



Statistical Bulletin: Overall Patient Experience Scores

*Updated with results from the 2010 Adult
Inpatient Survey*

Overall Patient Experience Scores

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Statistical Bulletin: Overall Patient Experience Scores

Updated with results from the 2010 Adult Inpatient Survey

Prepared by the Chief Nursing Officer's Directorate Analytical Team

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Overall Patient Experience Scores

Updated with results from the 2010 Adult Inpatient Survey

Date: 26 May 2011

Coverage: England

Theme: Health and Social Care

This publication updates this regular statistical series to include results from the Adult Inpatient survey, which surveyed patients in NHS hospitals in summer 2010.

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

We produce separate sets of scores for different NHS services, and this update focuses on the Adult Inpatient setting. **The next update is expected in February 2012, and it will update figures for Outpatient services.**

Key findings

- Patient experience of NHS adult inpatient services showed no change overall in 2010. The overall score was 75.7, compared to 75.6 in 2009.
- There was a small decline in experience of 'access & waiting' (down from 85.0 to 84.2).
- Patient experience of 'clean, comfortable, friendly place to be' showed a slight increase (from 79.1 to 79.3).
- Experience of 'better information, more choice' increased slightly (from 66.8 to 67.2).

Patient Experience Overall scores: Updated to reflect Adult Inpatient Survey results in 2010-11

	2007-08	2008-09	2009-10	2010-11	2010-11 95% confidence interval
Access & waiting	83.8	84.9	85.0	84.2 S	0.19
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	0.24
Better information, more choice	66.7	67.7	66.8	67.2 S	0.27
Building closer relationships	83.0	83.2	82.9	83.0	0.17
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.3 S	0.15
Overall	75.3	76.0	75.6	75.7	0.16

Source: National Patient Survey Programme

Notes: Results marked with an **S** show a statistically significant change from 2009-10 to 2010-11

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

Context and interpretation

The question that these scores seek to answer is “*has patient experience changed over time?*”. The scores do not translate directly into descriptive words or ratings, but in general, if patients reported all aspects of their care as ‘good’, we would expect a score of about 60. If they reported all aspects as ‘very good’ we would expect a score of about 80.

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

These scores present scores ‘out of 100’ for specific aspects of experience for NHS patients, after they have used the NHS. These statistics are conceptually different from measures of general public perception of the NHS, which are important in their own right but may be influenced by other factors such as the respondent’s political views. These statistics are not a satisfaction or approval measure, but a summarised set of scores, reported by patients, on those aspects of care that matter to patients.

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

www.tinyurl.com/inp2010

We have published a number of supporting documents to aid interpretation of these statistics, including a *methods, reasoning and scope* document. They can be found at:

www.tinyurl.com/pelanding

What is a confidence interval?

In these statistics, we are using survey responses from about 60,000 patients to estimate the typical experience for all NHS adult inpatients. Confidence intervals provide a range of values within which we are confident that the true value is likely to lie. Confidence intervals in this publication are expressed as a ‘plus or minus’ figure. For example, our overall score has a confidence interval of plus or minus 0.16. This means that the true value is likely to lie in a range from 0.16 below our estimate to 0.16 above it.

Confidence intervals show how much variability there is in scores derived from survey data. It is important to look at the confidence intervals as well as the reported score. A more precise explanation is that the confidence interval gives the range that the true patient experience score lies in, at a given level of confidence. At the 95 per cent confidence level, on average, the confidence interval is expected to contain the true value around 95 per cent of the time.

What lies beneath these headline scores?

The headline scores above are worked out by taking the average score for small sets of survey questions.

Access and waiting: Showed a small fall in 2010. This score captures information about how long patients waited for treatment (higher scores for shorter waits), hospitals not changing admission dates, and length of time patients waited when they arrived at hospital. There were statistically significant falls in all three aspects. The score for waiting for treatment fell to 82.9 (83.5 in 2009), the score for changing admission dates fell to 91.7 (92.0 in 2009) and the score for waiting when patients arrive at hospital showed a larger fall to 77.9 (from 79.5 in 2009). As these figures relate to patients in hospital in June to August 2010, it is too early to suggest that these changes reflect a shift of emphasis within the NHS, away from process measures and towards outcomes.

