



Statistical bulletin:
Overall Patient Experience Scores

2015 Adult Inpatient Survey update

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updated to show the scores from the 2015 Adult Inpatient Survey, which is administered by the Care Quality Commission and assesses the experiences of

adult patients in acute and specialist NHS trusts.

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First published: 8th June 2016

Prepared by: NHS England Analytical Team (Medical and Nursing Analytical Unit)

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Overall Patient Experience Scores: 2015 Adult Inpatient Survey update

This publication updates this regular statistical series to include results from the latest Adult Inpatient Survey, which surveyed patients aged 16 years or older who had spent at least one night in hospital and were not admitted to maternity or psychiatric units.

The survey is based on a random sample of patients from 149 trusts who received inpatient care during July 2015 by including every consecutive discharge counting back from 31 July until 1,250 patients were selected¹. Fieldwork for the survey (the period during which questionnaires were sent out and returned) took place between August 2015 and January 2016.

These statistics use a set of questions from the NHS Patient Survey Programme² to produce a set of composite index scores, called Overall Patient Experience Scores, which measure patient views on the care they receive.

NHS England produces separate scores to measure four different NHS services: inpatients, outpatients, community mental health and accident & emergency. This update focuses on the adult inpatient setting. The next planned update will be for the 2016 Community Mental Health Survey, expected in October 2016.

1 Overall Patient Experience Scores: 2015 Adult Inpatient Survey update

The Overall Patient Experience Score for NHS adult inpatient services for 2015-16 is shown in Table 1 below; the scores for each of the five domains used to construct the overall measure are also presented. An overview of how the scores are constructed is provided in section 2 below.

Overall patient experience of adult inpatient services significantly increased between 2014-15 and 2015-16, up from **76.6 out of 100** to **77.3 out of 100**. All five of the domain scores showed a statistically significant increase between 2014-15 and 2015-16.

Table 1: Overall Patient Experience Scores: 2015 Adult Inpatient Survey update, England, 2011-12 to 2015-16

	2011-12	2012-13	2013-14	2014-15	2015-16		2015-16 95% confidence interval
Access & waiting	83.8	84.3	84.6	83.8	84.5	S	0.17
Safe, high quality, coordinated care	64.8	65.4	66.1	65.5	66.3	s	0.21
Better information, more choice	67.2	68.2	68.8	68.9	69.3	S	0.24
Building closer relationships	83.0	84.6	84.7	84.6	85.4	S	0.14
Clean, friendly, comfortable place to be	79.4	79.8	80.1	80.1	81.1	s	0.12
Overall patient experience score	75.6	76.5	76.9	76.6	77.3	S	0.14

Source: NHS Patient Survey Programme, Care Quality Commission

Further details of the methodology can be found in the methodology paper at: http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/ Results marked with an **S** show a statistically significant change from 2014-15 to 2015-16.

The full set of tables is shown at the end of this publication.

¹ 43 trusts who could not reach the required sample size from July alone collected their sample from additional months back to January 2015.
² The NHS Patient Survey Programme is everyoon by the Care Quality Commission (CQC) and covers a range of NHS settings on a relling

² The NHS 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 update for the Overall Patient Experience Scores.

2 Background

2.1 Context and interpretation

The question that the Overall Patient Experience Scores seek to answer is "has patient experience changed over time?"

This is done using a series of questions (20 questions in the Adult Inpatient Survey) arranged across five domains, each of which measures one aspect of care:

- 1. Access & waiting
- 2. Safe, high quality co-ordinated care
- 3. Better information, more choice
- 4. Building closer relationships
- 5. Clean, comfortable, friendly place to be

Both the overall score and the domains are presented as a score out of 100, calculated by averaging a subset of the scored survey questions. These scores do not translate directly into descriptive words or ratings, but present measures 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 at least 60. If they reported all aspects as 'very good', we would expect a score of at least 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 within a particular domain or care setting, **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.

