**NHS Digital**

**Indicator Supporting Documentation**

**IAP00041 Patient experiences of hospital care**

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| FIELD | CONTENTS |
| IAP Code | IAP00041 |
| Title | Patient Experience of Hospital Care |
| Published by | NHS Outcomes Framework |
| Reporting period | Quarterly |
| Geographical Coverage | England |
| Reporting level(s) | National |
| Based on data from | NHS Adult Inpatients survey |
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| Rating | Assured |
| Assurance date | 06/10/11 |
| Review date | 06/10/14 |
| Indicator set | NHS Outcomes Framework 2011/12 |
| Brief Description | This indicator seeks to measure the average experience of patients in hospital by scoring the results of a selection of questions from the NHS Adult Inpatient Survey.  The scope of the indicator is limited to measuring adult patient experience of inpatient services as provided by NHS acute and specialist trusts. |
| Purpose | The indicator is seeking to highlight the issue that there is variability and scope for improvement in the experience of patients admitted into hospital. |
| Definition | This indicator seeks to measure the average experience of patients in hospital by scoring the results of a selection of questions from the NHS Adult Inpatient Survey. Individual questions are scored according to a pre-defined scoring regime that awards scores between 0 and 100. Therefore, this indicator will take values between 0 and 100, where 0 is the worst score and 100 is the best score.  The aspects of patient experience are captured by 20 questions from the NHS Adult Inpatient survey, run annually and completed by a sample of patients aged 16 years and over who have been discharged from an acute or specialist trust, with at least one overnight stay.  Figures are available from 2003/04 at national level and broken down by provider, ethnicity and long-standing condition. The scope of the indicator is limited to measuring adult patient experience of inpatient services as provided by NHS acute and specialist trusts. |
| Data Source | The data for this indicator comes from a single source - The NHS Adult Inpatient Survey (part of NHS patient survey programme) is administered by the Picker Institute Europe on behalf of the Care Quality Commission. The survey looks at the experiences of patients 16 years and over who were admitted to an NHS hospital.  The survey is conducted annually among patients who have had at least one overnight stay in hospital as an inpatient using a postal self-completion survey method, covering both elective and emergency care admissions. The indicator will use data on 20 questions from the finalised and published data.  For further information on the NHS Adult Inpatient Survey please see http://www.nhssurveys.org/ and <http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2013> |
| Numerator | The weighted average score that characterise patient experience of hospital care across the five domains constructed from the 20 survey questions. |
| Denominator | The average weighted number of respondents to at least one of the 20 questions. |
| Calculation | [𝑁𝑢𝑚𝑒𝑟𝑎𝑡𝑜𝑟𝑖𝐷𝑒𝑛𝑜𝑚𝑖𝑛𝑎𝑡𝑜𝑟𝑖]×100  Individual questions are scored according to a pre-defined scoring regime that awards scores between 0 and 100. Therefore, this indicator will take values between 0 and 100, where 0 is the worst score and 100 is the best score. |
| Interpretation Guidelines | This indicator seeks to measure the average patient experience of service users in hospital by scoring the results of a selection of questions from the NHS Adult Inpatient Survey This measure is complemented by NHS OF Indicator 4dii which measures the proportion of responses to selected questions indicating poorer quality of care in the NHS Inpatient Survey per 100 patients; the two can therefore be used in conjunction.  A subset of 13 questions drawn from the 20 questions used to construct this indicator are used for the complementary indicator 4dii. This measure indicates the overall quality of hospital care whereas indicator 4dii indicates the proportion of poor hospital care. The two measures answer different questions – “On average, how good is hospital care?” and “How often is hospital care of a poor standard?” (4a, 4aii and 4di fulfil broadly similar roles for primary care). |
| Caveats |  |
| Primary category | Patient care |

Application Form

Indicator Assurance Service

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| **Title:** **Patient experience of hospital care** |  |
| **Set or domain: NHS Outcomes Framework – Domain 4: Ensuring people have a positive experience of care. Indicator 4b** |  |
| ***IAS Ref code: IAP00041*** |  |

Version Control:

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| Version | Changed By | Details |
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# Application Form

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| **Section 1** | **Introduction / Overview** |

