

SUPPORTING BRIEFING NOTE: ISSUES HIGHLIGHTED BY THE 2008 SURVEY OF PATIENTS IN NHS HOSPITALS IN ENGLAND

This briefing provides key findings from the sixth national survey of adult acute hospital inpatients. Over 72,000 adult patients from 165 acute and specialist NHS trusts in England responded to the survey between October 2008 and January 2009, a response rate of 54%.

The results from the survey are used by NHS trusts to help improve their performance. The Care Quality Commission will also use the results from each trust in its assessment of NHS performance (annual health check).

The significance of changes

This briefing note provides the percentage results for England as a whole by aggregating responses from patients for all trusts that took part in the survey, then calculating the average across all trusts, to form the national results for England. The scored results for individual NHS trusts are available on the Care Quality Commission website: www.cqc.org.uk/PatientSurveyInpatient2008

This briefing note also focuses on areas where there have been statistically significant changes from 2007 (the last time the survey was carried out) and 2002 (the first time the survey was carried out).

Some of the changes over time may appear small – usually around one percentage point - but they are “statistically significant”. This means that we have carried out tests to identify the changes that are unlikely to have occurred by chance.

Where there has been no “statistically significant” change, differences or comparisons are either not mentioned or we clearly state that there has been no change. In some cases we are unable to present comparisons either because questions are new to the survey in 2008 or because questions from earlier surveys were not asked in 2008.

Key findings summary

This section provides a broad outline of the main survey findings, according to whether they show improvements over the past year in patient experience, a decline, or show no significant changes

Improvements since the 2007 survey have been identified in the following areas:

- Patient reports of privacy when being examined or treated, both in the Emergency Department and on hospital wards, and when discussing their condition or treatment on the ward
- Waiting list patients being given a choice of hospital and admission date, and this date not being changed
- Emergency patients **not** sharing a sleeping area (such as a room or bay) with patients of the opposite sex after they were moved to another ward
- Patients stating that they were always treated with respect and dignity
- Patients having confidence and trust in their nurses
- Ratings of the quality of hospital food, being offered a choice of food and patients receiving help to eat, if they needed it
- Ratings of the cleanliness of rooms, wards, toilets and bathrooms
- Doctors and nurses washing or cleaning their hands between touching patients.

- Patients feeling involved in decisions about their care and treatment, and in decisions about their discharge from hospital
- Patients receiving information about the medicines they took home
- Patients being given written or printed information about what they should or should not do after leaving hospital
- Patients receiving information about how their family could help care for them at home, and being told who to contact if they were worried about their condition
- Patients receiving a copy of the letter sent between the hospital and their family doctor (GP)
- Patients being asked to give feedback on their care
- Patients remembering seeing posters or leaflets explaining how to complain about the care they received

Declining outcomes since the 2007 survey were found in several areas. These areas showed a decline in the proportion of positive responses, and a corresponding increase in those reporting:

- Not enough information provided on condition and treatment in the emergency department
- Being bothered by noise at night from other patients
- Delays to discharge from hospital

No significant changes since 2007 were identified in the following areas:

- Elective patients **not** sharing a sleeping area (for example, room or bay) with patients of the opposite sex) either when first admitted to a bed on a ward, or when moved to another ward
- Being bothered by noise at night from hospital staff
- Patients feeling threatened by other patients and visitors while in hospital
- Patients having confidence and trust in their doctors
- Doctors and nurses talking in front of patients as if they weren't there
- Information about patients' condition or treatment provided on the hospital ward
- Patients' family and friends being given opportunity to talk to a doctor if they wanted to
- Patients **not** receiving conflicting information from staff
- Staff doing everything they could to help control patients' pain
- Waiting times for a response to the call button
- Information given to patients before and after operations and procedures

The survey results are discussed in further detail below, examining each element of the patient's journey from admission to their discharge.

The Emergency Department

Information provision

The majority of respondents (73%) said that they were given the 'right amount' of information about their condition or treatment while in the emergency department. However, around a quarter of respondents said they were not given enough information (17%) or were not given any at all (9%), an increase from 2007 where 16% said they were not given enough information.

Privacy

For those admitted via the emergency department, there has been an improvement in the proportion of respondents who said that they were "definitely" given enough privacy when being examined or treated in the emergency department. The percentage saying this has increased from 75% in 2007 to 76% in 2008.

