n=237) of those who said it was necessary to discuss things in private (n=294) said they were given enough privacy all of the time, and 12% (n=35) said they were some of the time. 7% (n=22) said they were not.

All the respondents (n=29) of the Greenhill Gleadless Valley agreed that they were given enough privacy all the time when discussing things with the health visitor. For the Parson Cross Ecclesfield this was only true for 69% (n=18) of the respondents, 15% (n=4) mentioned they had enough privacy some of the time and 15% (n=4) felt there was not enough privacy. This last percentage is double as big as the Overall percentage of 7% (n=22).

**Q22+. Were you given enough privacy when discussing things with the Health Visitor? (Asked to all for whom it was necessary to discuss things in private; n=294)**

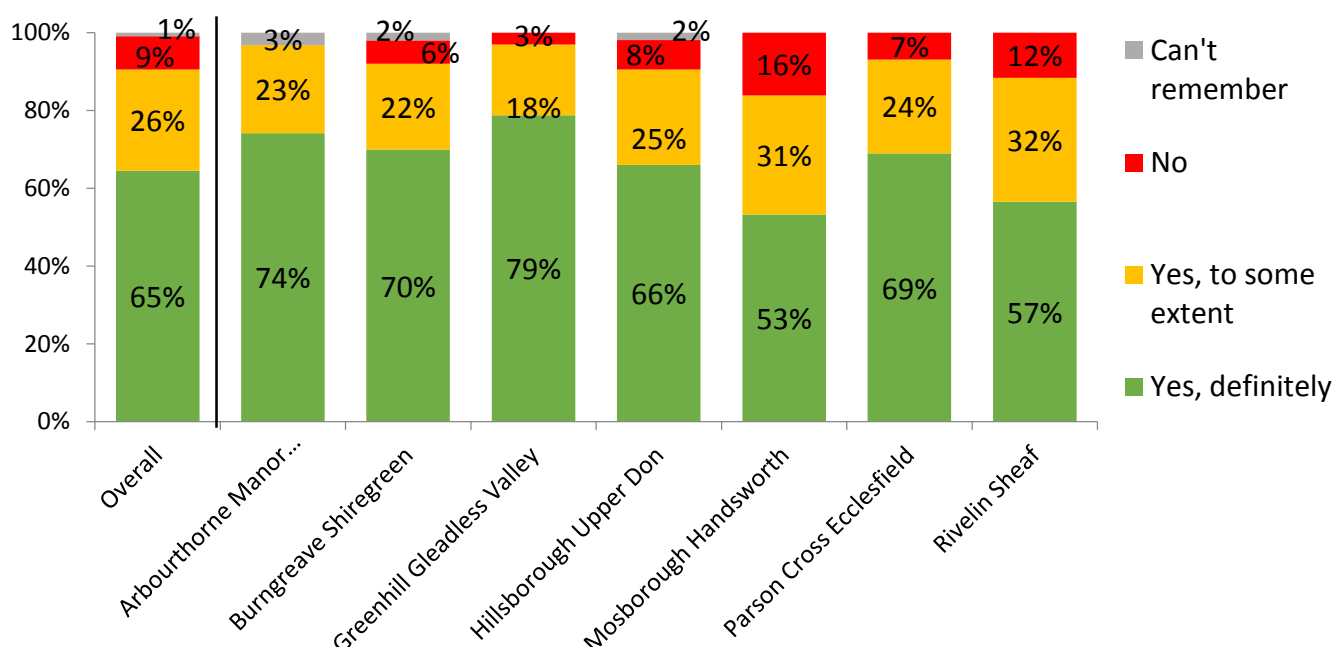


*“Sometimes it feels rushed and there is not always the privacy to be able to ask the questions you really want to ask.”*

Overall, 65% (n=211) of respondents who thought it was necessary reported that the health visitor definitely interacted with their child. 26% (n=85) said they interacted with their child to some extent, and 9% (n=28) said they did not. A further 1% (n=3) said they could not remember.

The proportions varied between units, with 79% (n=26) of Greenhill Gleadless Valley respondents saying the health visitors definitely interacted with their child compared with only 53% (n=33) at Mosborough Handsworth.

**Q23+. Did the health visitor interact with your child?** (Asked to those for whom this was necessary; n=327)

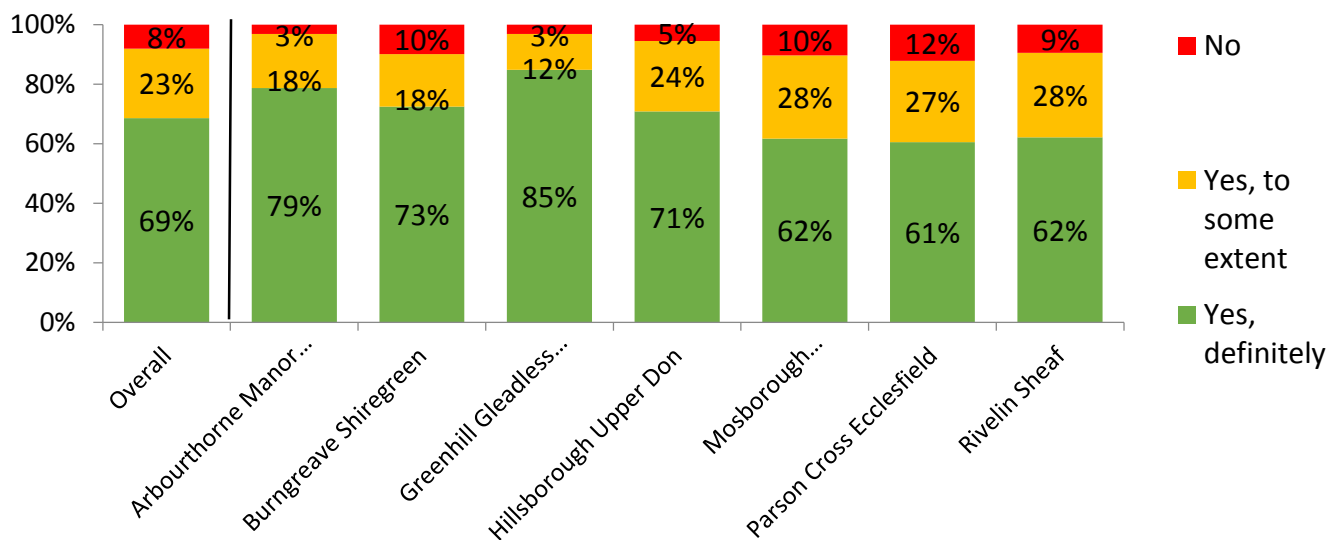


*“The health visit team are so kind and moved very good with the baby. My child also felt comfortable communicating with them on his own childish language”*

Almost one in 8 respondents (79%, n=238) said they definitely had confidence and trust in the health visitor, 23% (n=81) saying they had to some extent, and 8% (n=28) saying they did not have confidence and trust in them.

Parson Cross Ecclesfield respondents demonstrated the lowest levels of confidence and trust, with 61% (n=20) responding “yes, definitely” and 12% (n=4) saying “no”. The highest levels of trust and confidence were reported for Greenhill Gleadless Valley with 85% (n=28) saying “yes, definitely” and just 3% (n=1) saying “no”.

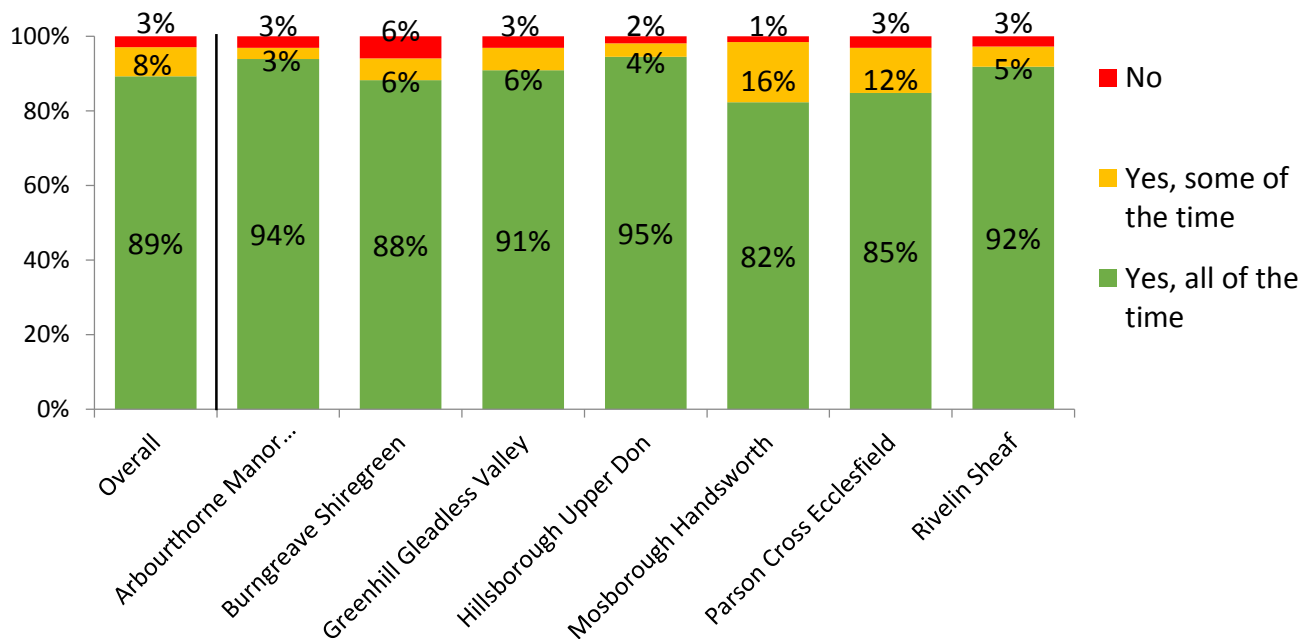
**Q24. Did you have confidence and trust in the Health Visitor? (Asked to all; n=347)**



Respondents who felt the health visitor treated them with respect and dignity were high overall and across the units, with 89% (n=310) saying they were treated with respect and dignity all of the time, and 8% (n=27) saying some of the time. 3% (n=10) reported that they were not treated with respect and dignity.

