

Statistical bulletin:
Overall patient experience
Scores

*2013 adult inpatient survey update
with additional demographic
information*



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Statistical bulletin:

Overall patient experience scores

2013 adult inpatient survey update with additional demographic information

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Overall patient experience scores 2013 adult inpatient survey update

This publication updates this regular statistical series to include results from the adult inpatient survey, which surveyed patients in NHS hospitals in June, July and August 2013.

These statistics use a set of questions from the NHS National Patient Survey Programme¹ to produce a set of overall scores that measure patient views on the care they receive.

NHS England produce separate sets of scores for different NHS services; this update focuses on the adult inpatient setting. **The next confirmed update is for the community mental health survey, expected in September 2014.**

2013 adult inpatient survey: key findings

Patient experience of NHS adult inpatient services increased between 2012-13 and 2013-14. The overall score in 2013-14 was 76.9 out of 100, compared to 76.5 in 2012-13.

There were increases in all five domain scores between the two latest surveys. The greatest improvement was in the score for 'safe, high quality, coordinated care' which increased from 65.4 to 66.1.

Table 1: Patient experience scores for the adult inpatient survey, England, 2009-10 to 2013-14

	2009-10	2010-11	2011-12	2012-13	2013-14		2013-14 95% confidence interval
Access & waiting	85.0	84.2	83.8	84.3	84.6	S	0.20
Safe, high quality, coordinated care	64.4	64.6	64.8	65.4	66.1	S	0.24
Better information, more choice	66.8	67.2	67.2	68.2	68.8	S	0.27
Building closer relationships	82.9	83.0	83.0	84.6	84.7		0.17
Clean, friendly, comfortable place to be	79.1	79.3	79.4	79.8	80.1	S	0.15
Overall patient experience score	75.6	75.7	75.6	76.5	76.9	S	0.16

Source: NHS National Patient Survey Programme, Care Quality Commission

Further details of the methodology can be found in the accompanying 'Methods, reasoning and scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Results marked with an **S** show a statistically significant change from 2012-13 to 2013-14.

The full set of tables are shown at the end of this publication

2013 adult inpatient survey update

¹ The National Patient Survey Programme is overseen by the Care Quality Commission (CQC) and covers a range of NHS settings on a rolling programme of surveys. The CQC publishes detailed results from each survey on its own website, whilst this publication provides an overall index score.

Context and interpretation

The question that these scores seek to answer is “*has patient experience changed over time?*” These scores do not translate directly into descriptive words or ratings, but present results out of 100 for specific aspects of experience for NHS patients, after they have used the NHS. If patients reported all aspects of their care as ‘good’, we would expect a score of about 60. If they reported all aspects as ‘very good’, we would expect a score of about 80.

Scores for different aspects of care, or for different service settings, cannot be compared directly. For example, we cannot say that the NHS is ‘better’ at ‘access & waiting’ than it is at ‘information and choice’, or that mental health services are ‘better’ than outpatient services, but the results can be used to look at change over time where methods have not changed.

These statistics are conceptually different from measures of general public perception of the NHS, which are important in their own right but may be influenced by other factors such as the respondent’s political views. These statistics are not a satisfaction or approval measure, but a summarised set of scores, reported by patients, on those aspects of care that matter to patients.

A narrative summary of the underlying survey data has been published by the Care Quality Commission (CQC) and is available at the following link:

<http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2013>

We have published a number of supporting documents to aid interpretation of these statistics, including a *methods, reasoning and scope* document. These documents, along with a summary of all publications associated with these statistics can be found at:

www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

What is a confidence interval?

In these statistics, NHS England has used survey responses from around 62,000 patients to estimate the typical experience for all NHS adult inpatients. Confidence intervals provide a range of values within which we are confident that the true value is likely to lie. In this publication, confidence intervals are expressed as a ‘plus or minus’ figure. For example, our overall score for the inpatient survey has a confidence interval of plus or minus 0.16. This means that the true value is likely to lie in a range from 0.16 below our estimate to 0.16 above it.

