



# Statistical Bulletin: Overall Patient Experience Scores

*Updated with results from the 2011 Adult  
Inpatient Survey (with additional comment on  
2011 Adult Outpatient Survey results)*

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# Statistical Bulletin: Overall Patient Experience Scores

*Updated with results from the 2011 Adult Inpatient Survey (with additional comment on 2011 Adult Outpatient Survey results)*

**Prepared by the Office of the Chief Analyst**

# Contents

2011 Adult Inpatient Survey: key findings	5
Update to 2011 Adult Outpatient Survey: key findings	6
<u>2011 Inpatient Survey</u>	
Context and interpretation	7
What is a confidence interval?	7
What lies beneath these headline scores?	8
Trends in the scores	9
Variation in the scores – demographics	10
Variation at NHS organisation level	12
Further documentation	14
Feedback	14
Background notes – The National Patient Survey Programme	15
Full set of tables	17



# Overall Patient Experience Scores

*Updated with results from the 2011 Adult Inpatient Survey*

Date: 24 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 2011.

These statistics use a set of questions from the wide-ranging National Patient Survey Programme<sup>1</sup> 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, with additional comments on outpatient results that were published in February 2012. **The next confirmed update is for 2012 Adult Inpatient results, expected in April 2013.**

## Key findings

- Patient experience of NHS adult inpatient services showed no change overall in 2011. The overall score was 75.6 out of 100, compared to 75.7 in 2010 (where 80 would suggest that patients, on average, found the service 'very good').
- The score for the domain 'access & waiting' decreased from 84.2 in 2010 to 83.8 in 2011. This was largely a result of a decreased score for a question about whether patients felt that they waited a long time to be admitted to hospital.
- There were no changes in the other four domains of National Statistics.

### Inpatient survey - National scores

	2007-08	2008-09	2009-10	2010-11	2011-12	2011-12 95% confidence interval
Access & waiting	83.8	84.9	85.0	84.2	83.8	<b>S</b> 0.19
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	64.8	0.23
Better information, more choice	66.7	67.7	66.8	67.2	67.2	0.26
Building closer relationships	83.0	83.2	82.9	83.0	83.0	0.16
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.3	79.4	0.14
<b>Overall</b>	<b>75.3</b>	<b>76.0</b>	<b>75.6</b>	<b>75.7</b>	<b>75.6</b>	<b>0.15</b>

**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 2010-11 to 2011-12

<sup>1</sup> 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.

## Updated information about outpatient data published in February 2012

The previous update in this series, published on 14 February 2012, said that results for the 2011 outpatient survey were not comparable with earlier data.<sup>2</sup> Following comments from users of these statistics, we have identified that it is possible to adjust the data for earlier years to allow a valid comparison. The figures reported below are unchanged for 2011, but we have adjusted data for 2009 to allow for a valid comparison with 2011. Overall, the results show a small improvement between 2009 and 2011, and this message is unchanged from the indication given in February's release. The main points are:

- The overall score for patient experience in outpatients increased from 78.8 (adjusted) in 2009 to 79.2 in 2011 (as for inpatients, a score of 80 would suggest that patients found the service 'very good' on average).
- The access & waiting domain increased from 73.3 in 2009 to 74.9 in 2011.
- There was no change on the individual survey question 'how long did you wait for treatment?' The increased score in access & waiting is driven by improvements in the length of time patients wait in the outpatients department at the time of their appointment.

### Outpatient survey - National scores

	2009-10	2011-12		2011-12 95% confidence interval
Access & waiting <sup>1</sup>	73.3	74.9	<b>S</b>	0.17
Safe, high quality, coordinated care	83.2	83.6	<b>S</b>	0.18
Better information, more choice	79.1	78.6	<b>S</b>	0.35
Building closer relationships	87.3	87.7	<b>S</b>	0.18
Clean, friendly, comfortable place to be	70.9	71.3	<b>S</b>	0.20
Overall <sup>1</sup>	<b>78.8</b>	<b>79.2</b>	<b>S</b>	<b>0.18</b>

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

#### Notes:

1. The 2009-10 score is adjusted by this update to allow for direct comparison with 2011-12.

Once this adjustment is considered, it can be seen that all five domains recorded significant changes. These were positive changes with the exception of the 'better information, more choice' domain, which recorded a decrease in patient experience.