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| * 1. **s** | **1.1 Title** | Patient experience of hospital care |
|  | **1.2 Set or domain** | NHS Outcomes Framework – Domain 4: Ensuring people have a positive experience of care |
|  | **1.3 Topic area** | Patient experience |
|  | **1.4 Definition** | This indicator seeks to measure the *average* experience of patients *in hospital* by scoring the results of a selection of questions from the NHS Adult Inpatient Survey.  Individual questions are scored according to a pre-defined scoring regime that awards scores between 0 and 100. Therefore, this indicator will take values between 0 and 100, where 0 is the worst score and 100 is the best score.  The aspects of patient experience are captured by 20 questions from the NHS Adult Inpatient survey, run annually and completed by a sample of patients aged 16 years and over who have been discharged from an acute or specialist trust, with at least one overnight stay.  Figures are available from 2003/04, at National level and broken down by provider, ethnicity and long-standing condition.  The scope of the indicator is limited to measuring adult patient experience of inpatient services as provided by NHS acute and specialist trusts. |
|  | **1.5 Indicator owner & contact details** | Andrew Parker (Day to day contact), Analytical Support Officer, Outcomes Analysis Team, NHS England – [andrew.parker@dh.gsi.gov.](mailto:andrew.parker@dh.gsi.gov.)uk |
|  | **1.6 Publication status** | Currently in publication |

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| **Section 2.** | **Rationale** |

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|  | **2.1 Sponsor** | Jane Barratt - Head of Patient and Public Involvement Policy (Department of Health) [Jane.Barrett@dh.gsi.gov.uk](mailto:Jane.Barrett@dh.gsi.gov.uk) |
|  | **2.2 Purpose** | The purpose is to measure the experience of patients admitted to hospital. The indicator is seeking to highlight the issue that there is variability and scope for improvement in the experience of patients admitted into hospital. |
|  | **2.3 Endorsement** | This indicator has been part of the NHS Outcomes Framework since its inception in 2010. The original consultation for the NHS OF revealed it crucial that a measure of patient experience in hospital care be an overarching indicator in Domain 4 of the NHS OF (patient experience). This indicator was developed as part of a national CQUIN goal for acute providers in 2009/10, and thus felt appropriate for inclusion in the original NHS OF.  At this point the indicator has been in the framework for over 4 years and it’s continued inclusion is critical to providing information on the experience of patients admitted to hospital – therefore it is being re-assessed here alongside a new complementary indicator on ‘poor’ experience of care (indicator 4dii). |
|  | **2.4 Evidence base** | This over-arching indicator in Domain 4 of the NHSOF measures either good or average experience. Figure 1 below shows a time series of the over-arching indicator for hospital care (NHSOF indicator 4b) since 2005. It shows that, although the movements in the data are statistically significant (due to large sample sizes), they show only marginal variation at the national level.  This indicator is important even in its stability in showing that patient experience performance has been maintained over a period of financial challenge. It will be necessary to maintain this indicator (showing the average) to ensure that nothing (including efforts to improve poor performance, or continuing financial challenges) leads to a degradation of experience overall.  Figure 1: Overall patient experience scores for Indicator 4b (2005–2014)  A chart showing overall patient experience scores for Indicator 4b. It shows scores from 2005 to 2014.  *Source: NHS England, Statistical bulletin: Overall patient experience scores 2014/15 adult inpatient survey*  The data will be presented at a provider level to enable acute trusts to measure performance against this indicator. The breakdown of data at a provider level highlights variation in the overall performance of acute trusts that deliver good or average services, which can be used to measure changing outcomes.  Table 1: Descriptive Statistics of provider level scores of indicator 4b 2014/15  Maximum 87.4  Minimum 67.4  Standard Deviation 3.64  Mean 76.6  N 154  **Figure 2: Scatterplot showing of provider level scores of indicator 4b 2014/15**  A chart showing provider level scores of indicator 4b for 2014/15. The scores are ordered from low to high.  These questions have been selected by NHS England as they reflect five domains of patient experience of care in hospital that are key policy areas for NHS England The statistical robustness of these distinct factors of inpatient experience have been verified.  The domains can be constructed from the 20 questions used in this indicator are:  1. Access & Waiting domain, 2. Safe, high quality co-ordinated care domain 3. Better information, more choice domain 4. Building closer relationships domain  5. Clean, friendly, comfortable place to be domain. |
|  | **2.5 Policy base (or NICE quality standard), related national incentives or critical business question** | This indicator already forms part of Domain 4 of the NHS Outcomes Framework (has done since it’s inception in 2010). In respect of Domain 4 the national outcome is to ensure that people have a positive experience of care. Indicator 4b is being re-assessed here alongside the newly proposed complementary indicator 4dii.  It supports the Department of Health in holding NHS England to account for their commitments in the NHS Mandate.  The particular questions used to assess quality of care are consistent with NICE CG138 *Patient experience in adult NHS services: improving the experience of care for people using adult NHS services* |
|  | **2.6 Set or domain rationale, if appropriate** | The policy objective of the NHS Outcomes Framework is to provide national level accountability for the outcomes the NHS delivers, and act as a catalyst for driving transparency and quality improvement through outcome measurement throughout the NHS.  Its purpose is to:   * Provide a national level overview of how well the NHS is performing. * Provide an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board (NHS England). * Act as a catalyst for driving quality improvement and outcome measurement throughout the NHS.   The NHS Outcomes Framework sets out the national outcome goals that the Secretary of State will use to monitor the progress of NHS England. It does not set out how these outcomes should be delivered, it will be for NHS England to determine how best to deliver improvements by working with Clinical Commissioning Groups to make use of the tools at their disposal.  The indicator is part of Domain 4 – this domain reflects the importance of providing a positive experience of care for patients, service users and carers. It is now standard practice in healthcare systems worldwide to ask people to provide direct feedback on the quality of their experience, treatment and care. It will be used alongside additional information sources to provide local clinicians and managers with intelligence on the quality of local services from the patients’ and service users’ point of view ultimately to play a role in driving improvements in the quality of service design and delivery. |

