

THE KEY FINDINGS REPORT FOR THE 2007 INPATIENT SURVEY

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NHS HOSPITAL PATIENT SURVEY PROGRAMME

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1 Executive summary

The national NHS patient survey programme

The national NHS patient survey programme is the longest established, and one of the largest, patient survey programmes in the world. The Healthcare Commission assumed responsibility for the programme in April 2004, funding the design, development and co-ordination of the surveys and overseeing implementation of the programme. The survey programme provides a unique opportunity to monitor patients' experiences of healthcare and is an important part of the Healthcare Commission's annual health check of NHS trusts.

Acute hospitals provide both emergency and planned care, including services such as surgery, rehabilitation, and laboratory and diagnostic testing. Since 2004, the Healthcare Commission has run a national survey each year, asking people about their recent experiences as inpatients.

This report details the key findings from a survey of patients who were discharged from acute hospitals in England between the start of June and the end of August 2007¹. Where significant differences exist between years, comparisons are made with the findings of the most recent surveys, ie those in 2005 and 2006. Comparisons are not reported when no significant difference exists between years.

Between September 2007 and January 2008, approximately 76,000 patients responded to the survey asking about their recent experiences as an inpatient at one of 165 acute and specialist NHS hospital trusts in England². This represents an overall adjusted response rate of 56%. To be eligible to take part in the survey, patients had to be aged 16 years or older and have had at least one overnight stay in hospital during summer 2007. This survey did not include users of maternity or psychiatric services. Just over half of those who responded were women (54%), most were aged over 50 (75%), and 5% were from a minority ethnic group.

Respondents were admitted to hospital in one of two ways:

- Urgently via the emergency department (56%)
- Planned admission via a GP referral waiting list (44%)

¹ Trusts were able to select the last day of one of three months, June or July or August 2007 and sample back from that date until a sample of 850 eligible patients was achieved. A small proportion of patients (1.3%) included in the total sample were, however, discharged earlier than June 2007. This was necessary to generate the correct sample size for each trust and in compliance with the survey guidance.

² All English acute NHS trusts took part in the survey with the sole exception of the Moorfields Eye Hospital NHS Foundation Trust, which now treats too few people as inpatients to be able to generate a large enough sample for the survey and the Royal National Orthopaedic Hospital NHS Trust, because of data quality issues.

1.1 Key findings

Key findings summary

Improvements since the 2006 survey have been identified in the following areas:

- Respondents were less likely to say they waited longer than four hours to be admitted from the emergency department (27%) than in 2006 (28%)
- Respondents admitted to hospital via an emergency department were more likely to say they received the “right amount” of information on their treatment or condition (74%) than in 2006 (72%)
- A greater proportion of respondents said they did not share a bathroom or shower area with patients of the opposite sex (69%), than in 2006 (68%)
- It was more likely for respondents to rate the hospital food as “very good” or “good” (55%) than in 2006 (54%)
- The proportion of respondents who said they did not have confidence and trust in the nurses treating them decreased from 4% in 2006 to 3% in 2007
- The proportion of respondents who said they did not ever receive conflicting information from hospital staff increased from 65% 2006 to 66% in 2007
- The proportion of respondents who said they always received enough help from staff to eat their meals improved from 58% in 2006 to 60% in 2007
- The proportion of respondents who said a member of staff “completely” described how their operation or procedure had gone, in a way they could understand, increased from 64% in 2006 to 65%
- Respondents were more likely to report that their family or friends were given all the information they needed to care for them after discharge in the 2007 survey (43%) than in 2006 (42%).
- A greater proportion of patients (39%) reported receiving copies of letters between hospital doctors and their family doctor, up from 37% in 2006
- There has been a statistically significant increase of less than one percentage point in the proportion of respondents who said they were asked to give their views on the quality of their care, at 7% of respondents

Other positive findings were identified in the following areas:

- Nearly 8 in 10 patients (77%) rated the care they received in hospital as “excellent” or “very good” with those rating the their overall care as “excellent” increasing from 41% in 2006 to 42% in 2007
- nine in ten patients (92%) rated the way doctors and nurses worked together as “good,” “very good” or “excellent” with those rating the teamwork as “excellent” increasing from 36% in 2006 to 39% in 2007
- 93% of respondents described the cleanliness of the hospital room or ward in which they were staying as “very clean” or “fairly clean”
- the majority of patients (88%) rated the cleanliness of hospital toilets and bathrooms as “very clean” or “fairly clean”
- It was not common for patients to say they felt threatened by other patients and visitors while in hospital (4%)
- 81% of those who had an operation or procedure said they were “completely” informed about the risks and benefits of the procedure
- Over three-quarters (76%) of patients taking medicine home were “definitely” told how to take it in a way they could understand

Worsening outcomes were found in the following areas:

- There has been a decline in the proportion of respondents who said they were “definitely” given enough privacy when being treated or examined in the emergency department, down to 75% in 2007 from 77% in 2006 and 79% in 2005
- The proportion of planned admission patients who felt that they had been admitted “as soon as necessary” was lower in 2007 (72%) than in 2006 (74%)
- Patients were more likely to report that the hospital had changed their admission date at least once, up to 21% in 2007 from 20% in 2006
- A greater proportion of patients (20%) were bothered at night by noise from hospital staff, than in 2006 (19%)
- There was a statistically significant increase of less than one percentage point in the proportion of respondents who said they were bothered by noise at night from other patients although, as in 2006, this value remains at 38%¹
- There has been a decline in the proportion of respondents who said they were always offered a choice of food while in hospital, down from 79% in 2006 to 77% in 2007
- A greater proportion of those who responded said that doctors did not answer their questions in a way the patient could understand in 2007 (6%) than in 2006 (5%)
- A smaller proportion of respondents said that, as far as they knew, **doctors** “always” washed or cleaned their hands, down to 68% in 2007 from 69% in 2006; and fewer also said that **nurses** “always” washed or cleaned their hands, down to 70% in 2007 from 71% in 2006
- The proportion of patients who said they were “definitely” involved as much as they wanted to be in decisions about their care and treatment decreased from 52% in 2006 to 51% in 2007
- The proportion of respondents who said they were “definitely” able to find someone on the hospital staff to talk to about their worries and fears decreased to 40% from 42% in 2006
- A smaller proportion of respondents (83%) reported that their family and friends “definitely” or “to some extent” had an opportunity to talk to a doctor if they wanted to than in 2006 (84%)
- A smaller proportion of respondents said they “always” had enough privacy when discussing their condition or treatment on the ward (69%) than in 2006 (70%)
- 6% of respondents said that hospital staff did not do everything they could to help control their pain, up from 5% in 2006
- The proportion of patients who said they were “completely” told about the side effects of the medication they took home with them decreased to 36% from 37% in 2006 and 40% in 2005
- There has been a statistically significant increase of less than one percentage point in the proportion of respondents who said they were not given clear written or printed information about their medicines at 18% of respondents
- A greater proportion of respondents said they were not told who to contact if they were worried about their condition after leaving hospital, increasing from 24% in 2006 to 26% in 2007

¹ The increase is not evident due to rounding of figures.

1.2 Results by aspects of care

Overall care

As in previous years, the percentage of respondents rating their overall care as either “excellent”, “very good” or “good” was high at 92%. The proportion describing their overall care as “excellent” increased from 38% in 2002, to 41% in 2006 and now 42% in 2007. In the best performing trust for this question, 77% described their overall care as “excellent” while only 24% did so in the worst performing trust.

Variation between trusts

The survey illustrates that while the majority of respondents continue to rate their overall care highly, there remains wide variation across trusts in important areas. Questions where variation was greatest include those on: waiting for admission; mixed-sex wards; sharing bathrooms with the opposite sex; help with eating meals; and the quality of hospital food.

Respect and dignity

There was no change in the proportion of respondents saying they were “always” treated with respect and dignity (78%). Nineteen per cent of patients said they were “sometimes” treated with respect and dignity and 3% said they were not. At one trust, 94% of respondents said they were “always” treated with dignity and respect – conversely, only 63% of respondents selected this option for the worst performing trust.

Mixed-sex accommodation and shared bathrooms

It has been a goal of the Department of Health and the NHS to reduce the provision of mixed-sex accommodation to a minimum. Compliance with the Department of Health’s commitment to provide single-sex sleeping accommodation is measured by the Healthcare Commission’s assessment of Core Standard C20b. This is a difficult area to assess as patients’ reporting of their experience can be influenced by:

- their perceptions of what constitutes mixed-sex accommodation;
- the purpose of the ward they stay in;
- their journey around the hospital - many stay in more than one area.

The survey asked a series of questions to determine whether respondents had stayed in a mixed-sex ward, and if so, at which point during their hospital stay. It also aimed to understand the impact of, for example, critical care and admissions units, the latter being where some patients go for detailed assessment while doctors decide whether to admit them. In these cases, the clinical needs of the patients take priority over segregation by gender, although trusts must still do all they can to provide single-sex accommodation. Accordingly, the survey results exclude those who said that they had stayed in a critical care area (CCA), and they look separately at emergency and planned admissions. We also separate out those respondents who were moved from one ward to another as this may further indicate they were originally in a critical care unit or emergency department.

All responses

Overall, the 2007 survey suggests some improvement from the previous year. Twenty four percent of respondents said they shared a sleeping area (such as a room or bay) with patients of the opposite sex when first admitted to hospital (down from 25% in 2006). Of those who moved wards, 18% said they stayed in mixed-sex accommodation after being moved (down from 19% in 2006).

Emergency admissions

Twenty nine per cent of respondents who were admitted as emergency cases said that, when they were **first** admitted to hospital, they shared a sleeping area such as a room or bay with a member of the opposite sex. However, of those who said they **moved** wards, 15% said they were in mixed-sex accommodation after they moved. Both findings represent a fall of one percentage point when compared with the 2006 survey.

Planned admissions

Ten per cent of respondents who had a planned admission to hospital said they shared a sleeping area such as a room or bay with a member of the opposite sex when **first** admitted to hospital. This represents a decrease from 11% in the 2006 survey. Looking at respondents who were **moved** to another ward, 9% said they shared a sleeping area after being moved, which represents no significant change from the previous year.

Sharing bathrooms

Department of Health guidelines require that bathrooms be segregated for men and women. Thirty per cent of respondents said they had used a bathroom or shower area that was also used by patients of the opposite sex, the same proportion as in 2006. At the best performing trust for this question, only 2% of respondents said that they used a bathroom or shower area that was also used by patients of the opposite sex while 53% of patients said they shared facilities at the worst performing trust. However, although there is the expectation that some bathrooms still need to be used by both men and women due to the specialist equipment they contain, these areas are not specifically exempt from the guidance on shared accommodation. In these cases, staff should ensure that every effort is made to ensure the patient feels comfortable and private. Overall, patients who said they shared a bathroom or shower area because it contained specialist equipment accounted for 2% of respondents to this question.

[Help from staff](#)

Eating meals

Of those who needed it, three fifths of patients (60%) said that they “always” received enough help from staff to eat their meals, up from 58% in 2006, while one fifth (20%) said that they did not get enough help from staff to eat their meals, unchanged from 2006 but a decline since 2002 (18%). In the worst performing trust, 42% of respondents who needed help to eat said they did not receive it, while in the best performing trust only 2% of respondents did not get this assistance.

Pain

Slightly fewer patients in 2007 said they experienced pain while in hospital (66%), compared with 67% in 2006. Pain management was worse than the previous year, with 71% of respondents answering that hospital staff did everything they could to help control their pain, down one percentage point from 2006.

Calling for help using a call button

The proportion of respondents who said the call button was answered “right away” was 17% in 2007, down from 18% in 2006. In addition, fewer patients received a response to the call button within two minutes in 2007 (56%) than 2006 (57%). As in 2006, 15% waited longer than five minutes for a response.

Availability of staff

A lower proportion of respondents said they could “definitely” find someone on the hospital staff to talk to about their worries and fears. The percentage saying this fell from 42% in 2006 to 40% in 2007. Fewer patients (83%) also reported that their family and friends had an opportunity to talk to a doctor if they wanted to than in 2006 (84%).

Since 2005, there has been a decline in the proportion of respondents who said that, in their opinion, there were “always or nearly always” enough nurses on duty to care for them. The percentage saying this has fallen from 58% in 2005 to 56% in 2006 and 2007. In the best performing trust, 83% of respondents said that there were “always or nearly always” enough nurses on duty to care for them while only 38% said so for the worst performing trust.

Cleanliness and hand washing

Cleanliness, including NHS staff washing or cleaning their hands frequently, is important in the control of infection. While the majority of respondents (93%) said their room or ward was “very clean” or “fairly clean”, the proportion saying it was “very clean” has fallen from 56% in 2002 to 53% in 2007, the same as in 2006. In one trust, 87% of respondents described their room or ward as “very clean” while in another this figure was around one third (31%).

The figure for cleanliness of toilets and bathrooms was slightly lower than that for wards, with 88% of patients describing them as “very clean” or “fairly clean”. As with ward cleanliness, there was a decline in the proportion of respondents describing toilets and bathrooms as “very clean” - falling from 51% in 2002 to 47% in 2007, the same as in 2006. Again, there was variation across trusts with 81% of respondents describing the toilets and bathrooms as “very clean” in the best performing trust and just over a fifth (21%) saying this in another.

This is the third year that questions have been asked about hand washing or cleaning by staff. A smaller proportion of respondents than in 2006 reported that, as far as they knew, health professionals “always” washed or cleaned their hands between patients. A smaller proportion of patients said doctors “always” washed their hands compared with nurses. Sixty eight per cent of patients said doctors “always” washed their hands between patients, down from 69% in 2006. This compared with 70% for nurses, down from 71% in 2006.