Clean, comfortable, friendly place to be: Showed a small increase in 2010. This score captures information about quality of food, (lack of) noise from staff and other patients, cleanliness and being treated with privacy, respect and dignity. The overall increase arises from a small increase in the score for cleanliness of the ward to 87.3 (from 86.8 in 2009), and a larger increase in the score for rating of food, up to 54.6 from 53.6 in 2009. Although this score relates to the patient environment, it does not include scores for staying in same sex accommodation. Whilst this issue is important to patients, it did not feature in earlier data and it is important that the score allows valid comparisons over time. This score does not report on mixed sex accommodation directly, but the topic is covered in the underlying survey. The separate publication by the CQC (see above) shows that the percentage of patients sharing mixed sex accommodation when first admitted fell from 23% in 2008, to 18% in 2009, and now to 14% in 2010.

Better information, more choice: Showed a small increase in 2010. This score captures information about involvement in decision making, and being given information about medicines and their side effects. There was no change on the involvement aspect, but scores for 'being told about medication side effects' increased from 46.0 to 47.1. This aspect of care was included in a separate quality measure of patient experience within the NHS Care Quality Indicators (CQUIN) scheme. NHS organisations set improvement aims against the CQUIN indicator, so it is likely that increases reflect efforts in this area.

Safe, high quality co-ordinated care: No significant overall change in 2010. This score captures information about not being given contradictory messages by staff, not being delayed when discharged from hospital and being given information about any dangers related to medicines. There was an increase in patients being told about danger signals to watch for in relation to their medicines (score of 51.9 up from 50.3 last year), and this was offset by smaller falls in not being given contradictory information (down from 78.9 to 78.6) and delays in leaving hospital (score down from 64.0 to 63.2).

Building close relationships: No significant overall change in 2010. This score captures information about communication between patients and their doctors and nurses; whether patients understand what they were told, and avoiding situations where staff talk in front of patients as if they weren't there. There were small increases in both nurse-related aspects; getting answers the patient could understand increased from 80.4 to 80.8. The score for (not)

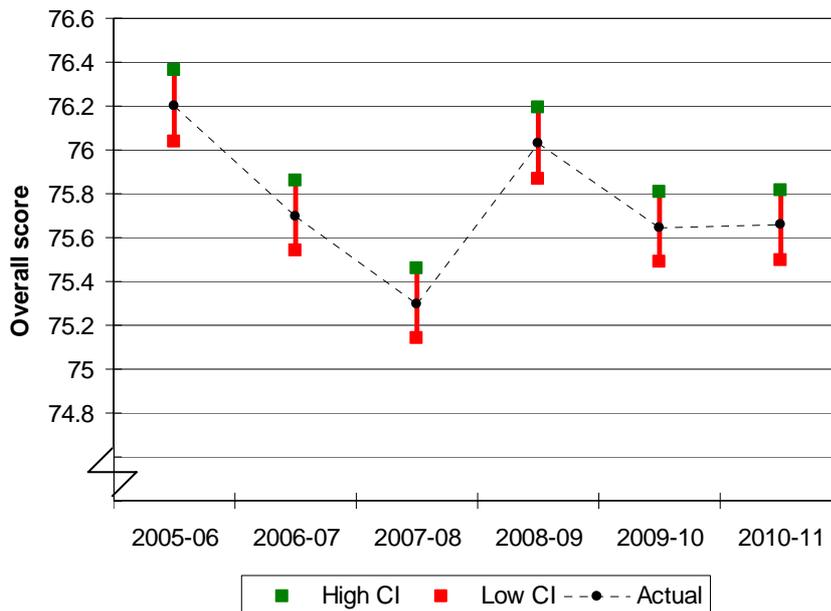
Overall Patient Experience Scores

talking in front of patients increased from 86.5 to 86.9. These increases were offset by a small fall in getting answers from doctors that the patient understood (down from 81.3 to 81.0).

Trends in the scores

We have published results for adult inpatients on the same basis for every year since 2005 (and some earlier years). Figure 1 below shows changes over time (note that the graph does not start at zero, so changes over time are exaggerated). There is no consistent trend, but the overall score has shown small but significant changes each year. The score in 2010-11 was lower than the score in 2005-06.

Figure 1: Overall patient experience scores for adult inpatients



The graph appears to show that scores have shown small changes over time, but there is no strong trend in any one direction. The red bars on this graph show the confidence intervals for the score in each year (see explanation of confidence intervals above). If the confidence intervals do not overlap, we can be confident that this shows a real change for NHS patients.

We have not shown graphs for each of the five domain scores, because the overall pattern is similar. There is no strong trend in any one direction.

Other sources of variation – demographics

It is sensible to consider whether patient experience varies for patients in different demographic groups. We know from examination of the data that even for survey questions that (in general) ask direct and objective questions, results do vary slightly by age group and gender. Older patients tend to give more positive answers, as do male patients. This difference is more marked in questions that have a subjective element, for example “how clean was the ward”.

