

National summary of the results for the 2012 Inpatients survey

This national summary provides key findings from the tenth survey of adult inpatient services. It details the national findings and highlights statistically significant differences between 2012 and 2011 (the last time the survey was carried out). A “statistically significant” difference means that the change in the results is very unlikely to have occurred by chance. Where comparisons are not presented, this is either because there has not been a statistically significant change, or because it is a new question, or the question wording and / or response categories have changed.¹ The text clearly states if questions are new or changed from 2011.

The results are primarily intended for use by NHS trusts to help them improve their performance. The CQC has included data in its Quality and Risk Profiles to assess compliance with the essential standards set by the government, and has published data for all NHS trusts on the CQC website. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

A set of tables showing the year on year results for each question is available on the CQC website, along with the results for each NHS trust.

At the end of the questionnaire, respondents are also able to write other comments about their experiences in hospital. They are asked three questions: if there was anything particularly good about their hospital care, if there was anything that could be improved, and if they had any other comments. For the first time, at the end of this document there is a summary of a qualitative analysis undertaken on comments that were made by a sub-sample of all respondents.

Summary

This section highlights some of the key findings from the survey. The full results are discussed in the subsequent sections.

There have been improvements in the results for many questions including issues such as cleanliness and relationships with doctors and nurses. However scope for continued improvement remains in some of these areas and in other questions there has been no statistically significant change from 2011. This includes fundamental aspects of care such as receiving enough help from hospital staff to eat meals (where needed), involving patients in their care and treatment, information provision and discharge arrangements.

¹ It is not possible to present comparisons as it is not known if a change in results is caused by changing the questionnaire, or is a real change in patient experience.

Improvements

The results for the 2012 survey showed improvements in several areas compared with 2011. However, despite this scope for further improvement remains in some areas:

Waiting to be admitted

There has been some improvement in the experiences of respondents who had a planned admission:

- Seventy six percent of respondents who had a planned admission were “admitted as soon as I thought was necessary” up from 73% in 2011.
- Eighty percent of respondents who had a planned admission said their admission date was **not** changed by the hospital, up from 79% in 2011.

On the ward

There have been improvements in the results for questions asking about mixed sex bathrooms and privacy:

- Eighty six percent did **not** have to use the same bathroom or shower area as patients of the opposite sex (up from 84% in 2011).
- Seventy four percent “always” had enough privacy when discussing their condition or treatment, up from 72% in 2011.
- Ninety percent were “always” given enough privacy when being examined or treated, up from 89% in 2011.

There have been small improvements in results for questions asking about cleanliness:

- Sixty eight percent described the hospital room or ward that they were in as “very clean,” up from 67% in 2011.
- Sixty one percent described the toilets and bathrooms that they used in hospital as “very clean,” up from 60% in 2011.

Though there has been some improvement in the results for two of the questions asking about hospital food, scope for further improvement remains:

- Twenty one percent of respondents rated the hospital food as “very good” and 36% as “good,” up from 35% in 2011. However, over two fifths described it as either “fair” (30%) or “poor” (13%, an improvement from 15% in 2011).
- Of those respondents who needed help from staff to eat their meals, 64% said that they “always” got enough help, up from 62% in 2011. However, this leaves 19% who only “sometimes” got enough help from staff to eat their meals and 17% who said they did not get enough help from hospital staff to eat their meals (though this is an improvement from 19% in 2011).

Doctors and Nurses

There have been improvements in the results for questions asking about doctors and nurses, with the majority of respondents saying that:

- Doctors (68%, up from 67% in 2011) and nurses (70%, up from 66% in 2011) “always” answered their questions in a way they could understand.
- Doctors (75%, up from 73% in 2011) and nurses (81%, up from 78% in 2011) did not talk in front of them as if they were not there.

- They “always” had confidence and trust in the doctors (80% a statistically significant increase of less than one percent from 2011) and nurses (76%, up from 74% in 2011) that were treating them.
- There were “always or nearly always” enough nurses on duty to care for them in hospital (59%, up from 58% in 2011.)
- They did **not** receive conflicting information from hospital staff (68%, up from 66% in 2011).

Information provision and involvement in care

Questions asking respondents about information provision at various stages of their care reveal there is scope for improvement in some areas, particularly when leaving hospital:

- Fifty five percent said that they were “definitely” involved as much as they wanted to be in decisions about their care and treatment, up from 52% in 2011.
- Seventy nine percent said they were given the “right amount” of information about their condition or treatment, up from 78% in 2011.
- Sixty seven percent said they were given written or printed information about what they should or should not do after leaving hospital, up from 65% in 2011.
- Seventy five percent said that a member of staff “completely” explained the purpose of medicines they were to take home in a way they could understand, up from 74% in 2011.
- Seventy six percent said that they were “definitely” told how to take their medication in a way they could understand, up from 75% in 2011.
- Less than half (48%) said that doctors or nurses “definitely” gave their family or someone else close to them all the information they needed to help care for them at home, if needed (up from 46% in 2011).
- Sixty one percent of respondents received copies of letters sent between hospital doctors and their GP up from 59% in 2011. Three quarters (75%) of those who received copies said the letter was “definitely” written in a way they could understand, up from 74% in 2011.