NHS staff acknowledging patients

Patients were asked whether doctors and nurses talked in front of them “as if they were not there”. A greater proportion of patients said doctors “sometimes” did this, compared with nurses. Around a fifth of respondents (22%) said doctors “sometimes” talked in front of them as if they were not there, a slight improvement compared with 2002 (23%). For nurses, 17% percent of patients said that nurses “sometimes” talked in front of them as if they were not there, an increase from 15% in 2002 though no change since 2006.

Privacy and noise

For those admitted via emergency departments, there has been a decline in the proportion of respondents who said that they were “definitely” given enough privacy when being examined or treated. The percentage saying this has fallen from 79% in 2005 to 77% in 2006 and 75% in 2007.

On hospital wards, a higher proportion of respondents (87%) said that they were “always” given enough privacy when being examined or treated - although this has declined from 88% in 2005. Levels of privacy when discussing patients’ condition or treatment continued its downward trend, with 69% reporting “always” having enough privacy, down from 70% in 2006 and 71% in 2005.

The proportion of respondents who report being bothered by noise at night from staff has increased, from 18% in 2005 to 19% in 2006 and 20% in 2007. The proportion saying they were bothered by noise from other patients has risen from 37% in 2005 to 38% in 2006 and 2007.

Involvement in decisions

Most patients want to be involved in decisions about their treatment and care. There was a fall 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 52% in 2006 to 51% in 2007. A further 38% were involved “to some extent”, comparable to the 2006 figure of 37%. The proportion of respondents who said that they were not involved as much as they wanted to be was the same as in 2006 (11%). Fifty three percent of respondents said they were “definitely” involved in decisions about their discharge from hospital.

Involvement in decisions varied widely between trusts; at the best-performing trust, 74% of respondents said that they were “definitely” involved with decisions about their care and treatment, whereas only 34% of respondents said so at the lowest-performing trust

Quality of food

Ratings of hospital food have not changed dramatically over the last three survey years. The proportion of patients surveyed in 2007 who rated that food as “very good” or “good” reached 55%, up from 54% in 2006; 31% said the food was “fair” while 15% said it was “poor”. The quality of food varied across trusts. In the best performing trust, almost two thirds of respondents (62%) described the food as “very good”, while in the worst performing trust, almost a third (30%) rated the food as “poor”.

Just over three quarters of respondents (77%) said they were “always” offered a choice of hospital food, a decrease from 79% in 2006.

Waiting times

Waiting in A&E to be admitted to a bed

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. The proportion reporting that they waited less than four hours has increased from 67% in 2002 to 72% in 2006 and 73% in 2007. At the trust which performed worst for this question, over half of emergency patients (58%) said they waited more than four hours, while less than 2% did so at the best performing trust. The figures for those waiting more than 4 hours will not match those recorded by A&E departments as the survey only covers adults that were admitted as inpatients following their visit to A&E.

Waiting for a planned admission to hospital

Seventy-nine percent of respondents said they were admitted within the national waiting time target of six months or less. The results for this question are not comparable with previous years' due to changes made to both the question wording and the response categories. The inpatient survey statistics on planned admissions will differ from Department of Health figures about waiting list times due to differences in the groups included, specifically, the adult inpatient survey does not include children and will include adult patients whose admission was delayed for medical reasons – these are exempt from the Department of Health waiting times figures.

The proportion of respondents who felt that they had been admitted “as soon as necessary” was also lower in 2007 (72%) than in 2006 (74%). More patients correspondingly answered that they should have been admitted “a lot sooner” (10%) than in 2006 (8%).

Waiting for discharge from hospital

Discharge delays worsened, with more patients having their discharge delayed (39%) than in 2006 (38%). The proportion of patients who reported a delay to discharge varied greatly with only 15% of

respondents saying they experienced a delay at the best performing trust, but 51% at the worst. There was no change in the length of time by which these respondents said their discharge was delayed, with over half (53%) delayed by more than two hours, and the same proportion as in 2006 (21%) delayed for four hours or more. As in 2006, the most common reason for delayed discharge was waiting for medicines (61%) followed by waiting to see a doctor (17%), but in 2007, more patients (9%) were delayed because of a wait for hospital transport (8% in 2006).

Security

In general, few respondents (4%) felt threatened during their stay in hospital by other patients or visitors. Twenty eight per cent of respondents said that they had somewhere to keep their personal belongings while in hospital that they were able to lock. A further 67% were provided with somewhere to keep their belongings but were not able to lock it.

Teamwork

There was a rise in respondents rating the teamwork of doctors and nurses as “excellent” - up to 39% in 2007 from 36% in 2006. The total proportion describing teamwork as “excellent” “very good” or “good” remained high at 92%.

Fewer patients in 2007 (80%) “always” had confidence and trust in the doctors treating them than in 2006 (81%). Nurses were more trusted than in the previous year, with 74% of respondents answering that they “always” had confidence and trust in them, an increase from 73% in 2006.

Information

The proportion of respondents who said that doctors did not reply to their questions with answers they could understand is relatively small. But there was a rise from 5% in 2006 to 6% in 2007. For nurses, this figure remained at 5%. On the positive side, the proportion of patients who said staff did not ever give them conflicting information rose from 65% in 2006 to 66% in 2007. As in 2006, almost eight in ten patients (79%) said they were given the right amount of information about their condition or treatment, and 21% said they were given too little.

Information about operations and procedures

More than two-thirds (68%) of patients responding to the survey had an operation or procedure while in hospital. The quality of information provided has changed little over the past three survey years.

As in 2006, 81% of respondents who underwent an operation or procedure said they were “completely” informed beforehand about the risks and benefits, and the same proportion of patients were informed about how they would expect to feel after the operation as in 2006 (56%). As in 2006, (74%) had received a “complete” explanation about what would be done during the operation or procedure, and over three-quarters of patients (76%) said they had their questions answered in a way they could “completely” understand. Of those who received an anaesthetic, 84% said they received complete explanations from the anaesthetist about what would happen.

In 2007, a greater proportion of respondents said they were “completely” informed afterwards about how the operation or procedure had gone - up from 64% in 2006 to 65%.

Information in the Emergency department

Looking at emergency departments, fewer patients in 2007 (16%) said they had not received enough information about their treatment or condition, than in 2006 (17%). Respondents in 2007 were more likely to say they were given the “right amount” of information about their condition or treatment, up from 72% in 2006 to 74% in 2007.

Information about medicines

Of those patients taking medicine home, 76% had “definitely” been told how to take it in a way they could understand. Nine per cent of respondents said they were not told how to take their medicine in a way they could understand.

The same proportion of patients as in 2006 (76%) had been told the purpose of medicines to take at home in a way they could “completely” understand, and a further 16% were informed “to some extent”.

Information about the possible side effects of medicines, however, continues to decline. The number of respondents saying they were not told about possible side effects when taking medicines home rose to 46% from 45% in 2006 and 42% in 2005.

Choice

Of those respondents who were admitted from a waiting list or were a planned admission, 28% said that they were offered a choice of hospital for their first appointment when referred to see a specialist; 72% said they were not offered this choice.

There was no improvement in the proportion of respondents who said that they were offered a choice of admission dates with 27% of respondents reporting they were and 73% who said they were not. Among trusts, the proportion of respondents saying that they were offered a choice of admission dates ranged from 15% to 58%. Just over one-fifth (21%) reported that the hospital had changed their admission date at least once, the same as in 2006.

Complaints

While in hospital, 37% of respondents remembered seeing posters or leaflets explaining how to complain about their care. This proportion ranged from 21% to 69% across the trusts. Seven per cent of respondents said they wanted to complain about the care while in hospital, the same proportion as in 2006, with this figure ranging from 1% to 15% across trusts. Although hospital staff are not the only source of information about how to complain, only 12% of those who wanted to complain “completely” agreed that hospital staff gave them the information they needed to do so. A further 15% reported that they did so “to some extent”. Seven percent of respondents were asked to give their views on the quality of their care while in hospital, the same rate as in 2006.

Leaving hospital

Delays to discharge have worsened, with a greater proportion of patients having their discharge delayed (39%) than in 2006 (38%). There was no change in the length of time by which these respondents said their discharge was delayed, with over half (53%) delayed by more than two hours, and the same proportion as in 2006 (21%) delayed for four hours or more. The proportion of patients who reported a delay to discharge varied greatly with only 15% of respondents saying they experienced a delay at the best performing trust, but 51% at the worst. As in 2006, the most common reason for delayed discharge was waiting for medicines (61%) followed by waiting to see a doctor (17%), but in 2007, more patients (9%) were delayed because of a wait for hospital transport (8% in 2006).

In 2007, the proportion of respondents who said they were not told who to contact if they were worried about their condition after leaving hospital increased to 26%, up from 24% in 2006. By contrast, the number of patients who said that staff “completely” informed them of danger signs they should watch for after they went home increased in 2007 to 39%, the same level as in 2005.

There was also an increase in the proportion that said doctors or nurses gave their family or friends the information they needed to care for them - up from 42% in 2006 to 43% in 2007.

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 (61% in 2007). But there has been a steady improvement, with 39% saying they received a copy, up from 37% in 2006 and 35% in 2005. Sixty-one percent of respondents said they were given written or printed information about what they should or should not do after leaving hospital. Written or printed information about medicines was given to 66% of patients, up from 65% in 2006.

2 Introduction

The Department of Health commissioned the Picker Institute to design and co-ordinate the first national inpatient survey in 2002. The Healthcare Commission replaced the Department of Health as the overall co-ordinator of the national survey programme in 2004 and commissioned repeats of the adult inpatient survey in 2004, 2005, 2006 and 2007. This report summarises key findings from the 2007 survey and highlights differences with the 2005 and 2006 results. The 2007 findings were used by the Healthcare Commission as part of its annual health check to measure the quality of care being provided to patients (see [Annual health check ratings](#)).

The survey was carried out in 165¹ acute and specialist NHS trusts in England that had sufficient numbers of adult inpatients to take part. Each trust identified a list of 850² eligible patients who had been consecutively discharged in the period June to August 2007. Patients were eligible if they were 16 years or older, had at least one overnight stay, and were not admitted to maternity or psychiatric wards.

Because a separate survey of children and young people (aged 0-17 years) took place in 2004, only those aged 18 years and over were included in the sample for the 2004 inpatients survey. This report focuses on the experiences of all patients 16 years and over and compares the results from 2007 with those from 2005 and 2006. The 2004 results are not discussed here due to the difference in the sample for that year. Z-tests were used to test for differences between years and all differences noted in this report are significant at the 5% level ($p < 0.05$)³. Appendicised tables present data to one decimal place, but where values are discussed in the text of the report, these are rounded up from two decimal places. Due to rounding, the sum of responses discussed in the report may not always equal 100%.

More information on the methods and tables showing the results of this survey are included in the appendices.

¹ The Royal National Orthopaedic Hospital NHS Trust eventually mailed a full sample of 850 patients but was not able to be included in this data when produced because of sample quality issues.

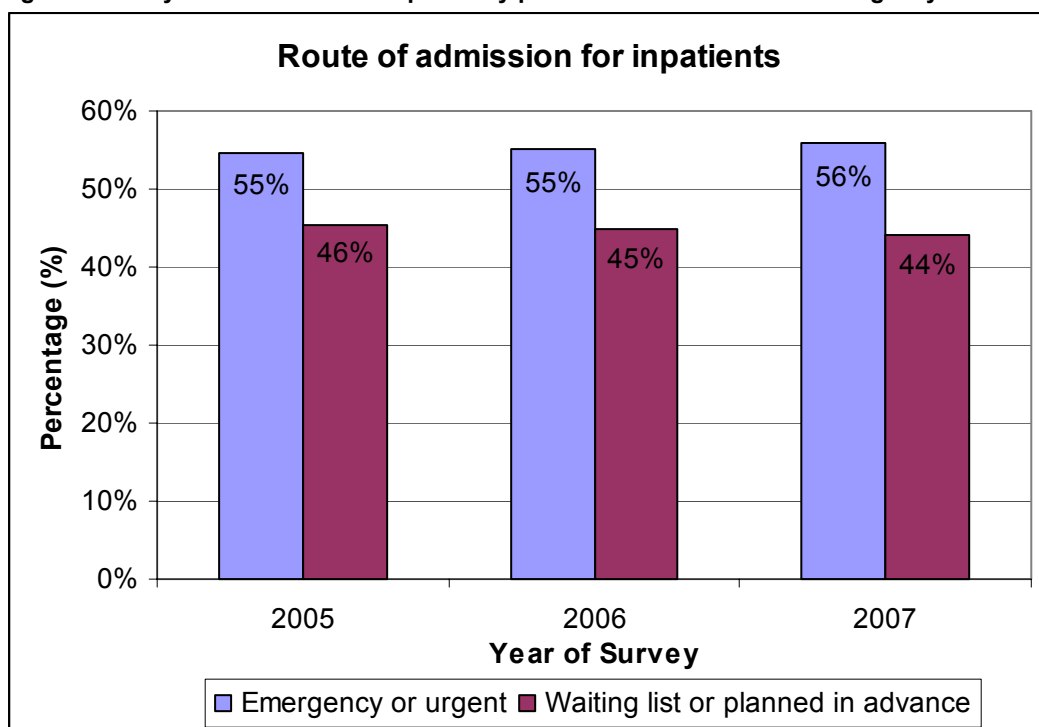
² The Royal National Hospital for Rheumatic Diseases NHS Foundation Trust has a small number of beds and was only able to generate a sample of 463 eligible patients. It achieved an above average adjusted response rate of 67%.

³ The Bonferroni correction for multiple comparisons was used in cases where data was available for all three years

3 Admission to hospital

Overall, 56% of survey respondents had experienced an emergency or urgent admission, while 44% were admitted from a waiting list or for a planned admission. Since 2005, there has been an increase in the proportion of emergency admissions, with a corresponding decrease in the proportion of patients whose hospital stay was planned in advance.