2.2 How scores are constructed

Domain scores are an average of the question scores used to feed into that domain. The Overall Patient Experience Score is an average of the domain scores.

Patient level survey data is used to calculate question scores by assigning each patient's question response option with a 'weight' between 0 and 100 (where higher weights reflect better reported experience) and calculating the average weighted score for each question³. For example, for the question 'Was your admission date changed by the hospital?' the following scoring applies:

Response options	Scoring
No	100
Yes, once	67
Yes, 2 or 3 times	33
Yes, 4 or more times	0

³ Annex A details the 2015 Adult Inpatient Survey scoring regime for each of the 20 questions that feed into the five domain scores and the Overall Patient Experience Score.

The scoring mechanism is applied to respondent level results before being standardised to match the 2015 survey profile for age, gender, and route of admission. Scores are then aggregated up and presented as weighted averages at either trust or England level.

As supporting information, NHS England has published a number of documents to aid interpretation of these statistics, including a 'Methods, reasoning and scope' methodological statement, which can be found at:

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

Separately, the Care Quality Commission (CQC) has published a Statistical Release report providing a summary of the underlying survey data, along with all the results for the 2015 Adult Inpatient Survey, available at:

www.cqc.org.uk/inpatientsurvey

2.3 What is a confidence interval?

In these statistics, NHS England has used survey responses from 82,839 patients to <u>estimate</u> the typical experience for <u>all</u> 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, the Overall Patient Experience Score update for the 2015 Adult Inpatient Survey has a confidence interval of plus or minus 0.14 points. This means that the true value is likely to lie in a range from 0.14 points below our estimate of 77.3 to 0.14 points 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. So if we were to repeat this survey 100 times, we would expect the stated confidence interval to contain the 'true' population value at least 95 times out of 100.

3 What lies beneath the headlines?

3.1 Domain scores

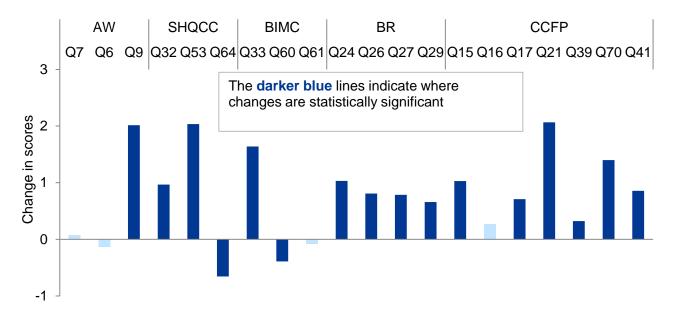
The domain scores are calculated by taking the average score for a small subset of scored survey questions. This section compares the domain scores in 2014-15 to those in 2015-16, with reference to the specific questions that feed into each domain.

Figure 1 below presents the difference in the question scores between 2014-15 and 2015-16. The darker blue bars indicate where changes are statistically significant compared to last year.

The **overall trend across all five domains has been improvements**, including across multiple questions within each of the domains.

Despite overall improvements across the two domains; 'Safe, high quality coordinated care' and 'Better information more choice', the domains contain individual questions **that have shown significant deterioration** Q64 (*Did a member of staff tell you about any danger signals you should watch for after you went home?*), and Q60 (*Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?*)

Figure 1: Change between question scores from 2014-15 to 2015-16, England



Access & waiting: three survey questions, domain score significantly increasing from 83.8 to 84.5

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. Of the three questions that form this domain, the question score showing a significant change is where:

• fewer patients reported waiting a long time before being allocated a bed or ward (score increasing from 76.5 to 79.0).