Declines

There has been a decline in the results for questions asking about waiting to get to a bed on a ward, availability of staff and pain control:

- Fourteen percent of respondents said that from the time they arrived at the hospital, it “definitely” felt as though they had to wait a long time to get to a bed on a ward (up from 12% in 2011) and 21% said “yes, to some extent” (up from 20% in 2011).
- Well under half of respondents (38%) “definitely” found someone on the hospital staff to talk to about their worries and fears, if they wanted to, down from 40% in 2011.
- Of those who used the call button, there had been a decrease in the proportion saying that it was responded to “right away” from 15% in 2011 to 14% in 2012.
- Seventy percent of respondents who experienced pain, said that staff “definitely” did everything they could to help control their pain, down from 71% in 2011.

No Change

The results for many questions showed no statistically significant change from 2011, however, scope for improvement remains. These questions are discussed in full in the following results section though this includes issues such as being bothered by noise at night and information provision. In particular, discharge from hospital continues to be an area where patient experience could be improved:

- Forty one percent of respondents said that on the day they left hospital their discharge was delayed.
- Well under half (38%) said that a member of staff “completely” told them about medication side effects to watch out for when they went home.
- Less than half (41%) said they were “completely” told by a member of staff about any danger signals they should watch for after they went home.
- Almost a quarter (23%) were **not** told who to contact if they were worried about their condition or treatment after leaving hospital.

Results of the Survey

Admission to Hospital

The majority of respondents (59%) said that their hospital stay was “emergency or urgent” (for example, they were admitted after attending the Accident and Emergency Department) an increase from 58% in 2011. There has been a corresponding decrease in the proportion of “waiting list or planned in advance” admissions (following referral by a healthcare professional) from 39% in 2011 to 38% in 2012.² The remaining 3% responded “something else” (for example, they may have been transferred from another hospital).

The Accident & Emergency Department (A&E)

Of those who were admitted as an emergency or urgent case, the majority went through A&E (88%, up from 87% in 2011).

Information Provision

The majority of respondents (74%) said that they were given the “right amount” of information about their condition or treatment in A&E. Ten percent said that they were not given any information and 16% that they were not given enough. One percent were given “too much”.

Privacy

Just over three quarters of respondents (76%) said that they were “definitely” given enough privacy when being examined or treated in the A&E. The remainder responded “to some extent” (22%) or “no” (2%).

² It should be noted that respondents tend to report different experiences dependent upon their method of admission (emergency or elective). Those who had an emergency admission tend to report less positive experiences than those who had an elective admission. Whilst this is taken into account in the standardisation for the trust level outputs, it has not been done so in the national findings here.

Waiting List or Planned Admissions

Choice

Twenty eight percent of respondents with planned admissions said that when they were referred to see a specialist, they were offered a choice of hospital for their first appointment. Eleven percent said they were not offered a choice, but would have liked one. The majority (61%) stated that they were not offered a choice but they did not mind.

Waiting to be admitted

Respondents were asked how they felt about the length of time they were on the waiting list before they were admitted to hospital. The majority (76%) said that they were “admitted as soon as I thought was necessary” up from 73% in 2011. There has been a corresponding decrease in the proportion of respondents who say that they should either have been admitted a bit sooner (16%, down from 17% in 2011) or a lot sooner (8%, down from 10% in 2011).

A fifth said that their admission date was changed by the hospital, either once (16%, down from 17% in 2011) or two or three times (3%). The remainder said that their admission date was not changed by the hospital (80%, up from 79% in 2011).

Transition between services

This year the questionnaire included a new question asking respondents if, in their opinion, the specialist they saw in hospital had been given all of the necessary information about their condition or illness from the person who referred them. The vast majority responded “yes” (96%).

The Hospital and Ward

Waiting to get to the ward

All respondents were asked if, from the time they arrived at the hospital, they felt they had to wait a long time to get to a bed on a ward. There has been an increase in the proportion who said that it either felt like they “definitely” had to wait a long time (from 12% in 2011 to 14% in 2012) or “to some extent” had to wait a long time (from 20% in 2011 to 21% in 2012). There has been a corresponding decrease in the proportion who said they did not feel as though they waited a long time, from 67% in 2011 to 66% in 2012.