Figure 1: Was your most recent hospital stay planned in advance or an emergency?



3.1 The Emergency Department

Just over half of the respondents to this survey (56%) had an emergency or urgent admission to hospital. Of these, the vast majority (88%) went to the Emergency Department (specifically Casualty, Accident and Emergency (A&E), or a Medical or Surgical Admissions Unit) when they arrived at the hospital. As 84% of patients who attend emergency departments are not subsequently admitted to hospital (Hospital Activity Statistics, Department of Health, second quarter 2007-08), these survey findings relate only to the small proportion of patients who were admitted to hospital from the emergency department and cannot be directly compared to the experiences of all emergency patients.

A maximum four-hour wait in the emergency department from arrival to admission, transfer or discharge has been an operational standard in the NHS since 2005. To allow for clinical exceptions, all providers of emergency care are expected to maintain performance of at least 98% against the four hour target¹. However, these results cannot be used to give a definitive assessment of the operational standard for waits in the emergency department from arrival to admission, transfer or discharge because of exclusions made during the sampling for this survey. Specifically, we exclude patients aged less than 16 years and so children and young people admitted through the emergency department are not included in these survey findings, nor are

¹ Clinical exceptions to the 4 hour emergency care target, Department of Health, December 2003

maternity patients, psychiatric patients, private patients and patients without a UK postal address, as well as those patients not admitted for an inpatient stay.

A smaller proportion of respondents stated that they waited longer than four hours for admission to a bed on a ward in 2007 (27%) than they did in 2006 (28%), although fewer patients (25%) waited this long in 2005. Conversely, nearly half of patients (48%) reported being admitted more quickly than two hours in 2007¹, the same proportion as in 2006, albeit lower than 2005 (50%). These figures indicate trusts' commitment to the four-hour target.

Statistics published by the Department of Health for quarters one and two in 2007 (April to September) state that in England as a whole, less than two percent of patients waited longer than four hours to be admitted to a ward. Overall, 99.5% of patients sampled were admitted during the first two quarters of the year, making these figures representative of the cohort of patients sampled in this survey². However, there is a large discrepancy between the official statistics and patients' reports of waiting times that is unlikely to be explained by the differences between these two samples. Of the patients in this survey who were admitted through the emergency department, 27% answered that they waited over four hours to be admitted to a bed on a ward after they had arrived at the hospital. In addition, according to the official figures, fourteen trusts had no patients who waited longer than four hours after the decision was made to admit them. However, survey data puts the proportion of patients not admitted within 4 hours in these fourteen trusts as ranging from 9% to 42%.

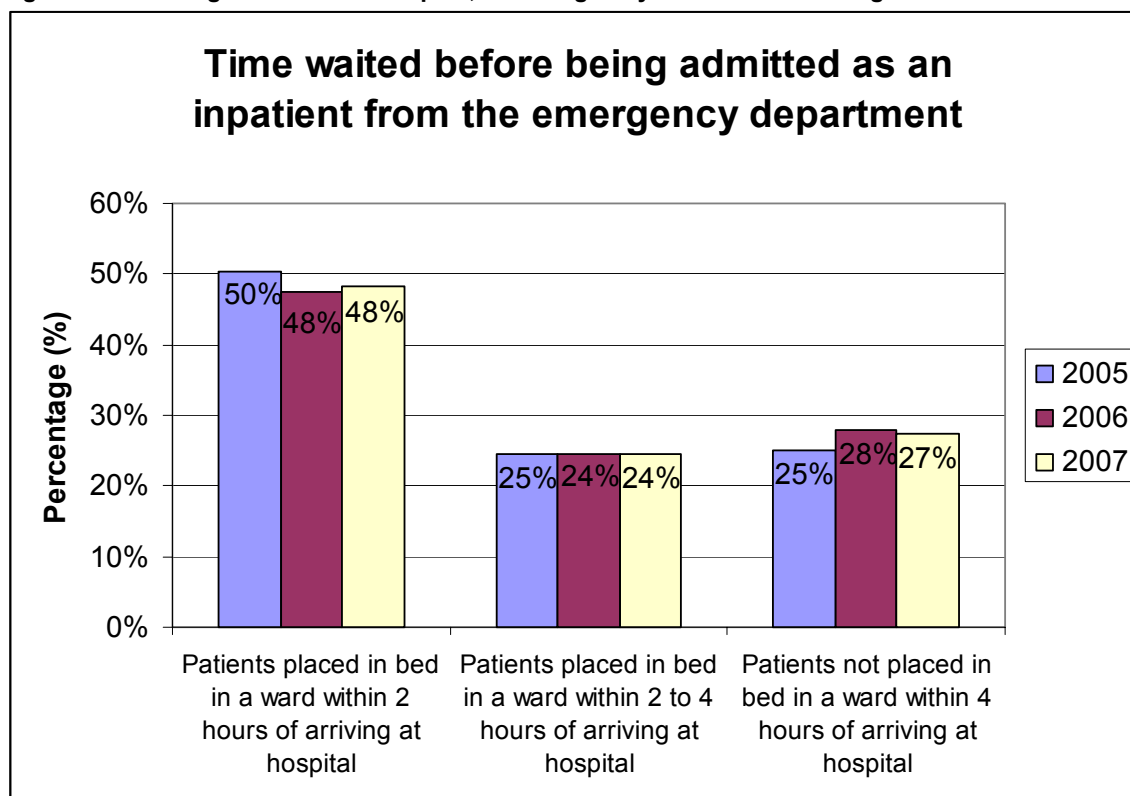
Guidance from the Department of Health states that waiting times for admission from the emergency department are measured "from the time when the decision is made to admit, or when treatment in A&E is completed (whichever is later) to the time when the patient is received into a bed in an appropriate ward"³. By comparison, the survey question asks patients how long they waited for admission "following arrival at the hospital", therefore self-reported waiting times will also include the time patients spent being treated. The difference in waiting times between the "official" figures and patients' reports illustrates the fact that DH statistics only measure one component of the waiting process while, realistically, there may be a number of periods of waiting in the emergency department. This means that the whole of the patient's pathway through the emergency department is not captured, making it inevitable that these figures suggest higher standards than data from patients themselves.

¹ The proportion of responses for the three options 'Less than 1 hour' (22.0%), 'At least one hour but less than 2' (17.7%) and 'I did not have to wait' (8.4%) were added together, to calculate the proportion of patients who were admitted within two hours (48%).

² It is worth noting, however, that the survey sample excluded children under the age of 16 years, whose care may be prioritised over adults when attending the emergency department.

³ <http://www.performance.doh.gov.uk/hospitalactivity/nhsweb/qmaefg.htm>

Figure 2: Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?



Information provided in the emergency department displays stability over recent years. An additional response option of “Don’t know / Can’t remember” was added in 2007 for questions about information and privacy to cater for patients who may not have been fully conscious during their time in the department. Nearly three-quarters of respondents (74%) admitted through an emergency department answered that they were given the “right amount” of information about their condition or treatment, comparable to the respective values of 72% in 2006 and 73% in 2005. In 2007, the proportion of respondents who felt that they were not given enough information about their condition or treatment (16%) had decreased from 17% in 2006 but was not statistically different than in 2005 (15%). A further 10% said they were not given any information about their treatment or condition while in the emergency department, comparable 11% in 2006. As with previous years, the proportion who were given “too much” information remained below 1%.

The proportion of patients who said they were “definitely” given enough privacy during examinations or treatment in the emergency department (75%) has demonstrated a decreasing year-on-year trend, down from 77% in 2006 and 79% in 2005. A further 23% in 2007 reported having enough privacy “to some extent”, and increase from the 2006 figure of 20%. The proportion of respondents who said they were not given enough privacy remained at 2%.

3.2 Waiting list or planned admissions

Most patients (72%) were not offered a choice of hospital for their first hospital appointment. Perhaps to be expected, patients who stayed at specialist hospitals were least likely to have been given a choice of hospitals (22%), while inpatients at orthopaedic hospitals were the most likely (38%) to have been given a choice.

Similarly, only 27% of patients whose admission to hospital was planned in advance were given a choice of admission date, unchanged from the 2006 and 2005 surveys. One fifth of patients (21%) had their admission date subsequently changed by the hospital, up from 20% in 2006 and 2005.

Specialist trusts performed best on this question with 36% of patients saying they were given a choice of admission date. Such trusts typically have a low rate of admissions via the emergency department (24%, compared to the national average of 54%) which is likely to make it easier for the trust to manage their beds, enabling them to offer patients a greater degree of flexibility. Eighteen percent had their admission date changed once by the hospital, an increase from 17% in 2006 and 2005. As in 2006, the proportion of patients whose admission date changed 2 or 3 times remained at 3%. Less than 1% of respondents said they had their admission date altered 4 times or more.

The NHS plan (2000)¹ set a target that the maximum waiting time for elective inpatient admission should be six months by the end of 2005, this target being decreased further in the framework document "National Standards, Local Action"² which aims "to ensure that by 2008, no-one waits more than 18 weeks from GP referral to hospital treatment". The NHS Improvement Plan, released in June 2004, made the commitment that "patients will be admitted for treatment within a maximum of 18 weeks from referral by their GP". Two milestones have been established: by March 2008, the NHS should be delivering 18 week pathways for 85% of patients who require admission to hospital, and by December 2008, the NHS should be delivering 18 weeks for all patients who want it and for whom it is clinically appropriate.

The 2007 inpatients survey sampled those discharged leading up until the last day of June, or July or August 2007. Most patients (79%) reported being admitted within the six-month target. Unfortunately, it was necessary to change the question, specifically both the wording and possible response options, in such a way as to make previous data non-comparable with this question.

There was noticeable variation between trusts in meeting the six-month target. Acute specialist trusts were the best performing, with 87% of patients waiting less than six months between referral and admission. By comparison, only 64% of patients at orthopaedic hospitals were admitted within the six-month target time.

The proportion of respondents who felt that they had been admitted "as soon as necessary" decreased to 72% in 2007 from 74% in 2006. One in ten patients said they should have been admitted "a lot sooner", an increase from 8% in 2006 and 9% in 2005.

¹ Secretary of State for Health. *The NHS Plan*, page 105. London: the stationery office, 2000.

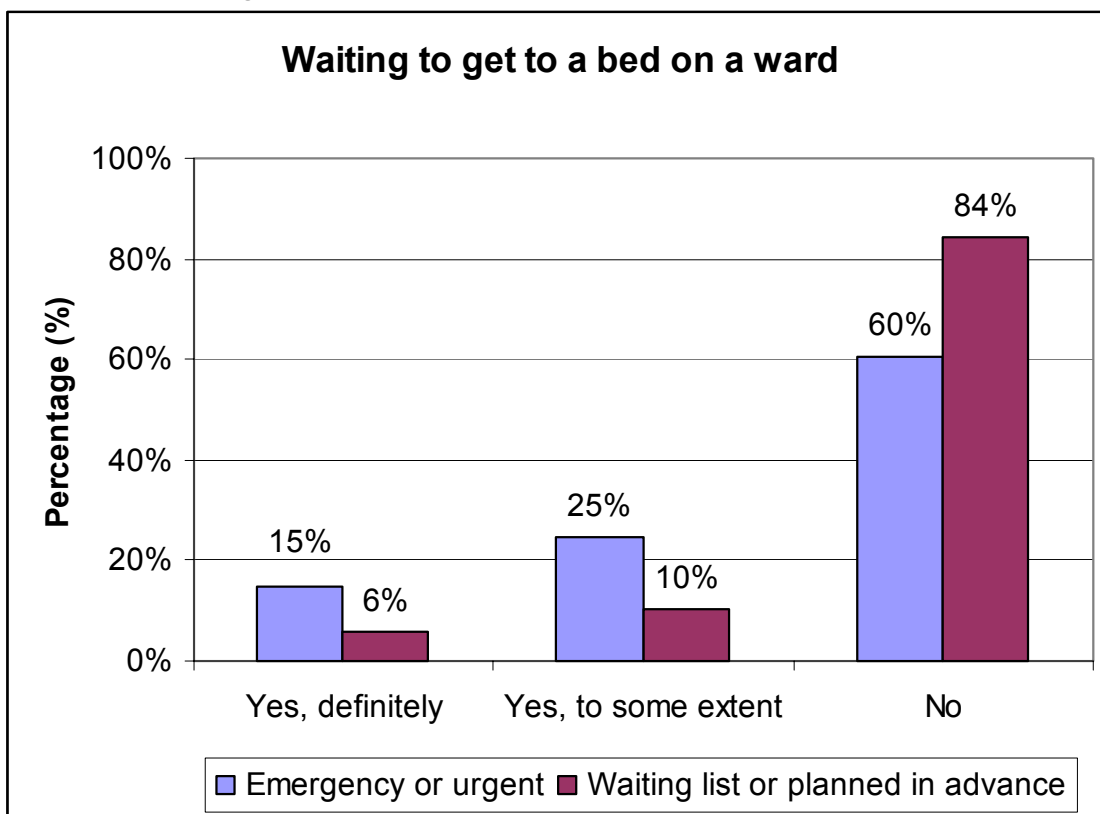
² Department of Health, *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08*. London: Department of Health, 2004.

4 The hospital and ward

Patient's perception of time spent waiting to get a bed on a ward has not improved over the last two years. As in 2006, 11% of patients said they "definitely" felt they had to wait a long time to get to a bed on a ward from when they arrived at the hospital. A further 18% of respondents felt that they had a long wait "to some extent", not statistically different from the rates for the 2006 and 2005 surveys.

