



**Statistical bulletin:  
Overall Patient Experience Scores**

***2018 Urgent and Emergency Care Survey update***

# Statistical bulletin: Overall Patient Experience Scores

## *2018 Urgent and Emergency Care Survey update*

First published: 23 October 2019

Prepared by: NHS England Analytical Team

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

# Contents

Contents.....	3
1 Overall Patient Experience Scores: 2018 Urgent and Emergency Care 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? .....	7
3.1 Domain scores.....	7
3.1.1 Access & waiting .....	7
3.1.2 Safe, high quality coordinated care .....	8
3.1.3 Better information, more choice.....	8
3.1.4 Building closer relationships .....	8
3.1.5 Clean, comfortable, friendly place to be .....	9
3.2 Variations in the scores: demographics .....	9
3.3 Variation at NHS organisational level.....	11
4 Feedback.....	12
5 Background notes – The NHS Patient Survey Programme .....	12
6 Full set of tables: Overall Patient Experience Scores .....	13
Annex A – Overall Patient Experience Scores: 2018 Urgent and Emergency Care Survey update - Scoring regime for 2018 .....	22

# 1 Overall Patient Experience Scores: 2018 Urgent and Emergency Care Survey update

This publication updates this regular statistical series to include results from the Urgent and Emergency Care Survey, which surveyed patients aged 16 years or older who attended a Type 1 or Type 3 urgent or emergency care service during September 2018.

The calculation of the OPES is based only on the results from patients who attended a Type 1<sup>1</sup> accident and emergency department. The sample is based on 132 trusts. Patients were selected using random stratified sampling, by including every consecutive discharge counting back from 30 September until 1,250 patients were selected. Where a Trust had both a Type 1 and a Type 3 department, the sample was split to select 950 patients who used Type 1 services and 420 patients who used Type 3 services, totalling 1,370 patients. Fieldwork for the survey (the period during which questionnaires were sent out and returned) took place between October 2018 and March 2019.

These statistics use a set of questions from the NHS Patient Survey Programme<sup>2</sup> to produce a set of overall scores that measure patients' views on the care they receive.

NHS England produce separate sets of scores for different NHS services; this update focuses on the emergency department setting. **The next planned update is for the 2019 Community Mental Health Survey, expected in November 2019.**

The Overall Patient Experience Score for NHS urgent and emergency care services for 2018-19 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.

There was a major redevelopment of the survey in 2016-17 and therefore results are not comparable to earlier surveys.

In 2018-19, there are two questions that are not comparable to 2016-17, one from the safe, high quality, coordinated care domain and one from the clean, comfortable, friendly place to be domain. These questions, the domain and the overall patient experience scores are not comparable with 2016-17.

**Table 1:** Overall Patient Experience Scores: Urgent and Emergency Care Survey update, England, 2018-19

Domain	2016-17	2018-19	95% confidence interval
Access & waiting	65.1	64.4	<b>S</b> 0.23
Safe, high quality, coordinated care	-	79.4	0.31
Better information, more choice	77.7	77.2	0.46
Building closer relationships	83.6	83.4	0.23
Clean, comfortable, friendly place to be	-	84.5	0.22
<b>Overall Patient Experience Score</b>	<b>-</b>	<b>77.8</b>	<b>0.26</b>

Source: NHS Patient Survey Programme, Care Quality Commission  
**S** indicates a statistically significant change

<sup>1</sup> The analysis also includes Moorfields Eye Hospital, which is the only Trust included in the Survey with a Type 2 department

<sup>2</sup> 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 Overall Patient Experience Scores use survey data to calculate a measure of patient experience for a number of types of NHS care. This is done using a series of questions (19 questions in the Emergency Department 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 of 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 and waiting' than it is at 'information and choice', or that mental health services are 'better' than inpatient services, but the results can be used to look at change over time **where methods have not changed**.

