



Statistical bulletin: Overall patient experience scores

2012 adult inpatient survey update

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Statistical bulletin: Overall patient experience scores

2012 adult inpatient survey update

Prepared by the Office of the Chief Analyst

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Overall patient experience scores

2012 adult inpatient survey update



Date: 16 April 2012

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 2012.

These statistics use a set of questions from the National Patient Survey Programme¹ 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 inpatient setting. **The next confirmed update is for the community mental health survey, expected in September 2013.**

2012 adult inpatient survey: key findings

Patient experience of NHS inpatient services increased between 2011 and 2012. The overall score in 2012 was 76.5 out of 100, compared to 75.6 in 2011.

There were increases in all of the five domain scores between 2011 and 2012. The greatest improvement was in the score for 'building closer relationships' which increased from 83.0 to 84.6.

Table 1: Patient experience scores for the adult inpatient survey, England, 2008-09 to 2012-13

| | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 | | 2012-13 95% confidence interval |
|--|-------------|-------------|-------------|-------------|-------------|----------|---------------------------------------|
| Access & waiting | 84.9 | 85.0 | 84.2 | 83.8 | 84.3 | S | 0.19 |
| Safe, high quality, coordinated care | 65.3 | 64.4 | 64.6 | 64.8 | 65.4 | S | 0.24 |
| Better information, more choice | 67.7 | 66.8 | 67.2 | 67.2 | 68.2 | S | 0.27 |
| Building closer relationships | 83.2 | 82.9 | 83.0 | 83.0 | 84.6 | S | 0.17 |
| Clean, friendly, comfortable place to be | 79.2 | 79.1 | 79.3 | 79.4 | 79.8 | S | 0.15 |
| Overall patient experience score | 76.0 | 75.6 | 75.7 | 75.6 | 76.5 | S | 0.16 |

Source: National Patient Survey Programme

Further details of the methodology can be found in the accompanying methodological issues paper at:

<https://www.gov.uk/health-statistics-notes-and-guidance-patient-experience>

Results marked with an **S** show a statistically significant change from 2011-12 to 2012-13

The full set of tables are shown at the end of this publication

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.

2012 adult inpatient survey update

Context and interpretation

The question that these scores seek to answer is “*has patient experience changed over time?*” 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/Inpatientsurvey2012

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:

<https://www.gov.uk/health-statistics-notes-and-guidance-patient-experience>

The overall patient experience measure for inpatients is used as an indicator in the NHS Outcomes Framework (*indicator 4b: improvements in patients’ experience of NHS inpatients*)². Five questions from the inpatient survey are also used for improvement indicator 4.2: ‘*Responsiveness to in-patients’ personal needs*’. This improvement indicator was also used as a national goal in the 2012/13 Commissioning for Quality and Innovation scheme (CQUIN)³.

What is a confidence interval?

In these statistics, we are using survey responses from around 64,500 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, our overall score for the inpatient survey 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.

² Further information about the NHS Outcomes Framework and detailed information of the indicators is available at: <https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

³ The composition of the goal and further background is given in previous guidance published in December 2008 at: http://webarchive.nationalarchives.gov.uk/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

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. 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.

What lies beneath these headline scores?

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

Access & waiting: three survey questions, up from 83.8 to 84.3

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. There was an improvement in patient experience for the waiting times for treatment (from 81.3 to 83.9). However, there was a decrease in patient experience of how long they had to wait to get a bed on a ward (decrease from 78.2 to 76.8). A smaller improvement in how frequently hospitals change admission dates was also reported (from 91.9 to 92.2).

Safe, high quality coordinated care: three survey questions, up from 64.8 to 65.4

This domain includes questions about whether patients were told contrary things by different members of staff, whether there was any delay in discharge from hospital and whether patients were warned of danger signals to observe after they had been discharged. An improvement in patient experience was recorded on one question: there has been a reduced frequency of patients being told contrary information by staff (up from 79.0 to 80.7).

Better information, more choice: three survey questions, up from 67.2 to 68.2

This domain captures feedback on whether patients were involved as much as they wanted to be in their care and treatment, whether staff clearly explained the purpose of medicine to patients, and whether staff explained side effects of medicine to watch for. Patients reported an improvement in being involved in decisions made about their care and treatment (up from 71.0 to 72.7). The score for patients being told about the purposes of medicines increased from 83.0 in 2011 to 83.6 in 2012 and the score for patients being told about the side effects to watch for when they went home went from 47.6 in 2011 to 48.2 in 2012.