Confidence intervals show how much variability there is in scores derived from survey data. It is important to look at the confidence intervals as well as the reported score. A more precise explanation is that the confidence interval gives the range that the true patient experience score lies in, at a given level of confidence. At the 95 per cent confidence level, on average, the confidence interval is expected to contain the true value around 95 per cent of the time: if we were to repeat this survey 100 times calculating new estimates each time, we would expect the confidence intervals to contain the average of all the estimates 95 times.

What lies beneath these headline scores?

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The headline scores are calculated by taking the average score for small sets of survey questions. Comparisons are made below for the results in 2012-13 and 2013-14.

Access & waiting: three survey questions, up from 84.3 to 84.6

This domain captures information about how frequently hospitals change admission dates, how long patients wait for treatment (higher scores for shorter waits) and how long patients wait after arriving at hospital to be allocated a bed. 2013-14 saw improvements in all three questions in this domain, the only significant change relates to how patients felt about the length of time they waited to get a bed on a ward (increase from 76.8 to 77.3).

Safe, high quality coordinated care: three survey questions, up from 65.4 to 66.1

This domain includes questions about whether patients were told contrary things by different members of staff, whether there was any delay in discharge from hospital and whether patients were warned of danger signals to observe after they had been discharged. All three questions improved from 2012-13 to 2013-14 with significant changes for two questions: fewer patients reported being told contradictory information (improvement from 80.7 to 81.2) and more patients reported that they were told about danger signals to look out for after discharge (up from 52.7 to 54.1).

Better information, more choice: three survey questions, up from 68.2 to 68.8

This domain captures feedback on whether patients were involved as much as they wanted to be in their care and treatment, whether staff clearly explained the purpose of medicines to patients, and whether staff explained side effects of medicine to watch for. There were significant improvements in patients reporting being involved in decisions made about their care and treatment (up from 72.7 to 73.2). There was also a significant improvement in the score for patients being told about side effects to watch for when they went home (up from 48.2 in 2012-13 to 49.3 in 2013-14).

Building closer relationships: four survey questions, up from 84.6 to 84.7

This domain assess four questions: two about relationships with doctors and two about relationships with nurses. Patients were asked whether these professionals answered questions in a way that they could understand and whether they spoke as if patients were not there. Improvements were seen in three out of the four questions. There was a significant adverse change in patients reporting being given answers that they can understand from nurses (down from 82.8 to 82.5).

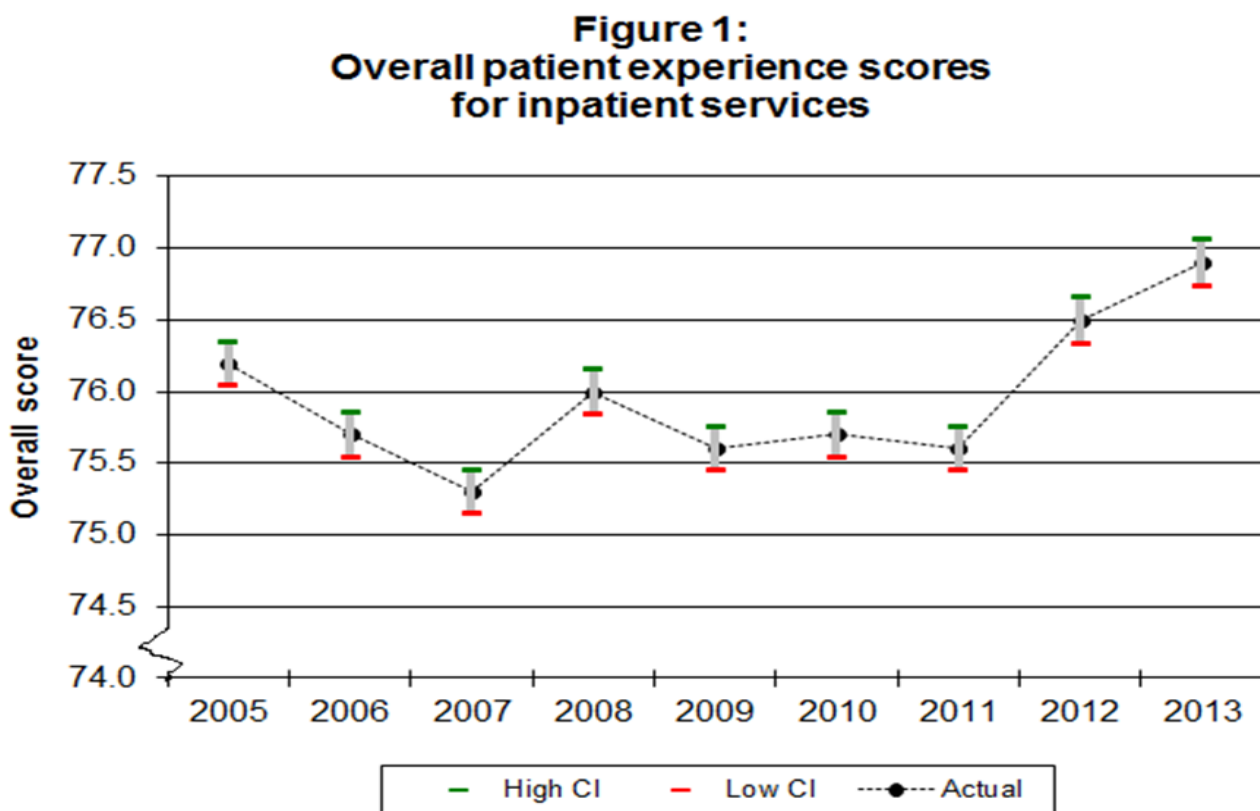
Clean, comfortable, friendly place to be: seven survey questions, up from 79.8 to 80.1