Of the individual units, Mossborough Handsworth had the smallest proportion (82%, n=56) responding “Yes, all of the time” but only 1% (n=1) responding “no”. 95% (n=52) of Hillsborough Upper Don respondents said they were treated with respect and dignity all of the time, and 2% (n=1) saying they were not.

**Q25. Did the Health Visitor treat you with respect and dignity? (Asked to all; n=347)**

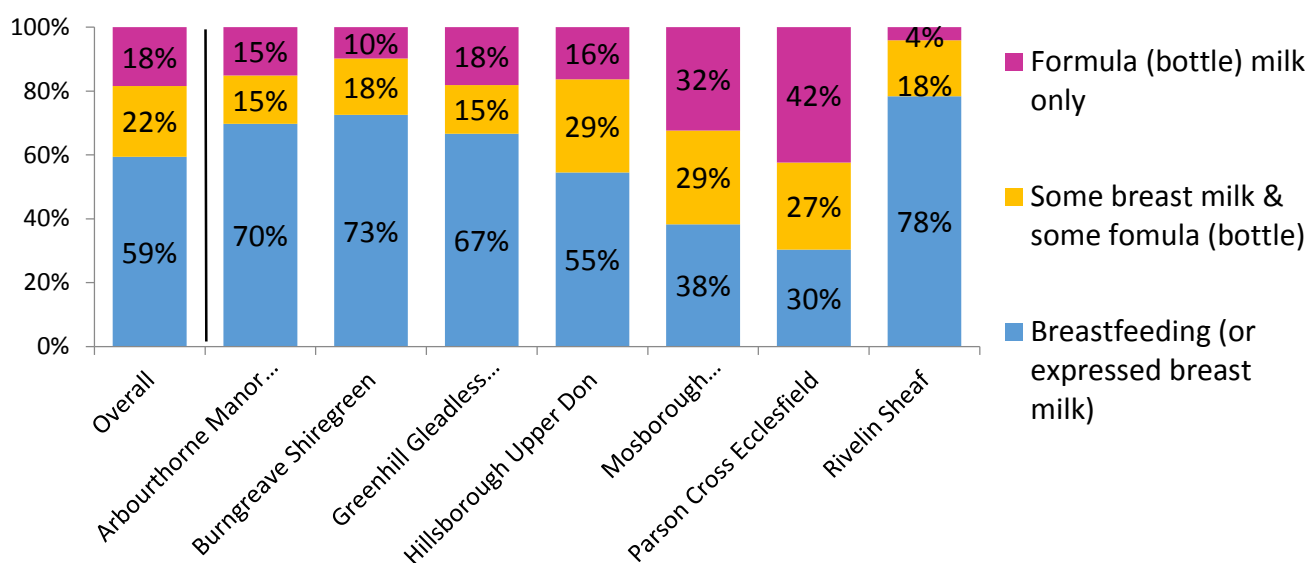


## C. Feeding

In the first four weeks after birth, 59% (n=206) of respondents were mostly breastfeeding their baby, or feeding them expressed breast milk. 22% (n=77) were feeding them both breast milk and formula milk, and 18% (n=64) were mostly feeding their baby formula milk only.

There were marked differences between the units in this respect: in Rivelin Sheaf the proportion mostly breastfeeding was 78% (n=58) and formula feeding 4% (n=3), compared to Parson Cross Ecclesfield where the equivalent figures were 30% (n=10) and 42% (n=14).

**Q26. In the first 4 weeks after the birth, how were you mostly feeding your baby?**  
(Asked to all; n=347)



The Health Visitor Service users who (partially or fully) breastfed their children, have access to a range of sources to get advice. They were asked about all the places that they had received advice from. 180 respondents asked the *Midwives* for advice and *The Health Visiting Team* was chosen by 157 people. *Breast feeding support groups* was chosen by 116 respondents. 59 respondents received advice from the *Children's Centre* and 51 respondents from *Peer supporters*. 30 Health Visitor Service users used another resource for breastfeeding advice and 46 responders said they *did not need* advice.

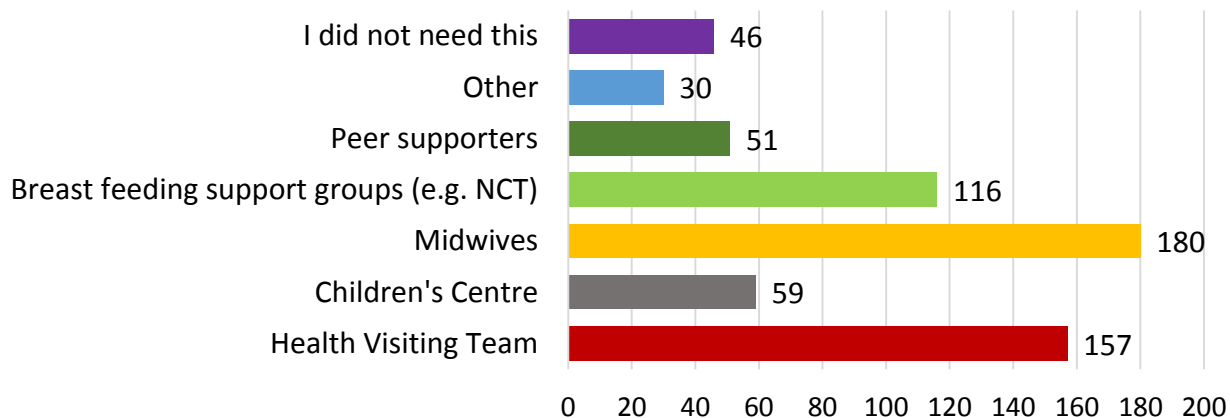
As *other* resources for breastfeeding respondents mentioned:

*"Friends & family" & "Friends that had recently become mothers"*

*"Tamba helpline"*

*"SCBU" and "Hospital staff"*

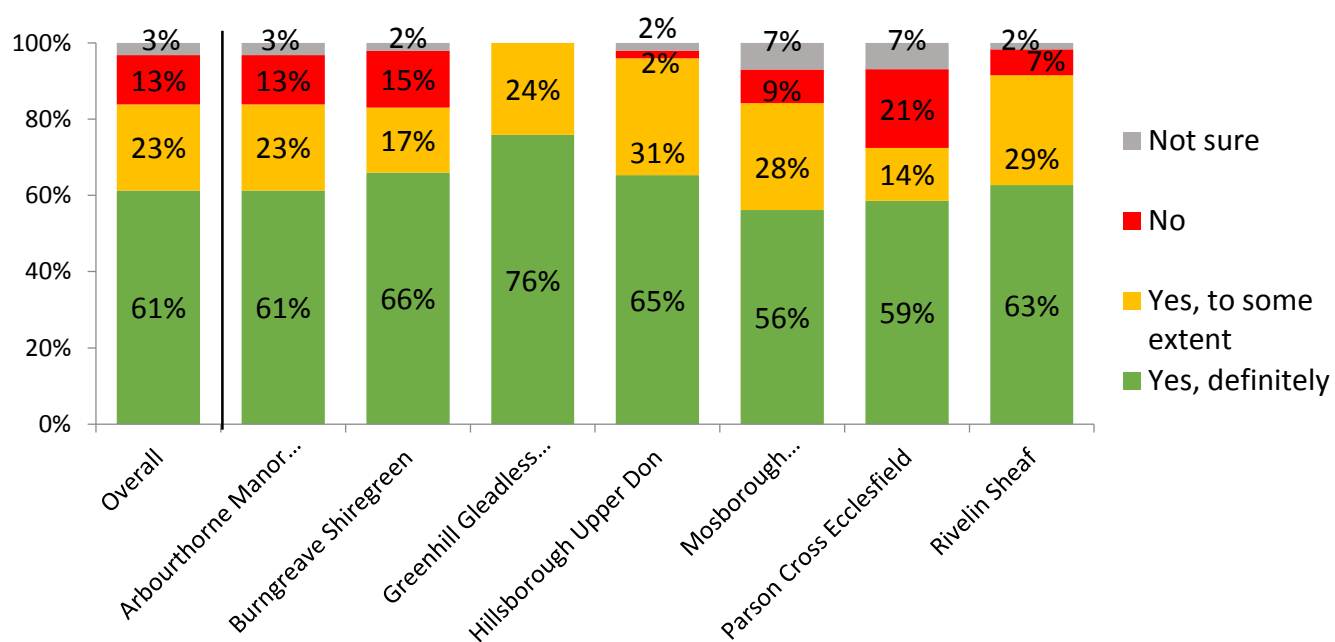
**Q27. If you needed breastfeeding advice, where did you receive this from?**  
(Asked to all; n=347)



Asked whether they were given active support and encouragement in feeding their baby, 61% (n=190) of those who needed this support (n=301) felt they were definitely given it, 23% (n=74) to some extent and 13% (n=27) felt they were not. The remaining 3% (n=10) were not sure.

76% (n=22) of the respondents of the Greenhill Gleadless Valley *definitely* felt active support and encouragement in feeding their baby from the health visitors. This is the highest percentage in comparison with the other sites. The unit at which the highest proportion (21%, n=6) responded “no” was Parson Cross Ecclesfield.