Building closer relationships: four survey questions, up from 83.0 to 84.6

This domain assess four questions: two about relationships with doctors and two about relationships with nurses. Patients were asked whether doctors/nurses answered questions in a way that they could understand and whether doctors/nurses spoke as if patients were not there. Improvements were seen across all four questions. On the questions about nurses, the score for patients getting answers they could understand went up from 80.5 to 82.8 and patients were less likely to be spoken about as if they weren't there (up from 86.6 to 88.4). On the questions about doctors, the score for getting answers patients could understand went up from 80.8 to 81.8 and the score for talking in front of patients as if they weren't there improved (up from 83.9 to 85.3).

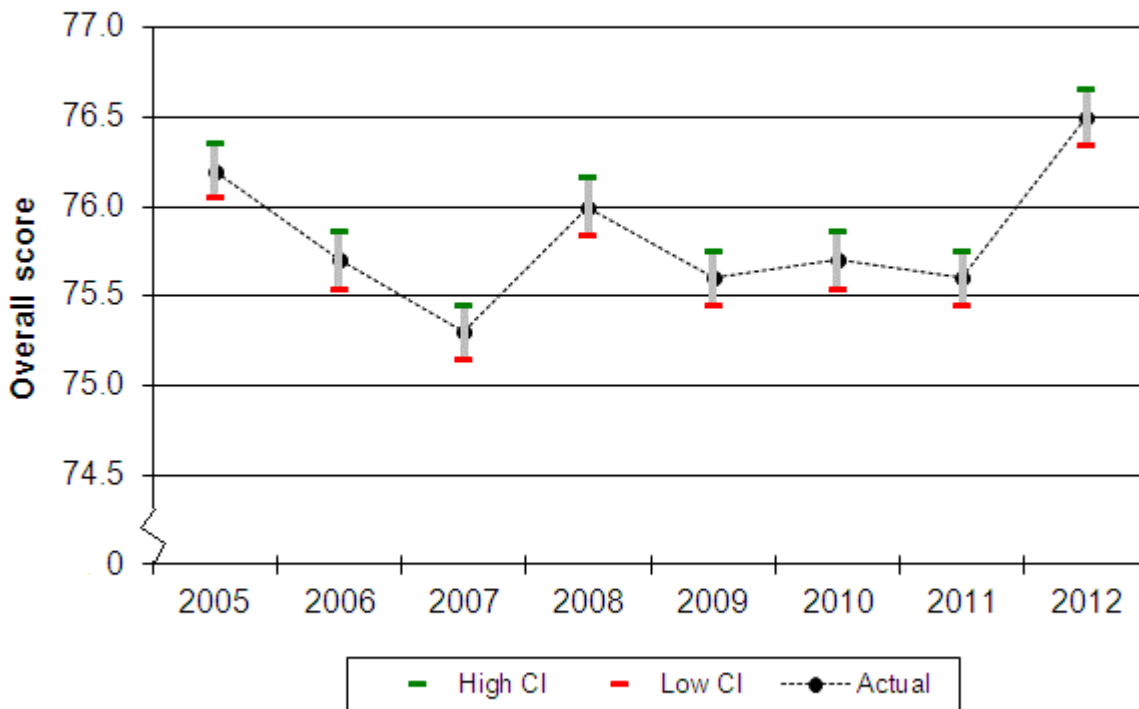
Clean, comfortable, friendly place to be: seven survey questions, up from 79.4 to 79.8

This domain assesses seven questions: whether patients were bothered by noise at night from other patients, whether patients were bothered by noise at night from staff, whether the hospital room/ward was clean, whether the hospital's food was of a high quality, whether patients received enough privacy when being examined/treated, whether patients were treated with dignity and respect, and whether staff did all they could to control patients' pain. Improvements were seen in four out of the seven questions with no significant change in the remaining three questions. The largest increase was seen in the score for how patients' rated hospital food (up from 53.8 to 54.8).

Trends in the scores

We have published results for adult inpatients on the same basis for every year since 2005. Figure 1 below plots overall scores for patient experience between 2005 and 2011 (note that the graph does not start at zero, so changes over time are exaggerated). There were significant decreases between 2005 and 2007, and significant increases between 2007 and 2009. Results over 2009 to 2011 were roughly constant followed by an increase in scores in 2012.

**Figure 1:
Overall patient experience scores
for inpatient services**



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) Our overall measure 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 Chinese ethnic group is typically fewer than 200 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.