Waiting times

There has been an overall improvement since 2002 in the proportion of respondents who said they waited less than four hours to be admitted to a bed on a ward after they had first arrived at the hospital, from 67% in 2002 to 72% in 2008. However, there has been no improvement from 2007. The figures for those waiting more than 4 hours will not match those recorded by A&E departments as this survey only covers adults that were admitted as inpatients following their visit to A&E, excluding all children and those admitted for maternity or psychiatric reasons.

Planned admissions

The majority of respondents were referred to the hospital by a doctor from their local general practice (71%). Just under a quarter (24%) were referred by any other doctor or specialist. A small proportion were referred by a practice nurse or nurse practitioner (2%) or by any other health professional such as a dentist, optometrist or physiotherapist (3%).

Choice

There has been an increase in the proportion of patients admitted from waiting lists to say they were given choices about their admission than in 2007. Overall, one-third (33%) said that they were offered a choice of **hospital** for their first appointment, an improvement from 28% in 2007. The remaining 67% of respondents said they were not offered this choice.

There was also an improvement in the proportion of respondents who said that they were offered a choice of **admission dates** – up to 30% from 27% in 2007. More patients (80%) in 2008 also reported that their admission date was not changed by the hospital, an improvement from 79% in 2007 and 78% in 2002.

Waiting times

Overall, 55% of respondents said they waited two months or less to be admitted for a planned treatment. Twenty three percent said they waited 3-4 months, 10% waited 5-6 months and 13% said that they waited more than six months. The results for this question are not comparable with previous years due to changes made to the question wording. Again, these figures are not directly comparable to the Department of Health figures on waiting lists as, for example, they include patients whose admission was delayed for clinical reasons. In addition, the figures from the inpatient survey do not include children.

A greater proportion of patients (76%) felt they were admitted “as soon as they thought was necessary” in 2008, compared to 2007 (72%) and 2002 (68%). In 2008, 16% thought they should have been admitted a bit sooner and 8% thought that they should have been admitted a lot sooner.

Mixed-sex accommodation and bathrooms

It is a goal of the Department of Health and the NHS to reduce the provision of mixed-sex accommodation to a minimum. 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;
- their journey around the hospital - many stay in more than one area
- their perceptions of what constitutes mixed-sex accommodation.

To tease out some of these effects, the survey results are presented separately by emergency and planned admissions, and they distinguish between sharing before and after moving to other wards. We also exclude patients who stayed in critical care and admissions units as these areas are exempt from the mixed sex accommodation guidelines.

The majority (90%) of elective patients said that they did not share a sleeping area (for example a room or bay) with patients of the opposite sex when they were **first admitted** to bed on a ward. This represents no change from the 2007 survey results (also 90%) though it is an improvement from 2006 (88%). For those respondents who were **moved to another ward**, 91% said that they did not share a sleeping area with patients of the opposite sex. While this is not a statistically significant improvement from 2007 (90%) it is an improvement from 2006 (89%).

- This means around a tenth of elective patients in 2008 said that they shared a room or bay with patients of the opposite sex, either when they were first admitted to a bed on a ward (10%), or when they were moved to another ward (9%).

Seventy one percent of emergency patients said that they did not share a sleeping area (for example a room or bay) with patients of the opposite sex when they were **first admitted** to bed on a ward. This is no change from 2007 (also 71%) but is an improvement from 70% in 2006. For those respondents who were **moved to another ward**, 87% said that they did not share a room or bay with patients of the opposite sex, an improvement from 85% in 2007 and 84% in 2006.

- This means that just over a quarter (29%) of patients admitted as an emergency said that they shared a sleeping area with patients of the opposite sex when they were first admitted, and just over a tenth (13%) when they moved to another ward.

This year we asked respondents who had shared a sleeping area with patients of the opposite sex if they minded sharing. Among elective patients, 28% of respondents said that they minded sharing when they were first admitted to a bed on a ward, with 36% of those who were moved to another ward saying they minded sharing. Among emergency patients, 37% said they minded sharing when they were first admitted to

a bed on a ward, with 43% of those who were moved to another ward saying they minded sharing.

Department of Health guidelines require that bathrooms be single sex. Thirty per cent of respondents said they had used a bathroom or shower area that was also used by patients of the opposite sex, no significant improvement from 2007. These figures exclude patients that reported sharing because they needed specialist bathing equipment.