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|  | **Section 3.** | **Data** |
|  | **3.1 Data source** | The data for this indicator comes from a single source - The NHS Adult Inpatient Survey (part of NHS patient survey programme) is administered by the Picker Institute Europe on behalf of the Care Quality Commission.  The survey looks at the experiences of patients, 16 years and over, who were admitted to an NHS hospital.  The survey is conducted annually, among patients who have had at least one overnight stay in hospital as an inpatient. A postal self-completion survey method is used. The survey covers both elective and emergency care admissions.  The indicator will use data on 20 questions from the finalised and published data.   For further information on the NHS Adult Inpatient Survey please see <http://www.nhssurveys.org/> and <http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2013> |
|  | **3.2 Justification of source and others considered** | This indicator makes use of an existing long-term survey, so there are no additional cost implications or burdens. The Adult Inpatient Survey is an established survey with a large sample size and time-series of over 10 years, it provides the only choice for this indicator.   The NHS Patient Survey Programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission (CQC) is the independent regulator of health and social care in England and is responsible for administering the programme.   The Co-ordination Centre for the NHS Patient Survey Programme, of which the NHS adult inpatient survey is part, is based at Picker Institute Europe and works under contract to the Care Quality Commission to design, test, and co-ordinate the surveys in the NHS Patient Survey Programme.  Reference: NHS Adult Inpatient Survey 2013 Guidance Manual. 23/08/13 v12 [Picker Institute Europe. All rights reserved 2013]. |
|  | **3.3 Data availability** | The data is published annually and is available separately, on the same day from NHS England and the Care Quality Commission (CQC) in April each year. The NHS England Patients and Information analytical team then calculate the composite indicator values and send these to HSCIC in April.  From 2013/14 onwards data is available at a national level and by provider, ethnicity and long-standing condition. For 2012/13 data can be produced at national level and by provider and long-standing condition. Prior to 2012/13 The NHS England Patients and Information analytical team did not have access to the data and the owners of the datasets will need to be identified for these years.  <http://www.cqc.org.uk/content/surveys>  The indicator data is also available in the public domain from the HSCIC indicator portal. Publication includes the indicator data and a methodology specification document.   * Link to the HSCIC indicator portal  <https://indicators.ic.nhs.uk/webview/> * The published timetable for the 2014 publication is as follows – * Patient samples to be drawn and submitted for DBS checks – **8th September – 26th September 2014.** * Questionnaire mail out begins – **15th September 2014.** * Fieldwork – **15th September 2014 – 16th January 2015.** * Final data due to Co-ordination centre – **23rd January 2015.** * Weekly monitoring starts – **9th October 2014.** * Reporting (April 2015) |
|  | **3.4 Data quality** | The Inpatient Survey Data is from the Adult Inpatient Survey and is administered by the Picker Institute, a well-established source and is considered to be good quality.  The eligibility and participation for the Adult Inpatient Survey 2014/15 is as follows -   * Participants: 59,083 * Response rate: 47 per cent * Age range: 16 years and older * Time period:  September 2014 to January 2015 * Eligibility: Patients aged 16 years or older, with at least one overnight stay between June and August 2014.   A complete list of eligibility and participation criteria for the survey is available at the following link: <http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientservices.cfm>  The questions used to construct indicator 4b have remained consistent since the first time period for which the Indicator has been calculated (2003/04).  The ordering of questions in the inpatient survey has changed since 2003/04, but as this does not include questions used to calculate indicator 4b then the quality of the data is not effected.  Prior to the data being published by the CQC a number of cleaning rules and validations are applied. Records without a valid age, gender or admission method are removed along with responses that do not contain valid question responses.  Missing Values:  As not all respondents answer all of the questions contained in the survey, missing values will be imputed using the question mean average score.  There is a theoretical case for adjusting composite indicator values for different rates of non-response in different age and gender groups, and for sizes of trusts. However, such a change would add further complexity to the methodology, and analysis has suggested that the impact of such a change would be small. In any case the indicator is standardised by age, gender and route of admission – see Section 4.6 below. |
|  | **3.5 If data quality is considered low, is an aim of the indicator to drive up data quality?** | No  *If yes, please outline the data quality improvement plan below:* |
|  | **3.6 Quality assurance** | Prior to the data being published by the CQC a number of cleaning rules and validations are applied. Records without a valid age, gender or admission method are removed along with responses that do not contain valid question responses.  This is a well-established data source. HSCIC checks the data produced by the NHS England Patients and Information analytical team for anomalies and ensures that these are explained before data is published. |
|  | **3.7 Data linkage** | No linkage required |