These statistics are 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 question<sup>3</sup>. For example, for the question 'How long did you wait before you first spoke to a nurse or doctor?' the following scoring applies:

**Table 2:** Example scoring regime for a survey question

Response options	Scoring
0 - 15 minutes	100
16 - 30 minutes	67
31 - 60 minutes	33
More than 60 minutes	0
Don't know / can't remember	(excluded)

---

<sup>3</sup> Annex A details the 2018 Urgent and Emergency Care Survey scoring regime for each of the 19 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 2018 survey profile for age, and gender. 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/](http://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 2018 Urgent and Emergency Care Survey, available at:

[www.cqc.org.uk/emergencydepartmentsurvey](http://www.cqc.org.uk/emergencydepartmentsurvey)

### **2.3 What is a confidence interval?**

In these statistics, NHS England has used survey responses from around 42,000 patients to estimate the typical experience for all adult patients in NHS urgent and emergency care centres. 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 Patient Experience Score update for the latest emergency department survey has a confidence interval of plus or minus 0.26 points. This means that the true value is likely to lie in a range from 0.26 points below our estimate to 0.26 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.

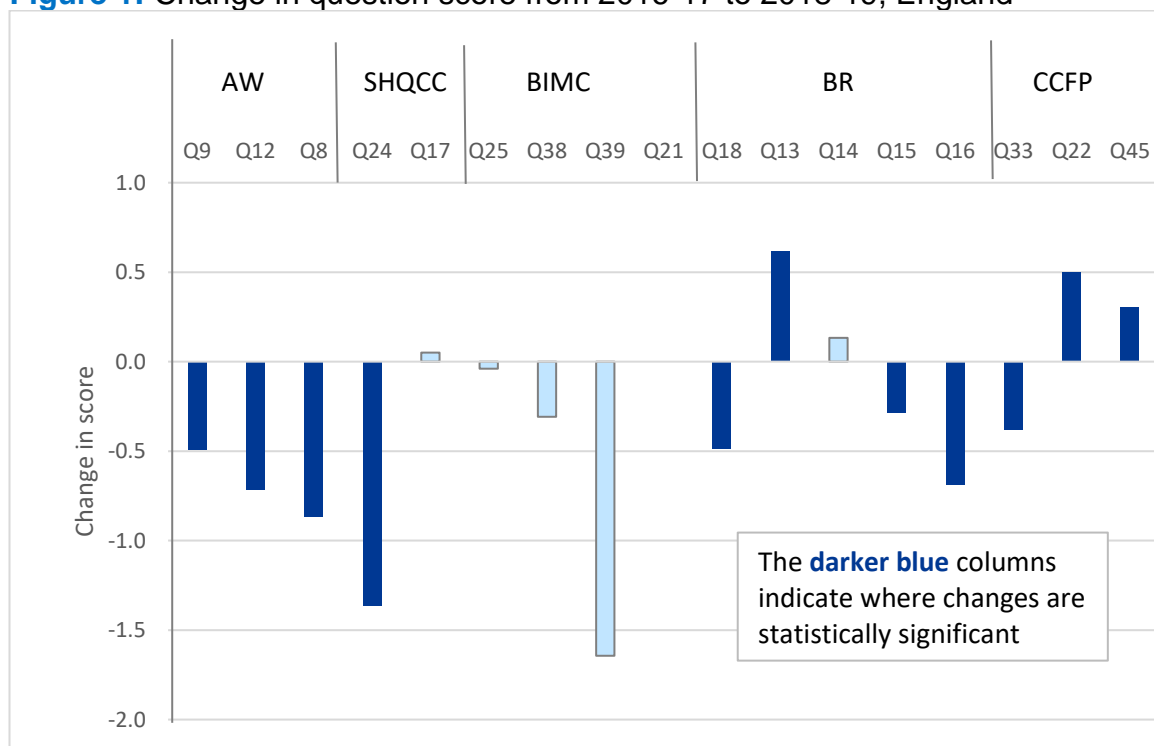
### 3 What lies beneath the headlines?

#### 3.1 Domain scores

The domain scores are calculated by taking the average score for a small subset of scored survey questions. This section assesses the domain scores for 2018-19 with reference to the specific questions that feed into each domain. As described above, higher scores for particular questions or domains do not necessarily refer to 'better' services; see Section 2.1 for more details.

