



Statistical bulletin:
Overall Patient Experience Scores
2017 Adult Inpatient Survey Update

Statistical bulletin: Overall Patient Experience Scores

2017 Adult Inpatient Survey Update

First published: 13 June 2018

Prepared by: NHS England Analytical Team (Clinical Programmes and Patient Insight Analytical Unit)

This information can be made available in alternative formats, such as easy read or large print. Please contact feedback-data@nhs.net for details.

Contents

Contents.....	3
1 Overall Patient Experience Scores: 2017 Adult Inpatient Survey Update.....	4
2 Background.....	5
2.1 Context and interpretation.....	5
2.2 How scores are constructed	5
2.3 What is a confidence interval?	6
3 What lies beneath the headlines?	6
3.1 Domain scores.....	6
3.1.1 Access & waiting	7
3.1.2 Safe, high quality coordinated care	7
3.1.3 Better information, more choice.....	8
3.1.4 Building closer relationships.....	8
3.1.5 Clean, friendly, comfortable place to be	8
3.2 Trends in the scores	9
3.3 Variations in the scores: demographics	9
3.4 Variation at NHS organisation level	11
4 Feedback.....	12
5 Background notes – The NHS Patient Survey Programme	13
5.1 Background to the Adult Inpatient Survey.....	13
5.2 Overview of changes for 2017	13
6 Full set of tables: Overall Patient Experience Scores	14
7 Annex A – Overall Patient Experience Scores: 2017 Adult Inpatient Survey update - Scoring regime for 2017-18.....	22

1 Overall Patient Experience Scores: 2017 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. These statistics use a set of questions from the NHS Patient Survey Programme¹ 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 2018 Community Mental Health Survey, expected in November 2018.**

The Overall Patient Experience Score for NHS adult inpatient services for 2017-18 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 2.2 below.

This year's Overall Patient Experience Scores are constructed slightly differently to previous years' Adult Inpatient scores. This is because printing errors have affected one of the questions included in the calculation. As a result, the 'Safe, high quality, coordinated care' domain score and the Overall Patient Experience Score itself are not comparable to those shown in previous publications. The 2016 scores have been recalculated for this publication to allow comparisons to be made.

Overall patient experience of adult inpatient services **increased**² between 2016-17 and 2017-18, up from **78.0 out of 100** to **78.4 out of 100**. All five of the domain scores increased from 2016-17 and 2017-18.

Table 1: Overall Patient Experience Scores: 2017 Adult Inpatient Survey update, England, 2016-17 to 2017-18

Domain	2016-17	2017-18	95% Confidence interval (2017-18)
Access & waiting	82.9	83.5	0.19
Safe, high quality, coordinated care	72.3	72.6	0.23
Better information, more choice	68.0	68.6	0.27
Building closer relationships	85.5	85.8	0.15
Clean, comfortable, friendly place to be	81.1	81.4	0.13
Overall patient experience score	78.0	78.4	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/>

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

¹ 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 NHS England Analytical Services are reviewing their methodology for significance testing. For this publication results of significance testing are not reported, although confidence intervals are presented.

The survey is based on a random sample of patients from 148 trusts who received inpatient care during July 2017 by including every consecutive discharge counting back from 31 July until 1,250 patients were selected³. Fieldwork for the survey (the period during which questionnaires were sent out and returned) took place between August 2017 and January 2018.

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 (19 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 question⁴. For example, for the question ‘Was your admission date changed by the hospital?’ the following scoring applies:

³ A small number of specialist trusts have smaller sample sizes as they have relatively low throughputs of patients.

⁴ Annex A details the 2017 Adult Inpatient Survey scoring regime for each of the 19 questions that feed into the five domain scores and the Overall Patient Experience Score.

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

The scoring mechanism is applied to respondent level results before being standardised to match the 2017 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 2017 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 72,778 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, the Overall Patient Experience Score update for the 2017 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 78.4 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?