The Hospital and Ward

Privacy

A higher proportion of respondents (88%) said that they were “always” given enough privacy when being examined or treated than in 2007 and 2002 (both 87%). The proportion saying they were “always” given enough privacy when discussing their condition or treatment on the ward increased one percentage point between 2007 (69%) and 2008 (70%), and shows improvement from 2002 (68%).

Noise at night

The proportion of respondents saying they were bothered by noise from other patients has increased from 37% in 2005, to 38% in 2006 and 2007, to 39% in 2008. The proportion of patients who reported having been bothered by noise at night from hospital staff was 21% in 2008, no significant change from 2007. It was, however, an increase from 18% in 2005 and 19% in 2006.

Cleanliness

This area of patient experience showed improvements across all questions in the past year.

The majority of respondents (95%) said their **room or ward** was “very clean” (60%) or “fairly clean” (35%), an improvement of two percentage points from 2007 (93%). The proportion of respondents who considered their room to be “very clean” has improved, up from 53% in 2007 to 60% in 2008, and is at the highest since the patient survey programme began in 2002 (56%).

Ninety one percent of patients described the toilets and bathrooms they used as “very clean” (52%) or “fairly clean” (39%), an increase of three percentage points since 2007 (88%). This improvement was due to an increase in the proportion of respondents describing toilets and bathrooms as “very clean” – improving from 47% in 2007 to 52% in 2008 and is at the highest since the inpatient survey began (51% in 2002).

Security

A minority of respondents (4%) felt threatened during their stay in hospital by other patients or visitors, and this is unchanged since the last survey. Thirty-one per cent of respondents said that they had somewhere to keep their personal belongings locked away while in hospital, an improvement from 28% in 2007. Sixty five percent had somewhere to keep their personal belongings but were not able to lock them away, and the remaining 4% saying they did not have anywhere to keep personal belongings.

Quality of food

Of those respondents who had hospital food, fifty-seven per cent of respondents rated the food as “good” (36%) or “very good” (21%) 2008 - up from 55% in 2007 and 53% in 2002. Thirty per cent said the food was “fair” while 14% said it was “poor”, both of which represent a fall of one percentage point when compared with the 2007 survey. The proportion of respondents describing the food as ‘very good’ has gradually increased from 18% in 2002, rising to 21% in 2008.

Over three quarters of respondents (78%) were “always” offered a choice of hospital food, an improvement from 77% in 2007.

Doctors and nurses

Confidence and trust

High levels of confidence and trust continued to be reported by patients in 2008.

The majority (81%) of patients reported “always” having confidence and trust in their **doctors**, although this has not improved since 2007. A further 17% of patients said that they “sometimes” had confidence in their doctors.

Three-quarters (75%) of patients said they “always” had confidence and trust in the **nurses**, an improvement from 2007 (74%). A further 22% of patients said that they “sometimes” had confidence in their nurses, a decrease from 2007 (23%).

Information and answers to questions

Sixty-eight per cent of respondents said that **doctors** “always” answered their questions in a way they could understand; this shows no change from the 2007 findings but is an improvement from 65% in 2002. Sixty-six per cent of patients said that **nurses** “always” gave answers to questions in a way they could understand, up from 65% in 2007 and 63% in 2002.

The proportion of patients who said staff **did not** ever give them **conflicting information** remained the same as 2005, 2007 and 2008 at 66%, but this is an improvement from 69% in 2002.

Staff acknowledging patients

Patients were asked whether doctors and nurses talked in front of them “as if they were not there”. The majority of respondents said that doctors (72%) and nurses (78%) did not talk in front of them as if they were not there. Six per cent said that doctors “often” or “sometimes” (22%) talked in front of them with 5% saying nurses do so “often” and 17% “sometimes”. However, there has been no change in these figures, for either doctors or nurses, since 2005.

Handwashing

Staff washing or cleaning their hands regularly is important in the control of infection. This area of patient experience showed large improvements across all questions in the past year. There was a significant improvement this year in reports of doctors and nurses washing or cleaning their hands, with the highest proportion of respondents since the question was introduced in 2005 reporting that, as far as they knew, health professionals “always” washed or cleaned their hands between patients. Nearly three-quarters (74%) of patients said **doctors** “always” washed or cleaned their hands between patients, a significant increase from 68% in 2007. There was comparable improvement for **nurses** with 76% of patients saying they

“always” washed or cleaned their hands, an increase of six percentage points from 70% in 2007.

Availability of staff

A higher proportion of respondents said they could “definitely” find someone on the hospital staff to talk to about their worries and fears (41%) compared with 2007 (40%). However, this is a decrease from 2002 (43%).