Figure 1 below presents the difference in the question scores between 2016-17 and 2018-19 where comparison is possible.

**Figure 1:** Change in question score from 2016-17 to 2018-19, England



The majority (11 out of 17) of questions have shown a decrease in scores from 2016-17 to 2018-19, with the three comparable domains also showing an overall decrease.

##### 3.1.1 Access & waiting

*Three survey questions: domain score significantly decreasing from 65.1 to 64.4*

This domain captures information about the length of time patients' emergency department visits lasted and how long they waited before interactions with doctors or nurses. All three questions show a significant decrease in score from 2016-17 to 2018-19.

The highest scoring question asked about the length of the patient's visit to A&E (score of 69.3 significantly decreasing from 70.0 in 2016-17) while the lowest scoring question asked how long it was before the patient first spoke to a doctor or a nurse and was also the largest decreasing question (score significantly decreasing from 61.9 to 61.0). The other question in this domain asked about the length of time patients waited before being examined by a doctor or nurse (score significantly decreasing from 63.3 to 62.9).

### **3.1.2 Safe, high quality coordinated care**

*Three survey questions: domain score of 79.4*

This domain includes questions about whether patients had trust and confidence in those treating them, whether they were given consistent messages by different members of staff and whether they were warned of danger signals to observe after they had been discharged. One question from this domain shows a significant decrease when compared to 2016-17.

The highest scoring question relates to different staff members giving consistent information to patients and this has seen a significant decrease in score (score significantly decreasing from 89.3 to 87.9). The lowest scoring question relates to patients being told about danger signals to watch for after they went home (score of 63.0).

### **3.1.3 Better information, more choice**

*Four survey questions: domain score decreasing from 77.7 to 77.2*

This domain captures feedback on whether patients were involved as much as they wanted to be in their care and treatment, whether they received the right amount of information about their condition and treatment and whether staff clearly explained the purpose and side effects of medicines. One question from this domain shows a significant decrease when compared to 2016-17.

The highest scoring question relates to staff explaining the purpose of medications in a way that patients could understand (score of 91.9 similar to 2016-17) while the lowest scoring question relates to staff telling patients about side effects of medications to watch for (score decreasing from 52.8 to 51.1).

### **3.1.4 Building closer relationships**

*Five survey questions: domain score decreasing from 83.6 to 83.4*

This domain assesses whether doctors or nurses spoke about patients as if they weren't there, whether patients felt listened to, whether patients had enough time to discuss their health or medical problems and anxieties or fears and whether conditions and treatments were explained in a way that patients could understand. Three questions from this domain show significant decreases and one shows a significant increase when compared to 2016-17.

The highest scoring question relates to doctors and nurses avoiding talking about patients as if they weren't there (score significantly decreasing from 90.3 to 89.8), while the lowest scoring question relates to doctors and nurses discussing anxieties and fears with patients (score significantly decreasing from 72.0 to 71.3). The other questions in this domain showing significant changes from 2016-17 asked if doctors and nurses listened to what patients had to say (score significantly decreasing from 88.7 to 88.4 and if patients had enough time to discuss their health or medical problem with the doctor or nurse (score significantly increasing from 85.2 to 85.9).



### 3.1.5 Clean, comfortable, friendly place to be

*Four survey questions: domain score of 84.5*

This domain assesses the cleanliness of the emergency department 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. Two questions from this domain have seen a significant increase and one has seen a significant decrease compared to 2016-17.

The highest scoring question relates to patients being given enough privacy when being examined or treated (score significantly increasing from 90.8 to 91.3), while the lowest scoring question relates to whether patients thought hospital staff did everything they could to control their pain (score of 71.2). The other questions in this domain to show significant changes in score from 2016-17 asked overall, if patients felt they were treated with respect and dignity (score significantly increasing from 89.3 to 89.6) and about the cleanliness of the A&E department (score significantly decreasing from 86.2 to 85.9).