|  | **3.8 Quality of data linkage** | N/A |
|  | **3.9 Data fields** | The 20 questions used to construct this indicator have remained the same since 2003/04 when the inpatient survey was first used to calculate the indicator. Prior to 2003/04 questions relating to hospital noise caused by patients and staff were presented as part of a single questions. These questions have now been partitioned into two seperate questions, although are calculated together as the average of the two questions. This change does not alter the interpretation of the indicator value.  The questions that comprise the full inpatient survey have changed since 2003/04, however the changes have occurred to questions not used to calculate the indicator vale and does not effect the interpretation of the indicator value.  The 20 individual questions used to construct the indicator (based on the 2014 Inpatient survey) are as follows:  **Access & Waiting domain:**  Q6: How do you feel about the length of time you were on the waiting list before your admission to hospital?  **Answers /scores:**  “I was admitted as soon as I thought was necessary“ = 100  “I should have been admitted a bit sooner” = 50  “I should have been admitted a lot sooner” = 0  Q7: Was your admission date changed by the hospital?“No” = 100  **Answers /scores:**  “Yes, once” = 67  “Yes, 2 or 3 times” = 33  “Yes, 4 times or more” = 0  Q9: From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?  **Answers /scores:**  “No” = 100  “Yes, to some extent” = 50  “Yes, definitely” = 0  **Safe, high quality co-ordinated care domain:**  **Q31**: Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?  **Answers/Scores**  “No”= 100  “Yes, sometimes” = 50  “Yes, often” = 0  **Q52**: On the day you left hospital, was your discharge delayed for any reason?  **Answers/Scores**  “No” = 100  “Yes” = 0 Exception: Records are excluded where the answer to Q53 “What was the main reason for the delay?” is “Something else” and not “I had to wait for medicines”, “I had to wait to see the doctor” or “I had to wait for an ambulance”  **Q59**: Did a member of staff tell you about any danger signals you should watch for after you went home?  **Answers/Scores**  “Yes, completely” = 100  “Yes, to some extent” = 50  “No” = 0  “It was not necessary” are excluded  **Better information, more choice domain:** Q32: Were you involved as much as you wanted to be in decisions about your care and treatment?  **Answers/Scores**  “Yes, definitely” = 100 “Yes, to some extent” = 50 “No” = 0  Q56: Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?  **Answers/Scores**  “Yes, completely” = 100 “Yes, to some extent” = 50 “No” = 0;  “I did not need an explanation” and “I had no medicines” are excluded  Q57: Did a member of staff tell you about medication side effects to watch for when you went home?  **Answers/Scores**  “Yes, completely” = 100 “Yes, to some extent” = 50 “No” = 0;  “I did not need an explanation” are excluded  **Building closer relationships domain:**  Q24: When you had important questions to ask a doctor, did you get answers that you could understand?  **Answers/Scores**  “Yes, always” = 100 “Yes, sometimes” = 50  “No” = 0;  “I had no need to ask” are excluded.  Q26: Did doctors talk in front of you as if you weren’t there  **Answers/Scores**  “No” = 100 “Yes, sometimes” = 50 “Yes, often” = 0  Q27: When you had important questions to ask a nurse, did you get answers that you could understand?  **Answers/Scores**  “Yes, always” = 100 “Yes, sometimes” = 50 “No” = 0 “I had no need to ask” are excluded  Q29: Did nurses talk in front of you as if you weren’t there?  **Answers/Scores**  “No” = 100 “Yes, sometimes” = 50 “Yes, often” = 0  **Clean, friendly, comfortable place to be domain:**  **Q15 & Q16**: Mean average of “Were you ever bothered by noise at night from other patients?” and “Were you ever bothered by noise at night from hospital staff?”  **Answers/Scores**  Scores for both: “No” = 100 “Yes” = 0  **Q17**: In your opinion, how clean was the hospital room or ward that you were in  **Answers/Scores**  “Very clean” = 100 “Fairly clean” = 67 “Not very clean” = 33 “Not at all clean” = 0  **Q21**: How would you rate the hospital food?  **Answers/Scores**  “Very good” = 100 “Good” = 67 “Fair” = 33 “Poor” = 0 “I did not have any hospital food” are excluded.  **Q37:** Were you given enough privacy when being examined or treated?  **Answers/Scores**  “Yes, always” = 100 “Yes, sometimes” = 50 “No” = 0  **Q40:** Do you think the hospital staff did everything they could to help control your pain?  **Answers/Scores**  “Yes, definitely” = 100 “Yes, to some extent” = 50 “No” = 0  **Q56:** Overall, did you feel you were treated with respect and dignity while you were in the hospital?  **Answers/Scores**  “Yes, always” = 100 “Yes, sometimes” = 50 “No” = 0 |
|  | **3.10 Data filters** | Responses to Q52: On the day you left hospital, was your discharge delayed for any reason? Records are excluded where the answer to Q53 “What was the main reason for the delay?” is “Something else” and not “I had to wait for medicines”, “I had to wait to see the doctor” or “I had to wait for an ambulance” |
|  | **3.11 Justifications of exclusions & how these adhere to standard definitions** | Exclusions: Patients treated for maternity or psychiatric reasons, patients admitted for planned termination of pregnancy, day case patients, private patients (non-NHS). |
|  | **3.12 Data processing** | CQC Technical details, patient survey information  2013 Inpatient survey March 2014 see -<http://www.cqc.org.uk/sites/default/files/inpatient_survey_technical_document.pdf>  CQC data cleaning see - <http://www.nhssurveys.org/Filestore/Inpatient_2013/IP13_DataCleaningGuidance_v2.pdf>  Contact the NHS England Patients and Information analytical team (helen.mercer1@nhs.net) regarding the calculation of the composite indicator values (sent to the HSCIC in April). |