The table below shows the overall score for each ethnic group in the 2012 data. Significance was determined using a two-tailed t-test and a 5% threshold of significance. As White British is the dominant ethnic group, other groups were compared with it. White Irish, White Gypsy or Irish Traveller and Any other ethnic group are the only groups to have a significantly higher score than White British. Six of the black and minority ethnic groups had significantly lower scores than White British.

Table 2: patient-experience scores for ethnic groups

| | Overall score | | Confidence interval | Number of respondents |
|--------------------------------|---------------|----------|---------------------|-----------------------|
| White British | 76.7 | | 0.17 | 55813 |
| White Irish | 78.4 | S | 1.17 | 714 |
| White Gypsy or Irish Traveller | 86.8 | S | 0.73 | 45 |
| Any other White | 75.5 | | 0.97 | 1028 |
| White & Black Caribbean | 72.6 | S | 2.08 | 156 |
| White & Black African | 80.2 | | 2.51 | 58 |
| White & Asian | 73.4 | | 1.83 | 137 |
| Any other mixed background | 70.9 | S | 1.31 | 66 |
| Indian | 72.8 | S | 1.15 | 930 |
| Pakistani | 70.9 | S | 1.51 | 430 |
| Bangladeshi | 73.6 | | 1.54 | 109 |
| Chinese | 70.4 | S | 2.08 | 124 |
| Any other Asian background | 76.2 | | 1.70 | 216 |
| African | 75.2 | | 1.33 | 440 |
| Caribbean | 75.3 | | 1.38 | 477 |
| Any other Black background | 70.6 | | 2.96 | 43 |
| Arab | 71.5 | S | 2.75 | 87 |
| Any other ethnic group | 78.3 | S | 1.27 | 65 |
| Ethnic Group Unknown | | | | 3131 |

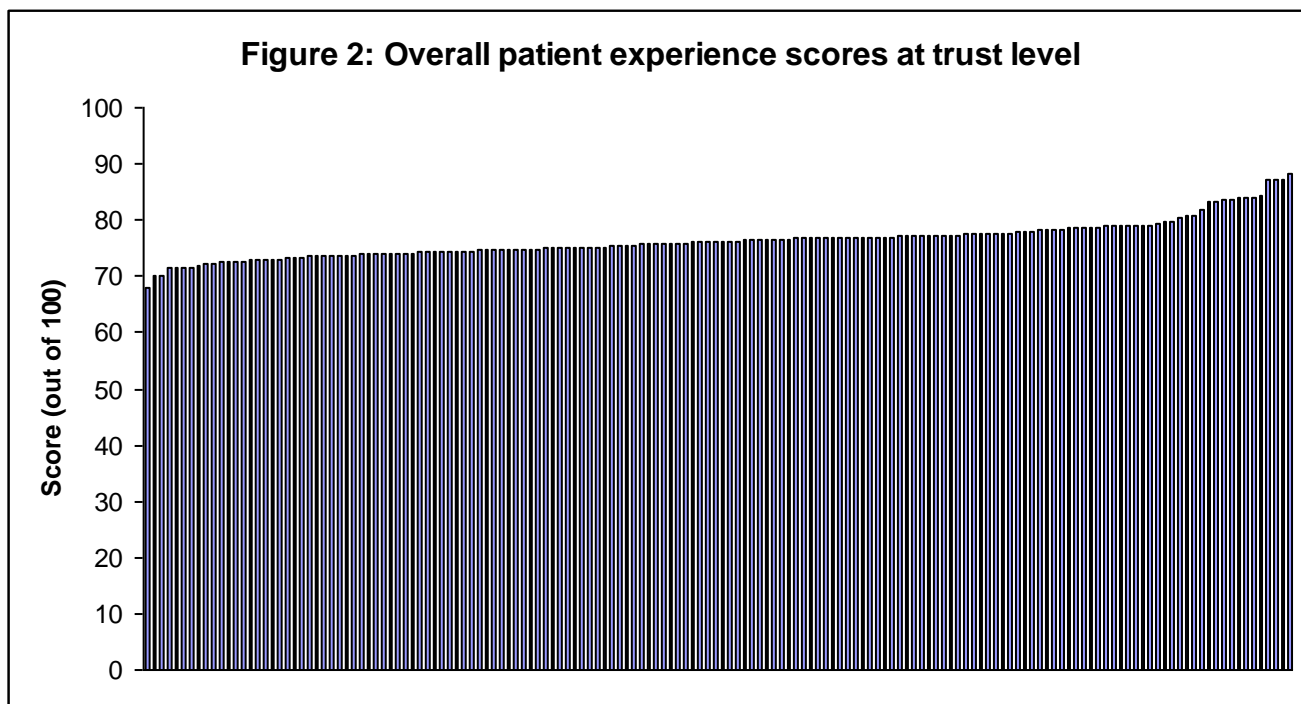
Results marked with an **S** are significantly different from White British.