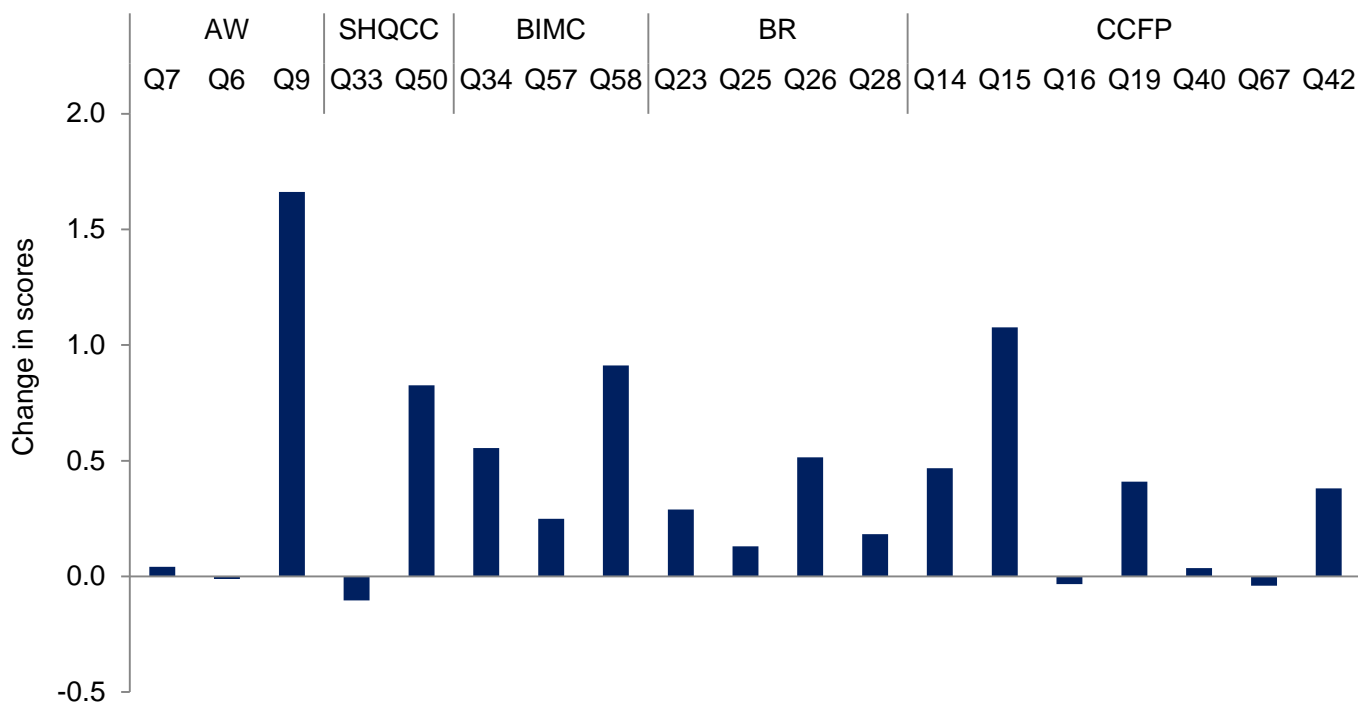
3.1 Domain scores

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 2016-17 to those in 2017-18, with reference to the specific questions that feed into each domain.

Figure 1 below presents the difference in the question scores between 2016-17 and 2017-18.

The **majority (15 out of 19) of questions have shown an increase** in scores from 2016-17 to 2017-18, with all five domains showing an overall increase.

Figure 1: Change in question scores from 2016-17 to 2017-18, England



3.1.1 Access & waiting

Three survey questions, domain score increasing from 82.9 to 83.5

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. For this domain, one question score has increased and two have stayed the same.

- Patients' reporting of having their admission date changed by the hospital stayed the same (score remaining at 91.5).
- Fewer patients reported waiting a long time before being allocated a bed or ward (score increasing from 75.3 to 77.0).
- Patients' reporting of being on the waiting list a long time before their admission to hospital stayed the same (score remaining at 81.9).

3.1.2 Safe, high quality coordinated care⁵

Two survey questions, domain score increasing from 72.3 to 72.6

This domain includes questions about whether patients were given consistent messages by different members of staff and whether there were delays in discharge from hospital. Of the two questions in this domain, one score has decreased and one score has increased.

⁵ This would usually be calculated using three question scores; one has had to be omitted from the 2017 calculation due to printing errors.

- More patients reported being given inconsistent messages from staff (score decreasing from 81.6 to 81.5).
- Fewer patients reported experience of delayed discharges (score increasing from 63.0 to 63.8).

3.1.3 Better information, more choice

Three survey questions, domain score increasing from 68.0 to 68.6

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. All three questions that form this domain have shown an increase in scores.