<u>Safe, high quality coordinated care</u>: three survey questions, domain score significantly increasing from 65.5 to 66.3

This domain includes questions about whether patients were given consistent messages by different members of staff, whether there were delays in discharge from hospital and whether patients were warned of danger signals to observe after they had been discharged. Results have improved significantly for two question scores:

- fewer patients reported being given inconsistent messages from staff (score increasing from 80.8 to 81.8) and
- fewer patients reported experience of delayed discharges (score increasing from 61.1 to 63.1),

The remaining question score significantly decreased:

• fewer patients reported being told about danger signals to be aware of after discharge (score decreasing from 54.7 to 54.1).

Better information, more choice: three survey questions, domain score significantly increasing from 68.9 to 69.3

This domain captures feedback on whether patients were involved as much as they wanted to be in decisions about their care and treatment and whether staff clearly explained the purpose and side effects of medicines. Of the three questions that form this domain, two question scores have shown a significant change:

- patients' involvement in decisions about their care and treatment significantly improved (score increasing from 73.6 to 75.3),
- whilst fewer patients reported being given a clear explanation of the purpose of their medication (score decreasing from 83.6 to 83.2).

<u>Building closer relationships</u>: four survey questions, domain score significantly increasing from 84.6 to 85.4

This domain assesses whether doctors or nurses provided information to patients in a way they could understand and whether doctors or nurses spoke about patients as if they weren't there. Of the four questions included in this domain, all four question scores showed a significant increase:

- the provision of information given to patients in a way they can understand improved (for doctors the scores increased from 81.6 to 82.6, while for nurses the scores increased from 82.7 to 83.4),
- likewise there has been an improvement in whether health professionals spoke in front of
 patients as if they weren't there (for doctors the scores increased from 85.4 to 86.2 and for
 nurse's scores increased from 88.6 to 89.3).

Clean, friendly, comfortable place to be: seven survey questions, domain score significantly increasing from 80.1 to 81.1

This domain captures feedback on whether patients were disturbed by noise at night, asking patients what they thought about the cleanliness of their hospital room or ward and how patients felt they were treated by staff, including how much privacy they were given, whether they were helped to manage their pain and if they felt that they were treated with dignity and respect. There has been an improvement to six of the seven question scores used to form this domain:

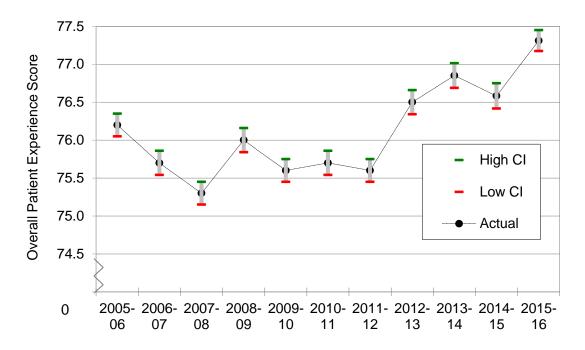
- fewer patients were disturbed by noise at night from other patients (score increasing from 61.3 to 62.4),
- patients' opinions of cleanliness of the room or ward improved (score increasing from 88.9 to 89.6),
- the score rating hospital food increased (from 54.9 to 57.0),
- patients increasingly reported they are given enough privacy when being examined or treated (score increasing from 94.7 to 95.1),
- more patients reported being treated with dignity and respect (score increasing from 89.4 to 90.8) and
- more patients reported staff did everything possible to help control their pain (score increasing from 82.2 to 83.0).

3.2 Trends in the scores

Similar surveys of adult inpatients were also carried out in 2002 and then annually from 2004 to 2014. Figure 2 below plots Overall Patient Experience Scores from 2005-06 to 2015-16 (note that the graph does not start at zero, so changes over time are exaggerated).

There were significant decreases in the overall score between 2005-06 and 2007-08, and significant increases between 2007-08 and 2008-09. Results for 2009-10 to 2011-12 were generally constant followed by a sustained increase between 2011-12 and 2013-14. A further significant decrease occurred between 2013-14 and 2014-15, with the latest results for 2015-16 showing a significant increase compared to 2014-15.