**Q28+. Thinking about feeding your baby (breast or bottle), did you feel that Health Visitors gave you active support and encouragement?** (Asked to those who needed active support and encouragement; n=301)



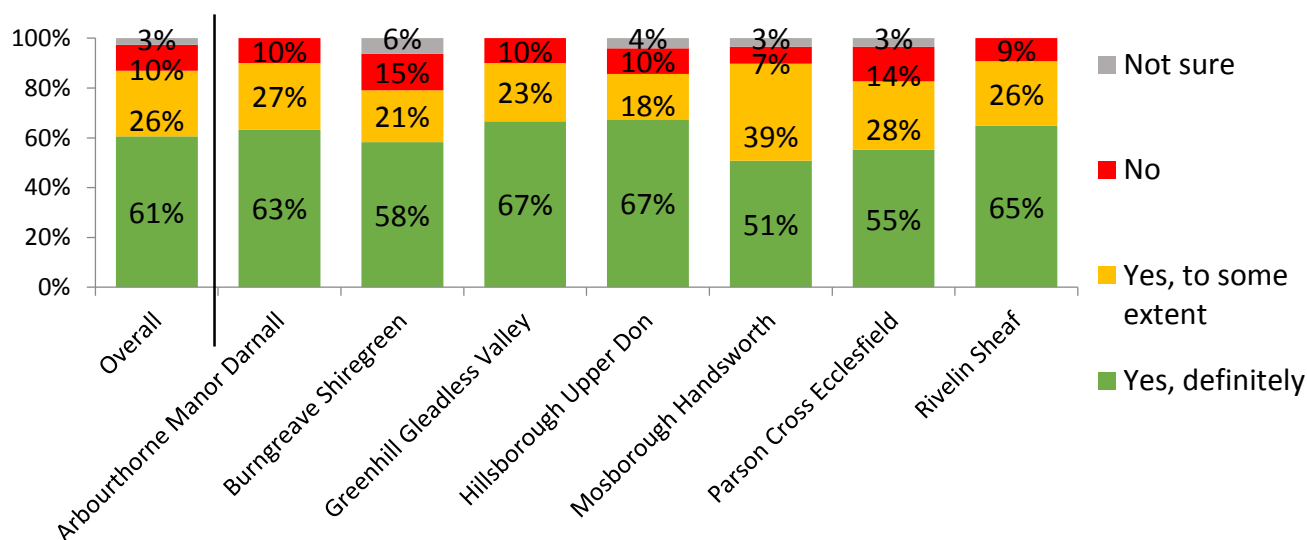
*“Supportive advice and reassurance re: breastfeeding to bottle feeding due to poor weight gain”*

*“Without the support from my health visitor I would not have known how to breast feed my baby”*

On the question of whether they were given consistent advice about feeding their baby, 61% (n=181) of those who needed advice (n=299) said they were definitely given it, 26% (n=79) were to some extent and 10% (n=31) were not, while a further 3% (n=8) were not sure.

The units at which the highest proportions of respondents said they were definitely given consistent advice were Greenhill Gleadless Valley (67%, n=20) and Hillsborough Upper Don (67%, n=33). At Burngreave Shiregreen 15% (n=7) said they were not given consistent advice on feeding their baby, higher than the other units.

**Q29+. Thinking about feeding your baby (breast or bottle), did you feel that Health Visitors gave you consistent advice?** (Asked to those who needed this advice, n=299)



*“Different visitors have given conflicting advice advice should be consistent standardised as different messaging is confusing.”*

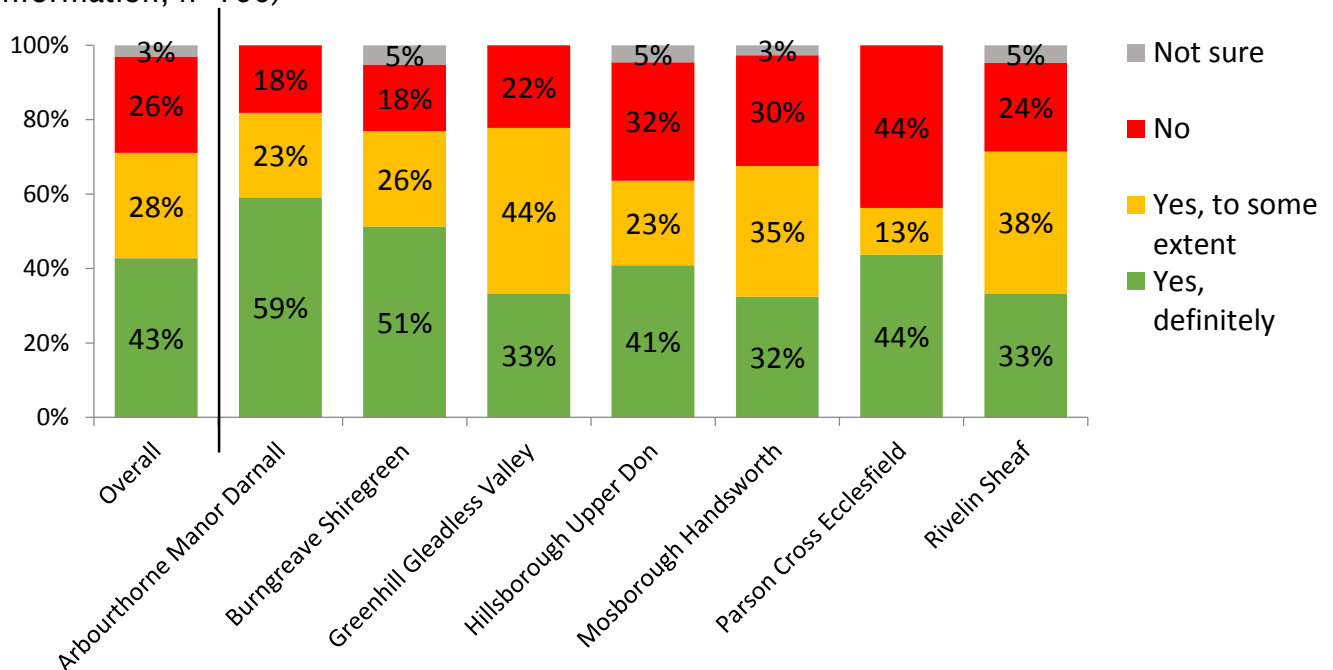
*“I think advice could be more consistent as if you see different health visitors you seem to get conflicting advice in some instances.”*

*“They be more consistent information & advice varies depending on which health visitor you see their own personal knowledge and whether they see you at clinic you have limited time to receive information and gauge it due to time constraints & resources.”*

Less than half of the survey respondents said they needed advice and information from their health visitors about feeding their baby solids (n=166). Of those who did, 43% (n=71) said they were definitely given enough advice and information about this, 28% (n=47) said they were to some extent and 26% (n=43) said no, while 3% (n=5) were not sure.

Hillsborough Upper Don respondents were most likely to say they were not given enough advice and information about feeding their baby solids (32%, n=7), while respondents from Arbourthorne Manor Darnall (18%, n=4) and Burngreave Shiregreen (18%, n=7) were least likely to say they were not.

**Q30+. Did you feel that the Health Visitors gave you enough advice and information about feeding your baby solids?** (Asked to those who needed this advice and information, n=166)

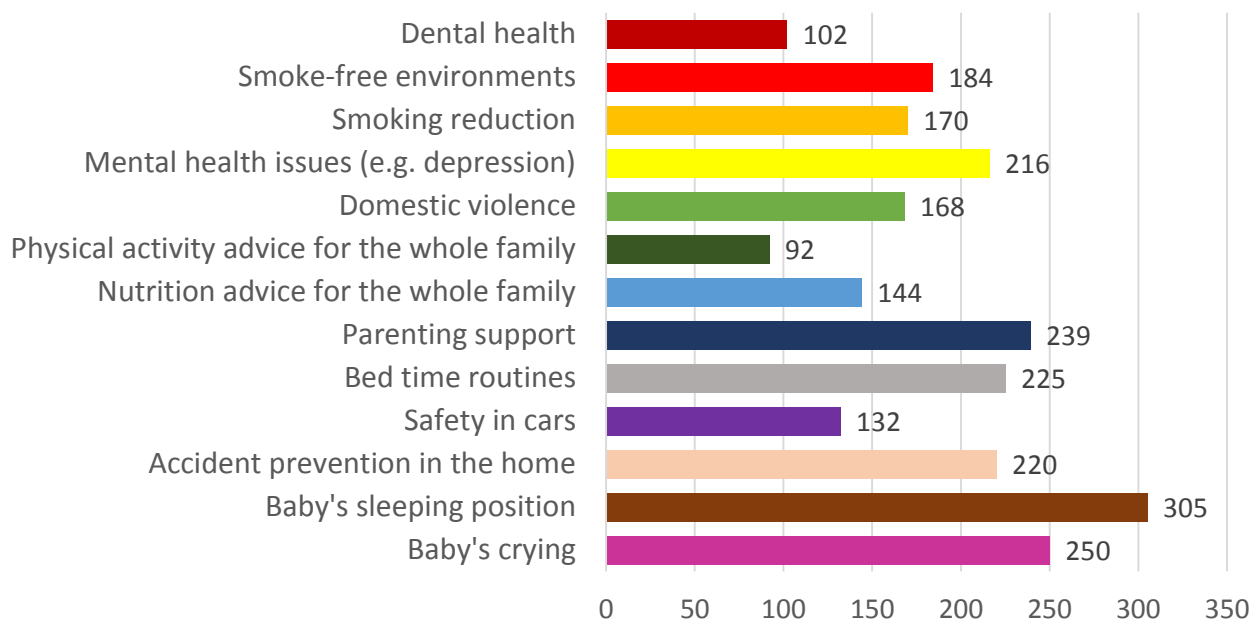


## D. Health Information

One of the questionnaire sections focuses on health information provided by the Health Visitor Service. Most users are aware that health visitors can give help and support concerning the *sleeping position of the baby* (88%; n=305). Respondents are also aware of help and support with *baby's crying* (72%; n=250) and *parenting support* (69%; n=239). Health Visitor Service users are aware of *bed time routines* (65%; n=225), *accident prevention in the house* (63%; n=220) and *mental health issues* (62%; n=216). 184 (53%) respondents know that health visitors can give help and support concerning *smoke-free environments* and 170 (49%) know this about *smoking reduction*. 168 (48%) Health Visitor Service users are aware of the help and advice health visitors give on *domestic violence*

and 144 (42%) know this about *nutrition advice for the whole family*. The lowest awareness of help and advice from the health visitors are in the areas of *safety in cars* (38%; n=132), *dental health* (29%; n=102) and *physical activity advice for the whole family* (27%; n=92).