- More patients were satisfied with their involvement in decisions about their care and treatment (score increasing from 73.4 to 74.0).
- More patients reported being told about medication side effects to watch for at home (score increasing from 47.6 to 48.5).
- More patients received an explanation of the purpose of the medications they were to take at home (score increasing from 83.0 to 83.3).

3.1.4 Building closer relationships

Four survey questions, domain score increasing from 85.5 to 85.8

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. All four of the questions included in this domain increased in score.

- Fewer health professionals spoke in front of patients as if they weren't there (for doctors the score increased from 86.6 to 86.8 and for nurses the score increased from 89.8 to 90.0).
- More health professionals gave information to patients in a way they could understand (for doctors the score increased from 82.4 to 82.7 and for nurses the score increased from 83.1 to 83.6).

3.1.5 Clean, friendly, comfortable place to be

Seven survey questions, domain score increasing from 81.1 to 81.4

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 in five of the seven question scores.

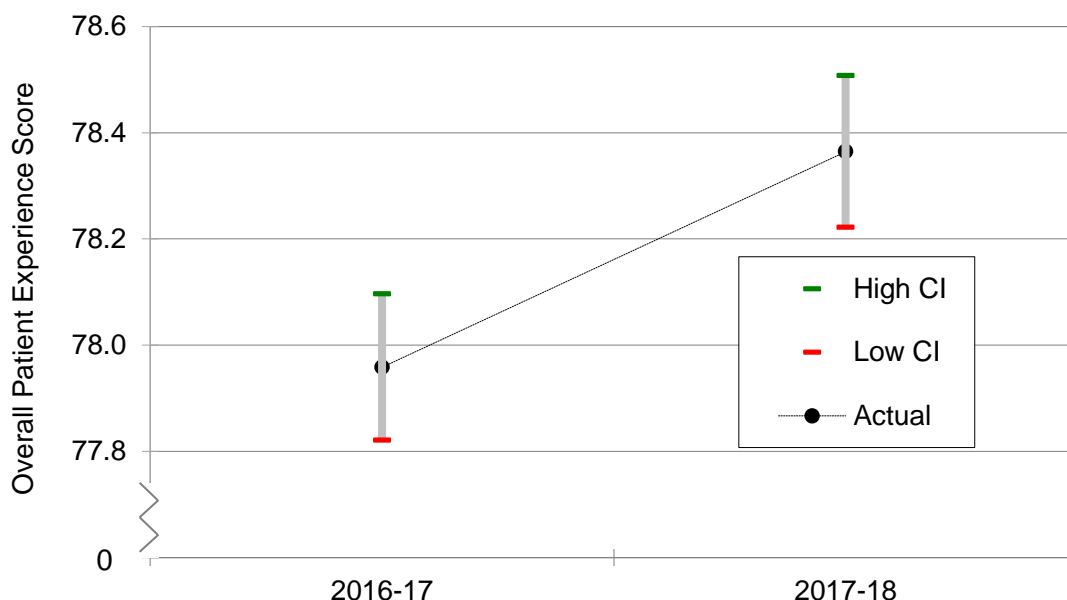
- Patients' opinions of cleanliness of the room or ward stayed the same (score remaining at 89.8).
- Patients' reporting of whether they were treated with respect and dignity stayed the same (score remaining at 90.8).
- The score rating for hospital food increased from 57.4 to 57.8.

- More patients reported being given enough privacy when being examined or treated (score increasing from 94.9 to 95.0)
- More patients felt the hospital staff did everything they could to help control their pain (score increasing from 82.8 to 83.2).
- Fewer patients were disturbed by noise at night from other patients (score increasing from 61.9 to 62.4) and staff (score increasing from 79.9 to 81.0).

3.2 Trends in the scores

Similar surveys of adult inpatients were also carried out in 2002 and then annually from 2004 to 2017. Owing to errors in a small number of questions, the 2017 Overall Patient Experience Score differs slightly from past scores. The 2016 scores have been recalculated using the same methodology to facilitate comparisons with the most recent set of scores. Figure 2 below plots the Overall Patient Experience Scores from 2016-17 to 2017-18 (note that the graph does not start at zero, therefore the change over time is exaggerated).

Figure 2: Overall Patient Experience Scores: 2017 Adult Inpatient Survey update, England, 2016-17 to 2017-18



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:

- 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.
- 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 25 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 2017 Adult Inpatient Survey, together with confidence intervals for each ethnic group's overall score.