This domain assesses seven questions, four about the care environment: whether patients were bothered by noise at night from other patients and staff, cleanliness of the hospital room/ward, quality of the hospital food, and three about interactions with staff: whether patients received enough privacy when being examined/treated, whether they were treated with dignity and respect, and whether staff did all they could to control patients' pain. Improvements were seen in six out of the seven questions, with significant changes in four. The score with the greatest change was for whether patients were bothered by noise at night from hospital staff (improving from 79.7 to 80.5).

Trends in the scores

We have published results for adult inpatients on the same basis for every year since 2005. Figure 1 below plots overall scores for patient experience between 2005 and 2013 (note that the graph does not start at zero, so changes over time are exaggerated). There were significant decreases in the overall score between 2005 and 2007, and significant increases between 2007 and 2008. Results for 2009 to 2011 were roughly constant followed by an increase in scores in 2012 and 2013.

Figure 1: Overall patient experience scores for adult inpatient services



Variations in the scores: demographics (updated)

It is sensible to consider whether patient experience varies for patients in different demographic groups, but there are several difficulties in reporting scores for separate groups:

- i) Firstly, even for survey questions that are direct and objective, the results vary slightly by demographic group. For example, older patients tend to give more positive answers even to factual questions. Our overall measure is adjusted to take account of these subjective variations by age and gender. When reporting on results for different groups we need to consider how these adjustments combine with the way we calculate the scores (for example, if we adjust by age, an age breakdown of results would show no differences).
- ii) For some demographic groups the number of responses is very small, and so the confidence interval on results is very large. For example, the number of responses from several ethnic groups is fewer than 100 nationally.

These considerations mean that it is not possible to provide meaningful data on demographics for NHS trust level data, but we are able to examine differences at national level. Since 2011, the Statistical Bulletin for the overall patient experience scores has included a breakdown of the scores for each ethnic group. For the first time, this update to the 2013 Bulletin includes a breakdown of the scores for patients with and without long-standing health conditions.

The table below shows the overall score for each ethnic group in the 2013 data. Significance was determined using a two-tailed t-test and a 5% threshold of significance. As White British is the dominant ethnic group, other groups were compared with it. White Irish is the only group to have a significantly higher score than White British.

Table 2: patient-experience scores for ethnic groups²

Ethnic Group	Overall score	Confidence interval	Number of respondents
White British	77.10	0.17	53932
White Irish	78.92	S 1.11	672
White Gypsy or Irish Traveller	59.03	S 1.48	40
Any other White	77.81	0.98	926
White & Black Caribbean	75.46	2.00	118
White & Black African	68.64	S 0.64	55
White & Asian	75.49	1.17	146
Any other mixed background	80.67	2.59	67
Indian	73.93	S 1.08	855
Pakistani	72.34	S 1.47	411
Bangladeshi	70.83	S 1.83	98
Chinese	70.85	S 1.94	113
Any other Asian background	78.73	1.66	205

² Ethnic group is unknown for 3,524 survey respondents.