Figure 2: Overall Patient Experience Scores: 2015 Adult Inpatient Survey update, England, 2005-06 to 2015-16



The chart shows Overall Patient Experience Scores with associated 95% confidence intervals.

3.3 Variations in the scores: demographics

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.
- ii) The overall score 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).
- iii) 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 the White Gypsy or Irish Traveller group is 36 nationally.

These considerations mean that it is not possible to provide meaningful data on ethnic categories for NHS trust level data, but we are able to examine differences at national level.

Table 2 below shows the overall score for each ethnic group in the 2015 Adult Inpatient Survey. We use a two-tailed t-test and a 5% threshold of significance to determine whether there are statistically significant differences in scores across the ethnic groups. As White British is the dominant ethnic group, other groups are compared with it.

This shows that a number of ethnic groups have significantly higher overall scores compared to the White British group, reflecting more positive experiences. These are: White Irish and any other Asian background.

Conversely, a number of ethnic groups have significantly lower overall scores compared to the White British group, reflecting less positive experiences. These are: White and Black African,

Indian, Pakistani, Bangladeshi, Chinese, Caribbean and any other black background.

Table 2: Overall Patient Experience Scores for the Adult Inpatient Survey by ethnic group, England 2015-16

	Overall score		Confidence interval	Number of respondents
White British	77.53		0.15	72277
White Irish	80.24	S	1.08	712
White Gypsy or Irish Traveller	74.49		0.38	36
Any other White	77.28		0.87	1252
White & Black Caribbean	79.32		1.95	209
White & Black African	71.58	S	1.84	81
White & Asian	75.09		1.35	186
Any other mixed background	79.26		1.90	100
Indian	75.60	S	0.98	1034
Pakistani	73.41	S	1.39	549
Bangladeshi	71.96	S	2.13	130
Chinese	73.71	S	1.39	163
Any other Asian background	79.62	S	1.57	256
African	77.84		1.28	546
Caribbean	76.03	S	1.13	577
Any other Black background	71.11	S	2.28	54
Arab	75.78		1.71	80
Any other ethnic group	78.94		1.22	69

Ethnic group is unknown for 4,528 respondents Results marked **S** are significantly different from White British

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 they do not have a long-standing condition (health status). 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. This shows that patients who do not have a long-standing condition have statistically higher overall scores, reflecting more positive experiences (denoted by **S** in Table 3 below).

Table 3: Overall Patient Experience Scores for the Adult Inpatient Survey by health status, England 2015-16

	Overall score		Confidence Interval	Number of respondents
Long-standing Condition	75.36		0.19	46792
No long-standing Condition	80.27	S	0.21	28794

Health status is unknown for 7,253 respondents
Results marked **S** are significantly different from the group of patients with long-standing conditions

3.4 Variation at NHS organisational level

We need to be cautious when considering these statistics at trust level due to the larger size of the confidence intervals (i.e. the range within which we can be sure the true score lies is wider for trusts than at national level). At a national level, results are based on nearly 83,000 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.14). For trust level data, the total number of responses is on average around 1,250. At this level, the level of confidence that we can have in the scores can range up to plus or minus 3 points.

This means it can be difficult to assess whether scores for an individual trust are significantly different from the average.

Figure 3 shows the Overall Patient Experience Score for each trust, with the higher scores towards the left and the lower towards the right. There were 149 trusts who participated in the 2015 survey, all with their own overall scores. Scores range from 70.6 to 88.0, with an average score of 77.3. There are 38 trusts with scores that are significantly above the average and 53 with scores that are significantly below the average.

Figure 3: Trust level Overall Patient Experience Scores, England, 2015-16

We may wish to consider whether different trusts have strengths and weaknesses in different areas, however trusts that score well in one domain 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 or 9 points higher on any other domain as well (formally there is a positive correlation of around 0.85).