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| **Section 4** | **Construction** |

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|  | **4.1 Numerator** | The weighted average score that characterise patient experience of hospital care across the five domains constructed from the 20 survey questions. |
|  | **4.2 Denominator** | The average weighted number of respondents to at least one of the 20 questions. |
|  | **4.3 Computation** | Where i is the unit of analysis e.g. national, provider, commissioner.  Individual questions are scored according to a pre-defined scoring regime that awards scores between 0 and 100. Therefore, this indicator will take values between 0 and 100, where 0 is the worst score and 100 is the best score.  The value is sourced fully calculated from NHS England.  The 20 survey questions are used to calculate a set of five domain scores for each trust (Access & waiting; Safe, high quality co-ordinated care; Better information more choice; Building closer relationships; and Clean, comfortable and friendly place to be) out of 100.  Average scores for each question are defined as follows:  =  The domain scores are defined as follows:    The overall score for each trust is calculated as the average of the five domains.  The England value is calculated as the average overall mean score for each trust.  =  This average is used as a high-level outcome measure. A breakdown of responses to individual questions within the survey, including historical trends, has been published, and is available here:  http://www.cqc.org.uk/sites/default/files/inpatient\_survey\_national\_tables.pdf |
|  | **4.4 Risk adjustment or standardisation type** | Weighting Methodology |
|  | **4.5 Justification of risk adjustment type** | The data is standardised at source for age, gender and admission method. It is stated in the CQC benchmark reports (see link below) that: “standardising by age, sex and admission means that no trust will appear worse because of their respondent profile and claims that it makes cross-sectional comparisons as fair as possible”.  <http://www.nhssurveys.org/Filestore/documents/IP13_RCF.pdf>  No further risk adjustment to the data is applied either at provider or national level for measuring average/good experience in the existing NHSOF indicator 4b.  Ethnicity and long-standing condition breakdown rates could become disclosive but the lowest number of respondents for a group for these breakdowns is 40 at present and this is deemed sufficient not to be disclosive. |
|  | **4.6 Risk adjustment variables and methodology** | Weights were calculated to adjust for any variation between trusts that resulted from differences in the age, sex and method of admission (planned or elective) of respondents. A weight was calculated for each respondent by dividing the national proportion of respondents in their age/sex/admission type group by the corresponding trust proportion (see below). The reason for weighting the data was that younger people and women tend to be more critical in their responses than older people and men. If a trust had a large population of young people or women, their performance might be judged more harshly than if there was a more consistent distribution of age and sex of respondents.  The national age/sex/admission method proportions relate to the proportion of men, and women of different age groups who had emergency or elective admission. As shown in Figure B1, the proportion of respondents who were male, admitted as emergencies, and aged 51 to 65 years is 0.069; the proportion who were women, admitted as emergencies, and aged 51 to 65 years is 0.065, etc. |