**Q31. Health Visitors can offer help and support for a range of issues. Please tick those that you know health visitors can provide help with**  
(Asked to all; n=347)



*“I was not told what a health visitor was, what their qualifications are, I wasn't sure if they were medical professionals or from the social care side of things – this could be explained better.”*

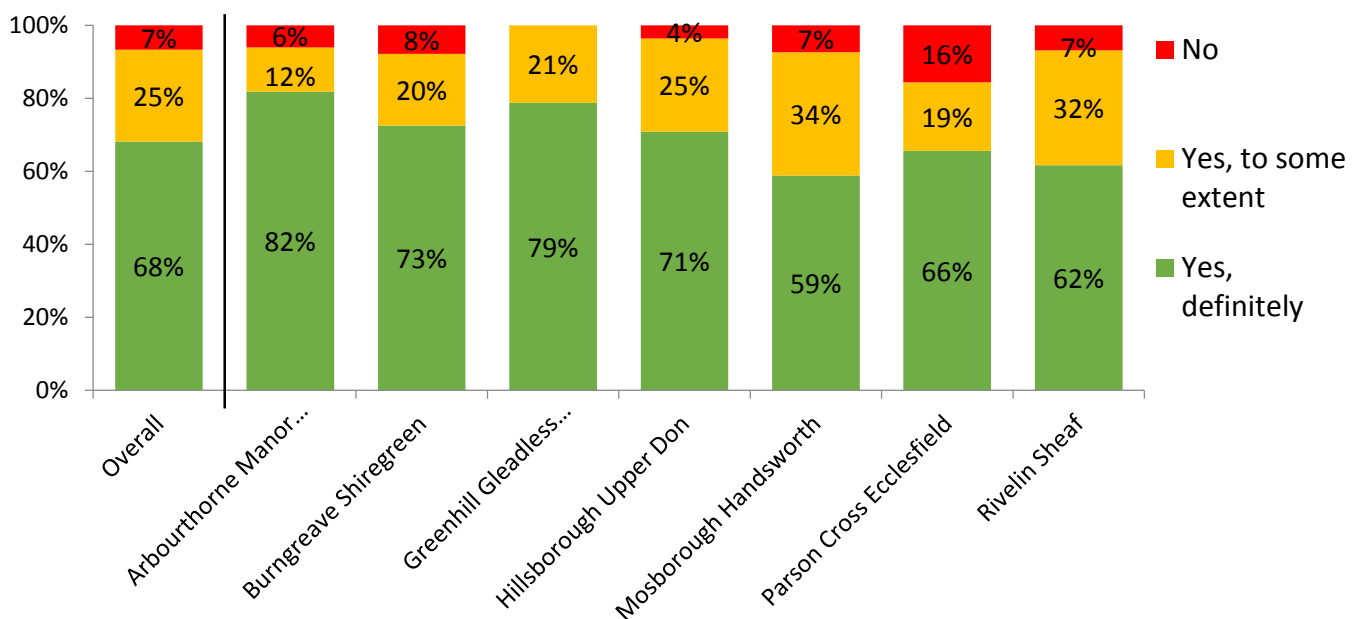
*“My main issue is that I don't fully understand their role & I don't \*\*\*. I would be \*\*\* to fully explain the help & advice they can offer \*\*\* they don't seem as useful as the midwives I would not know when to turn to them instead of my GP or what kind of things to ask their advice on.”*

*“Clarity about what health visitor can advise on and a schedule of key times in child's life were health visitor advice might be useful e.g. Teething wearing home safety etc.”*

68% (n=235) of all respondents were definitely happy with the way in which health visitors gave them information. 25% (n=87) were happy to some extent, and 7% (n=23) were not happy with it.

Of Arbourthorne Manor Darnall respondents, 82% (n=27) were definitely happy with the way in which health visitors gave them information, while only 59% (n=40) of Mosborough Handsworth were definitely happy. 16% (n=5) of Parson Cross Ecclesfield respondents said they were not happy with this.

**Q32. Are you happy with the way in which Health Visitors give you information?**  
(Asked to all; n=345)



Those respondents who were not completely happy with the way information was given by the health visitors (n=110) were given the opportunity to elaborate in a freetext box. A range of things were highlighted.

Receiving consistent advice which is fitting for the family in a non-patronising way is important for the respondents, the respondents also mentioned they sometimes have too little privacy while talking to the health visitor. Many respondents mentioned the leaflets. Some would like more leaflets because they cannot remember all the verbal information received while others prefer verbal information instead of too many leaflets because they do not have time to read them or look at online books. Many would like the access of an online email address or service.

*“All information given should be reinforced in writing. Red book entry is bland and uninformative far too generic.”*

*“A lot of verbal info which is difficult to remember later on. Also given info about groups + things to do in my area which I requested but it was out of date a couple of weeks later by the time I could get out after my C section.”*

*“Make sure leaflets have the correct time & day on for example turned up to clinic to have baby weighed to be told it finished at 11 so wouldn't be seen however on website & leaflets it clearly says until 11.30.”*

*“Too many leaflets! Would rather health visitor listened to individual circumstances and advised accordingly, rather than having a list of things to talk about, some of which are irrelevant. “*

*“Shouldn't rely on leaflets, too easy ignore/lose – should verbally check info. “*

*“More privacy asking how I was coping as a first time mum. Appts felt rushed at the drop in like a production line we saw a different HV every time no continuity I didn't know her and she didn't know me or my baby.”*

*“They could be more human, most act like they're never held a child and can be condescending in the way they talk to you. I don't think they interact with the baby at all just weigh and off at clinic.”*

*“Email service would be helpful.”*

*“Information online should be offered hard copy so I have a reference to hand. Especially the 0.5 booklet when do I get time to go online? Paper copy would be so much easier.”*

*“Leaflets on all help and support that they can offer.”*

*“They can give more specific advice depending on needs. It was more general information. (Didn't know they could \*\*\*\*\* copying and routines). “*

*“There was a lot of information given to me in the first visit, maybe this could be spread out. My head is a lot clearer now that when I had just given birth.  
More explanation.”*

*“When your baby is born your attacked with leaflets and booklets, it's to much in one go (in my opinion). Less given to you but frequently would be better. I would have read them.”*

*“Maybe have a web site with information.”*

*“I feel there is an over reliance on leaflets some verbal advice and help confidence building.”*

*“For questions relating to health, feeding ... some links or references to sources would be good. Especially for things that are controversial. It would be good to know all the facts which the HV doesn't necessarily have time to go into.”*

*“More information leaflets would be useful. “*

*“More verbal advice tailored to specific family.”*

*“Not received any leaflets”*

*“Not provide generic advice. Cater advice to each child and situation.”*

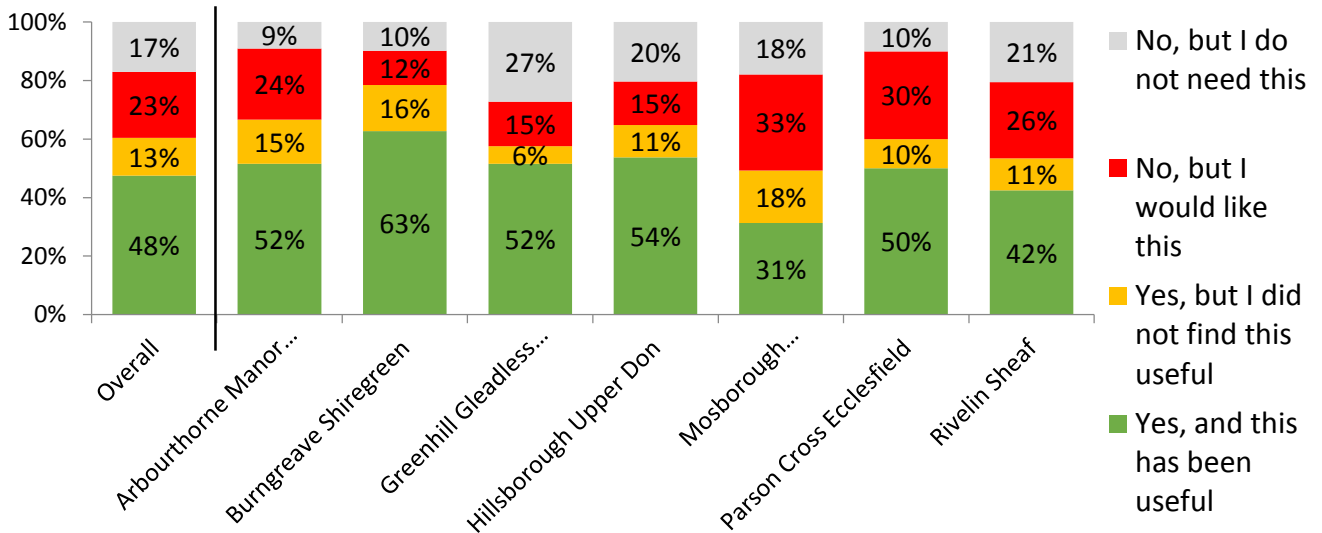
*“Give web URLs to useful websites. Sign people up to a mailing list.”*

*“Be consistent with other health professionals ie breastfeeding advice totally different from NHS advice.”*

Less than half of all respondents to the survey (48%, n=162) said they had been given information on parent and baby/toddler groups and it had been useful. Nearly one quarter (23%, n=77) said they were not given information on these groups but would have liked it, and a further 13% (n=44) said they were given it but did not find it useful.

Of Burngreave Shiregreen respondents, 63% (n=32) said they were given useful information, and for Mosborough Handsworth this was only 31% (n=21).

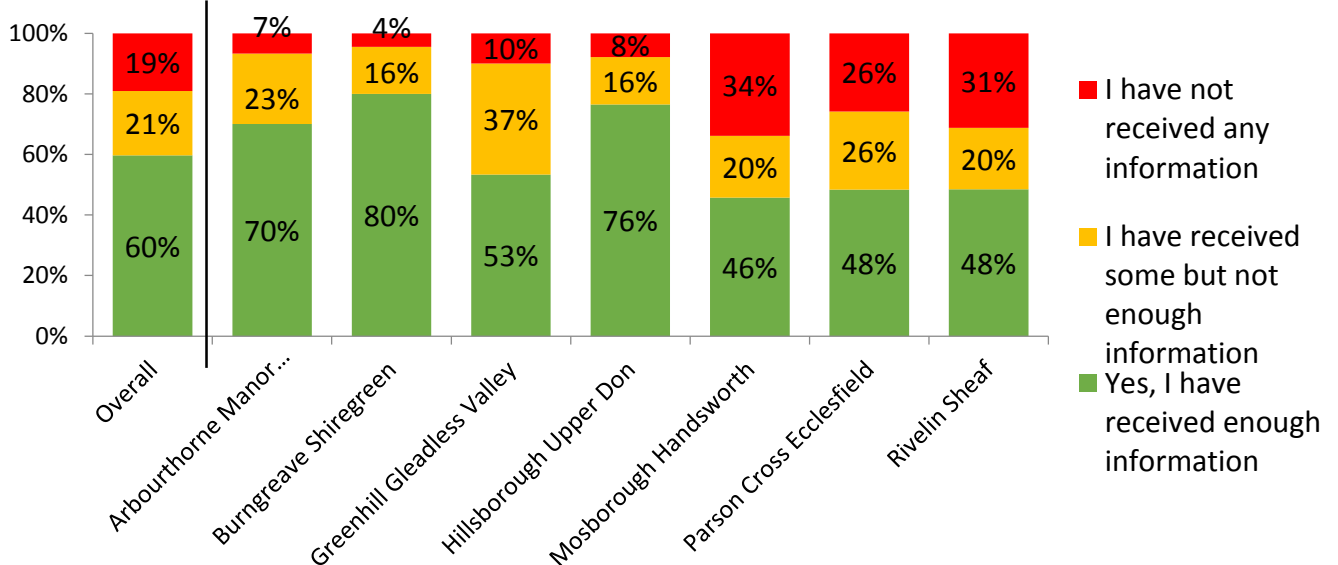
**Q34. Have health visitors given information on parent and baby/toddler groups, where you can meet other parents and families in your area?**  
 (Answered by all; n=341)



Of those who wanted or needed information about their local Children's Centre (n=310), 60% (n=185) said health visitors provided enough information. 21% (n=66) said they had received some but not enough information, and 19% (n=59) said they had received no information.