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African	76.46		1.40	400
Caribbean	74.61	S	1.37	439
Any other Black background	72.79		2.35	41
Arab	71.61	S	3.72	64
Any other ethnic group	80.44		1.18	42

Table 3 below shows the overall score for the group of patients that self-report having a long-standing condition and the group of patients that report that they do not have a long-standing condition. Significance is determined in the same way as for ethnic groups. In this case, the reference category is those patients with a long-standing condition as it is the largest group. The overall scores are significantly different for those patients who do and do not report having a long-standing condition (denoted by the **S** in column 3 of the table).

Table 3: Patient experience for patients with and without long-standing conditions³

Health Status	Overall score		Confidence interval	Number of respondents
Long-standing condition	74.94		0.23	33,832
No long-standing condition	79.37	S	0.25	22,367

³ health status is unknown for 5,949 survey respondents

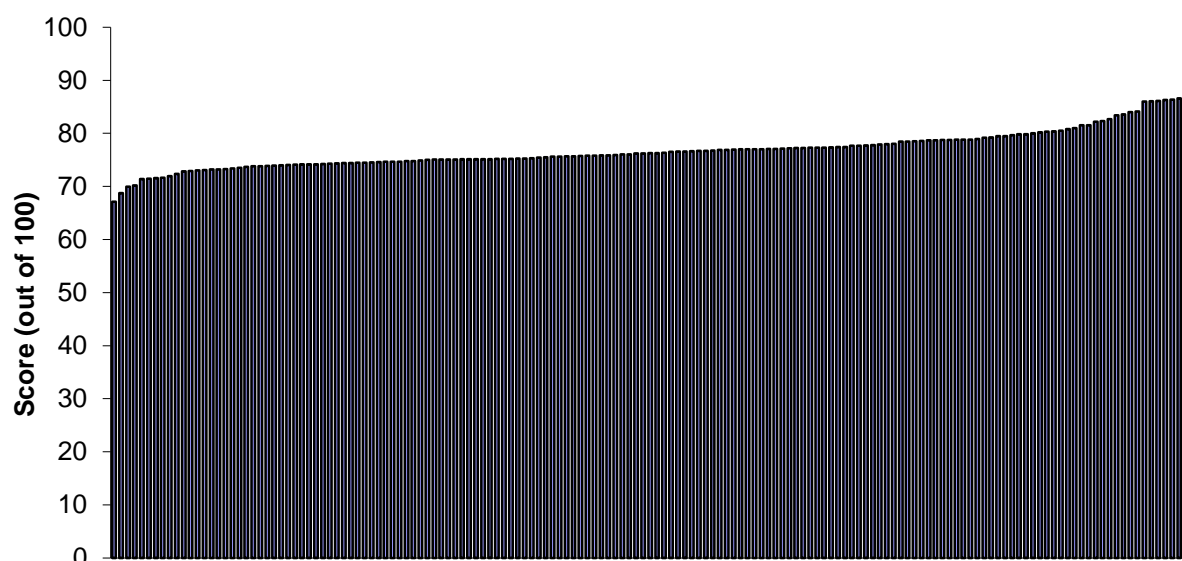
Variation at NHS organisational level

We need to be cautious when considering these statistics at trust level, because the confidence intervals are larger (i.e. there is a larger 'plus or minus' figure within which we can be sure the true score lies). At national level, results are based on around 62,000 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.16). For trust level data, we are typically looking at around 400 responses and we can only have confidence that scores are accurate within a range of plus or minus around 2 points.

This means it can be difficult to assess whether scores for an individual trust have changed since last year, or whether they are significantly different from the average.

Figure 2 shows the overall patient experience score for each trust, with the lower scores towards the left and the higher towards the right. There are 156 trusts with overall scores in 2013. The average score is 76.9, within a range of 67.1 to 87.0. There are 41 trusts with scores significantly above the average and 47 with scores significantly below the average.

Figure 2: Overall patient experience scores at trust level



Trusts that score well in one domain of the measure tend to score well on other domains too. On average, if a trust scores 10 points more than another trust on one domain, it would, on average, score around 8 points higher on any other domain as well (formally there is a positive correlation of around 0.8).