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| **Figure B1**  **National Proportions Admission Method** | **Sex** | **Age Group** | **National proportion 2013** |
| Emergency  Women | Men | ≤35  36-50  **51-65**  66+  ≤35  36-50  **51-65**  66+ | 0.015  0.031  **0.069**  0.175  0.031  0.038  **0.065**  0.189 |
| Emergency | Women | ≤35  36-50  **51-65**  66+ | 0.031  0.038  **0.065**  0.189 |
| Elective | Men | ≤35  36-50  51-65  66+ | 0.008  0.016  0.048  0.102 |
| Elective | Women | ≤35 36-50  51-65  66+ | 0.015  0.035  0.062  0.099 |

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|  | **4.7 Justification of risk adjustment variables** | The inpatients survey is standardised by age, gender and method of admission (emergency or elective).  Results are based on ‘standardised’ data. We know that the views of a respondent can reflect not only their experience of NHS services, but can also relate to certain demographic characteristics, such as their age and sex. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. Because the mix of patients varies across trusts (for example, one trust may serve a considerably older population than another), this could potentially lead to the results for a trust appearing better or worse than they would if they had a slightly different profile of patients. To account for this we ‘standardise’ the data. Standardising data adjusts for these differences and enables the results for trusts to be compared more fairly than could be achieved using non-standardised data. |
|  | **4.8 Confidence interval / control limit use** | Confidence Intervals |
|  | **4.9 Confidence interval / control limit methodology** | 95% confidence intervals (CIs) are calculated using Wilson’s method with a t-distribution, which is robust for small sample sizes which occur in certain breakdowns for this indicator. |

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| **Section 5.** | **Interpretation** |

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| **5.1** | **Contextual information provided alongside indicator** | Currently, indicator 4b does not have any contextual information published alongside the indicator value. However, the current proposal for complementary indicator 4dii is to include eight pieces of contextual information, particularly to highlight response rates. Therefore propose including a proportion of these for 4b also, as follows -   1. Confidence Intervals for the Indicator Value 2. Total number of respondents to at least one of the 20 survey. 3. Average response rate for each of the 20 survey questions. 4. Overall response rate for NHS Adult Inpatient Survey. |
| **5.2** | **Justification of contextual information** | The contextual information will   * help interpretation of the indicator value, in particular, the overall response rate for NHS Adult Inpatient Survey will help indicate likelihood of any possible sampling bias. * aid transparency of the data and enable users to calculate the indicator value. * enable providers to more easily identify areas by which to improve against the indicator. * Enable more accuracy as part of the mandate assurance process in holding NHS England to account |
| **5.3** | **Calculation and data source of contextual information** | The data source is the same as the indicator.  Calculation of CIs |
| **5.4** | **Use of bandings, benchmarks or targets** | No bandings, benchmarks or targets are proposed. This indicator will take values between 0 and 100, where 0 is the worst score and 100 is the best score, so the desired direction of the indicator is up. |
| **5.5** | **Justification of bandings, benchmarks or targets used** | An upward direction of the indicator means that more patients are reporting a better experience (‘good’ or ‘very good’) of in hospital care for the five domains considered in this indicator. |
| **5.6** | **Banding, benchmark or target methodology, if appropriate** | N/A |
| **5.7** | **Evidence of variability** | See published data on the HSCIC’s indicator portal at - https://indicators.ic.nhs.uk/webview/ |
| **5.8** | **Interpretation guidelines** | This indicator seeks to measure the *average* patient experience of service users *in hospital* by scoring the results of a selection of questions from the NHS Adult Inpatient Survey  This measure is complemented by 4dii and therefore can be used in conjunction with NHS OF Indicator 4dii, which measures the proportion of responses to selected questions indicating poorer quality of care in the NHS Inpatient Survey per 100 patients. A subset of 13 questions drawn from the 20 questions used to construct this indicator are used for the complementary indicator 4dii.  This measure therefore indicates the overall quality of hospital care, whereas indicator 4dii indicates the proportion of poor hospital care. The two measures therefore answer different questions – “how good is hospital care, on average” and “how often is hospital care of a poor standard”. (4a, 4aii and 4di fulfil broadly similar roles for primary care.) |
| **5.9** | **Limitations and potential bias** | The use of multiple questions asking after specific components of the care experience, rather than asking about the overall experience, should mitigate against ‘gratitude bias’ (the tendency of patients — especially those of publicly provided health services — to gloss over problems and complaints and/or display lower expectations of services that are provided for free, c.f. Bernhardt et al., 1999, *Social Science and Medicine* 48:8).   Patients from some demographic groups are less likely to respond to the Adult Inpatient Survey, particularly those in black and minority ethnic groups, and those aged under 35 (e.g. the response rate for those aged 16-35 is 22%, compared with 59% for over 65s). As such, results for these groups may be subject to higher levels of sampling bias, where the experiences of those responding to the survey may differ from the experiences of those who do not respond. |
| **5.10** | **Presentation of indicator** | Data for this indicator is published on the HSCIC’s Indicator Portal and are available in Excel and CSV format.   Link to the HSCIC indicator portal: https://indicators.ic.nhs.uk/webview/   **Breakdowns:**   * Time periods * Annual data from 2003/04 * Geographic * England: Data from 2003/04 * Provider: Data from 2006/07 * Ethnicity: Data from 2013/14 * Long-standing condition: Data from 2012/13   Excel and CSV output:  **Column Name Output**  Year Financial year  Breakdown England, Provider, Ethnicity,  Long-standing condition.  Level More detailed description of  Level Description each breakdown category  Indicator Value Average score from a selection of questions  from the National Inpatient Survey measuring  patient experience (score out of 100). |