Planned and emergency patients' feelings about waiting to be admitted to a ward were near identical to those expressed in 2006. Eighty-four percent of patients who arrived for a planned admission stated that they did not feel that they had to wait a long time to get a bed on a ward, compared to 60% of emergency admissions. Likewise, only a small proportion (6%) of planned admissions reported that they "definitely" felt like they waited a long time to get to a bed on a ward, while a further 10% responded "to some extent". A much larger proportion (15%) of emergency patients felt they "definitely" had a long wait, with an additional 25% considering the wait as long "to some extent". These figures represent no change from the figures in 2006.

Figure 3: Did you feel you had to wait a long time to be admitted to a bed on a ward? (Emergency patients compared with waiting list patients)



Overall, 35% of patients stayed in more than one ward. Moving ward was more likely among patients who reported that they had stayed in a critical care area, with 59% of these patients staying in more than one ward, compared to 28% of patients who did not stay in a critical care area; in 2006, these figures were 60% and 27%, respectively. Patients who were admitted as an emergency were more likely to say they moved wards (47%) than were patients whose admission was planned (20%).

4.1 Sharing facilities with patients of the opposite sex

In 1997, the Department of Health issued a clear public commitment to eliminating mixed-sex accommodation for hospital inpatients¹. Two objectives designed to deliver single-sex accommodation in acute trusts were set for the NHS. They apply to all NHS trusts providing inpatient accommodation. The objectives are:

1. to ensure that appropriate organisational arrangements are in place to secure good standards of privacy and dignity for hospital patients
2. to achieve the Patient's Charter standard for segregated washing and toilet facilities across the NHS

Specifically, single-sex accommodation is defined as separate sleeping areas for men and women, and segregated bathroom and toilet facilities for men and women. In an acute hospital setting, some areas are excluded from these standards - including critical care areas (intensive care units, coronary care units or high dependency units) and admission wards. Respondents to the 2007 inpatient survey who said they did stay in a critical care area (CCA) have been excluded from the following analysis² and the remaining patients divided into planned admissions and emergency admissions (as some admission wards are not included in gender segregation guidance).

This survey asked a series of questions to determine whether respondents had shared a sleeping area (for example, a room or bay) with patients of the opposite sex while in hospital, and if so, at which point during their hospital stay. When first admitted to hospital, 29% of patients who were admitted to hospital as an emergency said that they shared a sleeping area with a member of the opposite sex, down from 30% in 2006. By comparison, only 10% of patients who had a planned admission to hospital initially shared a sleeping area with a member of the opposite sex, compared to 11% in 2006.

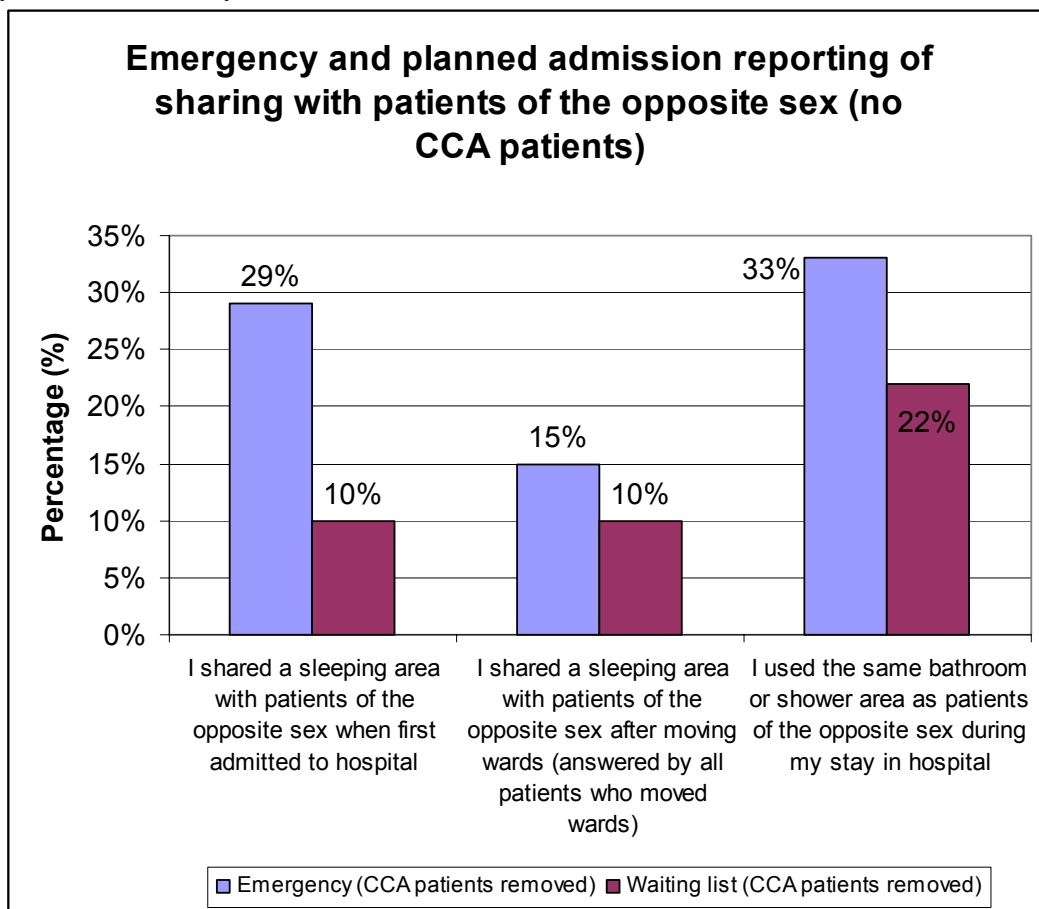
For emergency admission respondents who were moved to another ward, the proportion who said they shared a sleeping area with a member of the opposite sex fell to 15%, an improvement from 16% in 2006. The proportion of planned admission respondents who shared with a member of the opposite sex after moving wards was 9%, which represents no significant change from the previous year.

Thirty per cent of all patients said they shared a bathroom or shower area with patients of the opposite sex, no improvement upon the 2006 figure. As in 2006, a further 2% said they shared facilities at least once during their stay because that area contained special bathing equipment which they needed. Large differences were observed between the reporting of sharing bathrooms or shower areas depending on the respondent's route of admission to hospital. After removing patients who stayed in a critical care area, 33% of emergency patients said they shared a bathroom or shower area compared with 22% of patients admitted from a waiting list.

¹ Department of Health. *The Patient's Charter privacy and dignity and the provision of single sex hospital accommodation*. London: Department of Health, 1997.

² Compliance with the Department of Health's commitment to provide single-sex sleeping accommodation is measured by the Healthcare Commission's assessment of Core Standard C20b. This recognises that in areas such as critical care units and emergency departments, the clinical needs of patients take priority over segregation by gender, but trusts are still expected to do all that they reasonably can to provide separate sleeping areas for men and women.

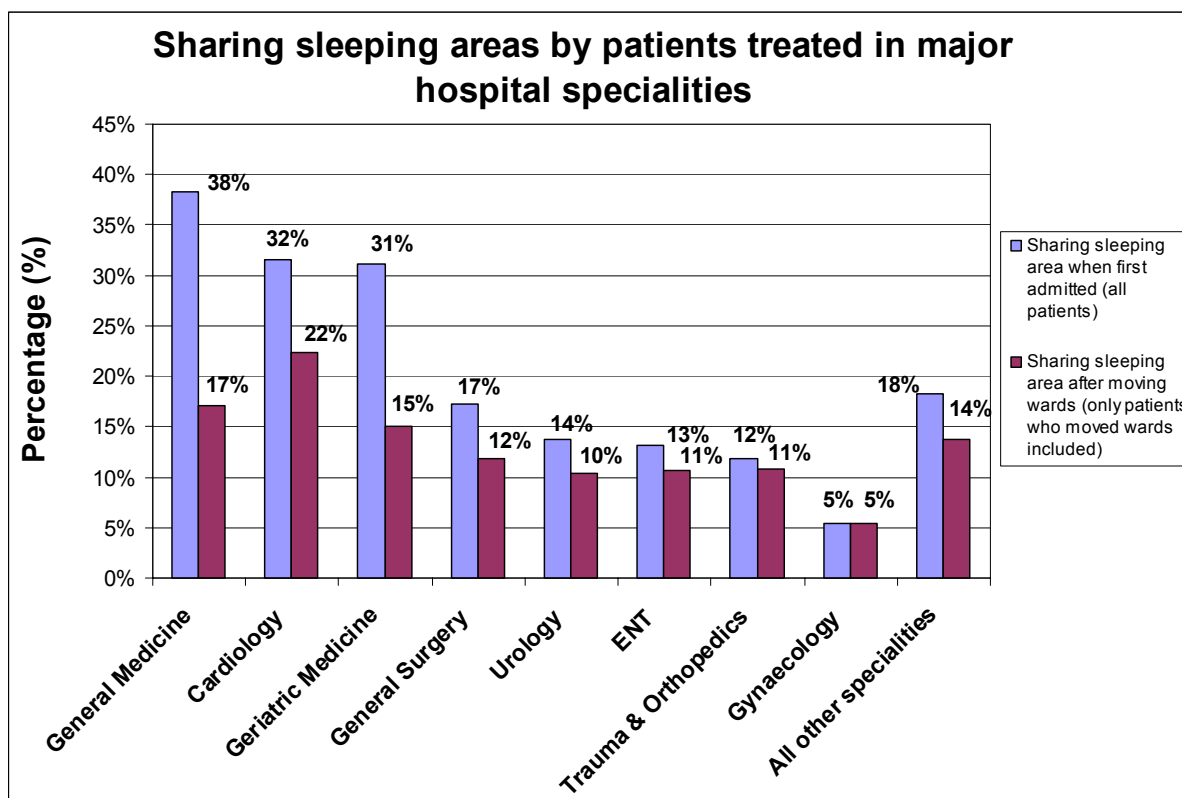
Figure 4: Differences in responses to questions on mixed-sex wards and bathrooms between emergency and planned admission patients



There is great variability between the reporting of sharing with patients of the opposite sex depending on what specialty the patient was seen by. Those patients seen by consultants from the general medicine specialty were most likely to report sharing a sleeping area when first admitted to hospital (38%) but, if a patient moved wards, this proportion more than halved (17%). Similarly, the proportion of patients admitted under a geriatric medicine consultant who shared facilities also halved after moving wards, dropping from 31% to 15% as did patients from the cardiology specialty, of which 32% reported sharing when they were first admitted, decreasing to 22% if they later moving wards. Gynaecology patients were least likely to share a sleeping area when they first arrived (6%) and this rate did not change much (5%) if a patient moved wards. Likewise, the type of hospital trust attended altered a patient’s likelihood of sharing facilities with the opposite sex. Just 6% of patients at orthopaedic hospitals and 7% from specialist hospitals reported sharing when initially admitted, compared to 26% of patients at large acute hospitals.

Type of trust also affected the proportion of patients who said they shared a bathroom or shower area with members of the opposite sex. Orthopaedic patients were again least likely to report sharing (12%), while patients in teaching hospitals were most likely to (34%). Equally, speciality affected a patient’s likelihood of having to share bathroom facilities with members of the opposite sex as just 6% of gynaecology patients reported sharing, compared to 39% of cardiology patients.

Figure 5: Differences in reporting sharing sleeping areas with patients of the opposite sex by hospital speciality



4.2 Cleanliness

More than nine in every ten patients (93%) described the cleanliness of the hospital room or ward in which they were staying as “very clean” or “fairly clean”, the same proportion as in 2006, and an improvement from 92% in 2005. Only 1% of patients rated their hospital room or ward as “not at all clean”.

Again, the majority of patients (88%) rated the cleanliness of hospital toilets and bathrooms as “very clean” or “fairly clean”, similar to previous years (88% in 2006, 87% in 2005). Three percent said the bathrooms and toilets were “not at all clean”.

Male respondents (94%) were slightly more likely than female respondents (92%) to consider the ward “very clean” or “fairly clean”, and to rate the toilets and bathrooms as “very clean” or “fairly clean” (90% and 87% respectively).

4.3 Food

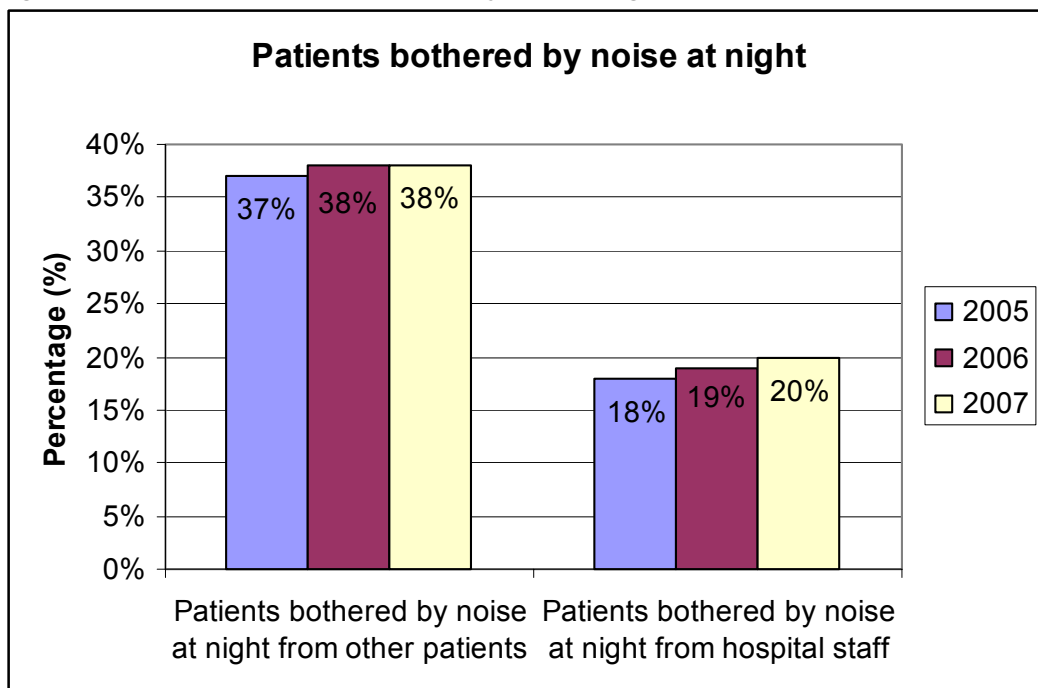
Ratings of hospital food have varied very little over the last three survey years but the 2007 survey showed the first sign of change with an increase in the proportion of patients who rated the food they received as “very good”, up one percentage point to 19%. Over half (55%) of patients surveyed in 2007 rated the food as “very good” or “good”, while another 15% considered it “poor”. There was also an improvement in the proportion of respondents who said, if they needed it, that staff gave them enough help to eat their meals, up from 58% in 2006 to 60% in 2007. However, the proportion of patients who said that they were “always” given a choice of food (77%) was lower than in 2006 (79%). A further 16% in 2007 said they were offered a choice “sometimes”.