Single sex accommodation

It is a goal of the Department of Health and the NHS to “eliminate mixed sex accommodation, except where it is in the overall best interest of the patient or reflects their personal choice.”³ This is a complex area to assess using patient experience surveys as patients’ reporting of their experience can be influenced by:

- The purpose of the ward they stay in.

³ http://www.dh.gov.uk/en/Healthcare/EMSA/DH_124251

- Their journey around the hospital - many stay in more than one area.
- Their perceptions of what constitutes ‘mixed-sex accommodation’.

To understand some of these effects, the survey results are presented separately for respondents who had emergency and planned admissions, and they distinguish between sharing before and after moving to other wards. Sixty-three percent of respondents stayed in just one ward (down from 64% in 2011), another 29% said that they stayed in two wards (up from 28% in 2011), with the remaining 8% stating that they stayed in three or more wards.

We also exclude respondents who stayed in critical care areas as the majority of these areas are exempt from the mixed sex accommodation guidelines due to the necessity for clinical needs to be prioritised. In the 2012 survey, 21% said they stayed in a critical care area (such as Intensive Care, High Dependency Unit or Coronary Care Unit).

Single sex accommodation: when first admitted

As can be seen in table one below, 92% of respondents who had an emergency admission, and 95% of respondents who had a planned admission, said that they did not share a sleeping area such as a room or bay with patients of the opposite sex when they were first admitted to a bed on a ward. This shows no statistically significant change since 2011.

Table 1: Sharing a sleeping area (for example a room or bay) with patients of the opposite sex when first admitted

		Survey Year		Significant change between 11 and 12
		2011	2012	
Emergency or urgent	Yes	9%	8%	
	No	91%	92%	
Planned or waiting list	Yes	5%	5%	
	No	95%	95%	

Note: this table excludes respondents who said that they stayed in a critical care area, and two trusts that provide services to female patients only

↓ indicates a statistically significant decrease

↑ indicates a statistically significant increase

No arrow means that any difference is not statistically significant

Single sex accommodation: after moving wards

Respondents who stayed in more than one ward were also asked if they shared a sleeping area with patients of the opposite sex after they were moved. As may be seen in table two, 95% of respondents who had an emergency admission, and 96% of respondents who had a planned admission said that they did not share a sleeping area such as a room or bay with patients of the opposite sex after they were moved to another ward. Again, this shows no statistically significant change since 2011.

Table 2: Sharing a sleeping area (for example a room or bay) with patients of the opposite sex when moved to another ward

		Survey Year		Significant change between 11 and 12
		2011	2012	
Emergency or urgent	Yes	4%	5%	
	No	96%	95%	
Planned or waiting list	Yes	5%	4%	
	No	95%	96%	

Note: this table excludes respondents who said that they stayed in a critical care area, and two trusts that provide services to female patients only

↓ indicates a statistically significant decrease

↑ indicates a statistically significant increase

No arrow means that any difference is not statistically significant

Single sex accommodation: bathroom areas

Department of Health policy requires that separate bathrooms be available for male and female patients, and respondents to the survey were asked if they ever used the same bathroom or shower area as patients of the opposite sex. The proportion who say that they **did not** have to use the same bathroom or shower area as patients of the opposite sex has increased from 84% in 2011 to 86% in 2012. This leaves 13% who said they **did** have to use the same bathroom or shower area as patients of the opposite sex (down from 15% in 2011) and 1% who did so because it had special bathing equipment that they needed (down from 2% in 2011).

Noise at Night

Almost two fifths of respondents (39%) said that they were bothered by noise at night from other patients and a fifth (20%) said that they were bothered by noise at night from hospital staff.

Cleanliness

Over two thirds of respondents (68%) described the hospital room or ward that they were in as “very clean,” up from 67% in 2011. There had been a corresponding decrease in the proportion who responded “fairly clean” (29% in 2012, down from 30% in 2011) or “not very clean” (2% in 2012, down from 3% in 2011), though the proportion who respond “not at all clean” increased from zero in 2011 to 1% in 2012.

Sixty one percent of respondents described the toilets and bathrooms that they used in hospital as “very clean,” up from 60% in 2011. There was a corresponding decrease in the proportion who described them as “fairly clean” from 34% in 2011 to 33% in 2012. The remainder described them as “not very clean” (5%) or “not at all clean” (1%).

Hand hygiene by hospital staff, patients and visitors is essential to control the spread of infection within hospitals. The majority of respondents (96%) said that hand-wash gels were available for patients and visitors to use though this was a statistically significant decrease of less than one percent from 2011.

The remainder said either that they did not see any hand-wash gels (3% in 2012, up from 2% in 2011) or that they were empty (1%).

Security

The majority of respondents (97%) said that they did not feel threatened during their stay in hospital by other patients or visitors, leaving 3% who said that they did.