## 3.2 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, for the 2018-19 scores the number of responses from the White Gypsy or Irish Traveller ethnic group is 29 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 3 below shows the overall score for each ethnic group in the 2018 Urgent and Emergency Care 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.

The following groups have scores significantly different to White British: Any other White background, Indian, Pakistani, Bangladeshi, Any other Asian background, African, Any other Black background and Arab. All these groups have lower scores than White British, reflecting less positive experiences.

**Table 3:** Overall Patient Experience Scores by ethnic group, England, 2018-19

Ethnicity	Overall score		Confidence Interval	Number of respondents
White British	78.3		0.29	36,319
White Irish	79.1		1.38	477
White Gypsy or Irish Traveller	*		*	29
Any other White	76.3	<b>S</b>	0.93	1,459
White & Black Caribbean	74.6		1.29	128
White & Black African	73.6		1.55	72
White & Asian	75.4		2.07	129
Any other mixed background	75.9		1.91	107
Indian	75.3	<b>S</b>	1.04	739
Pakistani	73.1	<b>S</b>	1.47	428
Bangladeshi	73.0	<b>S</b>	2.09	146
Chinese	78.6		1.47	120
Any other Asian Background	74.7	<b>S</b>	1.46	320
African	73.8	<b>S</b>	1.32	473
Caribbean	78.9		1.55	322
Any other Black background	72.8	<b>S</b>	2.45	75
Arab	75.9	<b>S</b>	2.30	76
Any other Ethnic group	74.2		2.54	107

Notes:

*Ethnic group is unknown for 1,181 respondents*

*Results are not presented for White Gypsy or Irish Traveller as there are too few respondents*

*Results marked **S** are significantly different from White British*

Table 4 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 (health status). In this case, the reference category is patients **with** a long-standing condition (as it is the largest group) and significance being determined in the same way as for ethnic groups.

The overall scores **are significantly poorer** for patients who report having a long-standing condition compared to those that report that they do not.

**Table 4:** Overall Patient Experience Scores by health status, England, 2018-19

Health Status	Overall score		Confidence interval	Number of respondents
Long-standing Condition	76.3		0.39	21,956
No long-standing condition	79.6	<b>S</b>	0.38	14,660

Notes:

*Health status is unknown for 6,091 respondents.*

*Results marked **S** are significantly different to the group of patients with long-standing conditions*

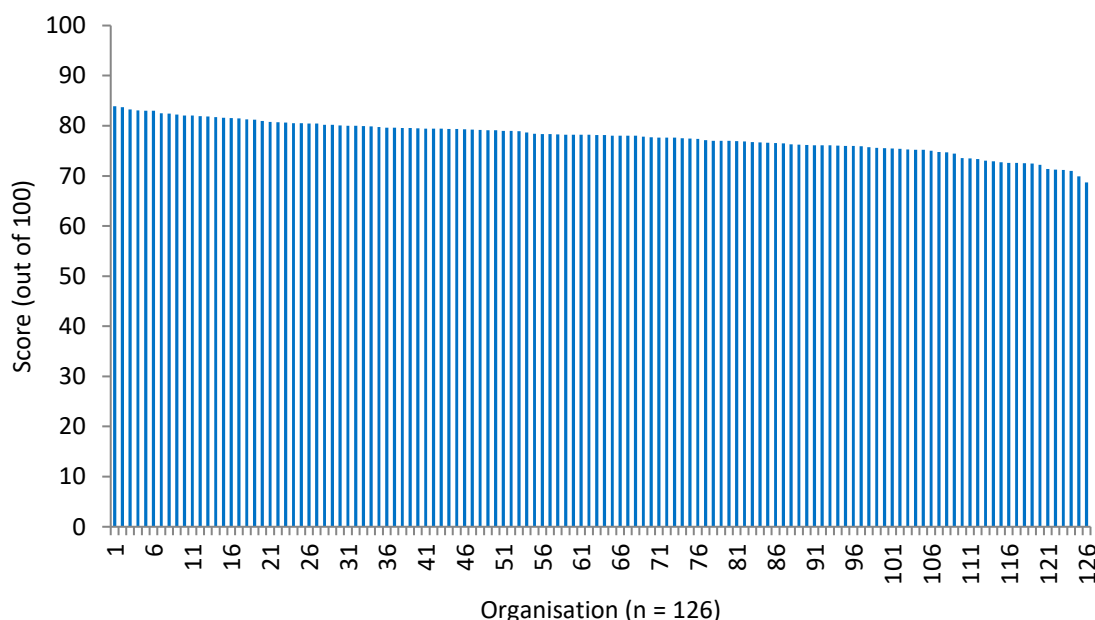
### 3.3 Variation at NHS organisational level

