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Statistical Bulletin: Overall Patient Experience Scores

*Updated with results from the 2011 Adult
Outpatient Survey*

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Statistical Bulletin:

Overall Patient Experience Scores

Updated with results from the 2011 Adult Outpatient Survey

Prepared by the Children, Patient Experience and Nursing Analytical Team

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Overall Patient Experience Scores

Updated with results from the 2011 Adult Outpatient Survey

Date: 14 February 2012 Coverage: England Theme: Health and Social Care

This publication updates this regular statistical series to include results from the Adult Outpatient survey, which surveyed users of NHS outpatient services in Spring 2011.

These statistics use a set of questions from the wide-ranging National Patient Survey Programme to produce a set of overall scores that 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 Outpatient setting. **The next update is for inpatient services and is expected in April or May 2012.**

Key findings

- The overall patient experience score in 2011 for Outpatient Services is 79.2 out of 100 (where 80 would suggest that patients, on average, found the service 'very good')
- This score is not directly comparable with earlier years, because one of the survey questions has changed. If performance on this aspect of care had not changed, the overall score would have gone up from 78.6 in 2009 to 79.1 in 2011.
- There have been improvements in scores for 'safe high quality coordinated care' (from 83.2 to 83.6), 'building closer relationships' (from 87.3 to 87.7) and 'clean comfortable friendly place to be' (70.9 to 71.3).
- There was a slight fall in the score for 'better information, more choice' (from 79.1 to 78.6). This fall is a result of reductions in patients feeling that risks and benefits of treatment, and any medications side effects, were explained.

Outpatient survey - National scores

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

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

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: There was a change in the questionnaire in 2011, so that the question about length of wait was only answered by those attending their first appointment. The number of responses to this question fell from 69,305 in 2009 to 20,526 in 2011, and results for this one question are therefore not directly comparable.

Context and interpretation

The question that these scores seek to answer is “*has patient experience changed over time?*”. That is not straightforward for this update, because the questionnaire used to produce the scores was amended slightly in 2011. The question on length of wait was only asked of patients attending their first appointment. Results for this question cannot be compared with those for earlier years. We have calculated what the score would have been if there had been no change in this aspect of care. This suggests an improvement in patient experience between 2009 and 2011 (up from 78.6 to 79.1).

These scores do not translate directly into descriptive words or ratings, but present results out of 100 for specific aspects of experience for NHS patients, after they have used the NHS. If patients reported all aspects of their care as ‘good’, we would expect a score of about 60. If they reported all aspects as ‘very good’, we would expect a score of about 80.

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

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

A narrative summary of the underlying survey data has been published by the Care Quality Commission (CQC) and is available at the following link:
www.cqc.org.uk/outpatientsurvey2011

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 70,000 patients to estimate the typical experience for all NHS adult outpatients. 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 score for ‘safe, high quality, coordinated care’ has a confidence interval of plus or minus 0.18. This means that the true value is likely to lie in a range from 0.18 below our estimate to 0.18 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 & waiting: two survey questions

Only one of the two questions was comparable between 2009 and 2011. This question asked how long the patient had to wait after the stated appointment time. The average score increased from 61.7 to 64.8 (scores of 67 or higher are given if the patient waits less than 15 minutes). This was the biggest change recorded for any question. The other question in this domain relates to how long patients wait for appointments. In 2011 the score for this question is 85.0 out of 100; this constitutes the new baseline for comparisons of future results.

Safe, high quality coordinated care: five survey questions, up from 83.2 to 83.6

This domain includes questions about whether patients received clear messages and whether they trusted staff. Increases were recorded for scores on the doctor's awareness of the patient's medical history (up from 88.2 to 89.5) and confidence/trust in members of staff other than doctors (up from 89.7 to 90.4). There was no significant change in other questions in this domain: patients' being told contrary things by different members of staff (91.8 to 91.7); being told about danger signals to watch for at home (from 56.4 to 56.3); trust/confidence in the doctor (90.0 in 2009 and 2011).

Better information, more choice: five survey questions, down from 79.1 to 78.6

This domain captures feedback on communication in terms of both involving the patient in their care and telling patients what they need to know clearly. There was a fall in the score for explanation of risks and/or benefits (from 81.7 to 79.3) and explanation of side effects of medication to watch for (from 54.7 to 53.6). There was a small improvement in patients' receiving information about their condition or treatment (88.1 to 88.5), and in the involvement of patients (as much as they would like to be) in their care and treatment (82.3 to 83.2). There was no significant change in the score for explaining the purpose of medication (88.7 in 2009 and 88.6 in 2011).