Food

Respondents were asked how they would rate the hospital food. Twenty one percent said it was “very good” and 36% “good” (up from 35% in 2011). This leaves over two fifths who rated the food as either “poor” (30%) or “very poor” (13%, down from 15% in 2011).

The majority of respondents were “always” (79%) or “sometimes” (15%) offered a choice of food, leaving 6% who said they were not offered a choice. As may be expected, responses to this question may reflect differences in the length of stay by patients: those patients having a stay of one day are more likely to say that they were **not** given a choice of food (12%) compared with those who had a longer stay (3%).

Around a quarter of respondents needed help from staff to eat their meals. Of these, 64% said that they “always” got enough help, an improvement from 62% in 2011. This leaves 19% who said they only “sometimes” got enough help and 17% who said that they did not get enough help, though this is an improvement from 19% in 2011.

Doctors and Nurses

Communication

The majority of respondents (68%) said that doctors “always” answered their questions in a way they could understand, up from 67% in 2011. There have been corresponding decreases in the proportion responding “yes, sometimes” (26% in 2012, down from 27% in 2011) or “no” (6% in 2012, a statistically significant decrease of less than one percent from 2011).

The majority of respondents (70%) said that nurses “always” answered their questions in a way they could understand, an improvement from 66% in 2011. There have been corresponding decreases in the proportion responding “yes, sometimes” (26% in 2012, down from 29% in 2011) or “no” (4% in 2012, down from 5% in 2011).

Three quarters of respondents (75%) said that doctors did not talk in front of them as if they were not there, up from 73% in 2011. There have been corresponding decreases in the proportions saying that doctors “often” (6% in 2011 and 5% in 2012) or “sometimes” (20% in 2011 and 19% in 2012) talked in front of them as if they were not there.

The majority of respondents (81%) said that nurses did not talk in front of them as if they were not there, an improvement from 78% in 2011. There have

been corresponding decreases in the proportions who say that nurses “often” (5% in 2011 and 4% in 2012) or “sometimes” (17% in 2011 and 15% in 2012) talked in front of them as if they were not there.

Respondents were asked whether one member of staff ever told them one thing and another told them something quite different. The majority (68%) said this did **not** happen, an improvement from 66% in 2011. Of the remainder, 25% said that this “sometimes” happened (26% in 2011) and 7% said that this “often” happened (8% in 2011).

Confidence and Trust

Eighty percent of respondents said that they “always” had confidence and trust in the doctors treating them, a statistically significant increase of less than one percent from 2011. The remainder responded “sometimes” (17%) or “no” (3%).

Over three quarters of respondents (76%) said that they “always” had confidence and trust in the nurses treating them, an improvement from 74% in 2011. There had been a corresponding decrease in the proportion who respond “sometimes” (22% in 2011 and 20% in 2012) or “no” (4% in 2011 and 3% in 2012).

Availability of Staff

Just under three fifths of respondents (59%) said that there were “always or nearly always” enough nurses on duty to care for them in hospital, up from 58% in 2011. This leaves 30% who said there were “sometimes” enough nurses and 11% who said that there were “rarely or never” enough nurses.

The proportion of respondents saying they “definitely” found someone on the hospital staff to talk to about their worries and fears, if they wanted to, decreased from 40% in 2011 to 38% in 2012. Almost a quarter (23%) said they were not able to find anyone (up from 22% in 2011) and 38% said that they were “to some extent” able to find someone on the hospital staff to talk to about their worries and fears.

Fifty six percent of respondents said that they “always” got enough emotional support from hospital staff, if they wanted this. The remainder responded either “sometimes” (30%) or “never” (15%).

Respondents were asked how long it usually took for them to receive the help they needed after they used the call button: there had been a decrease in the proportion saying that it was responded to “right away” from 15% in 2011 to 14% in 2012. Most said this took between one and two minutes (38%) or between three and five minutes (30%). Seventeen percent said this took more than five minutes and 1% said they never got help when they used the call button, though this was down from 2% in 2011.

Patient care and treatment

Involvement in decisions

Providing the right amount of information to each patient in an understandable way is essential for them to be able to make informed decisions about their care and treatment.

Over half of respondents (55%) said that they were “definitely” involved as much as they wanted to be in decisions about their care and treatment, an improvement from 52% in 2011. Thirty five percent responded “to some extent” (37% in 2011) and 10% “no” (11% in 2011).

The majority (79%) said that they were given the “right amount” of information about their condition or treatment, up from 78% in 2011. A fifth (20%) said they were not given enough, though this was down from 21% in 2011. The remainder (1%) said they were given “too much” information.

Privacy

Almost three quarters of respondents (74%) said that they were “always” given enough privacy when discussing their condition or treatment, up from 72% in 2011. There had been corresponding decreases in the proportions responding “sometimes” (21% in 2011 and 19% in 2012) or “no” (8% in 2011 and 7% in 2012).