Variation at NHS organisation level

We need to be cautious when considering these statistics at trust 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 64,500 responses and we can be confident that the true score lies within a small range (in this case, plus or minus 0.16). 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 around 2 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 lower scores towards the left and the higher towards the right. There are 156 trusts in 2012 with overall scores. Scores range from 68.0 to 88.2, with an average of 76.5. 36 trusts have scores that are significantly above the average, and 47 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 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 0.7 to 0.8).

When assessing change over time, 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 3, below, shows the number of NHS trusts that recorded increases or decreases in their overall and domain scores between 2011 and 2012.

**Table 3: Number of increased and decreased scores at trust level
(2012 compared to 2011)**

| | Increase | Decrease |
|--|-----------------|-----------------|
| Overall scores | 25 | 0 |
| Access & waiting | 29 | 22 |
| Safe, high quality, coordinated care | 19 | 4 |
| Better information, more choice | 22 | 1 |
| Building closer relationships | 44 | 1 |
| Clean, comfortable, friendly place to be | 17 | 5 |

* Changes are based on the 151 trusts who had comparable data in 2012 and 2011

A significant change is identified by a t-test, comparing results between 2011 and 2012, using a 5% threshold of statistical significance.

Between 2011 and 2012, the numbers of increases and decreases in each domain is in line with the change in the England level scores. For example, at England level increases were seen in the overall score and all five of the domains. At trust level, more increases than decreases were seen in the overall score and each domain. However, it is important to note that there are some trusts that are exceptions to the trend: some trusts deteriorate on a domain score that is generally improving. Results at trust level are published in our diagnostic tool, which is available at:

<https://www.gov.uk/government/statistical-data-sets/patient-experience-overall-measure-supporting-tools>

Questions within the same domain can follow different trends, which may be hidden in the domain score. For example, two questions in the ‘access and waiting’ domain changed in different ways between 2011 and 2012. For the question asking how patients felt about the length of time they were on the waiting list before admission, 38 trusts showed an increase in score and only 4 trusts showed a decrease. In contrast, the question asking patients how they felt about the time they had to wait to get a bed on a ward after arriving in hospital there were 12 increases and 40 decreases at trust level.

Note on the effect of trust mergers

Our scores for England are based on the average of the trust scores. We compare trust results over time, but this is affected when trusts have merged in the period between surveys. For example, in the 2011 survey there were three trusts in east London. By the 2012 survey, these three trusts had combined to become Barts Health NHS Trust. Such mergers usually have a small effect on the England score and they have a small effect in this survey. Analysis has shown that, if we adjust our analysis to ignore merged trusts, the overall messages would be unchanged.

Background information

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.

This documentation can be found in our patient experience series and notes and guidance pages on the gov.uk website:

<https://www.gov.uk/government/organisations/department-of-health/series/patient-experience-statistics>:

<https://www.gov.uk/health-statistics-notes-and-guidance-patient-experience>

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, Louisa Ashby 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. Patients were eligible for the 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. Patients were eligible for the 2012 adult inpatient survey if they were aged 16 years or older, had at least one overnight stay and were not admitted to maternity or psychiatric units. Trusts were given the choice of sampling from June, July or August 2012. Fieldwork took place between September 2012 and January 2013.

Sample sizes and response rates vary depending on the survey setting and by question. Just over 65,400 people responded to the inpatient survey (a response rate of 51%). 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

The results for the inpatient surveys can be found at:

www.nhssurveys.org/surveys/425

CQC publish trust-level reports that detail information such as the trust scores for each survey question and associated confidence intervals and response numbers.

www.cqc.org.uk/Inpatientsurvey2012

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 6 December 2012. We have included scores from the 2012 adult inpatient survey, published by the CQC on 16 April 2013.
3. The time series for community mental health surveys is shown from 2011-12 onwards. A series of changes to the survey mean that results for earlier years are not comparable.
4. 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.