The proportion of respondents who said that, in their opinion, there were “always or nearly always” enough nurses on duty to care for them has increased two percentage points since 2007 to 58%.

Patient care and treatment

Involvement in decisions

Nearly 8 in 10 patients (79%) reported having been given “the right amount” of information about their condition or treatment, no change from 2007. Just over a fifth (21%) said that they were not given enough, with less than 1% saying they received too much information.

There was an increase in the proportion of inpatients who said they were “definitely” involved as much as they wanted to be in decisions about their care and treatment - from 51% in 2007 to 52% in 2008. A further 37% reported being involved in these decisions “to some extent”. There was a fall in the proportion of patients who reported not being involved at all – from 11% in 2006 and 2007 to 10% in 2008. Nearly half (48%) of patients were not involved as much as they wanted to be in decisions about their care and treatment.

Of the respondents whose family or someone else close to them wanted to talk to a doctor, 44% reported that they “definitely” had enough opportunity to do so, with 40% saying they did ‘to some extent.’ This is an improvement from 2002 (where 42% responded ‘yes definitely’ and 38% ‘yes, to some extent’) but no improvement from 2007. However, 16% said their family and friends did not have any opportunity to talk to a doctor.

Pain management

The same proportion of patients in 2008 as in 2007 said they experienced pain while in hospital (66%). Respondents’ perception of pain management was unchanged from last year with 72% of respondents saying that hospital staff ‘definitely’ did everything they could to help control their pain and 23% saying staff did this ‘to some extent’. Six percent of patients felt that staff did not do everything they could to help control their pain.

Help from staff to eat meals

Of those who needed it, 18% said that they did not get enough help from staff to eat their meals. However, while this shows improvement from 2006 and 2007 (both 20%) it is a not an improvement from 2002 (18%).

Calling for help using a call button

There was no improvement from previous years in the length of time patients tended to wait for the call button to be answered. The call button was usually answered “right away” for 17% of respondents, after 1-2 minutes for 39%, and between 3-5 minutes later for 28% of respondents. Fifteen percent said they usually waited longer

than five minutes for a response with a minority (2%) saying that they never got help when they used the call button.

Operations and procedures

Sixty-seven per cent of respondents said that they had an operation or procedure during their hospital stay.

Before the operation or procedure

Eighty two percent of respondents said they were “completely” informed about the risks and benefits of the operation or procedure, no improvement from 2007. Fifteen percent said that they were informed ‘to some extent’. Fewer respondents reported not being informed of the risks and benefits – decreasing from 4% in 2007 to 3% in 2008. Nearly three-quarters (74%) of patients reported that staff “completely” explained what would be done during the operation or procedure, 21% said this was explained ‘to some extent’ while 5% said they were not given this information, no change since 2007. A similar proportion of respondents (76%) said that a member of staff “completely” answered questions about their operation or procedure unchanged from 2007, although fewer respondents said their questions were not answered – decreasing from 4% in 2007 to 3% in 2008. The remainder said that questions were answered “to some extent” (21%).

Just over half (57%) of patients were “completely” informed of how they could expect to feel after their operation or procedure, no improvement from 2007, although again fewer respondents said they had not been given this information – decreasing from 16% in 2007 to 15% in 2008. The remaining 28% said they were told “to some extent”.

Of those respondents (87%), who were given an anaesthetic or pain relief medication before the operation or procedure, 84% reported receiving a “complete” explanation of how this would be done in a way they could understand. Just 4% said they did not receive this information. Neither of these figures have changed since 2007. The remaining 11% were told “to some extent”.

After the operation or procedure

There was no change in information provision after the procedure since 2007. Sixty-five percent of patients said they were “completely” told how their operation or procedure had gone in a way they could understand, 23% said this was explained ‘to some extent’ while 12% said they did not receive this information.

Leaving hospital

Continuity of care and smooth transitions between services are important to patients once they return home. Good provision of information is crucial for patients to manage their ongoing care, and the 2008 figures show progress in the past year.

There was an overall increase in the proportion of patients who “definitely” felt involved in decisions about discharge – up from 53% in 2007 to 54% in 2008. Sixteen percent of respondents reported not feeling involved in these decisions with the remainder (30%) feeling involved ‘to some extent’.

Waiting for discharge from hospital

The proportion of respondents who said their discharge was delayed increased to 40% in 2008, up from 38% in 2005 and 2006 and 39% in 2007.