The majority (90%) said that they were “always” given enough privacy when being examined or treated, an improvement from 89% in 2011. There have been corresponding decreases in the proportion responding “sometimes” (10% in 2011 and 9% in 2012) or “no” (2% in 2011 and 1% in 2012).

Pain management

When asked if they were ever in any pain during their stay in hospital, 64% of respondents said that they were, down from 66% in 2011. Of those who experienced pain, 70% said that staff “definitely” did everything they could to help control their pain, down from 71% in 2011. There has been a corresponding increase in the proportion who responded “yes, to some extent” from 23% in 2011 to 24% in 2012. Six percent thought that staff did not do everything they could to help control their pain.

Operations and Procedures

Just over three fifths of respondents (62%) reported that they had an operation or procedure during their stay in hospital (down from 64% in 2011). These respondents were asked a number of questions about their experiences.

Before the Operation or Procedure

Most of the respondents who had an operation or procedure were positive about the information they received before this.

Just over four fifths of respondents (81%) said that a member of staff “completely” explained the risks and benefits of the operation or procedure in a way they could understand, up from 80% in 2011. Fifteen percent said this was explained to them “to some extent” and 4% that it was not explained to them in a way they could understand.

Almost three quarters of respondents (74%) said that a member of staff “completely” explained what would be done during the operation or procedure. Twenty one percent said this was explained “to some extent” and 5% that this was not explained, a statistically significant decrease of less than one percentage point from 2011.

The majority (78%) said that a member of staff “completely” answered any questions they had about the operation or procedure in a way they could understand, up from 76% in 2011. There had been a corresponding decrease in the proportion who responded “yes, to some extent,” from 20% in 2011 to 19% in 2012 with 4% responding “no”.

Fifty seven percent said that they were “completely” told how they could expect to feel after the operation or procedure. However, over two fifths were either not told this (15%) or told “to some extent” (28%).

Eighty five percent of respondents said that before the operation, they were given an anaesthetic or medication to put them to sleep or control their pain, down from 86% in 2011. Of these, 84% said that the anaesthetist or another member of staff “completely” explained how they would be put to sleep or have their pain controlled in a way they could understand. Twelve percent said this was explained “to some extent” and 4% that this was not explained in a way they could understand.

After the Operation or Procedure

Two thirds of respondents (66%) said that a member of staff “completely” explained to them how the operation or procedure had gone in a way they could understand. Almost a quarter (23%) were told this “to some extent” with 11% responding “no”.

Leaving the Hospital

Preparing to leave hospital

A new question this year asked respondents if they were given enough notice about when they were going to be discharged from hospital. Over half (56%) said they “definitely” were, 31% said they were “to some extent” and 13% that they were not.

There is scope to involve patients more in decisions about their discharge from hospital: while 53% said they “definitely” felt involved in decisions about their discharge from hospital, 30% felt involved “to some extent” with 16% saying they were not involved. This question is not comparable with 2011 due to a change made to the response options.

In another new question, respondents were asked if hospital staff took their family or home situation into account when planning their discharge. Of those for whom this was necessary (around two thirds of all respondents), 60% said hospital staff “completely” took their home or family situation into account when planning their discharge, 21% said this was done “to some extent” leaving 19% who said “no”.

Delays to discharge

Forty one percent of respondents said that on the day they left hospital their discharge was delayed.

Of those who were delayed, most (62%) said this was caused by “waiting for medicines,” up from 60% in 2011. The remainder said this was due to “waiting to see a doctor” (14%, down from 15% in 2011), “waiting for an ambulance” (10%) or another reason (14%). Respondents were also asked about the length of the delay: 16% were delayed by an hour, 28% between one and two hours, 33% between two and four hours, and 24% longer than four hours, up from 23% in 2011.

Medication

Respondents who were prescribed medication to take home were asked a number of questions about their experiences.

Three quarters (75%) said that a member of staff “completely” explained the purpose of medicines they were to take home in a way they could understand, up from 74% in 2011. Seventeen percent responded “yes, to some extent” leaving 8% who said that a member of staff did not explain the purpose of the medicines they were to take home in a way they could understand, an improvement from 9% in 2011.

Responses to the survey suggest that there remains scope for improvement in providing information about medication side effects: 38% said that a member of staff “completely” told them about medication side effects to watch out for when they went home. Nineteen percent responded “yes, to some extent” leaving more than two fifths (43%) who said that a member of staff did not tell them about medication side effects to watch out for when they went home.

Just over three quarters (76%) said that they were “definitely” told how to take their medication in a way they could understand, up from 75% in 2011. Fifteen percent responded “yes, to some extent” and 9% “no,” an improvement from 10% in 2011.