Table 2: Overall Patient Experience Scores for the Adult Inpatient Survey by ethnic group, England 2017-18

Ethnic group	Overall score	Confidence interval	Number of respondents
White British	78.56	0.15	63,614
White Irish	81.35	1.12	616
White Gypsy or Irish Traveller	88.00	2.17	25
Any other White	79.47	0.77	1,310
White & Black Caribbean	78.82	0.86	166
White & Black African	78.39	3.18	68
White & Asian	76.65	1.16	156
Any other mixed background	75.31	2.04	77
Indian	76.70	0.95	951
Pakistani	74.96	1.53	460
Bangladeshi	71.88	1.58	118
Chinese	80.56	1.71	152
Any other Asian background	79.77	1.50	279
African	78.44	1.17	463
Caribbean	74.74	1.51	451
Any other Black background	74.73	2.05	67
Arab	80.14	2.59	90
Any other ethnic group	83.08	1.61	88

Ethnic group is unknown for 3,317 respondents

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). This shows that patients who do not have a long-standing condition have higher overall scores, reflecting more positive experiences.

The way in which patients are asked about their health status has changed slightly in the 2017 survey, so results from this should not be compared to previous surveys.

Table 3: Overall Patient Experience Scores for the Adult Inpatient Survey by health status, England 2017-18

Health status	Overall score	Confidence interval	Number of respondents
Long-standing condition	75.98	0.20	39,782
No long-standing condition	82.01	0.23	21,376

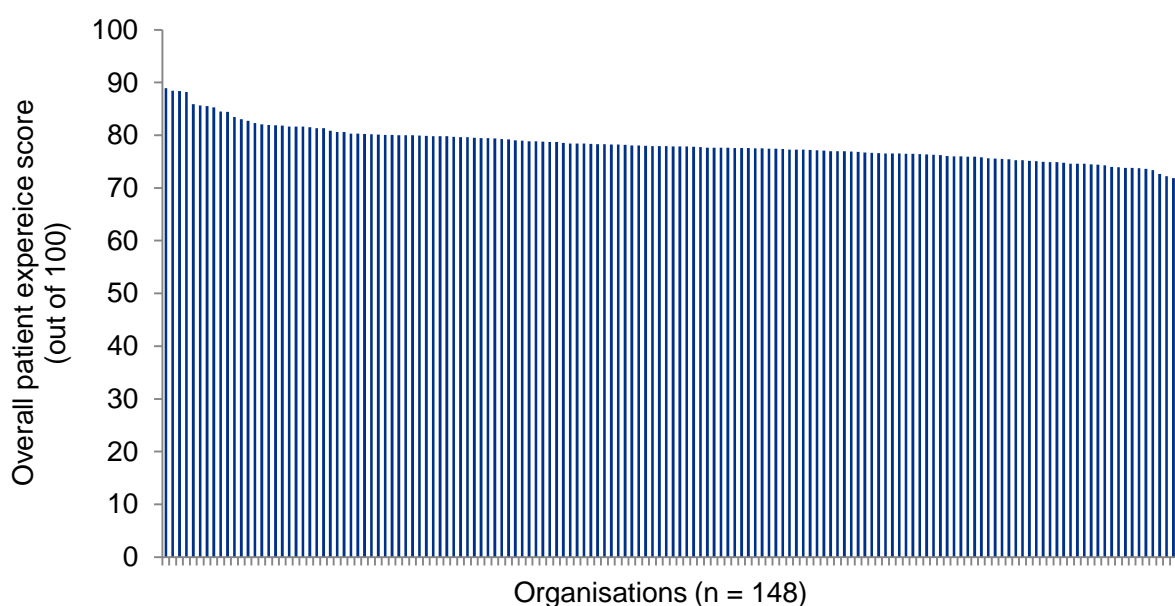
Health status is unknown for 11,310 respondents

3.4 Variation at NHS organisation 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 72,778 responses and we can be confident that the true Overall Patient Experience 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 4 points, depending on the trust.

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 148 trusts who participated in the 2017 survey, all with their own overall scores. Scores range from 71.8 to 88.9, with an average score of 78.4.

Figure 3: Trust level Overall Patient Experience Scores, England, 2017-18



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 7 or 8 points higher on any other domain as well (formally there is a positive correlation of around 0.75).

Table 4, below, shows the number of NHS trusts that recorded increases or decreases (of any magnitude) in their overall and domain scores between 2016-17 and 2017-18, this is based on a comparison of 146 out of the of the 148 participating trusts in 2017-18⁶.