80% (n=36) of the Burngreave Shiregreen respondents answered that they received enough information. The Mosborough Handsworth site had the lowest percentage (46%; n=27) of respondents who received enough information. 34% (n=20) of the respondents of this site did not receive any information, at the Burngreave Shiregreen site this was only 4% (n=2).

**Q35+. Have Health Visitors provided enough information about your local Children's Centre?** (Asked to those who wanted or needed this information; n=310)



Service users were asked what websites they use to access health information. 60 (17%) respondents do not use websites to access health information online. Of those who do use websites, most respondents (62%; n=215) mentioned they use *NHS web pages*, followed by *Baby centre UK* (46%; n=160) and *Netmums* (46%; n=158). *Emma's Diary* is used by 106 (31%) Health Visitor Service users and 71 (21%) respondents use *NTC (National Childbirth Trust)* to access health information online. Websites that are being used less frequently by respondents are *Parenting UK* (13%; n=44) and *Healthy child* (4%; n=12). 24 (7%) respondents use *other* websites.

As *other* websites for accessing health information online respondents mentioned:

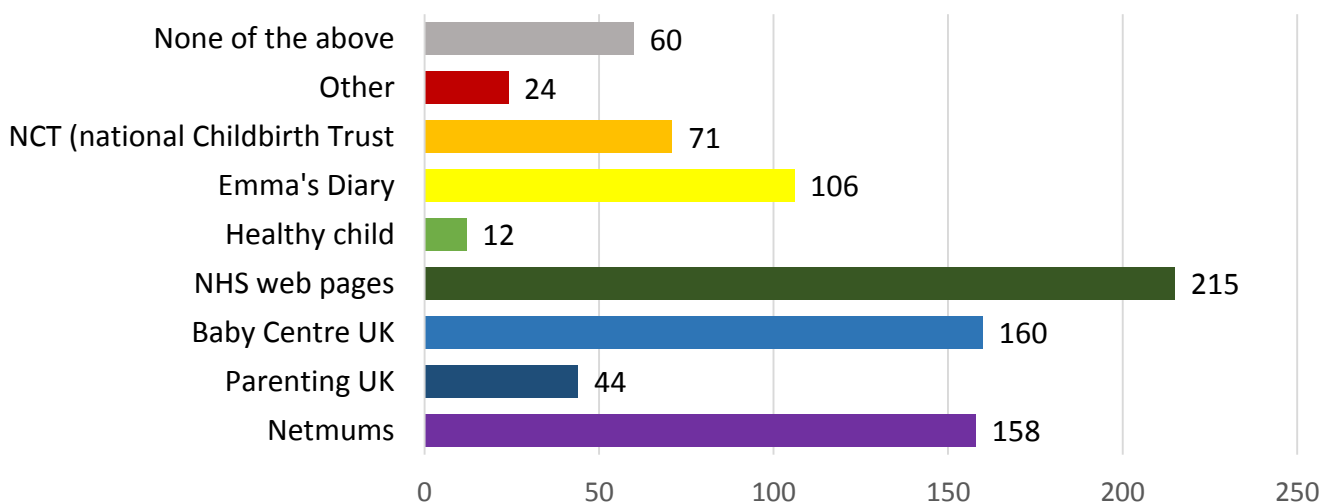
*"Bounty" and "Parentdish uk"*

*"Tamba" and "Boots parenting website, Pampers parenting website."*

*"Facebook breastfeeding pages" and "Whattoexpect.com"*

*"Little Sheffield." and "Kellymom"*

**Q36 Do you use any of the following websites to access health information online?**  
(Asked to all; n=347)



*"Provide more information on child's centres"*

## E. Other Services and Support

Respondents were asked which additional services they used, 16 respondents mentioned they used the *Early Education Services*, 11 responders used the *Social work team/Family support worker*, and 11 got help from the *Adult Health Services*. 4 respondents needed the service of *housing or financial issues* and 4 responders used the help of the *Safeguarding Team*. 4 of the Health Visitor Service users were using the *Community drug/alcohol team service* and 6 respondents were using *other services*. 287 respondents did not use any of the services above.

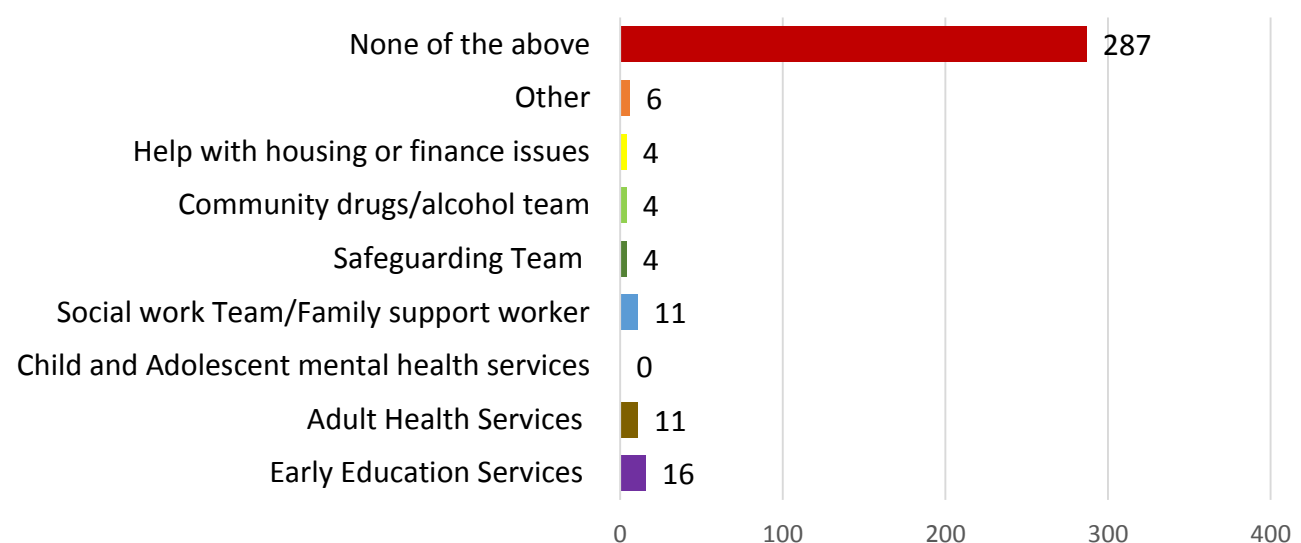
Other services respondents mentioned include:

“Homestart” and “Shelter \*\*\*\*\* support.”

“Visual imparement team for older children”

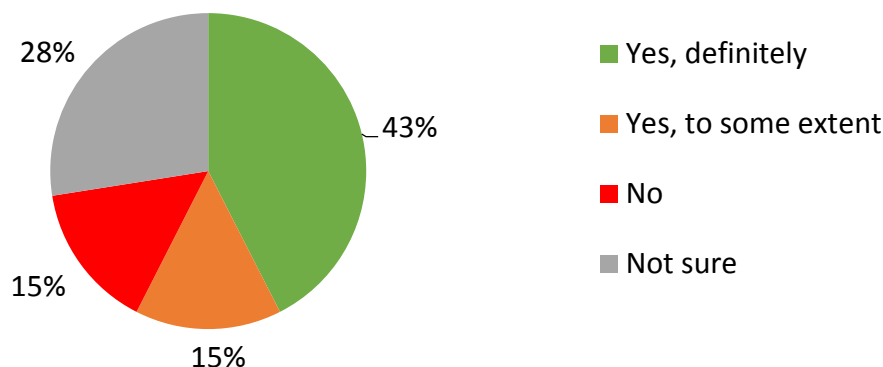
“Neonatal outreach @ Jessop.” and “IAPT”

**Q37 Do you use any of the following services?** (Asked to all; n=347)



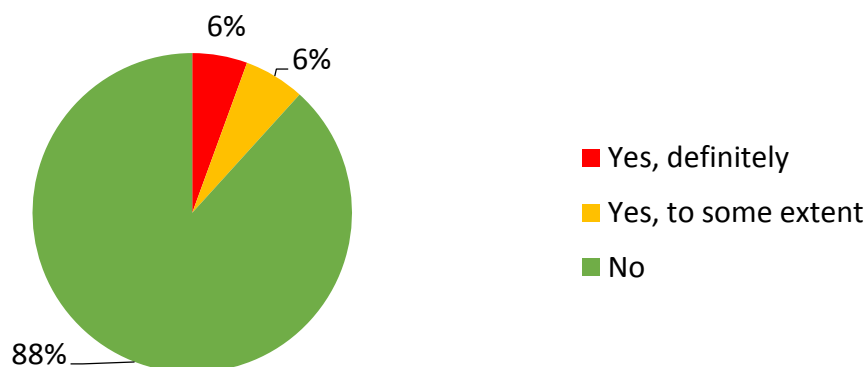
From the respondents who used additional services, less than half (43%; n=17) thought that these services and the Health Visiting Team *definitely* communicate well. 15% (n=6) thought this is only true *to some extent* and 15% (n=6) noted that the communication is not good. 28% (n=11) was *not sure*.