Building close relationships: five survey questions, up from 87.3 to 87.7

This domain assesses whether patients got the opportunity to discuss their problems with staff, whether patients received clear answers to questions and whether staff avoided talking about a patient as if s/he were not there. The increase arises because of improvement in the score for patients' receiving comprehensible answers from doctors (up from 83.4 to 84.3) and from members of staff other than doctors (up from 84.5 to 85.6). The score for doctors' listening to what patients had to say increased (up from 89.4 to 89.8). A decrease was recorded in the question that tested whether staff spoke in front of patients as if they were not there (down from 92.3 to 92.1). There was no significant change in the score for patients being given enough time to discuss medical problems with the doctor (86.9 in 2009, 86.7 in 2011).

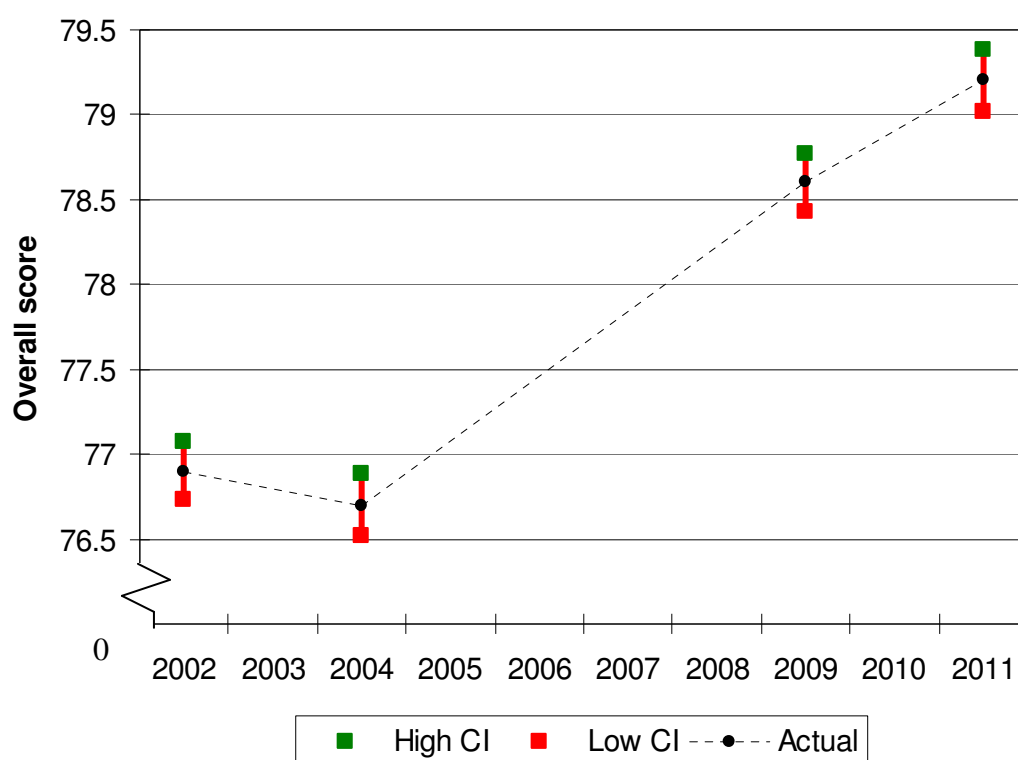
Overall Patient Experience Scores

Clean, comfortable, friendly place to be: three survey questions, up from 70.9 to 71.3

This domain captures information about cleanliness, being treated with respect and dignity, and being told why any delays arose. There were increases in the score for cleanliness of the ward (from 86.5 to 88.0), and in the score for patients' reporting that they were treated with dignity and respect (up from 92.9 to 93.8). There has been a decline in the score for explaining any waits (down from 33.3 to 32.0). This question is only answered by patients who waited longer than 15 minutes for their appointment to start, and the number of responses was lower in 2011 than in 2009 (down from 30,746 to 27,454). The score is the lowest in the survey by more than 20 points.

Trends in the scores

We have published results for adult outpatients on a similar basis since 2002. Figure 1 below shows overall results for the four publications, with a dashed line to show the pattern of change over time. For 2011-12 this graph uses the value 79.1, excluding any change in the one survey question that was not comparable. The change between 2002/03 and 2004/05 was not statistically significant. The changes between 2004/5 and 2009/10, and between 2009/10 and 2011/12 were statistically significant, indicating that patient experience has improved.



Variations in the scores – 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 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 a result of 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 few in number (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 suggest that there is some systematic variation by ethnic group in experience for patients. 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 2011 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.