Table 4: Trust level Overall Patient Experience Scores: Number of increased and decreased scores at trust level, 2016-17 to 2017-18

	Increase	Decrease
Overall Scores	90	56
Access & waiting	88	58
Safe, high quality, coordinated care	86	60
Better information, more choice	84	62
Building closer relationships	83	63
Clean, comfortable, friendly place to be	91	55

The large number of increases at trust level (as shown in Table 4) in both the overall scores and the domain scores reflect the increases at the England level. 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 changes to trusts

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 or changed 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 2016-17 and 2017-18 survey there has been 1 trust merger:

- Hinchingsbrooke Healthcare NHS Foundation Trust (RQQ) and Peterborough and Stamford Hospitals NHS Foundation Trust (RGN) merged, and became North West Anglia NHS Foundation Trust (RGN)

and one change to a trust code:

- Birmingham Women's NHS Foundation Trust (RLU) became Birmingham Women's and Children's NHS Foundation Trust (RQ3).

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

⁶146 of the 148 participating trusts were comparable between 2016-17 and 2017-18.

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 2017 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 2017 and January 2018.

In 2017, the size of the patient samples drawn by participating trusts is 1,250, the same as in 2016. The sample month was July, so all trusts must draw their sample of 1,250 from patients discharged in July 2017. 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 have smaller sample sizes as they have relatively low throughputs of patients).

Sample sizes and response rates vary depending on the survey setting and by question. The 2017 Adult Inpatient Survey involved 148 NHS acute and NHS foundation trusts in England, who sent questionnaires to a total of 183,692 patients. Responses were received from 72,778 patients, a response rate of 41%⁷ (a decrease from 44% in 2016).

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 2017 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/1225>

5.2 Overview of changes for 2017

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

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.

The 2017 inpatient questionnaire is similar to the 2016 questionnaire, with five new questions added, four questions amended and nine questions removed.

The minor changes to the 2017 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/survey/2008>

This year's Overall Patient Experience Scores are constructed slightly differently to previous years' Adult Inpatient scores. This is because printing errors have affected one of the questions included in the calculation. As a result, the 'Safe, high quality, coordinated care' domain score and the Overall Patient Experience Score itself are not comparable to those shown in previous publications. The 2016 scores have been recalculated for this publication to allow for comparisons to be made, using two questions instead of three for the Safe, high-quality coordinated care domain. The 2016 scores as published at the time (displayed on page 16) should still be used for comparison to the previous year; the adjusted 2016 scores should only be used when comparing to the 2017 scores.

6 Full set of tables: Overall Patient Experience Scores

The following tables show results for the Overall Patient Experience Scores for England, for 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 2017 Adult Inpatient Survey, the last update was the Community Mental Health Survey update in November 2017.

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

	2016-17 ¹	2017-18	95% confidence interval (2017-18)
Access & waiting	82.9	83.5	0.19
Safe, high quality, coordinated care	72.3	72.6	0.23
Better information, more choice	68.0	68.6	0.27
Building closer relationships	85.5	85.8	0.15
Clean, friendly, comfortable place to be	81.1	81.4	0.13
Inpatient overall patient experience score	78.0	78.4	0.14

Source: National Patient Survey Programme

Notes:

1. The 2017-18 scores for the Safe, high quality, coordinated care domain and the overall score have been calculated using a slightly different methodology. For this publication, the 2016-17 scores have been recalculated using the same methodology for comparison purposes. These scores are not comparable with the scores for previous years shown in the table below.

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/

Adult Inpatient Survey: national scores

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16 ¹	2016-17
Access & waiting	83.8	84.9	85.0	84.2	83.8	84.3	84.6	83.8	84.5	82.9
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	64.8	65.4	66.1	65.5	66.3	66.1
Better information, more choice	66.7	67.7	66.8	67.2	67.2	68.2	68.8	68.9	69.3	68.0
Building closer relationships	83.0	83.2	82.9	83.0	83.0	84.6	84.7	84.6	85.4	85.5
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.4	79.4	79.8	80.1	80.1	81.1	81.1
Inpatient overall patient experience score	75.3	76.0	75.6	75.7	75.6	76.5	76.9	76.6	77.3	76.7

Source: National Patient Survey Programme

Notes:

1. The 2015-16 scores have been updated in this publication to exclude three trusts (RAP, RD8 and RMC) where a historical sampling error was discovered after the 2015 publication, this is in line with revisions made to the 2015 Inpatient Survey by CQC.
2. The scores in this table are not comparable with the scores in the main body of this publication or in the table above owing to printing errors in the 2017 questionnaire.