Overall patient experience measure: 2012 inpatient survey update

Inpatient survey: national scores

| | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 | | 2012-13 95% confidence interval |
|--|-------------|-------------|-------------|-------------|-------------|-------------|----------|---------------------------------------|
| Access & waiting | 83.8 | 84.9 | 85.0 | 84.2 | 83.8 | 84.3 | S | 0.19 |
| Safe, high quality, coordinated care | 64.9 | 65.3 | 64.4 | 64.6 | 64.8 | 65.4 | S | 0.24 |
| Better information, more choice | 66.7 | 67.7 | 66.8 | 67.2 | 67.2 | 68.2 | S | 0.27 |
| Building closer relationships | 83.0 | 83.2 | 82.9 | 83.0 | 83.0 | 84.6 | S | 0.17 |
| Clean, friendly, comfortable place to be | 78.1 | 79.2 | 79.1 | 79.3 | 79.4 | 79.8 | S | 0.15 |
| Overall patient experience score | 75.3 | 76.0 | 75.6 | 75.7 | 75.6 | 76.5 | S | 0.16 |

Source: National Patient Survey Programme

Further details of the methodology can be found in the accompanying methodological issues paper at:

<https://www.gov.uk/health-statistics-notes-and-guidance-patient-experience>

Results marked with an **S** show a statistically significant change from 2011-12 to 2012-13

Outpatient survey: national scores

| | 2002-03 | 2004-05 | 2009-10 | 2009-10 adjusted | 2011-12 | 2011-12 95% confidence interval |
|---|-------------|-------------|-------------|---------------------|-------------|---------------------------------------|
| Access & waiting ¹² | 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 |
| Overall patient experience score ² | 76.9 | 76.7 | 78.6 | 78.8 | 79.2 | S 0.18 |

Source: National Patient Survey Programme

Further details of the methodology can be found in the accompanying methodological issues paper at:

<https://www.gov.uk/health-statistics-notes-and-guidance-patient-experience>

Results marked with an **S** show a statistically significant change from 2009-10 to 2011-12

Notes:

1. The scoring regime used for the question about length of wait for an appointment (question A1 in 2002-03 and question 1 in 2004-05) has been adjusted from that published by the contractor appointed to run the NHS Survey Advice Centre, to allow comparison across years.

2. The 2009-10 score is adjusted to allow for direct comparison with 2011-12.

Accident and emergency department survey: national scores

| | 2004-05 | 2008-09 | 2012-13 | | 2012-13 95% confidence interval |
|--|-------------|-------------|-------------|----------|---------------------------------------|
| Access & waiting | 69.4 | 66.6 | 64.3 | S | 0.20 |
| Safe, high quality, coordinated care | 74.7 | 75.1 | 74.5 | S | 0.33 |
| Better information, more choice | 73.5 | 74.4 | 74.8 | | 0.44 |
| Building closer relationships | 80.4 | 81.3 | 80.8 | S | 0.24 |
| Clean, friendly, comfortable place to be | 81.0 | 81.4 | 82.2 | S | 0.22 |
| Overall patient experience score | 75.8 | 75.7 | 75.4 | S | 0.26 |

Source: National Patient Survey Programme

Further details of the methodology can be found in the accompanying methodological issues paper at:

<https://www.gov.uk/health-statistics-notes-and-guidance-patient-experience>

Results marked with an **S** show a statistically significant change from 2008-09 to 2012-13

Community mental health services survey: national scores

| | 2011-12 | 2012-13 | | 2012-13 95% confidence interval |
|---|-------------|-------------|----------|---------------------------------------|
| Access & waiting | 71.1 | 72.4 | S | 0.52 |
| Safe, high quality, coordinated care | 72.1 | 71.3 | S | 0.49 |
| Better information, more choice | 68.3 | 69.1 | S | 0.50 |
| Building closer relationships | 84.7 | 84.7 | | 0.34 |
| Overall patient experience score | 74.0 | 74.4 | | 0.38 |

Source: National Patient Survey Programme

Further details of the methodology can be found in the accompanying methodological issues paper at: <https://www.gov.uk/health-statistics-notes-and-guidance-patient-experience>

Results marked with an **S** show a statistically significant change from 2011-12 to 2012-13

Respondents in 2012 were 18 years and older. However, earlier data included 16 and 17 year olds. Analysis suggests this makes no material difference to the patient-experience scores.

The time series for community mental health surveys is shown from 2011-12 onwards. A series of changes to the survey mean that results for earlier years are not comparable.