

Choose a fertility clinic: update

Strategic delivery: Setting standards Increasing and informing choice Demonstrating efficiency economy and value

Details:

| | |
|--------------|---|
| Meeting | Authority |
| Agenda item | 10 |
| Paper number | HFEA (11/11/2015) 777 |
| Meeting date | 11 November 2015 |
| Author | Juliet Tizzard, Director of Strategy and Corporate Affairs, Trisram Dawahoo, Digital Communications Manager |

Output:

| | |
|------------------------------|---|
| For information or decision? | For information |
| Recommendation | Members are asked to: <ul style="list-style-type: none"> consider the approach to patient ratings, in particular the issues listed at 2.9; and note the progress made on presenting statistics. |
| Resource implications | Part of IfQ budget |
| Implementation date | February 2016 |
| Communication(s) | To be tested at the end of the 'alpha' stage, in late November |
| Organisational risk | <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High |
| Annexes | Annex A: Questions for patient ratings and inspection questionnaire |

1. Background

- 1.1.** Choose a fertility clinic is our web-based tool which allows users to see information about individual licensed clinics, including licensing information and outcome statistics. It has been a market leader in clear, unbiased information for patients but, six years old, it has become a little outdated. Information is hard to find and patients find that success rate information, while statistically correct, is confusing to the extent that some patients prefer the simpler presentation on clinic websites.
- 1.2.** Choose a fertility clinic is being completely redesigned as part of the Information for Quality programme. This involves publishing new information about clinics and changing the way we present outcome statistics. It will go live, albeit in 'beta' form, in February 2016.
- 1.3.** The Authority first discussed changes to Choose a fertility clinic in January 2015, when it agreed that the new service will offer:
- a better balance between statistical and non-statistical information
 - easier comparison between clinics
 - non-statistical information that includes patient reviews, inspection findings and the availability of donated eggs, sperm or embryos (the latter two are not discussed here)
 - patient reviews which should not consist of free-text feedback
 - information about the availability of donated eggs, sperm or embryos consisting of types of donors available, the source (ie, imported or UK) and waiting times for treatment
 - top-line statistical information consisting of births per embryo transferred, followed by the cumulative success rate (ie, births per egg collection and all subsequent transfers).
- 1.4.** We returned in July to update the Authority on progress, focussing on what outcome statistics we present and how we present them, and patient ratings. Members endorsed the direction of travel and the emphasis on testing out new approaches on users. There was some concern expressed about reducing the number of age bands from 6 to 2, something that we have explored further with the stakeholder group. Members also stressed the need to achieve a good balance between patient ratings, inspection findings and outcome statistics.
- 1.5.** This paper updates Members on progress since July in two areas:
- Patient ratings
 - Presenting statistics

2. Patient ratings

- 2.1.** The idea of including in Choose a fertility clinic, for the first time, ratings from patients who have used a particular service has been well received, both by patients and clinic staff. As users of lots of different kinds of services, they are used to giving feedback. And as people who work in or use health services, they are familiar with the 'Friends and family' test. Indeed, NHS Choices offers patients the chance to write a free-text review of an individual service – something which we have decided not to do.
- 2.2.** Despite this openness to a patient rating feature, some stakeholders' have misgivings about it. They worry that:
- reviewers won't actually be patients at the clinic, but staff giving false, negative reviews of other clinics or false, positive reviews of their own;
 - only the very unhappy (or very happy) patients will give their views;
 - hardly anyone will give reviews at all.
- 2.3.** We agreed that the best ways of tackling these worries are to:
- remind clinics that it is an offence (under the [Consumer Protection from Unfair Trading Regulations 2008](#)) for businesses to falsely represent themselves as consumers
 - invest time and money (though less than £5000) in marketing the patient review service, so that clinics without marketing departments avoid being disadvantaged and patients with mixed experiences give feedback
 - use the close relationships we have with our clinics through inspectors to apply moral pressure to not 'game' the system. A simple phone call prompted by unusual activity in their patient reviews will have an impact
 - remind clinics that successful patients won't necessarily give a positive review – and the contrary for unsuccessful patients.