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| **Section 6.** | **Risks and Usefulness** |

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|  | **6.1 Similar existing indicators** | Live NHS OF indicators:  4a Patient experience of primary care (i) GP services (ii) GP Out-of-hours services  4a.i and 4a.ii are currently in the NHS OF measuring the positive aspects of patient experience in primary care. 4a is complementary to this indicator and highlights patient satisfaction in a different part of the health system.  In development NHS OF indicators:  4dii - Patient experience of *hospital* care that is characterised as being poor or worse  The ‘in development’ indicator 4d.ii complements this indicator as it measures patient experience of hospital care as characterised as being poor or worse and provides an alternative assessment of hospital care. This ‘in development’ indicator is based on 13 questions drawn from the 20 inpatient survey questions that comprise indicator 4b.  4di Patient experience of primary medical care that is characterised as being poor or worse  The ‘in development’ indicator 4d.i complements indicator 4a and in doing so is part of the mechanism for assessing of patient experience of the health care system. |
|  | **6.2 Differences between proposed and existing indicators** | 4b reflects the full distribution of patient experience of hospital care whereas 4dii is intended to measure the extent of patient experience of care in hospital that is characterised as being poor or worse.  Embedding measurement of *Patient experience of hospital care that is characterised as being poor or worse*, is designed to ensure that NHS England will be held to account not only for reducing the extent of poor patient experience as well as for improving the experience of patients on average.  Both of these measures draw on a variety of aspects of hospital care, although 4dii does not consider as many aspects as it focuses on the care received during the hospital stay. This is entirely appropriate as focussing on the most appropriate aspect of poor care increases the level of effectiveness of this outcome indicator. |
|  | **6.3 Coherence and comparability** | During the consultation process for the initial NHS Outcomes Framework, wide checks were undertaken to identify overlaps with other indicators. This indicator was selected as being fit for the purpose of the NHS Outcomes Framework. |
|  | **6.4 Undesired behaviours and/or gaming** | Respondents could in theory be inappropriately influenced by providers of the service. The risk of this is thought to be negligible given that the survey is postal and administered by a third party organisation. |
|  | **6.5 Improvement actions** | At a high level, the NHS Outcomes Framework sets out the national outcome goals that the SoS will use to monitor the progress of NHS England, so responsibility lies with them and there is an expectation of continuous improvement. It does not set out how these outcomes should be delivered, it will be for NHS England to determine how best to deliver improvements by working with Clinical Commissioning Groups and Providers to make use of the tools at their disposal.  The guidance note - NICE CG138 *Patient experience in adult NHS services: improving the experience of care for people using adult NHS services* - aims to provide the NHS with clear guidance on the components of a good patient experience. This guidance provides the evidence and the direction for creating sustainable change that will result in an 'NHS cultural shift' towards a truly patient-centred service.  <http://www.nice.org.uk/guidance/cg138>  There are obvious ways that providers could tackle the key components of poor patient experience, like improving cleanliness and reducing noise at night, exactly what improvement actions they implement to ensure a better patient experience is up to providers.  From April 2015 the Friends and Family Test will provide near real-time patient feedback to reinforce good practice and identify issues to be addressed. |
|  | **6.6 Approach to indicator review** | Each year since the NHS Outcomes Framework was first published in 2010, the Department of Health has been improving the framework by refining existing indicators and developing new indicators. These changes have helped improve the scope and coverage, links with the Mandate to the NHS, and the alignment with the two other Outcomes Frameworks - the Public Health Outcomes Framework (PHOF) and the Adult Social Care Outcomes Framework (ASCOF).  The DH has recently done a more substantial review of the coverage and scope of the Outcomes Framework as it had indicated at the outset that there would be a review of the framework within 5 years. As part of this process there was a stakeholder engagement process and the feedback received will be published as part of the NHS Outcomes Framework refresh for 2015/16, which is due to be published in late October/early November. See https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/341391/14-07-30\_NHS\_Outcomes\_Framework\_Stakeholder\_Engagement\_Document.pdf  As part of the indicator assurance process, the HSCIC also review the indicators in the NHS OF regularly [every three years], and the reassessment of this indicator is part of that review process.  Comments on any indicators in the framework can be made through various media channels:   * ‘Have your say’ on the NHS Outcomes Framework HSCIC website * HSCIC general enquiries email and/or telephone number |
|  | **6.7 Disclosure control** | There is not an information sharing agreement between the HSCIC and the NHS England Patients and Information analytical team at present. |
|  | **6.8 Copyright** | We are not aware of any issues with copyright for this data source. |