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/

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: NHS 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 scores are adjusted to allow for direct comparison with 2011-12.

Details of the methodology can be found in the accompanying overall patient experience score 'Methods, Reasoning and Scope' guidance at

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

Emergency department survey: national scores

	2016-17	2016-17 95% confidence interval
Access & waiting	65.1	0.23
Safe, high quality, coordinated care	78.6	0.33
Better information, more choice	77.7	0.45
Building closer relationships	83.6	0.23
Clean, friendly, comfortable place to be	85.7	0.23
Accident and Emergency Overall Patient Experience Score	78.2	0.26

Source: NHS Patient Survey Programme

Notes: The 2016-17 Emergency Department scores are **not comparable** with previous Overall Patient Experience Scores for the Accident and Emergency Survey. This is due to a number of changes in the survey's sampling methodology, including changes to the sampling approach, the sample size and the sampling month.

Choose an item.

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	0.22
Safe, high quality, coordinated care	74.7	75.1	74.5	74.5	76.0	0.35
Better information, more choice	73.5	74.4	74.8	74.8	75.8	0.47
Building closer relationships	80.4	81.3	80.8	80.8	81.9	0.25
Clean, friendly, comfortable place to be	81.0	81.4	82.2	82.2	84.2	0.24
Accident and Emergency Overall Patient Experience Score	75.8	75.7	75.4	75.9	77.2	0.28

Source: NHS Patient Survey Programme

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 'Methods, Reasoning and Scope' guidance at www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/

Choose an item.

Community Mental Health Survey: national scores

Table 1	2014-15 ¹	2015-16 ²	2016-17	2017-18		2017-18 95% confidence interval
Access & waiting	82.2	81.9	82.4	83.7	S	0.54
Safe, high quality, coordinated care	71.4	70.3	71.1	70.3		0.73
Better information, more choice	71.5	70.4	70.8	70.6		0.66
Building closer relationships	78.2	76.2	76.7	76.2		0.52
Community Mental Health Overall Patient Experience Score	75.8	74.7	75.2	75.2		0.50

Source: NHS Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2016-17 to 2017-18.

The 'Access & waiting' domain has shown a statistically significant increase from 2016-17 to 2017-18.

Due to redevelopment of the 2014 community mental health survey, the scores for 2014-15 or after 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 overall patient experience score '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 Development Report published by the Coordination Centre at: <http://www.nhssurveys.org/surveys/750>
Information about the resulting changes to the overall patient experience scores 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>

2. 2015-16 data was revised in 2016 in line with revisions made to the 2015 Community Mental Health Survey by CQC after an error was uncovered.

Choose an item.

Table 2	2011-12	2012-13	2012-13 adjusted¹	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: NHS 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: 2017 Adult Inpatient Survey update - Scoring regime for 2017-18

The table below presents the 2017 Adult Inpatient Survey question number and wording together with the scoring regime for each of the 19 questions that feed into the five domain scores and the Overall Patient Experience Score.

No.	2017 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		
14	Were you ever bothered by noise at night from other patients?	1=0 2=100
15	Were you ever bothered by noise at night from hospital staff?	1=0 2=100
16	In your opinion, how clean was the hospital room or ward that you were in?	1=100 2=67 3=33 4=0
19	How would you rate the hospital food?	1=100 2=67 3=33 4=0 5=M
40	Were you given enough privacy when being examined or treated?	1=100 2=50 3=0
42	Do you think the hospital staff did everything they could to help control your pain?	1=100 2=50 3=0
67	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		
23	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
25	Did doctors talk in front of you as if you weren't there?	1=0 2=50 3=100
26	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
28	Did nurses talk in front of you as if you weren't there?	1=0 2=50 3=100

Choose an item.

Domain: Safe, high quality, co-ordinated care		
33	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
50	On the day you left hospital, was your discharge delayed for any reason?	1=See Main Reason 2=100 Main Reason: 1=0 2=0 3=0 4=M
51	What was the MAIN reason for the delay?	
Domain: Better information, more choice		
34	Were you involved as much as you wanted to be in decisions about your care and treatment?	1=100 2=50 3=0
57	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
58	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