Seventy one percent responded “yes completely” when asked if they were given clear written or printed information about their medicines. Sixteen percent said they were given this “to some extent” leaving 13% who said they were not given this. This question is not comparable with 2011 due to a change made to the response options.

Information provision

Just over two thirds (67%) said that they were given written or printed information about what they should or should not do after leaving hospital, up from 65% in 2011. This leaves a third (33%) who said they were not given this information, though this is an improvement from 35% in 2011.

Less than half of respondents (41%) said they were “completely” told by a member of staff about any danger signals they should watch for after they went home. The remainder said they were told “to some extent” (21%) or that they were not told (38%).

Just under half of respondents (48%) said that doctors or nurses “definitely” gave their family or someone else close to them all the information they needed to help care for them, if this was necessary, up from 46% in 2011. This leaves more than half who said they were given this “to some extent” (24%) or were not given this (29%, an improvement from 31% in 2011).

Department of Health guidance states that patients should receive copies of letters sent between the hospital and the patients’ family doctor (GP). The proportion of respondents who say they received this increased from 59% in 2011 to 61% in 2012. Three quarters (75%) of those who received copies said the letter was “definitely” written in a way they could understand, up from 74% in 2011. There was a corresponding decrease in the proportion who responded “yes, to some extent” from 23% in 2011 to 22% in 2012. The remaining 3% said the letter was not written in a way they could understand.

Transition from hospital

This year new questions were included in the survey asking respondents whether hospital staff discussed transitions between services with them when leaving hospital, if this was necessary. Of those respondents for whom this was necessary:

- Eighty one percent said that hospital staff discussed with them whether they would need any additional equipment in their home, or any adaptations made to their home, after leaving hospital. This leaves 19% who said that staff did not discuss this with them, but they would have liked them to.
- Eighty four percent said that hospital staff discussed with them whether they needed any further health or social care services after leaving hospital (such as services from a GP, physiotherapist, community nurse, or assistance from social services or the voluntary sector). This leaves 16% who said that staff did not discuss this with them, but they would have liked them to.

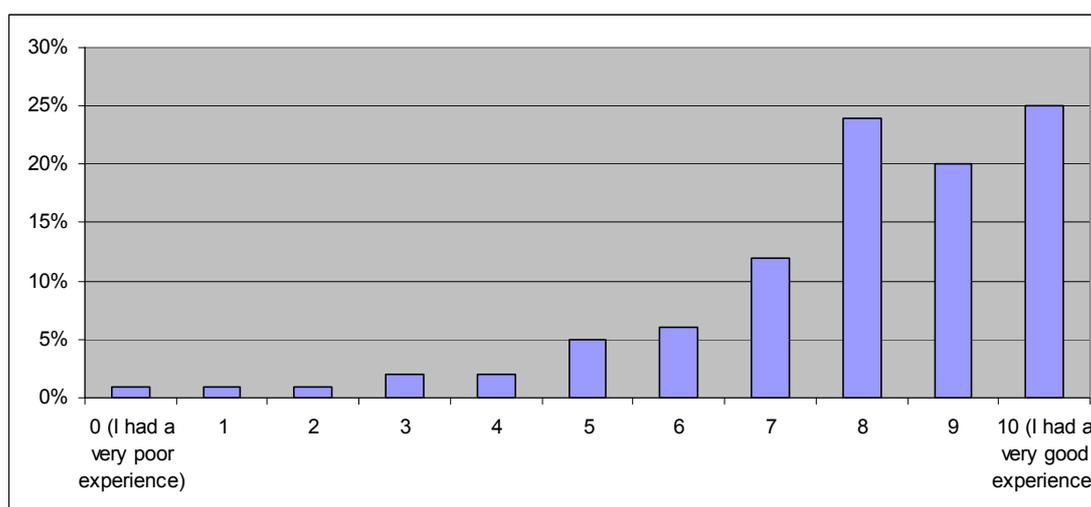
Overall Impression

Eighty percent of respondents reported that, overall, they were “always” treated with respect and dignity while they were in hospital, up from 79% in 2011. There was a corresponding decrease in the proportion who said this

was “sometimes” the case from 18% in 2011 to 17% in 2012. Three percent said they did not feel they were treated with respect and dignity.

When asked to rate their overall experience, most people responded positively (Chart 1). On a scale of 0 to 10, 69% of respondents scored their overall experiences as “8” or above.

Chart 1 Rating of overall experience



Over a tenth of respondents (14%) said that during their hospital stay they were asked to give their views on the quality of their care, up from 13% in 2011.

It is important that patients understand how to complain if they are unhappy with the care they receive while in hospital. The majority of respondents (78%) did not see, or were not given, any information explaining how to complain about the care they received in hospital. This question is not comparable to 2011 due to changes made to the question wording.