Patients' ratings of the food they ate were strongly related both to whether they were given a choice of meal and whether they had enough help from staff to eat their meals. "Poor" ratings of hospital food were more common among patients who had not been offered a choice of food: only 10% of patients "always" offered a choice of food rated the food as poor compared with 39% of patients who said that they were not offered a choice of food. Similarly, patients who said that they did not have enough help from staff to eat their meals were more than four times as likely to rate the food they ate as poor (37%) compared with patients who "always" had enough help from staff to eat their meals (8%).

4.4 Noise on hospital wards

The proportion of patients who said they were bothered by noise at night from other patients (38%) displayed a significant increase of less than one percent since 2006. The proportion of patients reporting being disturbed by hospital staff making noise at night increased significantly from 19% in 2006 to 20% in 2007. The findings of the past three years demonstrate a small but steady deterioration in this aspect of patient experience as more respondents report being disturbed while trying to sleep.

Figure 6: Proportion of patients bothered by noise at night from other patients or hospital staff



Wide variation was observed across specialities with ear, nose and throat (ENT) patients being least likely to say they were bothered by other patients at night time (29%), while those from general medicine (48%) and geriatric medicine (46%) specialties being the most likely to report noise at night from other patients. Patients seen by cardiology or by trauma & orthopaedics specialties were the least likely to report that they had been bothered by noisy staff (both 17%), while general medicine patients were most likely (24%).

4.5 Safety and security on hospital wards

Two questions on patients' safety and security on hospital wards were introduced to the 2007 survey. Only 4% of respondents said they felt threatened by other patients or visitors during their stay in hospital.

The Department of Health specifies minimum criteria for a ward as including "facilities for patients to securely store their belongings"¹. Almost all patients (96%) reported having somewhere to keep their personal belongings whilst on the ward, however, 67% of these patients could not lock this space. This means that fewer than one-third of respondents (29%) met the Department of Health minimum criteria and had a lockable place to store their belongings whilst on the ward. This varied across trusts, with more respondents at specialist (40%) and orthopaedic (37%) trusts reporting that they had some where to keep their personal belongings that they could lock. Fewer respondents at London-based trusts said that they had somewhere to keep their belongings which they could lock compared with respondents from non-London trusts.

¹ <http://www.performance.doh.gov.uk/hospitalactivity/nhsweb/qmaefg.htm>

5 Doctors and nurses

When asked about relationships between hospital staff, more than nine out of ten patients (92%) rated the way doctors and nurses worked together as “good,” “very good” or “excellent”, the same proportion as in 2006. The proportion of respondents rating this as “excellent” was 39%, an increase from 36% in 2006 and 38% in 2005.

5.1 Answers to questions

Sixty seven percent of respondents said that doctors “always” replied to their questions with answers that they could understand; a slight decrease from 2006 (68%). A further 27% said they “sometimes” got answers they could understand. The proportion of patients who did not get a comprehensible answer from doctors increased to 6% in 2007, from 5% in 2006. Male patients were more likely to say they “always” had their questions answered in a way they could understand (70%) than were female patients (67%), however, the proportion of patients reporting they did not receive an explanation they could understand did not vary so much between male (5%) and female (6%) patients.

A slightly lower proportion of respondents said that nurses (66%) “always” gave them an answer they could understand. However, the proportion of patients who said that nurses did not give them answers they could understand remained at 5%, lower than this proportion for doctors (6%). Male patients were more likely to say they “always” had their questions answered in a way they could understand (69%) than were female patients (64%). The proportion of patients not receiving an explanation they could understand did not vary as much between male (4%) and female (5%) patients.

5.2 Confidence and trust

A greater proportion of respondents said that they “always” had confidence and trust in the doctors that treated them compared with nurses: Eight in ten patients replied that they “always” had confidence and trust in the doctors, while fewer than three-quarters (74%) felt the same about nurses. However, the proportion of respondents who did not have confidence and trust in staff was equal for questions about both nurses and doctors (3%).

The proportion of patients who “always” (80%) and “sometimes” (17%) had confidence in the doctors treating them has not changed over the past two survey years. While nurses were not as trusted as doctors, the proportion of patients who said they did not have confidence and trust in the nurses treating them decreased by one percentage point in 2007 to 3%, the same proportion as those who did not have confidence and trust in their doctors. An additional 23% said they “sometimes” had confidence and trust in their nurses, the same proportion as in 2006.

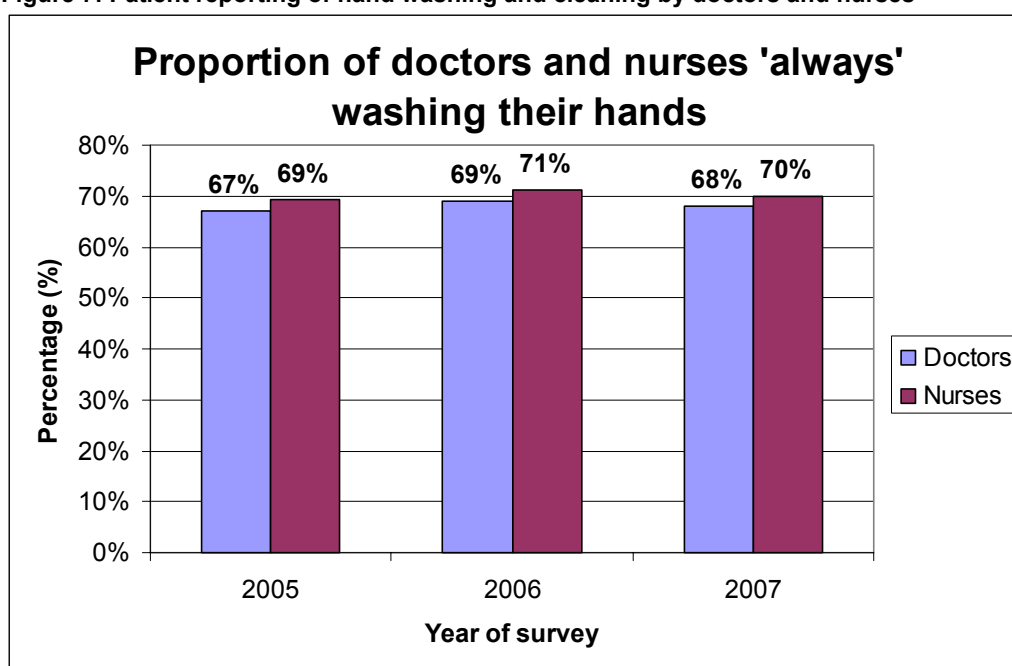
A greater proportion of respondents said that doctors talked in front of them as if they weren’t there than nurses were. Over a quarter of patients (28%) reported that doctors “often” or “sometimes” spoke to others in front of them as if they were not there, while 21% said this for nurses.

5.3 Hand washing and cleaning

A report by the National Audit Office (2000)¹ states that handwashing is “regarded by many as one of the most effective preventative measures against hospital acquired infection, and is one example of good practice that needs to be more widely implemented”. This is the third consecutive year that questions have been asked about hand washing or cleaning by hospital staff between touching patients and, in 2007, it was slightly less common for patients to report that doctors and nurses “always” washed or cleaned their hands than in the 2006 survey (down one percentage point for both groups).

Seventy percent of patients said that as far as they knew, nurses “always” washed or cleaned their hands between touching patients and a further 23% said they “sometimes” did so. It was less common for patients to report that doctors “always” washed or cleaned their hands with 68% reporting that this “always” happened and another 20% saying this “sometimes” happened. Nearly twice as many patients replied that doctors (12%) did not wash or clean their hands between touching patients than did for nurses (7%). The use of gloves or barrier cream by staff is not asked about in this survey.

Figure 7: Patient reporting of hand washing and cleaning by doctors and nurses



Both questions on hand washing/cleaning have an additional response option of “don’t know / can’t remember” which is not included as a specific response to this question for reporting but is very important in interpreting these results. The proportion of patients who said that they did not know or could not remember if doctors and nurses had washed or cleaned their hands was almost identical to 2006; in 2007, 40% of patients said that they did not know or could not remember if doctors had washed or cleaned their hands, down from 41% in 2006. This slight increase in awareness may have been fuelled by media coverage of issues concerning hospital-acquired infection. Respondents were more aware of whether nursing staff washed or cleaned their hands between patients with only 27% selecting “don’t know / can’t remember”, the same proportion as in 2006.

¹ Comptroller and Auditor General of the National Audit Office. *The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England*, pages 1 and 7. London: the stationery office, 2000.

6 Patient care and treatment

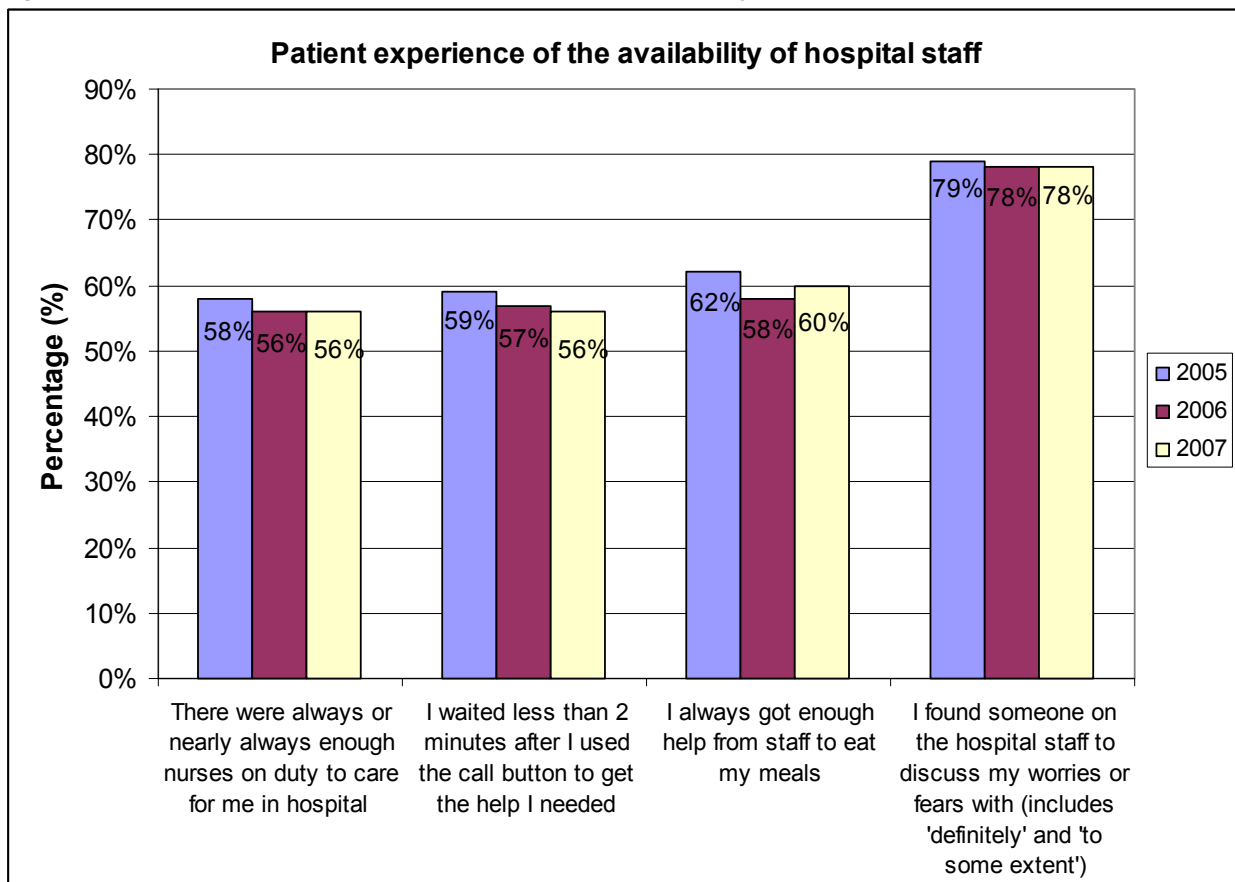
6.1 Availability of staff

Forty-four percent of respondents said, that in their opinion, there were “sometimes” or “rarely” enough nurses on duty to care for them while in hospital, the same proportion as in 2006. In 2005 this figure stood at 42%.

Certain questions in the adult inpatient questionnaire are very closely correlated with perceived availability of staff, perhaps the most significant is that which asks how long respondents report waiting before the patient call button is answered. Responses to the call button within two minutes continued a downward trend to 56% in 2007, a drop from 59% in 2005 and 57% in 2006. As in 2006, the proportion of patients said that it took more than five minutes for a member of staff to answer the call button was 15%. In 2005, this figure was lower at 13%. Male respondents were more likely to report that the call button was answered within two minutes (61%) than female patients (53%), although the percentage of patients who said they never got help when using the call button was the same for men and women (1%).