<sup>2</sup> <http://www.tinyurl.com/overallpe0212>

## 2011 Inpatient Survey

### 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/inpatientsurvey2011](http://www.cqc.org.uk/inpatientsurvey2011)

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](http://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 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 0.15. This means that the true value is likely to lie in a range from 0.15 below our estimate to 0.15 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. 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 above are calculated by taking the average score for small sets of survey questions.

### Access & waiting: three survey questions, down from 84.2 to 83.8

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 a decrease in patient experience for the waiting times for treatment (from 82.9 to 81.3). There were no changes in how frequently hospitals change admission dates or in how long patients wait for a bed after arriving at hospital. It is possible that this indicates that waiting times are slightly longer for some patients, but it is equally likely that this reflects a small but measurable change in what those patients expect from NHS services.

### Safe, high quality coordinated care: three survey questions

This domain includes questions about whether patients were told contrary things by members of staff, whether there was any delay in discharge from hospital and whether patients were warned of danger signals to watch for after they had been discharged. Increases were recorded on two questions: there has been a reduced frequency of patients' being told contrary things by staff (up from 78.6 to 79.0) and an improvement in patients' being warned of danger signs to watch for (up from 51.9 to 52.6). There was no change in delays to discharge from hospital.

### Better information, more choice: three survey questions

This domain captures feedback on whether patients were involved as much as they wanted in their care and treatment, whether staff explained the purpose of medicine to patients and whether staff explained side effects of medicine to watch for. There was an increase in patients' being told about medication side effects (up from 47.1 to 47.6). This may be because this aspect of care is included in financial incentives linked to the national CQUIN measure for patient experience. There were no changes in other aspects.

### Building close relationships: four survey questions

This domain assesses four questions: two questions are asked 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 about them as if they were not there. On the questions about doctors, there was a reduced problem of doctors' talking about patients as if they were not there (up from 83.4 to 83.9). There was no change in patients' reporting that doctors gave answers to questions that they could understand. On the questions about nurses, fewer answers that patients can understand are being provided (down from 80.8 to 80.5) and patients are more likely to be spoken about as if they were not there (down from 86.9 to 86.6).



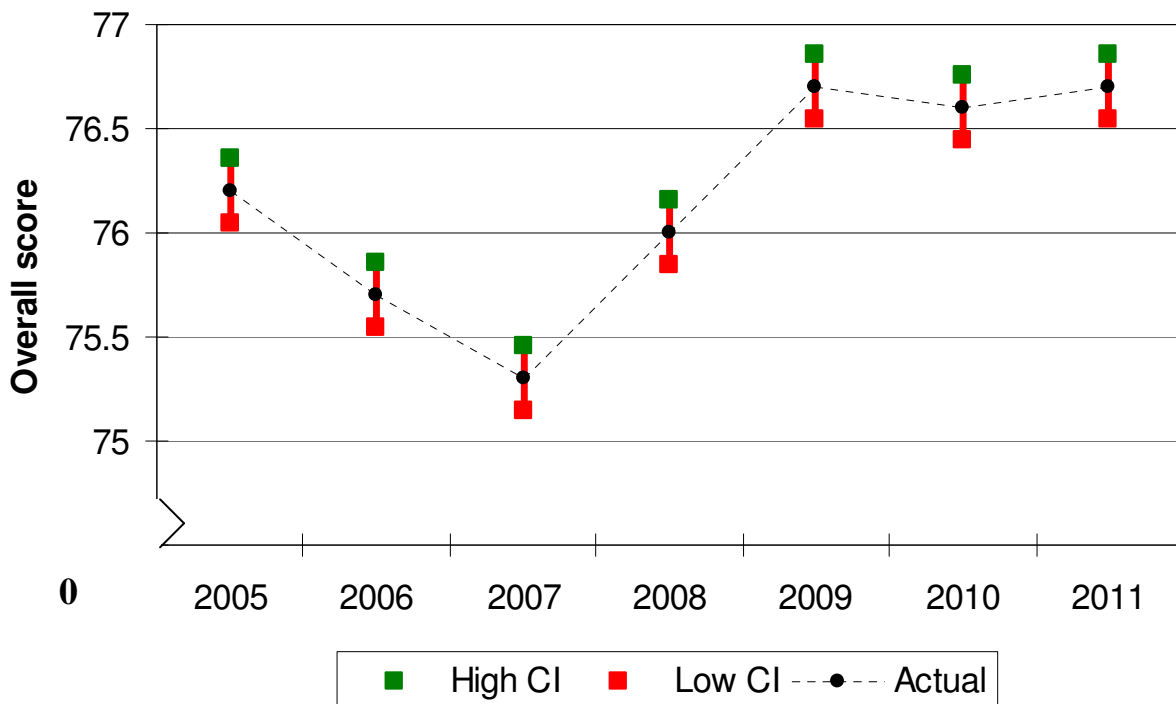
Clean, comfortable, friendly place to be: seven survey questions