Patient comments

The final part of the NHS acute inpatient survey gives patients the opportunity to describe in their own words what was good about their care and what could have been improved. Around 40,000 of the 64,505 respondents made at least one comment and these have been fed back to NHS trusts. They are also made available within CQC to help in our assessment of compliance with the essential standards set by the government.

Comments from 69 trusts (covering all Strategic Health Authorities) were available for analysis⁴. Due to the very large amount of data, which is labour intensive to analyse, a random sample of 725 comments from 400 patients at

⁴ Only data from 69 trusts were available in time to allow analysis to include in the publication. Qualitative comments were received for the remaining trusts at a later date. The analysis should therefore be regarded as illustrative rather than necessarily representative of all NHS trusts.

those 69 NHS trusts have been analysed for the purposes of this briefing. The following is an outline of some key messages from these patient comments.

It is worth reiterating that these are only a sample of the total comments provided and are not representative of all of the views of all patients who took part in the survey. There were 426 comments on positive aspects of respondents' experience and 403 referring to negative aspects.⁵ The negative aspects cover a number of areas, while the positive comments mainly just cover staff and care and treatment provided.

Analysis of patients' comments re-affirms what research tells us matters most from the patient's perspective in terms of good quality care: being involved, being treated with dignity and respect, consistency and co-ordination of care, cleanliness and adequate pain management. Although most patients' relate examples of these things working well many also highlight examples of poor or very poor care. Two of the areas where more patients reported negative experiences than positive were pain management and discharge arrangements.

Some patients told us that they could not get pain relief when they wanted it, were not given the pain relief they felt they needed and that they were not told why. In some cases patients said they did not have an emergency buzzer or that it was ignored when they did use it:

“The guy in the next bed to me had pressed the button for some assistance and no one had come to him he was screaming out in agony for help I had to go out and get someone to attend to him.”

Others reported instances when it seemed that pain relief did not work well enough and that they could “feel everything” throughout a procedure and found it very distressing. One of the reasons given by patients for poor pain management was that staff were not always approachable:

“The matron head nurse wasn't very approachable. My condition changed where a nerve suddenly got trapped causing my pain levels to shoot up. The nurse trying to wash me asked for more pain killers as I was crying and crying out and the head nurse told me to calm down as I was upsetting everyone on the ward, she was also reluctant to give me pain relief she didn't explain why ...”

Hospital discharge arrangements consistently fare poorly in the acute hospital inpatient survey, and patient comments, the majority of which were negative, continue to confirm this as a problem area. Some patients felt that they were discharged too soon because they were not able to get out of bed, were not able to walk or were still sick. Others felt that they should have been assessed before leaving hospital. Other patients reported delays to their discharge, usually because they were waiting for medication, a discharge letter, or both. Other common concerns were around a lack of information so that patients

⁵ The total number adds up to more than the number of comments because many patients commented on more than one aspect of their care.

didn't know what they "could and could not do" when returning home, didn't have their questions answered, and weren't given information about their injuries or any follow up care. One patient said that they had been sent home without knowing what had "been done to them". In some cases family members felt that they were not appropriately involved or informed about the discharge of their relatives. Some felt that they had been given incorrect information on discharge, for example:

"One of the doctors said I could eat whatever I wanted after leaving hospital. I spent one week at home after my operation and after "eating whatever I wanted" ended back in I had to be given morphine for my pain..."

Others complained about a lack of, or inadequate aftercare:

"The aftercare is exceedingly important I received no aftercare from hospital at my own Drs surgery. (I was) turned away at both. Both said the other would do it. But neither did."

One patient felt that they should have been told who to turn to for help if they encountered problems, while another found it difficult to obtain their medication after discharge. Long term some patients felt that there was no follow up either with a physiotherapist, or from outpatient appointments or district nurses. Patients reported feeling that they were not adequately monitored or informed about the side effects of medication or treatment received:

"Since the op I have experienced a stomach ulcer due to the diclofenac I was prescribed. No warning were given and I was in pain due to my medication."

This lack of co-ordination or service integration, is also apparent from comments about poor pre-admission processes, including a lack of information, postponed appointments or long waits. One patient recounted a series of delays and poor co-ordination, which included:

"I was also called in for my op on the day itself on 2 occasions something that was impossible for me - I live on my own and had so much to organise before admission. I was sent a letter with a new appointment, the letter arrived 2 days after the appointment"

Some patients reported long waits in A&E and waits for tests, procedures and operations after being admitted to hospital. In some cases patients pointed to consultants not having access to scans done weeks before or no-one appearing to know what to do with them:

"They did not know what department I was to go in so I had to leave the hospital after going to no department. The appointment time was 9:15 am and was told to be ready by 7:17 I had my breakfast at 6:30 am so I was ready by 7 am at 9:15 am ambulance arrived...I saw no one and

was told they had no information where to take me. In the end they discharged me at 12:15 pm.”