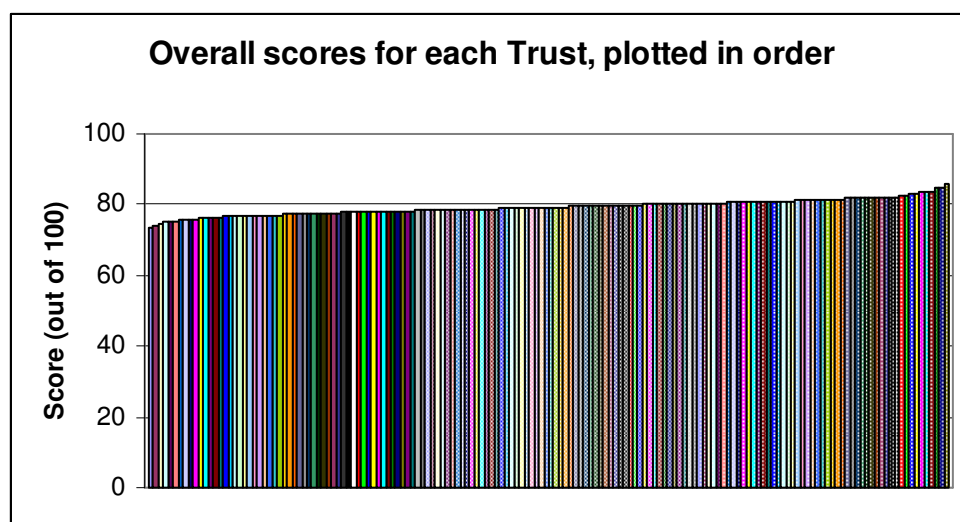
We confirm that results in the report above give a reasonable indication of current levels of variation by ethnic group.

Variation at NHS organisation level

We need to be cautious when considering these statistics at organisation level, because the confidence intervals are larger (i.e. there is a larger 'plus or minus' figure within which we can be sure the true score lies). At national level, results are based on around 70,000 responses and we can be confident that the true score lies within a small 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.

The graph below shows the overall patient experience score for each Trust, with the lower scores towards the left and the higher towards the right. There are 162 Trusts with overall scores. Scores range from 73.7 to 85.8, with an average of 79.2. 33 Trusts have scores that are significantly above the average, and 30 have scores that are significantly below the average.



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 few in each year. Table 2, below, shows the number of NHS Trusts that showed increases or decreases against each of our headings in 2011.

Table 2: Number of organisations increasing or decreasing their scores

	Increase	Decrease
Safe, high quality, coordinated care	10	6
Better information, more choice	0	0
Building closer relationships	7	4
Clean, comfortable, friendly place to be	19	11

In three of the domains, there have been more instances of Trusts' improving their scores than of Trusts' producing decreased scores. Questions in the same domain may follow different trends over time as regards whether scores increase or decrease. For example, in 'clean, comfortable, friendly place to be', the questions on cleanliness, and being treated with care and dignity recorded many more Trusts' improving than not, whereas the question on how long patients were told that they would have to wait recorded twice as many decreasing as increasing scores.

No organisations changed their scores significantly between 2009 and 2011 on the 'better information, more choice' domain, but results at the question level showed several changes. The question that examines whether patients were involved in their care as much as they would have liked recorded mostly improved experiences, whereas the question about whether risks and/or benefits were explained in a way that was easy to understand recorded more decreases in patient experience.

It is initially surprising to see no changes at Trust-level in the 'better information, more choice' domain, when the national figure shows a fall. This is because some questions in this domain are only answered by a subset of patients. Respondent counts at Trust-level are a little smaller, and the confidence intervals are larger. This means that a larger change in results would be needed to show significant change.

Although the domain score for 'access and waiting' is not comparable between 2009 and 2011, the score for the question about how long after the stated time that the appointment started is comparable. This recorded the largest change of any question: 72 Trusts had increased scores and 2 Trusts had decreased scores.

Further documentation

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: 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. It allows for comparison with other Trusts in the same region, and you can create your own comparison amongst Trusts. This file is also published in 'CSV' format.

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, Edward Aveyard 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 coordinated by the Care Quality Commission (CQC), but each survey is paid for and carried out by individual NHS organisations.

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

Fieldwork for each survey is usually carried out over a three-month period. Timings depend on the survey setting and are defined by CQC as part of the survey programme. People were eligible for the survey if they were aged 16 years or older and attended an outpatients department during a one-month period (chosen by the Trust) in either April or May 2011. This included any outpatient clinics run with the emergency department (A&E/casualty) such as fracture clinics. Fieldwork for this 2011 Outpatient Survey took place between June and October 2011.

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.nhssurveys.org/surveys/568

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 26 May 2011. We have included scores from the 2011 Adult Outpatient survey published by the CQC on 14 February 2012.
3. The information in these tables has been provided separately in a 'CSV' format, available alongside this publication.

Overall Patient Experience Scores

Patient Experience Overall scores: Updated to reflect Adult Outpatient Survey results in 2011-12 Outpatient survey - National scores

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

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

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: There was a change in the questionnaire in 2011, so that the question about length of wait was only answered by those attending their first appointment. The number of responses to this question fell from 69,305 in 2009 to 20,526 in 2011, and results for this one question are therefore not directly comparable.

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	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	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	0.15
Overall	75.3	76.0	75.6	75.7	0.16

Source: National Patient Survey Programme

Emergency services survey - National scores

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

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:				
All years except 2005-06:		National Patient Survey Programme		
2005-06		Department of Health Primary Care Survey		

Overall Patient Experience Scores

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

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

Notes:

- 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