Due to the relatively large confidence intervals around trust level scores, there are relatively few statistically significant organisational 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 2014-15 and 2015-16, this is based on a comparison of 144 out of the 149 participating trusts in 2015-16⁴.

Table 4: Trust level Overall Patient Experience Scores: Number of increased and decreased scores at trust level, 2014-15 to 2015-16

	Increase	Decrease
Overall Scores	24	6
Access & waiting	26	9
Safe, high quality, coordinated care	19	7
Better information, more choice	16	6
Building closer relationships	29	7
Clean, comfortable, friendly place to be	37	5

The large number of increases at trust level (as shown in table 4) in both the overall and

⁴144 of the 149 participating trusts were comparable between 2014-15 and 2015-16; 4 trusts had sampling errors in 2014 therefore cannot be compared to 2015 (RXR, RL1, RA7, RWH), and there was 1 new trust in 2015 that did not participate in 2014 (R1K)

domain scores, corresponds with the significant increase at the England level for both the overall as well as each of the five domain scores. Far fewer decreases were observed in this latest survey both for the overall score and across each of the domains. 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 and vice versa.

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

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

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 can be affected when trusts have merged in the period between surveys. These changes can have a small effect on the results of the survey and therefore our England level scores. Between the 2014-15 and 2015-16 survey there have been 6 trust mergers. These include:

- Merger between Ealing Hospital NHS Trust (RC3) and The North West London Hospitals NHS Trust (formally R1K). The new provider is listed as London North West Healthcare NHS Trust (R1K).
- Merger between Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RBB) and RD1. The new provider is listed as Royal United Hospitals Bath NHS Foundation Trust (RD1)
- Merger between Heatherwood and Wexham Park Hospitals NHS Foundation Trust (RD7) and Frimley Park Hospital NHS Foundation Trust (RDU). The new provider is listed as Frimley Health NHS Foundation Trust (RDU)
- Mid Staffordshire NHS Foundation Trust (RJD) services were transferred to the management of University Hospitals of North Midlands NHS Trust (RJE) and The Royal Wolverhampton NHS Trust (RL4).

4 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

5 Background notes – The NHS Patient Survey Programme

The Adult Inpatient Survey is part of a wider programme of NHS patient surveys, which covers a range of topics including maternity, children's inpatient and day-case services, A&E (accident and emergency department) and community mental health. The programme is coordinated by the Care Quality Commission (CQC), but each survey is paid for and carried out by individual NHS organisations.

5.1 Background to the Adult Inpatient Survey

The Adult Inpatient Survey has been running annually since 2004. 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.

Patients were eligible for the 2015 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. Fieldwork for the survey took place between August 2015 and January 2016.

In 2015, the size of patient samples drawn by participating trusts increased to 1,250 (up from 850 in 2014). The number of responses increased from 59,083 in 2014 to 83,116⁵ in 2015. This was to enable analysis at a more granular level.

In previous years, trusts were able to select their sample month (June, July or August). This year, the sample month has been fixed to July, so all trusts must draw their sample of 1250 from patients discharged in July 2015. Trusts selected a random sample of patients counting back from 31 July until they had selected 1,250 patients (a small number of specialist trusts who could not reach the required sample size, sampled back to 1 January 2015).

Sample sizes and response rates vary depending on the survey setting and by question. The 2015 Adult Inpatient Survey involved 149⁶ NHS acute and NHS foundation trusts in England who sent questionnaires to a total of 177,534 patients. Responses were received from 83,116 patients, a response rate of 47%⁷ (the same as in 2014).

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 2015 Adult Inpatient Survey can be found at:

www.cqc.org.uk/inpatientsurvey

CQC publish trust-level reports that detail information such as the trust scores for each survey question and associated confidence intervals and response numbers, this can be found at:

http://www.nhssurveys.org/surveys/833

5.2 Overview of survey changes for 2015

Each year minor adjustments are made to the questionnaire in order to fulfil different strategic requirements as well as part of a process of continual improvement.