Some patients were anxious that they had no sense of their diagnosis while waiting for scans or delayed test results. They also highlight problems with medication, such as medication not being collected, medication being provided “late” and being given the wrong medication.

Although there were comparatively few comments about poor hand hygiene, there were concerns about cleanliness both on wards and in toilets and bathrooms:

“The patient washing facilities were totally unacceptable. One sink for the ward in which Stomas were washed prior to the next patient having to wash hands and face. How can this be allowed to happen?”

A number of positive comments were provided praising the standard of care or treatment. Patients felt that they received excellent care and treatment, were looked after well and received good care and support:

“I cannot fault any aspect of my treatment and care. I had a complete sense of well being throughout and was very impressed with all the services.”

Another area which is clearly identified by patients as key for improvement is hospital food. Some patients were not happy with the quality of food provided which was widely described as of “low quality” and “tasteless”:

“I have to say that the food was of a very poor standard. It was at best unappetising and at worst inedible...”

Some patients reported a lack of choice, that there was no hot food and that they received food they hadn’t ordered. In some cases patients told us that they went without food:

“Twice they forgot to provide me with a dinner. They had to give me dried up sandwiches from the canteen.”

Others had to buy, or bring their own:

“The food was terrible and wouldn’t give it to my pet. I lived on tea and biscuits. My daughter brought me salad and sandwiches in.”

Others felt that they were not given the right type of food for their condition or, in the case of a diabetic patient, were not given their food at the appropriate time, or that dietary needs were not taken into account:

“I have a special dietary need but the choice was not given and I ate very little during my stay.”

“Before my op I told staff I was a vegetarian and that means no eggs fish meat. After the op there was no veg options available so I was given a stale cheese sandwich.”

Patients also reported others not receiving any help to eat:

“I saw older patients not fed leaving meal on the bottom bed tables then just take them away. I fed one patient in next bed, she was very in need of food.”

Many of the comments from patients relate to relational aspects of care. The majority of the positive comments provided by the patients in the sample covered staff. Hospital staff were described by a number of patients as understanding, kind and caring:

“Everyone from the doctors downwards were extremely considerate and kind. I had excellent care from the nurses and always felt I was being treated as a human being not just a patient.”

Communication was also praised and there were examples of doctors who “explained everything properly” and talked to the patient “on their level”.

Some patients praised the efficiency of staff and felt that they were very hard working. However, other patients raised concerns about the attitudes and behaviour of a minority of staff:

“Majority of nurses extremely efficient and kind just a couple spoilt this by being quite uncaring and making the patient feel she was being a nuisance.”

Some staff were referred to as “rude”, “inconsiderate” or “uncaring”. One told us:

“Night staff were disinterested and didn’t come to the bell. I was left with no observations the night after I had anaesthetic. Nurse only came when I buzzed after about 20 minutes.”

Another wanted staff to make them feel like a “person” and not a patient:

“You could be made to feel less like “a patient” and more like a person. I had to leave my 8 week old baby to have a hysterectomy.... I cried for days upon leaving the hospital from the trauma of it all.”

A number of patients questioned the competency of staff, while others felt that they were left alone, were being ignored or felt forgotten and that staff were not spending time with patients:

“I would have liked to see my consultant as I have never met him or had a chance to discuss anything with him. I hopefully might see him on my outpatient appointment but I doubt it!”

Some patients felt that their disability or circumstances were not taken into account:

“...the doctors didn’t seem to understand that I was deaf and that I do understand just need them to take their time explaining.”

One key issue, that came through strongly in the patient comments relates to staffing levels. Patients said they thought that staff, and nurses in particular, were overworked and that led to them “just going through the motions”, and that they were “lovely and caring” but that they “did not have enough time for you”. There was acknowledgement by some patients that staff are working hard to compensate for a lack of available staff:

“The main problem with the hospital is lack of staff on the wards the nurses/doctors do a fantastic job under pressure they can’t look after all the patients with the limited staff they have.”

While some even felt that the lack of staff compromised care:

“The nursing staff always seemed to be busy and at times care of patients was compromised I took in that it was a very busy ward. More staff would have helped.”

In this section we have looked at just a small sample of the comments provided to us by individual patients concentrating on the areas highlighted as needing improvement. We will be undertaking further analysis of the free text comments.

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):

www.cqc.org.uk/Inpatientsurvey2012

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

www.nhssurveys.org/surveys/292

Full details of the methodology of the survey can be found at:

www.nhssurveys.org/

More information on the programme of NHS patient surveys is available at:

www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

More information on Quality and Risk Profiles (QRP) can be found at:

www.cqc.org.uk/organisations-we-regulate/registered-services/quality-and-risk-profiles-grps