Respondents who answered that there were always or nearly always enough nurses to care for them were more likely also say that they received help within two minutes of using the call button (74%) than were patients who “sometimes” felt there were enough nurses (45%) and those who said there were “never” enough nurses (24%).

Figure 8: Patient experience of issues dependent upon availability of hospital staff



6.2 Involvement in care

Overall, nearly 8 in 10 patients (78%) could find someone on the hospital staff to talk to about their worries and fears, either “definitely” or “to some extent”. However, the proportion of patients who were said they were “definitely” able to find someone to talk to about their worries and fears decreased from 42% in 2006 to 40% in 2007. Overall, 88% of patients who answered that there were “always or nearly always” enough nurses to care for them said that they could find someone on the hospital staff to talk to about their worries and fears either “definitely” or “to some extent”. This figure was 75% for those who said there were “sometimes” enough nurses to care for them, and 55% for respondents who said there were “rarely or never” enough nurses.

Fifty-one percent of patients said they “definitely” felt involved in decisions about their care and treatment with another 38% feeling involved “to some extent”. A steady decline in the proportion who said they were “definitely” involved is evident, decreasing from 53% in 2005, 52% in 2006 and 51% in 2007. As in 2006, nearly 8 in 10 patients (79%) judged that they received “the right amount” of information about their condition or treatment. A further 21% of patients in said that they were not given enough information and less than 1% said they received too much (both unchanged from 2006).

As might be expected, the amount of information patients were given about their condition or treatment was related to how they rated the degree of involvement in decisions about their care and treatment. While only 5% of patients who said they were “definitely” involved as much as they wanted to be in decisions about their care and treatment reported not having enough information, 67% of patients who said that they were **not** involved in decisions about their care and treatment responded that they did not have enough information. This illustrates how hospital staff can empower patients and make them feel involved in decision-making by providing them with the appropriate amount of information.

When patients were asked whether hospital staff had given them conflicting information, a smaller proportion of patients (7%) in 2007 said they “often” received conflicting information than in 2006 (8%). The proportion of patients who did not hear conflicting information showed a significant increase from 65% in 2006 to 66% in 2007.

Forty-three percent of respondents answered that family or someone close to them “definitely” had enough opportunity to talk to a doctor if they wanted to, with a further 40% reporting this “to some extent”. By comparison, while 43% of respondents said that when leaving hospital their family or someone else close to them were “definitely” given enough information they needed to help care for them (up one percentage point from 2006), only another 22% said their family received information “to some extent” (down two percentage points from 2006). This suggests that family members and friends have a much easier time meeting with hospital staff to discuss patients during the inpatient stay than during discharge.

6.3 Privacy

Nearly 7 in 10 patients (69%) replied that they “always” had enough privacy when discussing their condition or treatment. This is a slight decrease from 2006 (70%) and 2005 (71%). As in 2006, a further 22% said they “sometimes” had enough privacy. Less than one in 10 patients (9%) said they were not given enough privacy when discussing their condition or treatment.

A higher proportion of patients (87%) were “always” given enough privacy when being examined or treated. This figure is statistically unchanged when compared with 2006, but down from that in 2005 (88%). As in 2006, a further 11% “sometimes” had enough privacy and, encouragingly, only

2% did not feel they were given enough privacy when being examined or treated. One explanation for this is that the use of curtains to partition rooms containing multiple patients is effective visually (resulting in increased privacy during examinations), but comments made by staff and patients can sometimes be overheard by other patients and visitors. Alternatively, this discrepancy may reflect differences in the provision for private treatment areas compared with private spaces for discussing treatment.

Male and female patients judged levels of privacy differently although this discrepancy was greater when rating privacy when discussing the condition or treatment than during examinations or the treatment itself. During discussions about their condition or treatment, men (74%) were more likely than women (65%) to report “always” having enough privacy. Men were also more likely to say that they always had enough privacy during treatment (89%) and examination than women were (86%).

6.4 Overall

There has been continual improvement in patients rating the overall care in hospital as “excellent”, increasing from 40% in 2005, 41% in 2006 and 42% in 2007. The increase in respondents seen in 2007 mostly came from the group who rated their overall care as “very good”, this decreasing from 36% in 2006 to 35% in 2007. There was no significant change in the proportion who rated their care as “good”, “fair” or “poor” for 2007.

The percentage of patients who said they were “always” treated with respect and dignity remained constant at 78%. In 2007, 97% of patients were treated with respect and dignity “always” or “sometimes”.

Older patients reported higher levels of respect and dignity with 84% of over 65’s reporting “always” being treated with respect and dignity, compared to 63% of 16 to 35-year-olds. Correspondingly, younger patients were twice as likely to report “sometimes” having been treated with respect and dignity. Similarly, men were more likely to feel that they were “definitely” treated with respect and dignity (83%) than women were (75%). However, the proportions of male and female patients who did not feel they were treated with respect and dignity was similar (3% and 4%, respectively).

7 Pain

Two thirds of patients (66%) reported experiencing pain during their stay in hospital, a proportion comparable to the 2005 (66%) and 2006 (67%) surveys. Of these, 71% thought that the hospital staff “definitely” did everything they could to help control their pain, down from 72% in 2006. A further 23% of patients thought their pain was controlled to some extent, the same proportion as in 2005 and 2006.

Male patients (74%) were more likely than female patients (70%) to report that staff “definitely” did everything they could to control the patient’s pain. Patients from different age groups also responded differently to the question on pain management; the oldest group, those aged over 65 years were the most likely to report that staff “definitely” did all they could to help control their pain (75%) while the youngest group of 16 to 35-year-olds were least likely (59%) to choose this response option. Inversely, the oldest patients were least likely to report that staff did not do everything they could to control the pain (4%), compared with the youngest patients in the sample who were the most likely to indicate this (12%).

Pain management varied a great deal between different specialities. While 77% of cardiology patients answered that hospital staff “definitely” did everything they could to help control their pain, only 65% of patients treated by a consultant from geriatric medicine or general medicine thought staff did everything they could. However, the proportion of respondents who felt that staff did not do everything they could to control their pain was more uniform, ranging from 4% for patients in cardiology to 7% of patients seen by general medicine or gynaecology specialties.

8 Operations and procedures

More than two-thirds (68%) of patients had an operation or procedure while in hospital, the same proportion as in 2006. As in 2006, responses regarding operations and procedures showed little change in the quality of the information they received compared with the 2005 survey.

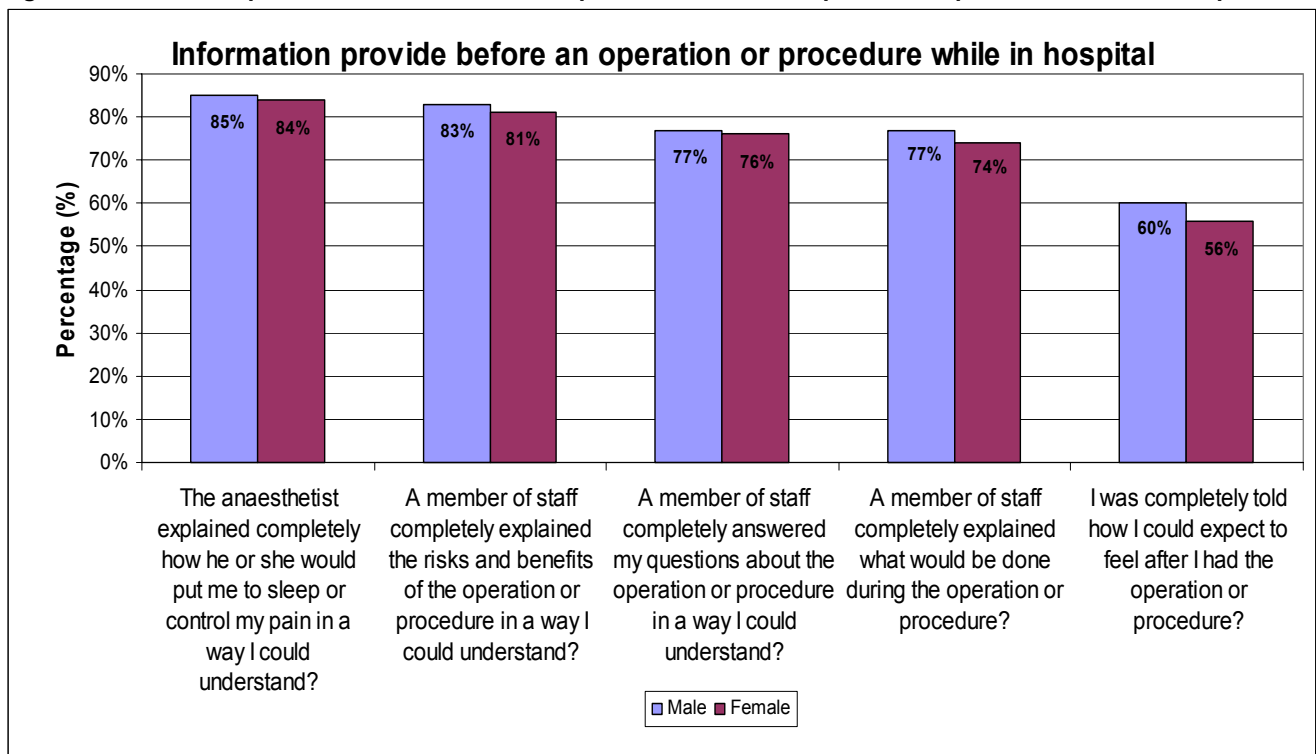
Of those patients undergoing an operation or procedure in 2007, almost three-quarters (74%) had received a “complete” explanation about what would be done during the operation or procedure, and a further 21% had received an explanation, “to some extent”. This is unchanged from both 2005 and 2006.

More than four-fifths (81%) said that they were “completely” informed about the risks and benefits of their procedure; no change from 2006 and another 15% said they were informed “to some extent”.

About three-quarters (76%) said they had their questions answered in a way they could “completely” understand before their operation or procedure, unchanged from 2006, and a further 21% answered “to some extent”.

Overall, 56% of patients said they were told how they would expect to feel after they had the operation or procedure, unchanged compared with 2006, but a slight increase on the 2005 rate of 55%. A further 28% were told how they could expect to feel “to some extent”. This is the question to which the largest proportion of patients (16%) answered that they were not informed.

Figure 9: Information provided to male and female patients about their operation or procedure while in hospital



Nearly nine in ten patients (87%) said they were given an anaesthetic to control their pain or help them sleep, an increase from 84% in 2006. Levels of information provided to patients who were given an anaesthetic were very high: 84% of respondents stated that the anaesthetist or another

member of staff explained how they would be put them to sleep or control their pain in a way they could “completely” understand, while a further 12% received an explanation, to some extent.

Patients were less well-informed about the results of their operation or procedure; 65% reported that a member of staff had “completely” explained how the operation or procedure had gone in a way they could understand, while a further 23% said staff explained this “to some extent”. While the proportion of patients who said they were “completely” informed had increased one percentage point since 2006, patient reporting suggests that hospital staff provide a significantly greater amount of information before the operation or procedure than they do following it.

9 Leaving hospital

9.1 Involvement in discharge decisions

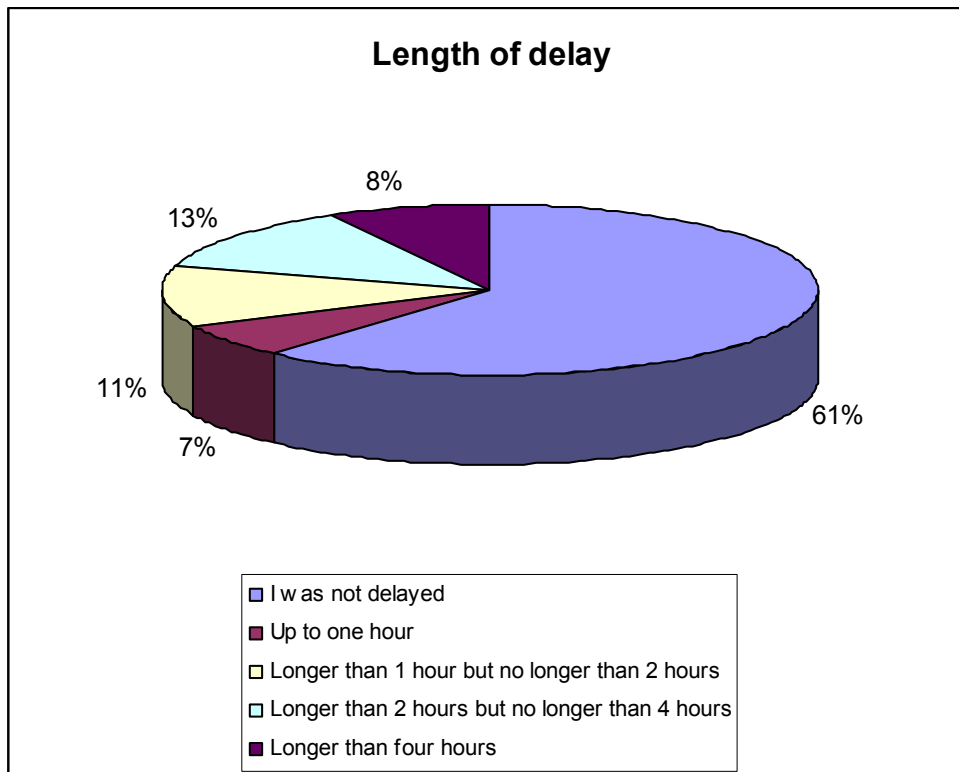
In 2007, a new question was introduced, asking patients if they felt that they were involved in decisions about their discharge from hospital. Over half (53%) of patients said they were “definitely” involved in this decision and a further 30% were involved to some extent.