Our judgement is that this is unlikely to be due to systematic differences in care, and instead represents slight differences in perception or expectation on behalf of the patient. We adjust (standardise) the data to take account of this variation.

We also need to consider variation by ethnic category of patient. Comparisons here are difficult, because some ethnic groups are very small (for example, the Chinese ethnic group typically includes fewer than 300 responses). If we calculated scores directly for each ethnic group, the confidence intervals would be too large to provide useful information.

We have produced two separate reports about variation in patient experience scores for patients in different ethnic groups. The latest report can be found here: www.tinyurl.com/bme2009

These two reports showed that there did appear to be some systematic variation in experience for patients in different ethnic groups. Overall, patients from black and minority ethnic groups were less likely to report a positive experience on many of the underlying survey questions. The second report noted that these patterns did not appear to change over the time period examined.

We have examined the underlying data for the 2010 survey, and in our professional judgement the broad pattern of results has not changed sufficiently to merit repeating the full report. Patients from black and minority ethnic groups are still less likely to report a positive experience. ***We confirm that results in the report above give a reasonable indication of current levels of variation by ethnic group.***

Variation at NHS organisation level

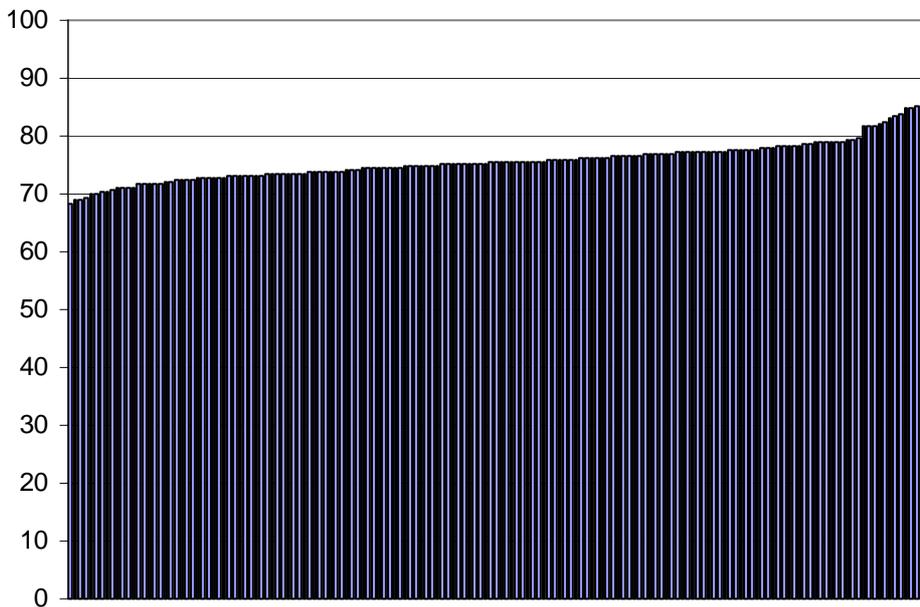
We need to be cautious when considering these statistics at organisation level, because the confidence intervals are larger (meaning there is a larger ‘plus or minus’ figure within which we can be sure the true score lies). At national level, results are based on around 60,000 responses and we can be confident that the true score lies in quite a tight range (typically 0.1 – 0.3 points). For Trust level data, we are typically looking at around 400 responses and we can only have confidence that scores are accurate within a range of plus or minus 2 to 2.25 points.

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

Figure 2 shows the ***overall patient experience score*** for each Trust, with the lowest scores at the left and the highest to the right. Scores range from 68.2 to 87.3, with an average of 75.7 (which is our reported national score). A total of 43 Trusts have scores that are significantly above the average, whilst 50 have scores significantly below the average.

Overall Patient Experience Scores

Figure 2: Overall scores for each Trust, plotted in order



We may wish to consider whether different Trusts have strengths and weaknesses in different areas, but Trusts that score well in one domain tend to score well on other domains too. On average, if a Trust is 10 points higher on one domain, it would (on average) be around 7 points higher on any other domain (formally there is a positive correlation of around 0.7).

When assessing change, we need to consider the confidence intervals around both this year's data and last year's. This means that statistically significant changes at organisation level are rare. Table 2, below, shows the number of NHS Trusts that showed increases or decreases against each of our headings in 2010.