**Q38. Do these additional services and the Health Visiting team communicate well with each other?** (Asked to those who are using the services mentioned in Q37; n= 40)



The majority (88%; n=301) of Health Visitor Service users felt that they do not need any additional support from the Health Visiting Team, 6% (n=21) felt that they do need additional support *to some extent* and 6% (n=19) *definitely* need more support from the Service which they are currently not receiving.

**Q39. Do you feel that you need any additional support from the Health Visiting Team that you are not currently receiving?** (Asked to all; n=341)



Those who required additional support (n=40) were given the opportunity to elaborate in a freetext box. A range of specific support requests were highlighted, but besides these requests several respondents agreed that they need more emotional support and support on weaning from the health visitors.

Comments mentioned by respondents include:

*“Possibly Mental Health support due to my OCD.”*

*“Emotional support for me, weaning support advice on groups in the area I could join someone to talk to as a first-time mum.”*

*“Advice on weaning.”*

*“Different reasons baby's any position to burp and baby. How often baby's sleep (routines). “*

*“More help/support/advice for emotional issues. “*

*“To be able to get my baby weight no matter when they last got weighted!”*

*“Housing & financial benefits child care etc (new mum)”*

*“Help settling baby to sleep lots of conflicting advice including from health visitor.”*

*“Just generally after more visits not just when baby is born ie in first month. What about beyond?”*

*“Sleep habits, routines my baby suffers of bad gas at night specially and nothing has worked so far (Infacol, colief, massages etc). “*

*“More breastfeeding support in general.”*

*“Post natal exercises. Colic information. Baby massage techniques. Few more visits till baby is 6 months.”*

*“I have only seen her twice she has told me I wont see her until my son is 1 years old he is currently 2 months and when here only discusses ex partner no advice been given.”*

*“Maybe when comes to weaning.”*

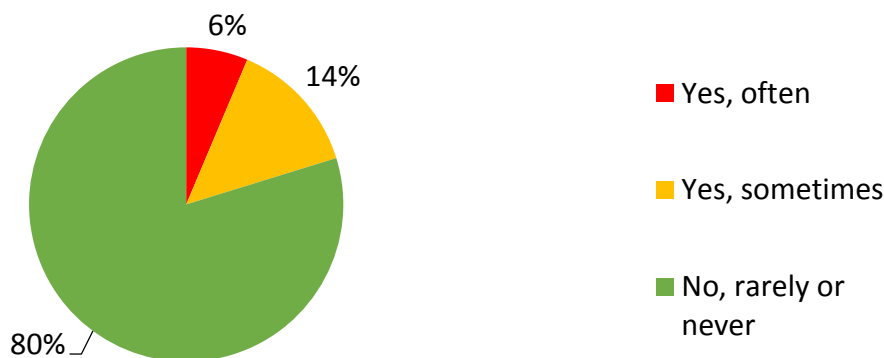
*“Support to have my daughters health checked thoroughly by the hospital. However I have just received a referral but would like advice on how to approach this appointment what to say and what's important.”*

*“How to increase energy levels for mother.”*

## F. Overall

More than three quarters (80%; n=276) of the respondents have *rarely or never* felt that they are being judged or patronised by the health visiting staff. 14% (n=48) felt this *sometimes* and 6% (n=22) said they felt that they were being judged or patronised *often* by the health visitors.

**Q41. Have you ever felt that you are being judged or patronised by Health Visiting staff?** (Answered by all; n=346)

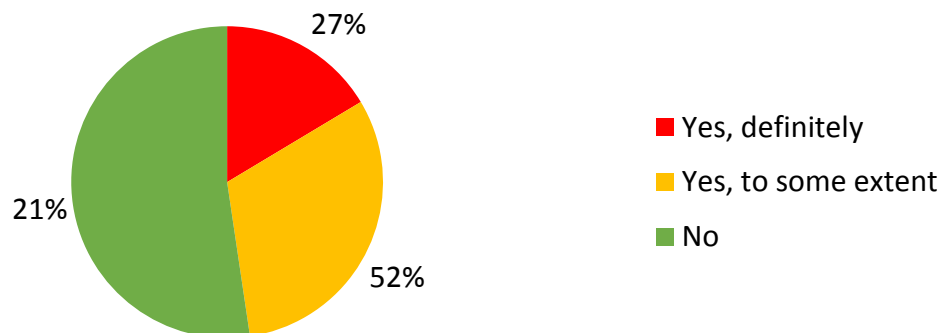


*“Non-judgemental friendly.”*

*“Very friendly supportive and made me feel help was there if and when I needed it never patronising very good service. Felt very comfortable asking questions and never felt judged keep up the fantastic work x.”*

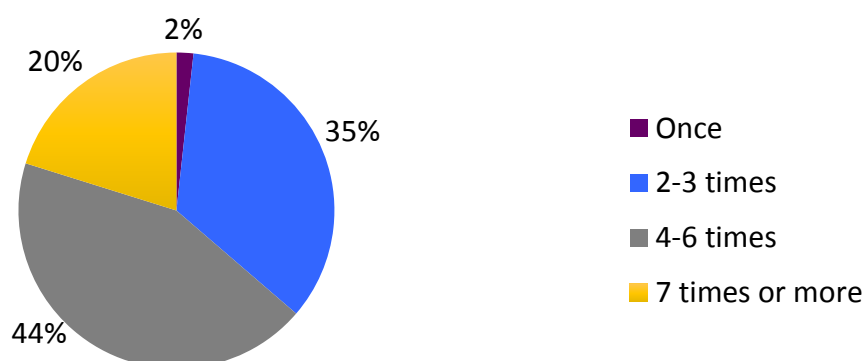
Of the respondents who felt judged and patronised by the health visitors (n=70), 27% (n=19) stated that the feeling of being judged or patronised changed the way in which they interact with Health Visitors. Just over half (52%; n=37) stated that this was true to some extent. 21% (n=15) said it did not change the way they interact with Health Visitors.

**Q42. Has this feeling of being judged or patronised changed the way in which you interact with Health Visitors?** (Asked to those who had ever felt judged or patronised by Health Visiting staff; n=70)



When asked how often they have seen a health visitor, 2% (n=6) of the respondents saw a health visitor only *once*. Half the respondents (35%; n=120) saw a health visitor *2-3 times*, 44% (n=151) saw them *4-6 times* and the remaining 20% (n=70) have seen a health visitor *7 times or more*.

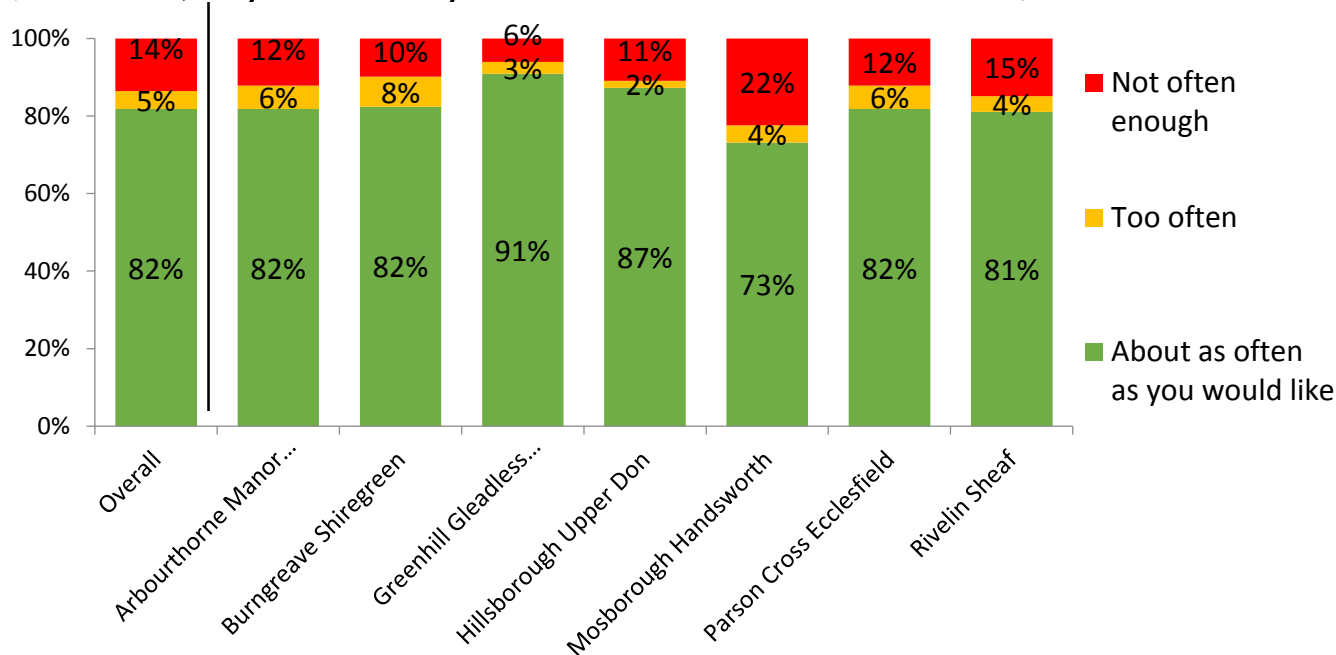
**Q43. Overall, how many times have you seen a health visitor (either at home or in a clinic/surgery) since the birth of your most recent baby?** (Asked to all; n=347)



When asked whether they saw a health visitor often enough, the majority of respondents (82%, n=283) said they saw them about as often as they would like. 14% (n=47) said they saw them not often enough, and 5% (n=16) too often.

Greenhill Gleadless Valley respondents were most likely to feel they saw a health visitor about as often as they would like (91%, n=30) and Mosborough Handsworth least likely (73%; n=49) compared to other units. Please see the graph below.