The 2015 inpatient questionnaire is broadly similar to the 2014 questionnaire, with four new questions relating to the integration of services added. The minor changes to the 2015 Adult Inpatient Survey do not have an impact on the 'Overall Patient Experience Scores'. Full information about the changes and the evidence base is available in the Survey Development Report, available via the following link:

http://www.nhssurveys.org/surveys/871

6 Full set of tables: Overall Patient Experience Scores

The following tables show results for the Overall Patient Experience Scores for England, for

⁵ The analysis in this report relates to standardised weighted data and includes 82,839 respondents.

⁶ One trust was excluded from the national results because of errors made when drawing its sample.

⁷ Please note: the 'adjusted' response rate is reported. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable or, if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

different years and different NHS settings. Scores are based on results from the 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 methodology for calculating these scores was agreed initially by the Department of Health and the Care Quality Commission (formerly the Healthcare Commission). NHS England, which is now responsible for the publication of the series, agrees with the adopted methodology.

This publication updates the patient experience scores for the 2015 Adult Inpatient Survey, the last update was the Community Mental Health Survey update in October 2015.

The information in these tables has been provided separately in CSV format, available alongside this publication. One CSV file contains results for acute trusts, and a separate CSV file contains results for mental-health trusts.

Adult Inpatient Survey: national scores

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16		2015-16 95% confidence interval
Access & waiting	83.8	84.9	85.0	84.2	83.8	84.3	84.6	83.8	84.5	S	0.17
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	64.8	65.4	66.1	65.5	66.3	S	0.21
Better information, more choice	66.7	67.7	66.8	67.2	67.2	68.2	68.8	68.9	69.3	S	0.24
Building closer relationships	83.0	83.2	82.9	83.0	83.0	84.6	84.7	84.6	85.4	S	0.14
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.4	79.4	79.8	80.1	80.1	81.1	S	0.12
Inpatient overall patient experience score	75.3	76.0	75.6	75.7	75.6	76.5	76.9	76.6	77.3	s	0.14

Source: National Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2014-15 to 2015-16

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/

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/

Accident and emergency department survey: national scores

	2004-05	2008-09	2012-13	2012-13 adjusted ²	2014-15		2014-15 95% confidence interval
Access & waiting ¹	69.4	66.6	64.3	67.0	67.7	S	0.22
Safe, high quality, coordinated care	74.7	75.1	74.5	74.5	76.0	S	0.35
Better information, more choice	73.5	74.4	74.8	74.8	75.8	S	0.47
Building closer relationships	80.4	81.3	80.8	80.8	81.9	S	0.25
Clean, friendly, comfortable place to be	81.0	81.4	82.2	82.2	84.2	S	0.24
Accident and emergency overall patient experience score	75.8	75.7	75.4	75.9	77.2	s	0.28

Source: National Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2012-13 to 2014-15

Notes:

- 1. For 2014-15, the scoring regime used for the question "Overall, how long did your visit to the A&E department last?" (Question 9) has been amended based on expert advice.
- 2. The adjusted 2012-13 scores allow direct comparison with 2014-15 (see note 1).

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

Table 1	2014-15 ¹	2015-16		2015-16 95% confidence interval
Access & waiting	82.2	82.1		0.53
Safe, high quality, coordinated care	71.4	70.4	S	0.67
Better information, more choice	71.5	70.4	S	0.60
Building closer relationships	78.2	76.3	S	0.49
Community mental health Overall Patient Experience Score	75.8	74.8	s	0.47

Source: National Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2014-15 to 2015-16

Due to redevelopment of the 2014 Community Mental Health Survey, the scores for 2014-15 are **not comparable** with previous years. Results from 2011-12 to 2013-14 are presented in Table 2 below.