Due to the relatively large confidence intervals around trust level scores, there are relatively few statistically significant organisation level changes in results between years. A change is identified as significant over time using a t-test with a 5% threshold of statistical significance. Table 4, below, shows the number of NHS trusts that recorded significant increases or decreases in their overall and domain scores between 2012 and 2013.

Table 4: Number of increased and decreased scores at trust level (2013 compared to 2012)

	Increase	Decrease
Overall Scores	15	2
Access & waiting	20	10
Safe, high quality, coordinated care	19	6
Better information, more choice	13	8
Building closer relationships	8	9
Clean, comfortable, friendly place to be	19	11

Note: Changes based on 156 trusts with comparable data in 2013 and 2012

The number of organisations with significant changes in each direction across the domains corresponds with the change in the England level scores between 2012-13 and 2013-14. At England level, significant increases were seen in the overall score and all domain scores except 'building closer relationships'. This is reflected at trust level with more increases than decreases in trust scores overall and in each domain except 'building closer relationships'. However, it is important to note that not all changes in trust scores reflect the changes at England level: some trusts deteriorate on a domain score that is generally improving.

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Results at trust level are published in our diagnostic tool, which is available at:

www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Within a domain there may be individual questions where the relative number of trusts with increases or decreases in scores does not match that of the domain score. For example, in the domain 'Building closer relationships', more trusts had significant increases (12) than decreases (9) in scores for whether patients got answers they could understand from doctors. In contrast, more trust scores decreased (13) than increased (5) for the same question about nurses, in line with the trend for the domain.

Note on the effect of trust mergers

Our scores for England are based on the average of the trust scores. We compare trust results over time, but this is affected when trusts have merged in the period between surveys.

South London Healthcare NHS Trust was dissolved as of 1st October 2013 with the hospitals that made up the organisation now run by different NHS Trusts. As the sample period for the latest NHS inpatient survey was June to August 2013 the affected trusts took part under their old formation and the latest organisation level results are comparable with previous years.

Feedback

NHS England aims to make its National Statistics accessible, useful and appropriate for the needs of users. We welcome feedback, and comments can be sent by email to:

england.feedback-data@nhs.net

Background notes – The National Patient Survey Programme

These results are based on data from the NHS National Patient Survey Programme. These surveys are conducted on a rolling programme, with different NHS settings surveyed in different years. Settings include inpatients, outpatients, community mental health, and accident and emergency. The programme is coordinated by the Care Quality Commission (CQC), but each survey is paid for and carried out by individual NHS organisations.

The survey programme is designed to collect structured and systematic feedback on service delivery from the patients' actual experience. In this way the programme provides robust data on service issues that are important to patients, many of which would otherwise be unmeasured – e.g. staff behaviour, levels of involvement, information provision etc.

Fieldwork for each survey is usually carried out over a three-month period. Timings depend on the survey setting and are defined by CQC as part of the survey programme. Patients were eligible for the 2013 adult inpatient survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units.

Sample sizes and response rates vary depending on the survey setting and by question. Just over 62,000 people responded to the adult inpatient survey (a response rate of 49%). The CQC website includes information on the surveys and the CQC national survey publications (including percentage scores for individual questions and details of the number of respondents and response rates).

The CQC results for the adult inpatient surveys can be found at:

www.cqc.org.uk/Inpatientsurvey2013

CQC publish trust-level reports that detail information such as the trust scores for each survey question and associated confidence intervals and response numbers, these are available via the link above.

Full set of tables: overall patient experience scores

The following tables show the latest and historic results for the overall patient experience scores for England across the four settings covered by the measure (inpatient, outpatient, A&E, community mental health). Scores are based on results from the NHS National Patient Survey Programme and are calculated in the same way each year so that the experience of NHS patients can be compared over time. The overall patient experience scores were first produced by the Department of Health and the methodology for calculating scores was agreed with the Care Quality Commission (formerly the Healthcare Commission). When responsibility for producing the scores was adopted by NHS England in 2013 the methodology was agreed and upheld.

This publication updates the patient experience scores, last updated with community mental health scores by NHS England in September 2013.

These summary tables are available in excel format alongside this publication. The trust level information that underpins these results is also provided in CSV format; separate files are provided for acute and mental health trusts.