9.2 Discharge delays

Previous surveys of adult inpatients in the NHS show that a considerable proportion said they experienced delays during their hospital discharge and almost two in every five patients in the 2007 survey (39%) said their discharge was delayed when they left hospital; a deterioration from the 2006 figure of 38%. Of those patients who had their discharge delayed:

- 17% were delayed up to one hour
- 30% were delayed between one and two hours
- 33% were delayed between two and four hours
- 20% were delayed more than four hours.

Figure 10: Proportion of patients who had their discharge from hospital delayed



Patients reported that the most common reason for experiencing a delay was having to wait for medicines to take home (61%), but another 17% said they were delayed because they needed to see a doctor before discharge and 9% because they had to wait for hospital transport. Overall, there has been no significant change in these figures since the 2005 survey.

Reported waiting times for those who were waiting for medication were generally shorter than waits reported by those who needed to see a doctor prior to discharge or required hospital transport. Just over half of patients (51%) waiting for medication had their discharge delayed by two hours or less, the same proportion as in 2006. Forty-two percent of those waiting to see a doctor waited for two hours or less, as did 41% of patients waiting for hospital transport. These two groups also reported the longest waits with 26% waiting longer than four hours compared to 17% of patients waiting for medication.

The youngest patient group (aged 16-35 years) were the most likely to say they had a delayed discharge (44%) than any other age group, while those over 65 years were the least likely to say they experienced a delay (36%). The likelihood of delay did not vary by hospital size, although patients discharged from teaching trusts were more likely to be delayed (41%) than those leaving non-teaching trusts (38%). Delays were also more common among patients being discharged from London trusts (44%) than trusts outside of London (39%) although this is confounded by the increased proportion of younger patients who live within London.

9.3 Information about medicines

Patients discharged with medication to take home were asked about the information they received regarding the purpose and side effects of that medicine.

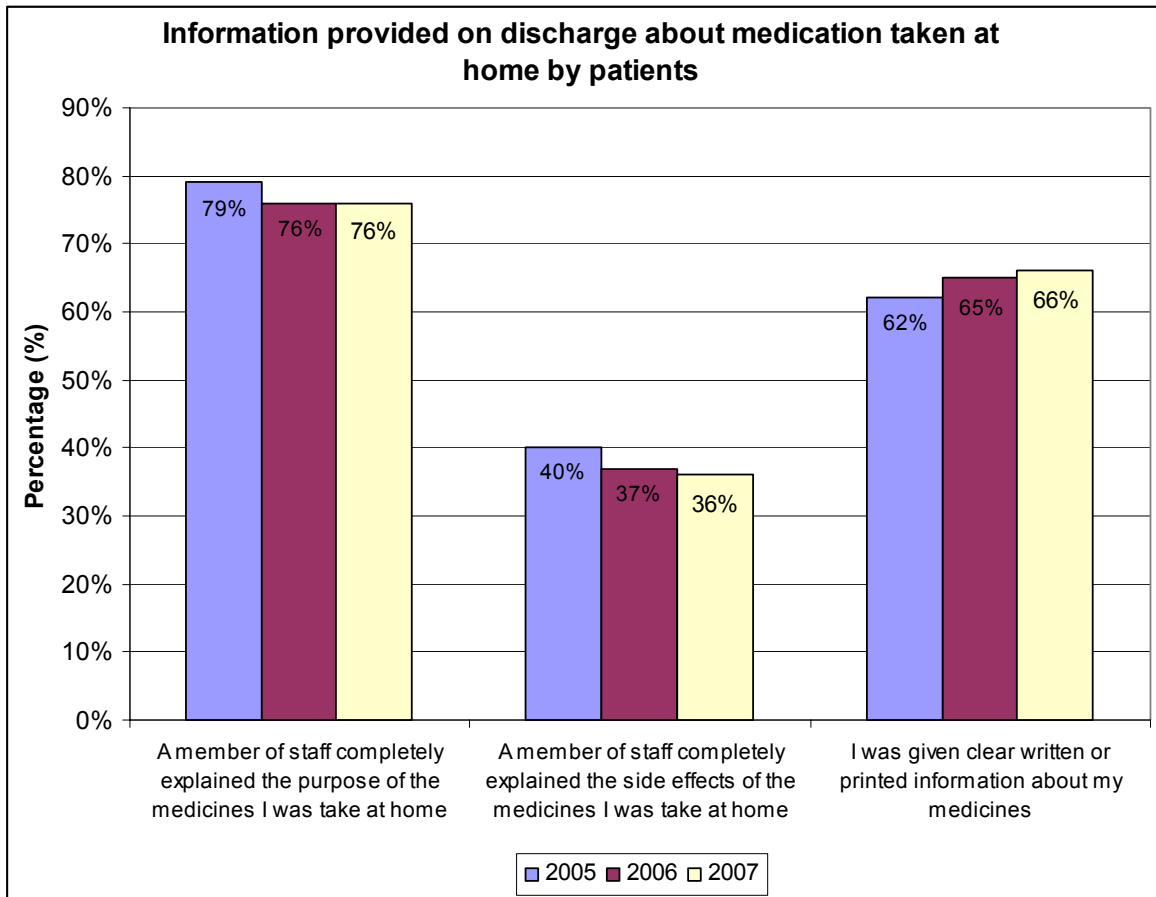
Instructions both on how patients should take their medicine and why they were to take it were provided to most patients. For the first time, patients were asked whether they were told how to take their medicine in a way they could understand. Over three-quarters (76%) said they were “definitely” told how to correctly take their medicine, but 9% of patients said they were not given sufficient explanation about taking their medicines. When asked whether a member of staff explained the purpose of the medicines they were to take at home in a way they could understand, 76% answered “completely”, the same proportion as in 2006 but a decrease from 79% in 2005. A further 16% said they were informed “to some extent”, and 8% of patients said they were not told about the purpose of their medicines.

In 2007, only 36% of patients taking medicines home said they were given a “complete” explanation of the medication’s possible side effects, a downward trend from 37% in 2006 and 40% in 2005. The proportion saying they did not receive information about medication from hospital staff increased from 42% in 2005 to 45% in 2006 and to 46% in 2007.

European Community Directive 2001/83¹ states that all medicines to be taken home by inpatients must contain written or printed instructions designed to be clear and understandable by patients. An improvement in the printed information provided to patients was seen in 2007, with 66% of respondents saying they were given complete and clear written or printed information about their take-home medicines, up from 65% in 2006 and 62% in 2005. There has been a statistically significant increase of less than one percentage point in the proportion of respondents who said they were not given clear written or printed information about their medicines, remaining at 18% as in 2006, but still an improvement on the 2005 figure of 20%.

¹ European Community Directive 2001/83 EC (the provisions formerly in Directive 92/27 EEC).

Figure 12: Information provided on discharge about medication taken at home by patients



9.4 Information about care at home

Nearly four in ten (39%) respondents replied that a member of staff had “completely” told them about danger signals they should watch out for after they went home, a decrease from 2006 (40%) and 2005 (41%). A further 21% were informed, “to some extent”, the same proportion as in 2006. Nearly three-quarters of patients (74%) said they were told by hospital staff who to contact if they were worried about their condition or treatment after they left hospital, down from 76% in 2006.

The number of patients who said that hospital staff “definitely” gave family members or someone close to them enough information to help them recover improved to 43% in 2007, an improvement from 42% in 2006, but the same as in 2005. However, more than one third of patients (35%) said that family members were not given the information they needed to help care for them, an increase from 33% in 2005 and 34% in 2006.

In 2007, the question “before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?” was included in the core questionnaire, having previously been included in the question bank. Although written or printed information is not a requirement upon discharge, more than half of patients (61%) said that they had been given written or printed information.

Complaints

Only 7% of respondents were ever asked to give their views on the quality of their care, a statistically significant increase of less than 1% from 2006, and significantly higher than 2005 (6%).

One-third of respondents (37%) said that they saw posters or leaflets while in hospital explaining how to complain about the care they had received. Overall, 7% of respondents stated that they wanted to complain about the care they received in hospital. Only 12% of these respondents said that hospital staff provided them completely with the information they needed to do this and another 15% said they did so “to some extent”. Nearly three-quarters of patients (73%) said they did not get the information they needed to complain about their care from hospital staff. These questions were new additions to the questionnaire so comparisons cannot be made from previous years. Interestingly, patients who reported that they wanted to complain about the care they had received were in fact less likely to have seen posters or leaflets telling them how to do this (23%) than were patients who did not want to complain (38%).

9.5 Copies of correspondence

The NHS Plan¹ states that “patients often do not know why they are being referred, or what is being said about them”. To improve patient’s understanding about their treatment, the NHS Plan said that “letters between clinicians about an individual patient’s care will be copied to the patient as of right”. The proportion of patients receiving copies of letters sent between hospital doctors and their own family doctor (GP) continues to improve, with 39% of patients in 2007 saying that they received these letters, an increase from 37% in 2006 and 35% in 2006.

¹ Secretary of State for Health. *The NHS Plan*, page 88. London: the stationery office, 2000.

Appendices

Appendix 1: About the national NHS patient survey programme

The national NHS patient survey programme, which the Healthcare Commission assumed responsibility for in April 2004, is one of the largest patient survey programmes in the world. It provides a unique opportunity to monitor the experiences of healthcare users and is an important part of the Healthcare Commission's annual health check assessment of NHS organisations.

The national NHS patient survey programme aims to:

- Provide feedback from patients to healthcare organisations which can be used locally for quality improvement
- Gather information about the experiences of people using services to inform performance assessments and Healthcare Commission inspections and reviews at a local level
- Assess the performance of healthcare providers and monitor the experiences of patients at a national level
- Allow healthcare organisations to compare their results so that best practice can be shared.

During 2007, the Healthcare Commission carried out three national surveys asking patients across England about their experiences of inpatient, maternity and mental health care. The questionnaire and methodology used in this inpatient survey was developed by the Picker Institute.

The results of the survey and data on patients' experiences in each NHS trust are available in detailed reports and can be found on the Healthcare Commission website at <http://www.healthcarecommission.org>

How was the 2007 inpatient questionnaire developed?

Instruments to measure patients' experience were originally developed by researchers at Harvard Medical School with funds from the Picker/Commonwealth Program for Patient-Centred Care, a programme established in 1987 under the auspices of the Commonwealth Fund of New York¹. Patients were asked to report in detail on their experience of a particular provider at a specific point in time by responding to questions about whether or not certain processes or events occurred during the course of a specific episode of care². Responses to these types of questions are intended to be factual rather than evaluative and they are designed to help healthcare organisations to pinpoint problems more precisely³.

In 2002, Picker Institute Europe carried out further interviews and focus groups to adapt the Picker questionnaire for the English National Survey Programme. Surveys were also organised to determine patients' top priorities. The questionnaire was further refined in 2004, 2005 and 2006 to incorporate policy changes and to ensure that it included the questions that were the most useful in designing quality improvements. The full reports of the development of the 2002 inpatient survey,

¹ Beatrice DF, Thomas CP, Biles B. Grant making with an impact: the Picker / Commonwealth patient-centred care program. *Health Affairs* 1998; 17:236-44.

² Cleary PD and Edgman-Levitan S. Health care quality: incorporating consumer perspectives. *Journal of the American Medical Association* 1997; 278:608-12.

³ Secretary of State for Health. The NHS Plan. London: the stationery office, 2000.

and of its refinement for the 2004, 2005 and 2007 surveys, are available on the www.nhssurveys.org website^{1 2 3 4}.

Sampling

This survey was carried out in 166 English Acute NHS trusts with adult inpatients. Each trust identified a list of 850 eligible patients who had been consecutively discharged leading up to the last day of June, July, or August 2007. Patients were eligible if they were 16 years or older, had at least one overnight stay in hospital, and were not maternity patients, private patients, or psychiatric patients.

Comparisons between years

The Department of Health commissioned the first national inpatient survey in 2002 and the Healthcare Commission repeated this survey in 2004, 2005, 2006 and 2007. This report summarises the key findings of the 2007 inpatient survey and highlights differences with the 2005 and 2006 results. The results from the 2004 survey are not included in comparisons due to differences in the sampling methodology ie only patients aged 18 years and over were included in the 2004 survey as separate survey of children and young people (aged 0-17 years) took place that year.

The 2005, 2006 and 2007 survey results were compared on all of the 56 questions that were directly comparable (i.e. those questions that were unchanged between the three surveys, or for which response options could be matched up in a way that allowed them to be compared). Further comparisons were made between 6 questions asked only in 2006 and 2007. Z-tests were used for significance and all differences that are noted in this report are significant using $\alpha=0.05$. Bonferroni correction was used for all multiple comparisons (ie where data was available for all three years).

Questionnaire and method

The questionnaire was composed of closed questions except for a final section that invited respondents to comment in their own words on the aspects that were particularly good about their care, and the aspects that could be improved. This information is available for trusts to use, but is not submitted to the Co-ordination Centre as part of the national patient survey programme.

Patients selected for the sample were sent a postal questionnaire and a covering letter. Up to two reminder letters were sent to non-respondents.

¹ Reeves R. et al. *Development and Pilot Testing of Questionnaires for use in the Acute NHS Trust Inpatient Survey Programme*, 2002. <http://www.nhssurveys.org/Filestore/Filestore/documents/DevelopmentInpatientQuestionnaire.pdf>. Oxford, Picker Institute Europe.

² Reeves R. *Preparation of Core Questionnaire for inpatient survey 2004*, 2004. http://www.nhssurveys.org/Filestore/documents/Amendments_inpatient_survey.pdf. Oxford, Picker Institute Europe.