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/

Notes:

1. Details of the 2014-15 survey changes are available in the Survey Development Report published by the Coordination Centre at: http://www.nhssurveys.org/surveys/750

Information about the resulting changes to the Overall Patient Experience Score for 2014-15 has been published by NHS England and is available at:

http://www.england.nhs.uk/statistics/2014/09/18/overall-patient-experience-scores-2014-community-mental-health-survey

Table 2	2011-12	2012-13	2012-13 adjusted ¹	2013-14
Access & waiting	71.1	72.4	72.4	72.4
Safe, high quality, coordinated care	72.1	71.3	68.0	67.4
Better information, more choice	68.3	69.1	65.8	65.4
Building closer relationships	84.7	84.7	82.4	81.1
Community mental health Overall Patient Experience Score	74.1	74.4	72.2	71.6

Source: National Patient Survey Programme

Notes:

- 1. The scoring regime was changed in 2013-14 to remove CPA-based scoring on certain questions. Due to this change, the 2013-14 scores are not comparable with previous years. To allow for direct comparison between 2013-14 and 2012-13, an adjusted score for 2012-13 has been calculated, incorporating the new scoring regime. Details of the change are available at:

 http://www.nhssurveys.org/Filestore/MH13/MH13_Recommendation_to_discontinue_CPA-differentiated_scoring_v1.pdf
- 2. Over time there have been a number of changes made to the survey including revisions to the eligible age range and major developments to revise the methodology and the questionnaire content which affect historical comparability, for further details please see: http://www.nhssurveys.org/surveys/872

7 Annex A- Overall Patient Experience Scores: 2015 Adult Inpatient Survey update – Scoring regime for 2015-16

The table below presents the 2015 Adult Inpatient Survey question number and wording together with the scoring regime for each of the 20 questions that feed into the five domain scores and the Overall Patient Experience Score.

Overall Patient Experience Scores: 2015 Adult Inpatient Survey update – Scoring regime for 2015-16

No.	2015 Question Wording	Scoring
	Domain: Access & waiting	
6	How do you feel about the length of time you were on the waiting list before your admission to hospital?	1=100 2=50 3=0
7	Was your admission date changed by the hospital?	1=100 2=67 3=33 4=0
9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	1=0 2=50 3=100
	Domain: Clean, comfortable friendly place to be	
15	Were you ever bothered by noise at night from other patients?	1=0 2=100
16	Were you ever bothered by noise at night from hospital staff?	1=0 2=100
17	In your opinion, how clean was the hospital room or ward that you were in?	1=100 2=67 3=33 4=0
21	How would you rate the hospital food?	1=100 2=67 3=33 4=0 5=M
39	Were you given enough privacy when being examined or treated?	1=100 2=50 3=0
41	Do you think the hospital staff did everything they could to help control your pain?	1=100 2=50 3=0
70	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	1=100 2=50 3=0
	Domain: Building closer relationships	
24	When you had important questions to ask a doctor, did you get answers that you could understand?	1=100 2=50 3=0 4=M
26	Did doctors talk in front of you as if you weren't there?	1=0 2=50 3=100
27	When you had important questions to ask a nurse, did you get answers that you could understand?	1=100 2=50 3=0 4=M

		1=0
29	Did nurses talk in front of you as if you weren't there?	2=50 3=100
Domain: Safe, high quality, co-ordinated care		
32	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	1=0 2=50 3=100
53	On the day you left hospital, was your discharge delayed for any reason?	1=See Main Reason 2=100 Main Reason:
54	What was the MAIN reason for the delay?	1=0 2=0 3=0 4=M
64	Did a member of staff tell you about any danger signals you should watch for after you went home?	1=100 2=50 3=0 4=M 5=M
Domain: Better information, more choice		
33	Were you involved as much as you wanted to be in decisions about your care and treatment?	1=100 2=50 3=0
60	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	1=100 2=50 3=0 4=M 5=M
61	Did a member of staff tell you about medication side effects to watch for when you went home?	1=100 2=50 3=0 4=M