We need to be cautious when considering these statistics at trust level due to the 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 national level, the scores are based on over 42,000 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.26). For trust level data, we are typically looking at around 320 responses and we can only have confidence that scores are accurate within a range of 3 percentage points.

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

Figure shows the Overall Patient Experience Score for each trust, with the higher scores towards the left and the lower towards the right. There are 126 trusts in 2018 with overall scores<sup>4</sup>. Scores range from 68.7 to 83.9, with an average of 77.8. There are 30 trusts with scores that are significantly above the average and 29 with scores that are significantly below the average.

**Figure 2:** Trust level Overall Patient Experience Scores, England, 2018-19



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 points higher on any other domain as well (formally there is a positive correlation of around 0.8).

Results at trust level are published in our diagnostic tool, which is available at: [www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/](http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/).

<sup>4</sup> Where a trust has fewer than 30 responses for a particular survey question, the trust does not have a score for the domain that contains that question and it does not have an overall score. In total, 132 trusts took part in the survey for 2018, 6 trusts had fewer than 30 responses to one or more survey questions used to construct the Overall Patient Experience Scores.

## 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](mailto:England.feedback-data@nhs.net)

## 5 Background notes – The NHS Patient Survey Programme

The Urgent and Emergency Care Survey is part of a wider programme of NHS patient surveys, which cover a range of topics including inpatients, maternity and children's inpatient and day-case services, emergency department services 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.

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 the 2018 Urgent and Emergency Care Survey was carried out between October 2018 and March 2019. Timings depend on the survey setting and are defined by CQC as part of the survey programme. Patients were eligible for the 2018 Urgent and Emergency Care Survey if they were aged 16 years or older and were not staying in hospital at the time patients were sampled. Patients visited an accident and emergency department during September 2018.

Sample sizes and response rates vary depending on the survey setting and by question. Over 50,000 people (over 42,700 Type 1 service users and over 7,400 Type 3 service users) responded to the Urgent and Emergency Care survey, a response rate<sup>5</sup> of 30% for Type 1 (an increase from 28% in 2016) and 29% for Type 3 (an increase from 25% 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 Emergency Department survey can be found at:

[www.cqc.org.uk/emergencydepartmentsurvey](http://www.cqc.org.uk/emergencydepartmentsurvey)

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/1108>

---

<sup>5</sup> 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.

## 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 NHS 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, last updated with adult inpatient experience scores in June 2019.

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.

## Urgent and Emergency Care Survey: national scores

Table 1

Domain	2016-17	2018-19		95% confidence interval (2018-19)
Access & waiting	65.1	64.4	<b>S</b>	0.23
Safe, high quality, coordinated care	-	79.4		0.31
Better information, more choice	77.7	77.2		0.46
Building closer relationships	83.6	83.4		0.23
Clean, comfortable, friendly place to be	-	84.5		0.22
<b>Urgent and emergency care overall patient experience score</b>	-	<b>77.8</b>		<b>0.26</b>

Source: NHS Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2016-17 to 2018-19.

One question from the 'Safe, high quality, coordinated care' domain and one question from the 'Clean, comfortable, friendly place to be' domain are not comparable to 2016-17, due to question changes in the survey. Therefore, results for these domains and the overall patient experience score are not comparable with 2016-17.

Full results from the 2016-17 Survey are presented in Table 2 below.