Overall patient experience scores: 2013 adult inpatient survey update

Inpatient survey: national scores

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14		2013-14 95% confidence interval
Access & waiting	84.9	85.0	84.2	83.8	84.3	84.6	S	0.20
Safe, high quality, coordinated care	65.3	64.4	64.6	64.8	65.4	66.1	S	0.24
Better information, more choice	67.7	66.8	67.2	67.2	68.2	68.8	S	0.27
Building closer relationships	83.2	82.9	83.0	83.0	84.6	84.7		0.17
Clean, friendly, comfortable place to be	79.2	79.1	79.3	79.4	79.8	80.1	S	0.15
Overall patient experience score	76.0	75.6	75.7	75.6	76.5	76.9	S	0.16

Source: National Patient Survey Programme

Further details of the methodology can be found in the accompanying 'methods , reasoning and scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Results marked with an **S** show a statistically significant change from 2012-13 to 2013-14. The full set of tables are shown at the end of this publication

Overall patient experience scores: 2013 adult inpatient survey update

Outpatient survey: national scores

	2002-03	2004-05	2009-10	2009-10 adjusted ²	2011-12		2011-12 95% confidence interval
Access & waiting ¹	68.2	69.0	72.5	73.3	74.9	S	0.17
Safe, high quality, coordinated care	83.0	82.2	83.2	83.2	83.6	S	0.18
Better information, more choice	77.2	77.3	79.1	79.1	78.6	S	0.35
Building closer relationships	86.4	86.5	87.3	87.3	87.7	S	0.18
Clean, friendly, comfortable place to be	69.7	68.5	70.9	70.9	71.3	S	0.20
Outpatient overall patient experience score	76.9	76.7	78.6	78.8	79.2	S	0.18

Source: National Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2009-10 to 2011-12

Notes:

1. The scoring regime used for the question about length of wait for an appointment (question A1 in 2002-03 and question 1 in 2004-05) has been adjusted from that published by the contractor appointed to run the NHS Survey Advice Centre, to allow comparison across years.

2. The 2009-10 score is adjusted to allow for direct comparison with 2011-12.

Details of the methodology can be found in the accompanying overall patient experience measure 'Methods, Reasoning and Scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Overall patient experience scores: 2013 adult inpatient survey update

Accident and emergency department survey: national scores

	2004-05	2008-09	2012-13		2012-13 95% confidence interval
Access & waiting	69.4	66.6	64.3	S	0.20
Safe, high quality, coordinated care	74.7	75.1	74.5	S	0.33
Better information, more choice	73.5	74.4	74.8		0.44
Building closer relationships	80.4	81.3	80.8	S	0.24
Clean, friendly, comfortable place to be	81.0	81.4	82.2	S	0.22
Accident and emergency overall patient experience score	75.8	75.7	75.4	S	0.26

Source: National Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2008-9 to 2012-13

Details of the methodology can be found in the accompanying overall patient experience measure 'Methods, Reasoning and Scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Community mental health survey: national scores

	2011-12 (CPA)	2012-13 (CPA)	2012-13 adjusted (Non-CPA)	2013-14 (Non-CPA)		2013-14 95% confidence interval
Access & waiting	71.1	72.4	72.4	72.4		0.58
Safe, high quality, coordinated care	72.1	71.3	68	67.4		0.6
Better information, more choice	68.3	69.1	65.8	65.4		0.59
Building closer relationships	84.7	84.7	82.4	81.1	S	0.4
Overall patient experience score	74.0²	74.4	72.2	71.6	S	0.44

Source: National Patient Survey Programme

Results marked with an S show a statistically significant change from the adjusted 2012-2013 values to 2013-2014

Notes:

1. Due to changes in the scoring methodology for some questions in 2013/14, the 2013/14 score is not directly comparable to previous years. To allow for direct comparison between 2013/14 and 2012/13, an adjusted score for 2012/13 has also been produced using the new scoring regime. This no longer gives different scores depending on whether or not a patient has received a Care Programme Approach.

Details of the methodology can be found in the accompanying 'Methods, Reasoning and Scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

2. This figure was amended from 74.1, which was the figure previously published on the 17th September 2013.