More than half (54%) of these respondents said their discharge was delayed by more than two hours, a rise from 53% in 2007. The most common reason for delayed discharge was waiting for medicines (60%) followed by waiting to see a doctor (17%). There have been no significant changes in the results for these questions.

Information at discharge

The proportion of respondents who were **given written or printed information about their medicines** continued to improve in 2008. Overall, 67% of respondents received this information, an improvement from 2005 (62%), 2006 (65%) and 2007 (66%).

The proportion of respondents saying they were **not told about possible side effects** when taking medicines home fell to 44%, the same proportion as in 2002 and an improvement from 2007 (46%). However, 8% of respondents said that the **purpose of their medicines** was not explained to them in a way they could understand, no improvement from 2007. Seventy-six per cent of patients reported that they were “definitely” told how to take their medication in a way they could understand, an increase of less than one percent from 2007. Nine percent of patients said they were not told how to take their medication.

Sixty-three percent of respondents in 2008 said they were given written or printed information about what they should or should not do after leaving hospital, an improvement from 61% in 2007. A larger proportion of respondents in 2008 said they were “completely” told about any danger signals to watch for when they left hospital – up from 39% in 2007 to 40% in 2008. Fewer patients reported not receiving this information (39%) than in 2007 (41%). The remaining 21% said they received this information “to some extent”.

There has been an increase in the proportion of respondents saying that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital, up one percentage point to 75%, although this is still not as high as in 2005 and 2006 (76%). There was also improvement in the proportion that said doctors or nurses “definitely” gave their family or someone close to them the information they needed to care for them - up from 43% in 2007 to 44% in 2008.

Copies of letters

Department of Health guidance states that patients should receive copies of letters between the hospital and the patient’s family doctor. The majority of respondents did not receive a copy (57%), but there has been a steady improvement, with 43% saying they received a copy in 2008, up from 35% in 2005, 37% in 2006 and 39% in 2007.

Overall care

The percentage of respondents rating their overall care as either “excellent”, “very good” or “good” has increased one percentage point since the 2007 survey to 93% in 2008. The proportion of patients who rated their care as “excellent” has increased each survey year, to reach 43% in 2008. In 2002, 38% of patients rated their overall care as “excellent”; rising to 40% in 2005, 41% in 2006, and 42% in 2007.

The proportion of patients who rated the teamwork of doctors and nurses as “excellent”, “very good” or “good” rose from 92% in 2007 to 93% in 2008.

Respect and dignity

There has been an increase in the proportion of respondents saying they were “always” treated with respect and dignity, up one percentage point from 2007 to 79% in 2008. Eighteen per cent of patients said they were “sometimes” treated with respect and dignity while the remaining 3% said they were not.

Complaints

More patients in 2008 reported having been asked to give their views on the quality of their care – up to 9% from 7% in 2007. While in hospital, 38% of respondents remembered seeing posters or leaflets explaining how to complain about their care, up from 37% in 2007.

The majority of respondents (92%) did not want to complain about the care they received in hospital, however, there was an increase in the proportion of respondents in 2008 saying they did want to complain (8%), up from 7% in 2007.

Notes on the survey

The 2008 adult inpatients survey involved 165 acute NHS trusts. We received responses from over 72,000 patients, a response rate of 54%. Patients were eligible for the survey if they were 16 years or older, had at least one overnight stay, and were not admitted to maternity or psychiatric wards. The sample was taken from patients discharged from hospital in June, July or August 2008.

These results are based on 165 acute trusts. Five acute trusts did not participate in the survey as they were not eligible for inclusion – either because they are children’s trusts or because they treat insufficient numbers of inpatients.

A report for each trust is available on the Care Quality Commission website. These reports show how each trust performed for every question that measures the quality of patient experience. The results for each trust are compared against all other trusts which took part. Because the types of patients at each hospital trust can differ, these reports are standardised for age, gender and the route of admission to hospital for each respondent. This allows trusts, and others, to compare performance, identify areas where they are currently performing well and to show where improvement is needed. **www.cqc.org.uk/PatientSurveyInpatient2008**

To make the results more accessible to the general public, the results for each trust will also be available under the organisation search tool of the CQC website:

<http://2008ratings.cqc.org.uk/findcareservices/informationabouthealthcareservices/overallperformance.cfm>

(Enter a postcode or organisation name, then scroll down to ‘What patients said about this trust’)