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| **Section 7.** | **Additional Information** |

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|  | **7.1 Previous decision-making documents** | See original pipeline form from 2010 for indicator 4b available from the Indicator Assurance Service at the HSCIC. |

Indicator Assurance

**Appraisal Summary**

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| Ref | IAP00041 |
| Title | **Patient experience of hospital care** |
| Set / Framework | NHS OF |

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| **Definition** |  |
| **Purpose** |  |

**Assurance Details:**

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| **Reviewing Body** | **HSCIC Indicator Assurance Service** |
| **Application Date** |  |

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| **Peer Review** |
| Reviewers: |
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| **Methodological Review** |  |
| Review Group | HSCIC Methodology Review Group (MRG) |
| Discussion Dates |  |
| Minutes Available | **Yes / No** |
| Appraisers |  |

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| **Indicator Governance Board** |
| Discussion Dates 19/12/14 |
| Minutes Available |

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**Summary of Assurance Discussions**

**Methodology Review:**

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| Statement of Recommendation |  |

**Indicator Governance Board:**

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| Review Period Set |  |
| Rationale |  |

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| **Level of Assurance**  [determined at meeting] |  |
| **Basis of Decision** |  |
| Sign-off Date |  |

Appraisal Log

| **No** | **Issue or recommendation** | **Raised By/Date** | **Action Status\* Assigned** | **Response / Action taken (if appropriate)** | **Response date** | **Resolved** | **Checked by / Date** |
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| **Criterion: CLARITY** |

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| 1a | There are some general improvements to the application form which were identified by MRG members. These will be fed back to the applicant through the IAS team. | MRG  26.03.15 | Recommended |  |  |  |  |

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| **Criterion: RATIONALE** |

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| No additional comments were raised by MRG |

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| **Criterion: DATA** |

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| 3a | Some concerns were raised regarding the level of information in the Data Quality section of the form and the information was not specific to the indicator. John Sharp is to feedback to the applicant via IAS team with specific recommendations. | MRG  26.03.15 | **Required** |  |  |  |  |
| 3b | The section regarding Data Availability had an informal feel which required addressing, specifically the use of names rather than roles or departments. | MRG  26.03.15 | Required |  |  |  |  |
| 3c | There was a query as to whether all the questions included in the indicator had remained consistent in the survey since 2005. The applicant agreed to find out this information. | MRG  26.03.15 | Required |  |  |  |  |

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| **Criterion: Construction** |

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| 4a | Clarity is needed with regards to the indicator Numerator. MRG suspects that where it currently reads “weighted number” it should read “weighted score”. | MRG  26.03.15 | **Required** |  |  |  |  |
| 4b | MRG requested some clarity around how partial response would be taken into consideration. Concerns were raised that it would be hard to interpret the values given that respondents may have ansered differing number of questions in the survey. | MRG  26.03.15 | **Required** |  |  |  |  |
| 4c | Byar’s method for calculating confidence intervals as presented in the application form are not applicable, as an assumption has been made that individual question responses are independent variables, which is not the case. | MRG  26.03.15 | **Required** |  |  |  |  |
| 4d | MRG were concerned that the indicator could not be reconstructed using the level of information provided. | MRG  26.03.15 | **Required** |  |  |  |  |

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| **Criterion: INTERPRETATION** |

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| 5a | Currently unable to assess as clarity needed in numerator and how partial response is taken into consideration. |  |  |  |  |  |  |

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| **Criterion: RISKS AND USEFULNESS** |

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| 6a | As this is an existing indicator, it would be beneficial to receive user feedback on the usefulness of the indicator thus far. In addition, feedback should be sought from CQC as to how they use the indicator in their assessments. | MRG  26.03.15 | **Required** |  |  |  |  |

\*The description of the states given to each recommendation are as follows:

**Action required**: The group concerned is of the opinion that the indicator is not ready to go into the library of Quality Assured Indicators, based on the point raised.

**Action recommended:** The group concerned recommend action is undertaken in the particular area in order to increase the quality and rating of the indicator, however do not feel this would prevent its inclusion in the Library of Quality Assured Indicators.