**Q44. Overall, do you feel that you see a health visitor...** (Asked to all; n=346)



*“When the health visitor came to \*\* our house I felt very reassured and confident in her ability I have never seen my H/V again I think the next time I see her is when my son is 1 year old.”*

*“More frequent visits (I only had 2 visits) I was informed my next visit would be when my child is 1 year old I feel there is a large gap in between visits.”*

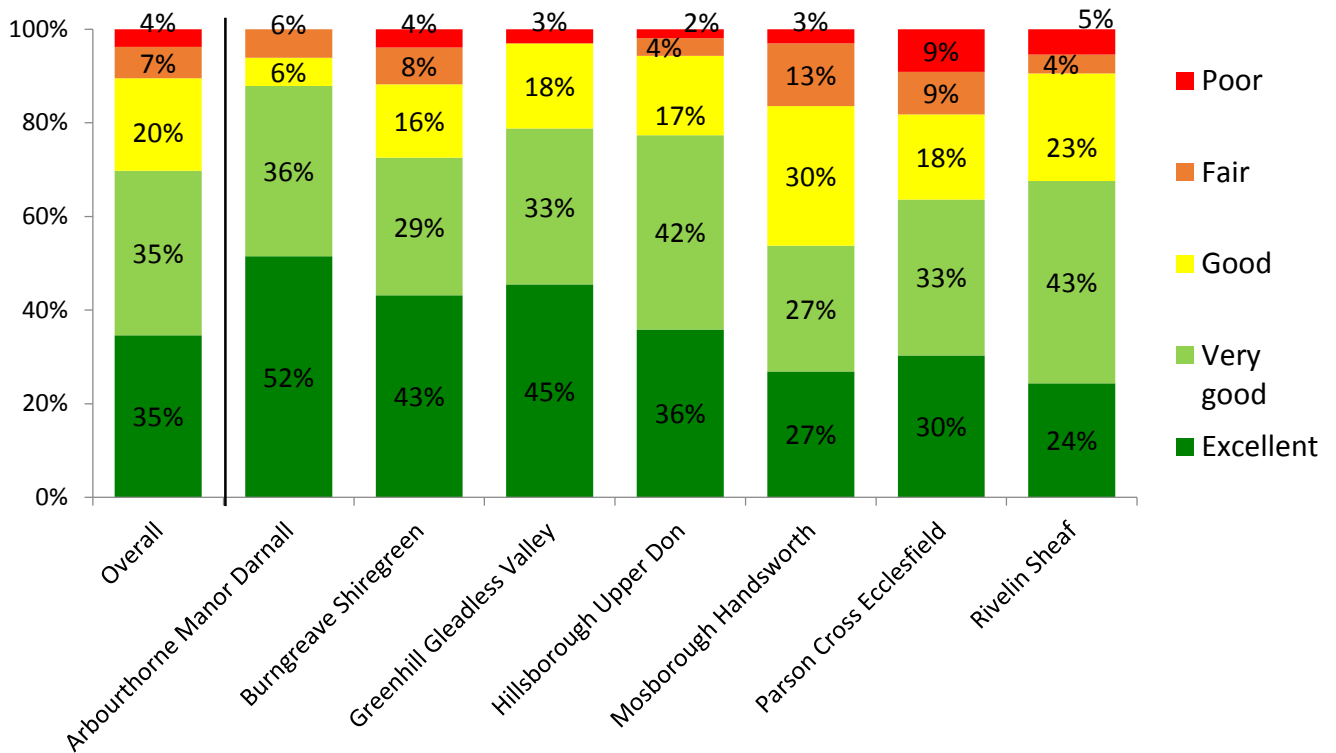
*“A visit when looking at moving to solids may be a good idea but overall happy with service”*

*“Yes more regular visits within the first 6 month of baby being born I think just so you’ve got someone there if you have not much support and just to ask little things.”*

The care and support provided by the health visiting team was rated overall as excellent by 35% (n=119) of survey responders, very good by 35% (n=121) and good by 20% (n=68). 7% (n=23) rated it as fair, and 4% (n=13) as poor.

For Arbourthorne Manor Darnall respondents, 88% (n=29) rated the care and support of the health visiting team as excellent or very good but for Mosborough Handsworth this figure was 54% (n=36).

**Q45. Overall, how would you rate the care and support provided by the Health Visiting Team? (Answered by all; n=344)**



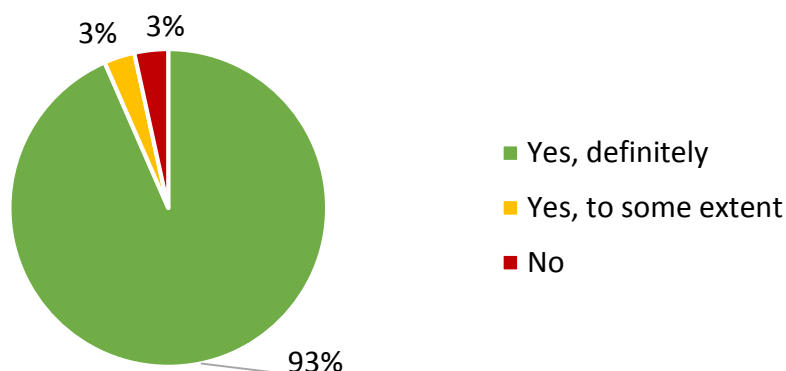
*“I would like to thank the health visit service for all the support they have given me with my children.”*

## SECTION 2

Section two was asked to the other main carer of the child (if applicable), which in most instances was the father of the child.

94% (n=243) of the Health Visitor Service users were *definitely* involved as much as they wanted to be concerning decisions about their baby's care. 5% (n=8) felt they were only involved *to some extent* and 2% (n=9) were not involved as much as they wanted.

**Q55. Are you involved as much as you want to be in decisions about the care of your baby?** (Asked to another main carer of the child if applicable, n=260)



Respondents (n=17) who did not feel as involved as they wanted to be in decisions about the care of their baby, were asked to specify the reasons for this feeling in a freetext box. The main reason for feeling not involved as much as they wanted are work commitments and they felt that the mother is seen as the main focus and contact and therefore they sometimes feel ignored.

Comments mentioned by respondents include:

*“Working full time I am not always present to make or help make decisions.”*

*“Times of clinics? Groups/appointments are all on weekdays and all are at the time I'm at work (5.30am – 1.30pm). I don't get home till 2 and most things have already started or have finished.”*

*“Not around much as at work a lot.”*

*“When the HV phones/ calls they always ask for the mum. It is assumed that the mother is the only carer while the father is largely ignored. I think it would be useful if the HV*

*had a 1-2-1 with the father also. This could help highlight post natal depression issues with the mother.”*

*“Work.”*

*“Everything is addressed to the mother and fathers do not get a look in fathers need help and advice as well but it seems because the woman carries the baby men don't matter and our role gets undermined from midwives doctors health visitors etc.”*

*“Some of the literature presented seemed to be quite exclusive ie written solely for the consumptions of the mother- with only minor footnotes reserved for the father quite alienating.”*

## Patient Comments

The questionnaire asked patients if they had any other comments about their experiences in the clinic. Please refer to the excel spreadsheet (sent electronically with this report) for the full list of freetext respondent comments. Another way of presenting freetext comments from open-ended questions is by using word clouds. These provide a visualisation of the verbatim comments supplied by those who respond to a freetext question. Word clouds perform a count on the frequency of words to produce an image. The more mentions a word gets, the bigger the size of the word in the image. All of the words are adjusted proportionately and randomly placed within the cloud. A word cloud is displayed below for each of the two open-ended questions at the end of the survey.

When asked whether there was anything particularly good about the care from the health visiting service, respondents mentioned that they liked the (emotional) support and advice from the health visitors. Respondents found it particularly good when their health visitor was friendly, helpful and caring to them and their family.

Q52. Is there anything particularly good about the care you have received from the Health Visitors Service?





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## Conclusions

Overall, the Health Visitor Service is positively perceived by respondents performing well in areas of being available and/or flexible with appointments, and the health visitors' manner was viewed as caring.

Feeling secure in the knowledge that someone is available should you need is very important especially when it comes to caring for your baby. Having **access and contact** with the Health Visitor is thus an important element for parents to feel reassured. Although a large proportion of respondents were not offered a visit from a home visitor before their baby was born, particularly at Mosborough Handsworth and Hillsborough Upper Don, all had received a visit at home since, and a large proportion within the first 2 weeks. Most respondents had some contact telephone number for the Health Visitor Service, mostly a general office number. That said, a few participants noted in the freetext that this was not always sufficient as messages were not passed along to the health visitor in a timely fashion. Furthermore, at Arbourthorne Manor Darnall over a third of respondents reported that no one returned their phone call when they left a message.

Respondents were satisfied with arranging and changing appointments as well as knowing when their scheduled appointments would be. Although this could be improved at Parson Cross Ecclesfield where just under half of respondents were not clear when their home visit would take place. Most respondents felt that they saw a health visitor as often as they liked and a majority of the respondents found the length of their last appointment about right. However, there is room for improvement at Mosborough Handsworth where a quarter of respondents felt they did not see a health visitor often enough. In the freetext comments it was mentioned several times that respondents felt that time management needed improvement. Examples given by respondents were: health visitors not coming to the appointment on time; and appointments that were too short or rushed.

There is some room for improvement regarding **information**. A number of participants felt that health visitors did not always have the necessary background information and did not always consider their, or their family's needs when providing information or advice. Further, the information provided was not always perceived as helpful. Satisfaction with way information was provided varied across different units, particularly Mosborough Handsworth and Rivelin Sheaf compared to other units. Respondents differed in the way they would like information: some noted they would like more written information in the form of leaflets as they cannot remember all the verbal information received; while others prefer verbal information instead of too many leaflets because they do not have enough time to read them. Offering both and tailoring it to the users preferences could be a solution going forward. Further examining the comments on information improvement, Health Visitor Service users note that they do not always receive enough information and advice on for example, weaning. The respondents mention that there is a period between 3-8 months that they do not see a health visitor and because this is the period of weaning and teething, the respondents felt they have too little information and support and that an extra visit should be arranged.

On the whole, **communication** was viewed positively. Participants felt the health visitor was a careful listener and they understood the answers provided by the health visitors. However, a number of participants felt that they were given inconsistent advice about breast or bottle feeding, as well as feeding their baby solids. Some noted in the free text it is not always clear to them what the role of the health visitor is and thus what areas they can provide information on and what areas are not part of their service. There were also a number of participants who did not feel completely comfortable discussing emotional issues with their Health Visitor if they needed, particularly those from Greenhill Gleadless Valley. Furthermore, a third of patients from Mosborough Handsworth, Parson Cross Ecclesfield and Rivelin Sheaf did not have complete confidence and trust in the health visitor.