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. Increases were recorded in the scores for three questions: patients are less likely to be bothered by noise at night from other patients (up from 60.6 to 61.7) or from staff (up from 78.9 to 79.4), and rooms and wards are more likely to be clean (up from 87.3 to 87.9). There was a decrease in the quality of food, as assessed by patients (down from 54.6 to 53.8). There were no changes in patients’ being given enough privacy whilst being examined/treated, in patients’ being treated with dignity and respect, or in whether staff do all they can to control patients’ pain.

**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 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 the last two years have been roughly constant.

**Figure 1: Overall patient experience scores for adult inpatients**



## 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](http://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 check results from each new set of survey data to see whether these broad patterns have changed. In this case, our professional judgement is that the 2011 Inpatient results do not show any change.

The table below shows the overall score for each ethnic group in the 2011 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 is the only group to have a significantly higher score than White British. Nine BME groups had significantly lower scores than White British.

Overall Patient Experience Scores.

Table 1: patient-experience scores for ethnic groups

	Overall score		Confidence interval	Number of respondents
<b>White British</b>	75.9		0.16	61223
<b>White Irish</b>	78.5	<b>S</b>	1.24	711
<b>White Gypsy or Irish Traveller</b>	71.5	<b>S</b>	2.92	77
<b>Any other White</b>	73.6	<b>S</b>	0.97	1118
<b>White &amp; Black Caribbean</b>	70.3	<b>S</b>	1.91	143
<b>White &amp; Black African</b>	68.9	<b>S</b>	1.71	64
<b>White &amp; Asian</b>	71.6	<b>S</b>	1.54	167
<b>Any other mixed background</b>	72.3		1.38	89
<b>Indian</b>	72.8	<b>S</b>	1.01	888
<b>Pakistani</b>	70.6	<b>S</b>	1.43	519
<b>Bangladeshi</b>	67.5	<b>S</b>	1.94	141
<b>Chinese</b>	73.4		1.42	151
<b>Any other Asian background</b>	71.9	<b>S</b>	1.33	229
<b>African</b>	77.3		1.3	494
<b>Caribbean</b>	75.1		1.24	514
<b>Any other Black background</b>	72.1		3.02	75
<b>Arab</b>	74.9		1.89	64
<b>Any other ethnic group</b>	78.9		2.22	59
<b>Ethnic Group Unknown</b>				3755

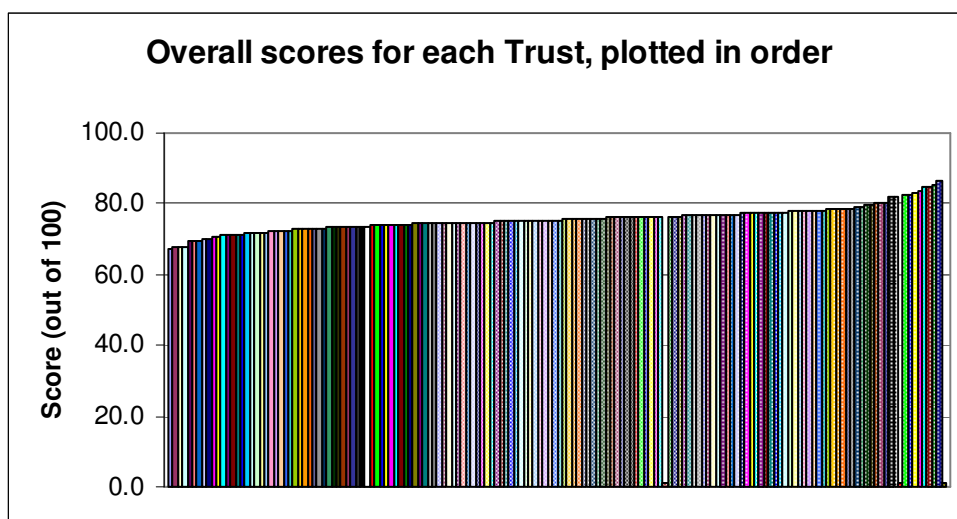
Results marked with an **S** are significantly different from White British. These are significantly lower with the exception of White Irish, which is significantly higher.