**Table 2**

Domain	2016-17	95% confidence interval (2016-17)
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, comfortable, friendly place to be	85.7	0.23
<b>Urgent and emergency care overall patient experience score</b>	<b>78.2</b>	<b>0.26</b>

*Source: NHS Patient Survey Programme*

Due to changes to the 2016 Emergency Department Survey, the scores for 2016-17 are **not comparable** with previous years. Results from the 2004-05 to 2014-15 Accident & Emergency Department Survey are presented in Table 3 below.

**Table 3**

Domain	2004-05	2008-09	2012-13	2012-13 adjusted <sup>2</sup>	2014-15
Access & waiting <sup>1</sup>	69.4	66.6	64.3	67.0	67.7
Safe, high quality, coordinated care	74.7	75.1	74.5	74.5	76.0
Better information, more choice	73.5	74.4	74.8	74.8	75.8
Building closer relationships	80.4	81.3	80.8	80.8	81.9
Clean, comfortable, friendly place to be	81.0	81.4	82.2	82.2	84.2
<b>Accident and emergency overall patient experience score</b>	<b>75.8</b>	<b>75.7</b>	<b>75.4</b>	<b>75.9</b>	<b>77.2</b>

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 overall patient experience measure ‘Methods, Reasoning and Scope’ guidance at [www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/](http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/)



## Adult Inpatient Survey: national scores

Domain	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	95% confidence interval (2018-19)
Access & waiting	83.8	84.9	85.0	84.2	83.8	84.3	84.6	83.8	84.5	82.9	83.5	82.3	<b>S</b> 0.20
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	66.8	65.8	<b>S</b> 0.22
Better information, more choice	66.7	67.7	66.8	67.2	67.2	68.2	68.8	68.9	69.3	68.0	68.6	67.3	<b>S</b> 0.26
Building closer relationships	83.0	83.2	82.9	83.0	83.0	84.6	84.7	84.6	85.4	85.5	85.8	85.0	<b>S</b> 0.15
Clean, comfortable, friendly place to be	78.1	79.2	79.1	79.4	79.4	79.8	80.1	80.1	81.1	81.1	81.4	80.8	<b>S</b> 0.13
<b>Inpatient overall patient experience score</b>	<b>75.3</b>	<b>76.0</b>	<b>75.6</b>	<b>75.7</b>	<b>75.6</b>	<b>76.5</b>	<b>76.9</b>	<b>76.6</b>	<b>77.3</b>	<b>76.7</b>	<b>77.2</b>	<b>76.2</b>	<b>S</b> <b>0.15</b>

Source: NHS Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2017-18 to 2018-19.

### Notes:

1. In 2018-19 one trust had data excluded from two questions from the Access & waiting domain and one question from the Building closer relationships domain due to multiple errors in the printed survey. For the affected questions, domain and overall patient experience score, the scores are based on the remaining 143 trusts.
2. In 2017-18 there was a printing error on the survey affecting 27 trusts which resulted in data being excluded for these trusts for one question from the Safe, high quality, coordinated cared domain. For this question, the domain and the overall patient experience score, the scores are calculated based on the remaining 121 trusts.

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/](http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/)

## Outpatient Survey: national scores

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

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 (questions 1A in 2002-03 and questions 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/](http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/)

## Community Mental Health Survey: national scores

Table 1

Domain	2014 -15 <sup>1</sup>	2015 -16 <sup>2</sup>	2016 -17	2017 -18	2018 -19		95% confidence interval (2018-19)
Access & waiting	-	-	-	-	83.5		0.53
Safe, high quality, coordinated care	-	-	-	-	69.7		0.70
Better information, more choice	-	-	-	-	69.2		0.64
Building closer relationships	78.2	76.2	76.7	76.2	74.9	<b>S</b>	0.51
<b>Community mental health overall patient experience score</b>	-	-	-	-	<b>74.3</b>		<b>0.49</b>

Source: NHS Patient Survey Programme

Results marked with an **S** show a statistically significant change from 2017-18 to 2018-19.

Some questions from the 'Access & waiting', 'Safe, high quality, coordinated care' and 'Better information, more choice' domains are not comparable to previous years due to question changes in the survey. Therefore, these domain scores as well as the overall patient experience score are also not comparable to previous years. Full scores for all domains in previous years are provided in the Table 2 below.