Patient ratings questions

- 2.4.** Since July, we have refined the wording of the questions and thought about how it integrates with the patient questionnaire which informs inspections.
- 2.5.** For the past few years, we have asked patients at individual clinics to complete a questionnaire about their experience of treatment at that clinic. The questionnaire is available on our website (though it is hard to find) and is sent out to patients by the clinic. The Inspection team would like to simplify the questions asked in the questionnaire and increase the number of people completing it.
- 2.6.** We plan to increase the number of respondents by linking the patient ratings feature on Choose a fertility clinic to the inspection questionnaire. Originally we had planned to keep them separate – the ratings questions first, then a link to the inspection questionnaire. However, the questions in the patient ratings

feature and the inspection questionnaire have so many areas of overlap that we have decided to combine them.

- 2.7.** As Annex A shows, we will ask a question which has a five point scale for ratings. We will then ask users if they want to give more information, making it clear that what they say in the free-text box will be sent to the clinic's inspector to inform the next inspection report. Only the ratings will be published on Choose a fertility clinic.

Presenting patient ratings

- 2.8.** An overall rating will appear for each clinic in the search results (alongside other quality measures). On the clinic page itself, we will show the overall rating, with the option to expand the section for more detail. Here, we will show the average score for each of the six questions, making it clear how many people have responded.
- 2.9.** There are a number of other issues to resolve around presenting ratings:
- Should we only present an average rating for a clinic when it has received a certain number of reviews? If yes, how many?
 - Should the overall rating be based just on the 'Friends and family' test question (question 1, Annex A) or all of the questions? Our current view is that it should be based on the 'Friends and family' test as this is an overall impression in itself. However, are the other questions equally important?
 - Should the average ratings be limited to a particular time period – the past year, for example? This would be fairer for clinics which have responded to feedback and improved their service, but it would limit the sample size, thereby reducing reliability.
- 2.10.** We would welcome members' views about these issues.

3. Presenting statistics

- 3.1.** We discussed, at the July Authority meeting, the difficulties inherent in publishing outcome data for individual (often very small) clinics in a meaningful yet comprehensible way.
- 3.2.** Whilst funnel plots are probably the most statistically accurate way of presenting results in a way that takes account of sample size, they don't make much sense to non-statisticians. Instead, we plan to use a simple bar.
- 3.3.** This includes the total number of cycles, a single percentage point for the national average and the clinic's rate as a band. We will need to explain to users that the narrower the band, the more reliable the percentage point.

▼ What was the clinic's IVF birth rate in 2013?

We calculate the IVF birth rate by the number of births (twins or triplets counts for one birth) that follow from all embryos transferred. In other words, how many embryos created in an IVF cycle, resulted in a baby? This is the best measure of the quality of a clinic's clinical service



Please note: this presentation is in its earliest draft. The colours, labelling and design are in development.

- 3.4.** You will see that there are only two age bands presented. This makes sense for top-level information. Those who would like more detail can dig down on level to find more detailed tables broken down into the six age bands we have currently.
- 3.5.** We think this is will be easier for patients to understand than the data tables we present on the current website and focus them on the important information: how does this clinic's performance relate to the national average. However, the proof of this will be by testing it out on real users, which we will do during user testing later this month.

4. Recommendation

- 4.1.** Members are asked to:
- consider the approach to patient ratings, in particular the issues listed at 2.9; and
 - note the progress made on presenting statistics.

Annex A: Questions for patient ratings and inspection questionnaire

1. How likely are you to recommend this clinic to friends and family if they needed similar care or treatment?

(five point scale)

2. To what extent did you feel you were treated with privacy and dignity?

(five point scale from 'never' to 'always')

Tell us more (optional)

Your comments will help us understand your rating and improve standards at the clinic. They will be shared with our inspections team, could be included in the clinic's inspection report and may be shared with the clinic.



3. To what extent did you feel you understood everything that was happening throughout your treatment?

(five point scale from 'never' to 'always')

4. Was your level of involvement in decisions about your treatment...?

(five point scale from 'unacceptable' to 'excellent')

Tell us more (optional) [free text box as above]

5. Was the level of empathy and understanding shown towards you by the clinic team...?

(five point scale from 'unacceptable' to 'excellent')

Tell us more (optional) [free text box as above]

6. Did you pay what you expected?

- It was cheaper
- It was about right
- It was more expensive

It was way above the estimate

I was treated on the NHS

Tell us more (optional) [free text box as above]

Do you have anything else you'd like to add about this clinic?

[free text box]