## 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 161 Trusts with overall scores. Scores range from 67.4 to 87.8, with an average of 75.6. 40 Trusts have scores that are significantly above the average, and 45 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 recorded increases or decreases against each of our headings in 2011.

**Table 2: Number of increased and decreased scores at Trust-level**

	<b>Increase</b>	<b>Decrease</b>
<b>Overall scores</b>	<b>12</b>	<b>15</b>
Access & waiting	17	25
Safe, high quality, coordinated care	15	8
Better information, more choice	13	9
Building closer relationships	11	13
Clean, comfortable, friendly place to be	17	13

A significant change is identified by using a two-way t-test, comparing results between 2010 and 2011, using a 5% threshold of statistical significance.

There were slightly more Trusts with decreased overall scores between 2010 and 2011 than with increased overall scores. In three of the five domains, there have been more instances of Trusts' improving their scores than of Trusts' producing decreased scores.

A domain score may not reveal how questions within the same domain follow different times over time. This is illustrated by the scores for the 'safe, high quality, coordinated care' domain, which almost twice as many Trusts with increased scores as with decreased scores. The trends were very different for the three questions in the domain, as shown in the table below. Domain scores are calculated by the average of the questions, so increases in one question can be offset by decreases in others.

**Table 3: Number of increased and decreased scores at Trust-level: 'safe, high quality, coordinated care' domain**

	<b>Increase</b>	<b>Decrease</b>
<b>Safe, high quality, coordinated care</b>	<b>15</b>	<b>8</b>
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	16	7
On the day you left hospital, was your discharge delayed for any reason?	13	18
Did a member of staff tell you about any danger signals you should watch for after you went home?	19	6

This demonstrates how a change in a domain score does not mean that the questions that comprise the domain have all changed in a similar way.

## 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](mailto: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 2011 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 chose one month out of June, July and August 2011 in which to conduct the survey. Fieldwork took place between October 2011 and January 2012.

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](http://www.tinyurl.com/cqcsurveys)

The results for inpatient surveys from 2002 to 2011 can be found at:

[www.nhssurveys.org/surveys/292](http://www.nhssurveys.org/surveys/292)

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.nhssurveys.org/surveys/593](http://www.nhssurveys.org/surveys/593)

## **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 14 February 2012. We have included scores from the 2011 Adult Inpatient survey, published by the CQC on 24 April 2012.
3. This publication includes an amendment to the 2011 Adult Outpatient survey, which allows for comparison of the 'access and waiting' domain and of the overall score between 2009 and 2011.
4. The information in these tables has been provided separately in a 'CSV' format, available alongside this publication.



Overall Patient Experience Scores.

**Inpatient survey - National scores**

	2007-08	2008-09	2009-10	2010-11	2011-12	2011-12 95% confidence interval
Access & waiting	83.8	84.9	85.0	84.2	83.8	0.19
Safe, high quality, coordinated care	64.9	65.3	64.4	64.6	64.8	0.23
Better information, more choice	66.7	67.7	66.8	67.2	67.2	0.26
Building closer relationships	83.0	83.2	82.9	83.0	83.0	0.16
Clean, friendly, comfortable place to be	78.1	79.2	79.1	79.3	79.4	0.14
<b>Overall</b>	<b>75.3</b>	<b>76.0</b>	<b>75.6</b>	<b>75.7</b>	<b>75.6</b>	<b>0.15</b>

**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 2010-11 to 2011-12

## Overall Patient Experience Scores.

### Outpatient survey - National scores

	2002-03	2004-05	2009-10	2009-10 adjusted	2011-12	2011-12 95% confidence interval
Access & waiting <sup>12</sup>	68.2	69.0	72.5	73.3	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
<b>Overall<sup>2</sup></b>	<b>76.9</b>	<b>76.7</b>	<b>78.6</b>	<b>78.8</b>	<b>79.2</b>	<b>0.18</b>

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

## 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	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
<b>Overall</b>	<b>75.0</b>	<b>See note 2</b>	<b>75.8</b>	<b>75.7</b>

**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
<b>Overall</b>	<b>76.9</b>	<b>77.4</b>	<b>77.0</b>	<b>77.5</b>

**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	2004-05 and 2005-06 Comparison of	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	60.8	62.0	62.4
Building closer relationships	85.9	86.2	86.2	86.6	86.9	87.3
<b>Overall</b>	<b>74.2</b>	<b>74.7</b>	<b>See note 1</b>	<b>74.5</b>	<b>75.2</b>	<b>75.6</b>

**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