Overall Patient Experience Scores

Table 2: Number of organisations increasing or decreasing their scores

	Increase	Decrease
Overall scores:	10	10
Access & waiting	8	32
Safe, high quality, co-ordinated care	13	13
Better information, more choice	14	11
Building closer relationships	18	12
Clean, comfortable, friendly place to be	17	10

In most cases these results are balanced, with roughly equal numbers of organisations increasing or decreasing their scores. The exception is the 'access & waiting' score, for which 32 organisations showed a significant fall. As we described above, the national scores show small falls in all aspects of this domain of experience, but at organisation level there is a larger difference for waiting to get to a room or ward on arrival at hospital. For this question, 43 organisations showed a fall in the score whilst 15 showed an increase.

Overall Patient Experience Scores

Further documentation

Alongside this publication we have also published a set of supporting documents to help users to understand the statistics and to use and interpret them correctly. Brief details are provided here:

Methodology statement: This document explains how we calculate the overall patient experience scores, and why we chose this particular approach.

Quality statement: This document assesses the overall quality of the statistics against a set of pre-defined criteria. The aim is to assess whether the statistics meet the purpose for which they are intended. The document also has a summary of our quality assurance methods.

Diagnostic tool: We publish a separate 'diagnostic tool' in an excel spreadsheet alongside these statistics. This tool is mainly for NHS managers and others with a detailed interest in the figures, but may be of interest to other users. The tool shows the overall score for each NHS Trust, and allows you to see which survey questions make up that score.

User engagement and customer service strategy: A statement to explain how we aim to engage with people who use these statistics, and how we aim to ensure that the statistics meet user needs.

What you told us: A summary of users' experience of these statistics, and how we are tackling any issues that users have raised.

Use of resource statement: This document explains how much resource (staff time) we have to support this publication, and how we have ensured that the resource is targeted at meeting the needs of users.

Revisions policy: The process we will follow if any revisions are required to these figures.

Pre-release access list: Job titles for individuals who were informed of the content of these statistics 24 hours before publication.

Feedback

The Department of Health 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 the lead statistician for this publication, John Bates at statsonexperience@dh.gsi.gov.uk

Background notes – The National Patient Survey Programme

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

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

Fieldwork for each survey is usually carried out over a three month period, asking patients who had been in contact with NHS services during an earlier and defined three month period about their experiences. Timings depend on the survey setting and are defined by CQC as part of the survey programme. Fieldwork for this 2010 Inpatient Survey took place between September 2010 and January 2011. Patients in the sample had at least one overnight stay in hospital and were discharged between June and August 2010.

Sample sizes and response rates vary depending on the survey setting and by question. 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).

www.tinyurl.com/cqcsurveys

CQC publish Trust level reports which detail information including the Trust scores for each survey question and associated confidence intervals and response numbers.

www.tinyurl.com/ip2010trusts

Overall Patient Experience Scores

Full set of tables: Overall Patient Experience Scores

1. 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 has been agreed by the Department of Health and the Care Quality Commission (formerly the Healthcare Commission).
2. This publication updates the patient experience scores last updated on 19 May 2010. We have updated the results to include scores from the 2010 Adult Inpatient survey published by the CQC on 21 April 2011.
3. The information in these tables has also been provided separately in a 'CSV' format, available alongside this publication.

Overall Patient Experience Scores

Patient Experience Overall scores: Updated to reflect Adult Inpatient Survey results in 2010-11

	2007-08	2008-09	2009-10	2010-11	2010-11 95% confidence interval
Access & waiting	83.8	84.9	85.0	84.2 S	0.19
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	0.24
Better information, more choice	66.7	67.7	66.8	67.2 S	0.27
Building closer relationships	83.0	83.2	82.9	83.0	0.17
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.3 S	0.15
Overall	75.3	76.0	75.6	75.7	0.16

Source: National Patient Survey Programme

Notes: Results marked with an **S** show a statistically significant change from 2009-10 to 2010-11

Overall Patient Experience Scores

Emergency services survey - National scores

	2002-03	Comparison of 2002-03 and 2004-05		2004-05	2008-09
Access & waiting	68.6	<i>See note 1</i>		69.4	66.6
Safe, high quality, coordinated care	74.7	74.7	74.7	74.7	75.1
Better information, more choice	72.7	72.7	73.5	73.5	74.4
Building closer relationships	78.9	78.9	80.4	80.4	81.3
Clean, friendly, comfortable place to be	80.3	80.3	81.0	81.0	81.4
Overall	75.0	<i>See note 2</i>		75.8	75.7

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying "methodological issues" paper

Notes:

1. There were substantial changes in the wording of a question related to arrival in the accident and emergency department. (question B1 in 2002-03 and question 3 in 2004-05). Results are not directly comparable for these two years. The scoring regime for this question has also been adjusted from that published by the contractor appointed to run the NHS Survey Advice Centre.
2. Due to the substantial changes within the access & waiting domain (see note 1), overall aggregated domain scores for these two years are not directly comparable

Overall Patient Experience Scores

Outpatient survey - National scores

	2002-03	2004-05	2009-10
Access & waiting ¹	68.2	69.0	72.5
Safe, high quality, coordinated care	83.0	82.2	83.2
Better information, more choice	77.2	77.3	79.1
Building closer relationships	86.4	86.5	87.3
Clean, friendly, comfortable place to be	69.7	68.5	70.9
Overall	76.9	76.7	78.6

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying methodological issues paper.

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.

Overall Patient Experience Scores

Community mental health services survey - National scores

	2003-04	2004-05	Comparison of 2004-05 and 2005-06		2005-06	2006-07	2007-08
Access & waiting	80.5	80.3	80.3	79.7	79.7	80.1	80.4
Safe, high quality, coordinated care	69.9	70.2	70.2	70.8	70.8	71.7	72.3
Better information, more choice	60.7	61.8	See note 1		60.8	62.0	62.4
Building closer relationships	85.9	86.2	86.2	86.6	86.6	86.9	87.3
Overall	74.2	74.7	See note 1		74.5	75.2	75.6

Source: National Patient Survey Programme - Further details of the methodology can be found in the accompanying methodological issues paper.

Notes:

1. Figures for better information, more choice should not be compared for 2003-04 and 2004-05. Changes in the wording of one of the questions means that results are not comparable

Overall Patient Experience Scores

Primary Care survey - National scores

	2003-04	2004-05	2005-06	2007-08
Access & waiting	68.5	69.8	69.3	69.4
Safe, high quality, coordinated care	80.1	81.5	80.4	80.9
Better information, more choice	80.7	80.7	79.7	80.5
Building closer relationships	86.2	86.2	86.0	86.4
Clean, friendly, comfortable place to be	69.0	69.0	69.5	70.1
Overall	76.9	77.4	77.0	77.5

Source:

National Patient Survey Programme - For years except 2005-06.

Department of Health Primary Care Survey for 2005-06

Overall Patient Experience Scores

Involvement in decisions about healthcare, including choice of provider

Extent to which patients feel involved in decisions about their treatment: age-gender standardised scores

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2010-11 95% confidence interval
Emergency services survey	-	77.1	-	-	-	76.0	-	-	-
Outpatients survey	-	81.7	-	-	-	-	82.3	-	-
Adult Inpatients survey	70.9	-	71.9	70.9	70.3	71.3	71.0	71.1	0.26
Mental health services survey	63.3	62.7	63.5	63.7	64.2	-	-	-	-
Primary care survey ⁴	82.1	82.5	81.9	-	82.9	-	-	-	-

Source:

National Patient Survey Programme - except the Primary Care Survey in 2005/06. Further details of the methodology can be found in the accompanying methodological issues paper.

Department of Health Primary Care Survey for 2005-06

Notes:

1. Surveys in different settings are conducted on different patient groups and sometimes with differently worded questions. Results from different settings should not be compared.
2. Patients were asked the question "Were you involved as much as you wanted to be in decisions about your care and treatment?". A response of "Yes, definitely" was scored 100, a response of "Yes, to some extent" was scored 50 and a response of "No" was scored 0.
3. Cells containing a hyphen (-) indicate that the survey was not conducted in that particular year
4. The score for the Primary Care Survey 2005/06 was based on a small national survey, carried out in exactly the same way as the National Patient Survey Programme but with a smaller sample size. Differences from earlier years may not be statistically significant.

Involvement in choice of provider: age-gender standardised score

	2005-06	2007-08
Primary care survey ^{1,2}	27.3	42.7

Source:

Department of Health Primary Care Survey for 2005-06

National Patient Primary Care Survey for 2007-08

Notes:

1. In 2005/06 patients were asked the question "The last time you were referred to a specialist, were you given a choice about where you were referred (i.e. which hospital)?". A response of "Yes" was scored 100, a response of "No, but I would have liked a choice" was scored 0 and a response of "No, but I did not mind" scored 0.
2. In 2007/08 patients were asked the question "When you were referred to see a specialist were you offered a choice of hospital for your first hospital appointment?". A response of "Yes" was scored 100 and a response of "No" was scored 0.