**Overall**, the Health Visitor Service users viewed the Service positively with most users classifying the care and support as Excellent, Very good or Good. Many respondents found the health visitor welcoming and friendly, reassuring, and treated the respondent with **dignity and respect**. Furthermore, a large proportion of the Health Visitor Users mentioned that they never felt judged or patronised by the health visiting staff.

## Problem Scores

At the Picker Institute, we use the concept of ‘**problem scores**’ to help summarise results. We hope that you will find problem scores a helpful way of targeting areas in need of attention – this in turn can help you to bring about real quality improvement for your patients.

### *What is a problem score?*

The problem score shows the percentage of patients for each question who, by their response, indicated that a particular aspect of their care could have been improved. We have found this to be the simplest summary measure that focuses on quality improvement.

### *How are problem scores calculated?*

We calculate the problem scores by combining response categories.

For example, for the following question ‘Did you have confidence and trust in the doctors treating you?’ we have combined the responses ‘Yes, sometimes’ and ‘No’, to create a single problem score. Asterisks on the frequency tables indicate which response categories have been combined to create the problem score.

### EXAMPLE QUESTION ONLY:

C2 - Did you have confidence and trust in the doctors treating you?		
All Patients	n	%
Yes, always	459	<b>82.7</b>
* Yes, sometimes	85	<b>15.3</b>
* No	7	<b>1.3</b>
Not answered	4	<b>0.7</b>
<b>Problem Score: 16.6%</b>	555	

### *How should we use problem scores?*

As the name suggests, problem scores indicate where there may be a problem within a hospital trust or clinic, and may need further investigation. It is useful to keep in mind that **lower scores reflect better performance**. Large problem scores should be highlighted as potential problems that need to be looked at further. By targeting these areas, you can hopefully start to bring about real quality improvement to your patients.

### Targeted questions

In response to client feedback, and in the interests of accuracy, we use derived questions to produce more meaningful problem scores for questions that are **not applicable to all respondents**, but are not preceded by a filter question. For example, Question 6 (“*If you have left a phone message for a Health Visitor, how long did it take them to get back to you?*”) is not applicable to all patients, i.e. it does not apply to patients that responded *I have not left a message*. For questions of this nature we have re-calculated the scores, **excluding those respondents to whom the question does not apply**. The new calculation will be illustrated in an **additional question (e.g. Q6+)**. These derived “plus” questions have been calculated for questions 4, 6, 7, 8, 11, 16, 17, 18, 22, 23, 28, 29, 30, 35 and 55.

### Low numbers of respondents

The questionnaire includes some filter questions, whereby only relevant questions are asked of patients. For example, patients that have reported not having tests would not be asked subsequent questions about tests, and patients reporting not being given new medications would not be asked subsequent questions about their medicines. This means that fewer patients will answer particular questions in the questionnaire.

### Confidence Intervals

The survey undertaken was with a sample of patients. As the survey was not of all patients, the results may not be totally accurate. However, we can estimate the level of confidence we should have in the results. The table below shows the level of confidence we would have for various numbers of respondents.

<u>Number of respondents</u>	<u>Confidence Interval (+/-)</u>
50	12.0%
100	8.5%
200	6.0%
300	4.9%
400	4.2%
500	3.8%
600	3.5%

**Example:** For a particular question, 300 patients responded, of which 25% answered ‘yes’. From the table above, we can see that for 300 respondents the confidence interval would be +/- 4.9%. We would therefore estimate that the true results could be between 20.1% and 29.9%. However, if only 50 patients responded, and 25% answered ‘yes’, the confidence intervals would be +/- 12% so the true result could be between 13% and 37%.

## Problem Score Summary

The following problem scores show the percentage of patients for each question who, by their response, indicated that a particular aspect of their care could have been improved. Please refer to the frequency tables in the next section for an indication of how the problem score for each question was calculated. Problem scores have been rounded up or down to the nearest whole number.

Question	Problem	Problem Score (%) <i>Lower scores are better than higher scores.</i>	
		Sheffield	Mid Yorkshire
Q4.+	Not offered a visit from a health visitor at home <b>before</b> baby was born.	64%	29%
Q5.	Do not have a phone number for the Health Visitor Service so can contact between visits if need to.	5%	4%
Q6.+	Took longer than expected for Health Visitor to respond to phone message, or Health Visitor never got back to parent.	29%	27%
Q7+	Could not arrange to see the Health Visitors at short notice (at home or in a clinic).	10%	10%
Q8 +	Did not see Health Visitor at home within 14 days after birth.	22%	15%
Q10.	Do not always know when home visit with Health Visitor will take place.	25%	22%
Q11.+	Not always able to change time or date of scheduled home visit, or arrange an extra visit.	7%	5%
Q13.	Length of last appointment too long, or not long enough.	6%	5%
Q14.	Health Visitor did not have all the necessary background information about parent and baby.	42%	32%
Q15.	Information and advice provided by Health Visitor not completely helpful.	38%	34%
Q16.+	Health Visitor did not fully consider the needs of parent and family when providing information and advice.	28%	27%
Q17. +	Did not fully get clear answers to questions or did not have opportunity to ask.	21%	19%

Question	Problem	Problem Score (%) <i>Lower scores are better than higher scores.</i>	
		Sheffield	Mid Yorkshire
Q18+	Health Visitor did not listen fully to what parent had to say.	19%	14%
Q19.	Health Visitor not always welcoming and friendly.	16%	8%
Q20.	Health visitor not always reassuring.	23%	19%
Q21.	Parent would not always feel comfortable discussing any emotional issues with Health Visitor (e.g. anxiety, depression).	46%	35%
Q22 +	Not always given enough privacy when discussing things with the Health Visitor.	19%	8%
Q23 +	Health Visitor did not always interact with child.	35%	29%
Q24.	Did not have full confidence and trust in the Health Visitor.	31%	30%
Q25.	Health Visitor did not always treat parent with respect and dignity.	11%	9%
Q28+	When feeding (breast or bottle), Health Visitor did not fully give active support and encouragement.	34%	26%
Q29+	When feeding (breast or bottle) Health Visitors did not always give consistent advice.	37%	27%
Q30 +	Health Visitors did not give enough advice and information about feeding baby solids.	54%	49%
Q32.	Parent not happy with the way in which Health Visitors gave information (for example leaflets, verbal advice).	32%	25%
Q34.	Health Visitors did not give information on parent and baby/toddler groups.	23%	7%
Q35.+	Health Visitors have not provided enough information about local Children's Centre.	40%	21%
Q38.	Additional services and the Health Visiting team do not always communicate well with each other.	30%	30%

Question	Problem	Problem Score (%) <i>Lower scores are better than higher scores.</i>	
		Sheffield	Mid Yorkshire
Q39.	Parent feels they need additional support from the Health Visiting Team that they are not currently receiving.	12%	7%
Q41.	Parent has felt judged or patronised by Health Visiting staff.	20%	23%
Q42.	Parent has changed way in which they interact with Health Visitor on basis of feeling judged or patronised.	48%	49%
Q44.	Overall, see Health Visitor too much, or not often enough.	18%	29%
Q45.	Overall, care and support provided by the Health Visiting Team rated fair, or poor.	11%	8%
Q55.	Partner not involved as much as want to be in decisions about the care of baby.	6%	7%

## Ranked Problem Scores

The following table displays problem scores ranked from highest to lowest. Higher scores indicate a greater problem and hence more room for improvement.

### Problem Scores over 50%

Question	Problem	Problem Score (%)
Q4+	Not offered a visit from a health visitor at home <b>before</b> baby was born.	64%
Q30 +	Health Visitors did not give enough advice and information about feeding baby solids.	54%

### Problem Scores 31–50%

Question	Problem	Problem Score (%)
Q42	Parent has changed way in which they interact with Health Visitor on basis of feeling judged or patronised.	48%
Q21	Parent would not always feel comfortable discussing any emotional issues with Health Visitor (e.g. anxiety, depression).	46%
Q14	Health Visitor did not have all the necessary background information about parent and baby.	42%
Q35+	Health Visitors have not provided enough information about local Children's Centre.	40%
Q15	Information and advice provided by Health Visitor not completely helpful.	38%
Q29+	When feeding (breast or bottle) Health Visitors did not always give consistent advice.	37%
Q23 +	Health Visitor did not always interact with child.	35%
Q28+	When feeding (breast or bottle), Health Visitor did not fully give active support and encouragement.	34%
Q32	Parent not happy with the way in which Health Visitors gave information (for example leaflets, verbal advice).	32%
Q24	Did not have full confidence and trust in the Health Visitor.	31%

## Problem Scores 11–30%

Question	Problem	Problem Score (%)
Q38	Additional services and the Health Visiting team do not always communicate well with each other.	30%
Q6+	Took longer than expected for Health Visitor to respond to phone message, or Health Visitor never got back to parent.	29%
Q16+	Health Visitor did not fully consider the needs of parent and family when providing information and advice.	28%
Q10	Do not always know when home visit with Health Visitor will take place.	25%
Q20	Health visitor not always reassuring.	23%
Q34	Health Visitors did not give information on parent and baby/toddler groups.	23%
Q8 +	Did not see Health Visitor at home within 14 days after birth.	22%
Q17 +	Did not fully get clear answers to questions or did not have opportunity to ask.	21%
Q41	Parent has felt judged or patronised by Health Visiting staff.	20%
Q18+	Health Visitor did not listen fully to what parent had to say.	19%
Q22 +	Not always given enough privacy when discussing things with the Health Visitor.	19%
Q44.	Overall, see Health Visitor too much, or not often enough.	18%
Q19	Health Visitor not always welcoming and friendly.	16%
Q39	Parent feels they need additional support from the Health Visiting Team that they are not currently receiving.	12%
Q25	Health Visitor did not always treat parent with respect and dignity.	11%
Q45	Overall, care and support provided by the Health Visiting Team rated fair, or poor.	11%

### Problem Scores 6–10%

Question	Problem	Problem Score (%)
Q7+	Could not arrange to see the Health Visitors at short notice (at home or in a clinic).	10%
Q11+	Not always able to change time or date of scheduled home visit, or arrange an extra visit.	7%
Q13	Length of last appointment too long, or not long enough.	6%
Q55	Partner not involved as much as want to be in decisions about the care of baby.	6%

### Problem Scores 5% and under

Question	Problem	Problem Score (%)
Q5	Do not have a phone number for the Health Visitor Service so can contact between visits if need to.	5%

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