**Table 2**

Domain	2014-15 <sup>1</sup>	2015-16 <sup>2</sup>	2016-17	95% confidence interval (2016-17)
Access & waiting	82.2	81.9	82.4	0.53
Safe, high quality, coordinated care	71.4	70.3	71.1	0.69
Better information, more choice	71.5	70.4	70.8	0.62
Building closer relationships	78.2	76.2	76.7	0.49
<b>Community mental health overall patient experience score</b>	<b>75.8</b>	<b>74.7</b>	<b>75.2</b>	<b>0.48</b>

Source: NHS Patient Survey Programme

No results show a statistically significant change from 2015-16 to 2016-17

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.

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>.
2. 2015-16 data has been revised since the last publication in line with revisions made to the 2015 Community Mental Health Survey by CQC after an error was uncovered, further details are available in the section 7 of the Overall Patient Experience Scores: 2016 Community Mental Health Survey at: <https://www.england.nhs.uk/statistics/2016/11/15/overall-patient-experience-scores-2016-community-mental-health-survey-update/>

**Table 3**

Domain	2011-12	2012-13	2012-13 adjusted <sup>1</sup>	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
<b>Community mental health overall patient experience score</b>	<b>74.1</b>	<b>74.4</b>	<b>72.2</b>	<b>71.6</b>

*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](http://www.nhssurveys.org/Filestore/MH13/MH13_Recommendation_to_discontinue_CPA-differentiated_scoring_v1.pdf)

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://nhssurveys.org/surveys/872>

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/](http://www.england.nhs.uk/statistics/statistical-work-areas/pat-exp/)

## Annex A – Overall Patient Experience Scores: 2018 Urgent and Emergency Care Survey update - Scoring regime for 2018

The table below presents the 2086 Emergency Department 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. Responses scored as 'M' are interpreted as missing.

No.	2018 Question Wording	Scoring (Response=Score)
<b>Domain: Access &amp; waiting</b>		
9	Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you first arrived, how long did you wait before being examined by a doctor or nurse?	1=100 2=80 3=60 4=40 5=20 6=0 7=M
12	Overall, how long did your visit to A&E last?	1=100 2=100 3=80 4=60 5=40 6=20 7=0 8=M
8	How long did you wait before you first spoke to a nurse or doctor?	1=100 2=67 3=33 4=0 5=M
<b>Domain: Safe, high quality, co-ordinated care</b>		
24	Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you in the emergency department?	1=0 2=50 3=100
42	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	1=100 2=50 3=0 4=M
17	Did you have confidence and trust in the doctors and nurses examining and treating you?	1=100 2=50 3=0
<b>Domain: Better information, more choice</b>		
25	Were you involved as much as you wanted to be in decisions about your care and treatment?	1=100 2=50 3=0 4=M
38	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	1=100 2=50 3=0 4=M
39	Did a member of staff tell you about medication side effects to watch for?	1=100 2=50 3=0 4=M
21	While you were in A&E, how much information about your condition or treatment was given to you?	1=50 2=100 3=50 4=0

<b>Domain: Building closer relationships</b>		
17	Did doctors or nurses talk to each other about you as if you weren't there?	1=0 2=50 3=100
13	Did you have enough time to discuss your condition with the doctor or nurse?	1=100 2=50 3=0
14	While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	1=100 2=50 3=0 4=M
15	Did the doctors and nurses listen to what you had to say?	1=100 2=50 3=0
16	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	1=100 2=50 3=0 4=M
<b>Domain: Clean, comfortable, friendly place to be</b>		
33	In your opinion, how clean was the A&E department?	1=100 2=67 3=33 4=0 5=M
22	Were you given enough privacy when being examined or treated?	1=100 2=50 3=0
45	Overall, did you feel you were treated with respect and dignity while you were in A&E?	1=100 2=50 3=0
32	Do you think the hospital staff did everything they could to help control your pain?	1=100 2=50 3=0 4=M