³ Boyd J, Wood D and Reeves R. *Development and pilot testing of the questionnaire for use in acute adult inpatients survey*, 2005. http://www.nhssurveys.org/Filestore/documents/Re-development_report_of_the_acute_adult_inpatients_survey_2005.pdf. Oxford, Picker Institute Europe

⁴ Boyd J. *The development report for the 2007 inpatients survey*, 2007. http://www.nhssurveys.org/Filestore/documents/The_development_report_for_the_2007_Inpatients_survey_v1.pdf. Oxford, Picker Institute Europe

Calculation of trust-based national averages for responses to all questions

The weighted percentages presented in this report were calculated so that each trust had an equal influence on the final estimate. They therefore represent the results from the “average trust”. If unweighted percentages had been used, the trusts’ influence would not have been equal, since some trusts had a higher response rate than others and would therefore contribute more to any percentage calculated in this way. The effect of this would have been to skew the national averages towards the averages for the trusts with the greatest response rates.

This method ensures that all trusts had the same influence on the percentages, regardless of their response rate. That is, the proportion of responses to each response option for each individual question is calculated within each trust. The overall national percentage for a given response is then calculated as a mean of all the trusts’ proportions.

This method provides a figure that represents every trust equally regardless of differential response rates.

The only exceptions to this approach were in the figures for demographics (sex, age, level of education, personal health evaluation, any disability and its effect on daily living, and ethnic group). These are given as simple percentages, as it is more appropriate to present the real percentages of sampled patients and respondents, rather than average figures.

Appendix 2: Who took part in the survey?

Questionnaires were sent to 139,877¹ patients and completed questionnaires were received from 75,949 respondents. This represents an adjusted response rate of 56.1% when undelivered questionnaires, ineligible patients, and deceased patients have been accounted for (adjusted response rates varying between trusts from 33.7% to 78.4%).

This represents a slight decrease from the 2006 survey, which had an adjusted response rate of 58.7% (varying between trusts from 37.5% to 78.9%), following the downward trend in response rates from 59.3% in 2005, 63.3% in 2004 and 64%² in 2002.

Outcome of sending questionnaire

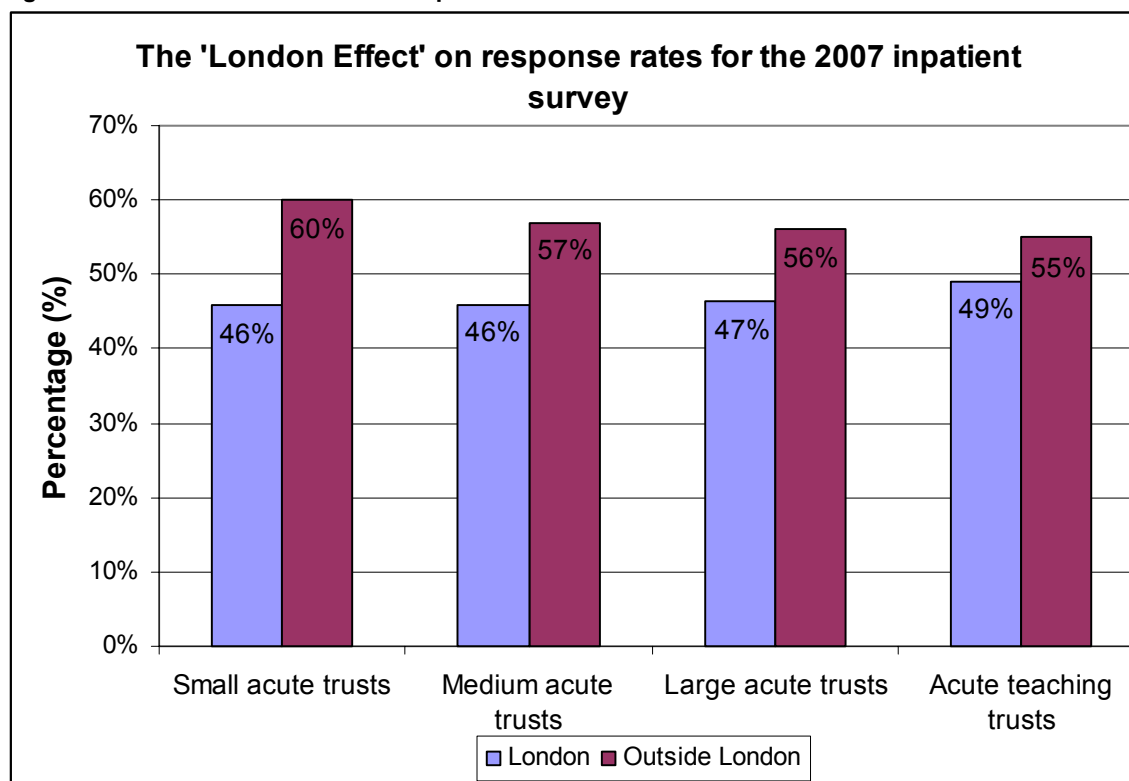
	Number	Percent
Returned useable questionnaire	75949	54.3
Returned undelivered or pt moved house	1602	1.1
Patient died	2367	1.7
Too ill, opted out or returned blank questionnaire	8674	6.2
Patient not eligible to fill in questionnaire	439	.3
Questionnaire not returned - reason not known	50846	36.4

Orthopaedic and acute specialist trusts had the highest average response rates for the survey (72.6% and 61.6% respectively), and London-based acute trusts had the lowest (averaging 46.5%). London-based acute trusts also had significantly lower response rates than those outside London (11.0 percentage points lower for all London trusts), although this difference was greater in small acute trusts (13.7 percentage points) than in medium (10.1 percentage points) or large trusts (9.9 percentage points). Please notes these response rates are not weighted for the demographic composition of the sample and much of the effect of reduced response rates are due to the very high levels of Black and minority (BME) groups present in London which have a lower mean response rate than white patients.

¹ The Royal National Orthopaedic Hospital NHS Trust eventually mailed a full sample of 850 patients but was not able to be included in this data when produced because of sample quality issues.

² Information to one decimal place not available for 2002 data.

Figure 11: The “London Effect” on response rates



In 2007, the adjusted response rate for the inpatient survey has decreased by 2.6 percentage points to 56.1%. Overall, 103 trusts had a decreased response rate of more than one percentage point in the 2006 survey (but as high as a 21.6 percentage point decrease), 34 trusts remained unchanged and 28 trusts had an increased response rate of more than one percentage point (up to an 8.0 percentage point increase).

Of all those patients who returned completed questionnaires (these figures are provided in the tables in Appendix 6):

- 54.5% were women
- 9.3% were aged 16-35 years, 15.4% 36-50 years, 26.7% were 51-65 years, 48.6% were 66 and over
- 94.1% were White, 2.5% Asian or Asian British, 1.9% Black or Black British, 0.4% were of mixed race, 0.2% were Chinese and 1% were from another ethnic group
- 53.7% of patients rated their own health as good, very good or excellent in the last four weeks, 46.3% as very poor, poor or fair.

Long-term conditions

Following the change in questions about long-standing conditions, a larger proportion of respondents reported having a long-standing condition, but a smaller proportion of these answered that it gave them difficulty with anything in their daily life. In 2007, approximately 6 in 10 respondents said they have a long-standing health problem or disability (61.5%), compared with just over half of the respondents to the 2006 survey (51.6%). Nearly three-quarters of respondents (25.9%) with a long-standing condition answered that it did cause them difficulty with at least one of the everyday activities that we listed; in 2006 this figure was 54%.

The new questions list a range of conditions and the effect these conditions have on activities carried out by the respondent. Respondents were able to select more than one option to both questions. The most frequent conditions indicated by respondents were having a long-standing

illness (for example, cancer, HIV, chronic heart disease, diabetes, etc) or a long-standing physical condition (both 31%). However, only 39% of respondents said they did not have a long-standing condition, which is significantly lower than survey findings in 2006 (48%). We believe that a more complete list of conditions has encouraged respondents to include themselves where previously they might not have because they may not have understood what constitutes a “long-standing condition”. Because of the stigma frequency attached to the term “disability”, removing this term from the question may have contributed to the increased rates of respondents reporting that they had a long-term condition.

Of those respondents in 2007 who reported having a long-standing condition, a greater proportion said that it caused them difficulty in at least one of the activities we listed. It is possible that the same explanation discussed above holds; when provided with a list of activities in which their condition may cause them difficulty, they are prompted to select response options that they might otherwise have overlooked. The most common response selected to this question was that the condition(s) caused them difficulty with “everyday activities that people your age can usually do”, chosen by 61% of respondents. This option covers a very broad range of problems; more specifically, 29% cited problems with access to buildings, streets and vehicles and 20% with communicating and socialising. The proportion of missing responses to this question was low (4.6%) and indicates that most respondents found at least one response option in this question to describe an activities causing them difficulty. Twenty-six percent said their condition affected no activities on our list, compared with the 7% who said the condition did not affect their day-to-day activities in the 2006 survey.

Demographics of respondents and non-respondents

It is important to compare the demographic characteristics of the respondents and non-respondents to the survey because respondents to a survey may not be representative of all patients that use a particular NHS trust. The sampling strategy is designed to approximate the population of patients at each participating NHS trust (these figures are provided in tables in Appendix 5).

Gender and age

The gender of the patient was known for 100% of patients included in the sample. After patients who had died during the survey period, those who were ineligible, or whose questionnaires were returned undelivered were removed from the sample, completed questionnaires were received from 55.0% of male and 56.9% of female patients in the sample.

Age information was available for approximately 100% of the sample. Older patients were more likely to respond than younger ones and useable questionnaires were returned by:

- 33.5% of 16 to 35 year olds
- 48.5% of 36 to 50 year olds
- 65.6% of 51 to 65 year olds
- 62.1% of patients aged 66 years or over.

As in 2005 and 2006, the highest response rates were for female patients aged 51 to 65 (68.7%) then male patients aged 66 years or older (65.4%). The lowest response rates were for men aged 16 to 35 (26.8%) and women aged 16 to 35 (38.5%).

Ethnic group

Hospital recording of patients' ethnic group was available for 87.5% of the sample, a steady year-on-year increase from 82.3% in 2006 and 78.5% in 2005. Response rates varied by ethnic group and useable questionnaires were returned by:

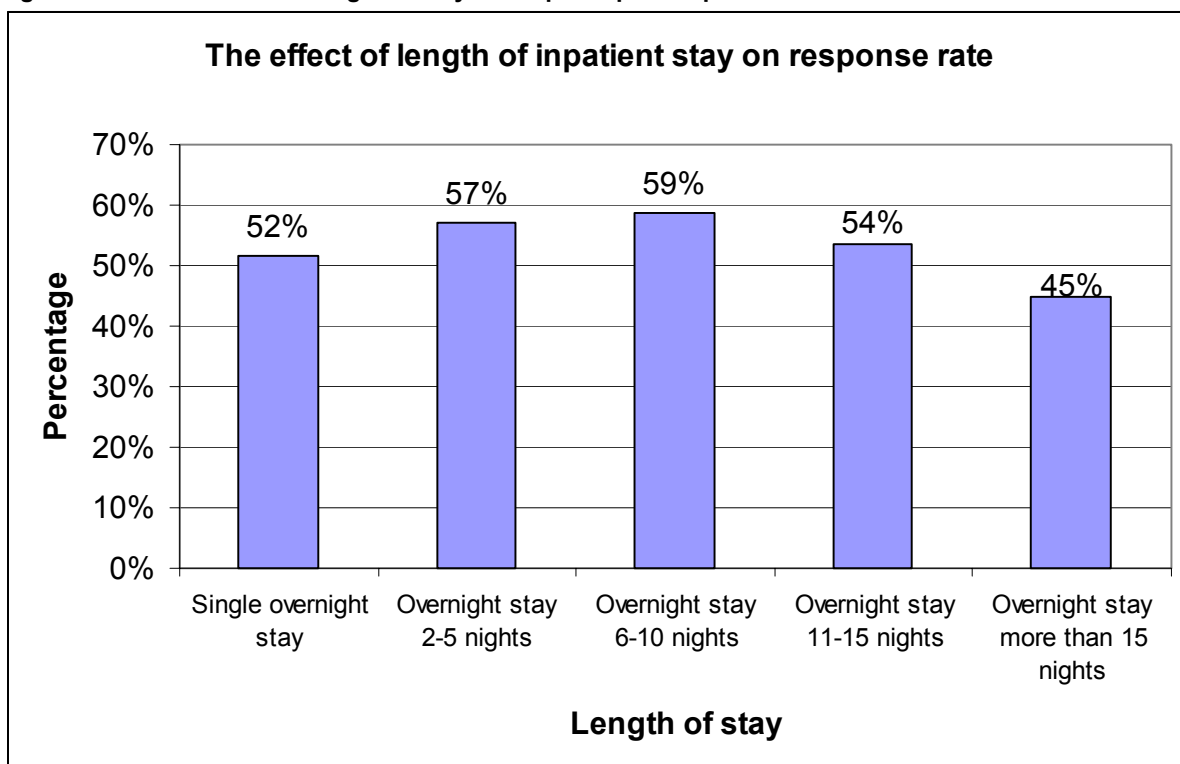
- 57.7% of white patients
- 38.3% of patients of mixed ethnic groups
- 36.5% of Asian or Asian British patients
- 40.0% of Black or Black British patients
- 42.7% of Chinese patients
- 41.7% of patients reported to belong to "any other" ethnic group
- 54.7% of patients whose ethnic group was not stated in the sample information.

Length of Stay

It is becoming increasingly common for patients comprising the sample to have had only a single overnight stay (30.7%) compared with 2005 (26.2%) and 2006 (29.4%). Again, over two-thirds stayed five nights or less (68.4%), a slight increase on the 2006 value of 67.7%. Overall, 15.3% of patients stayed 11 nights or longer. The longest stay was 478 days.

Patients who stayed between six and ten nights were most likely to respond to the survey (60.5% response rate), while those who stayed more than 15 nights were least likely (48.2%) to respond.

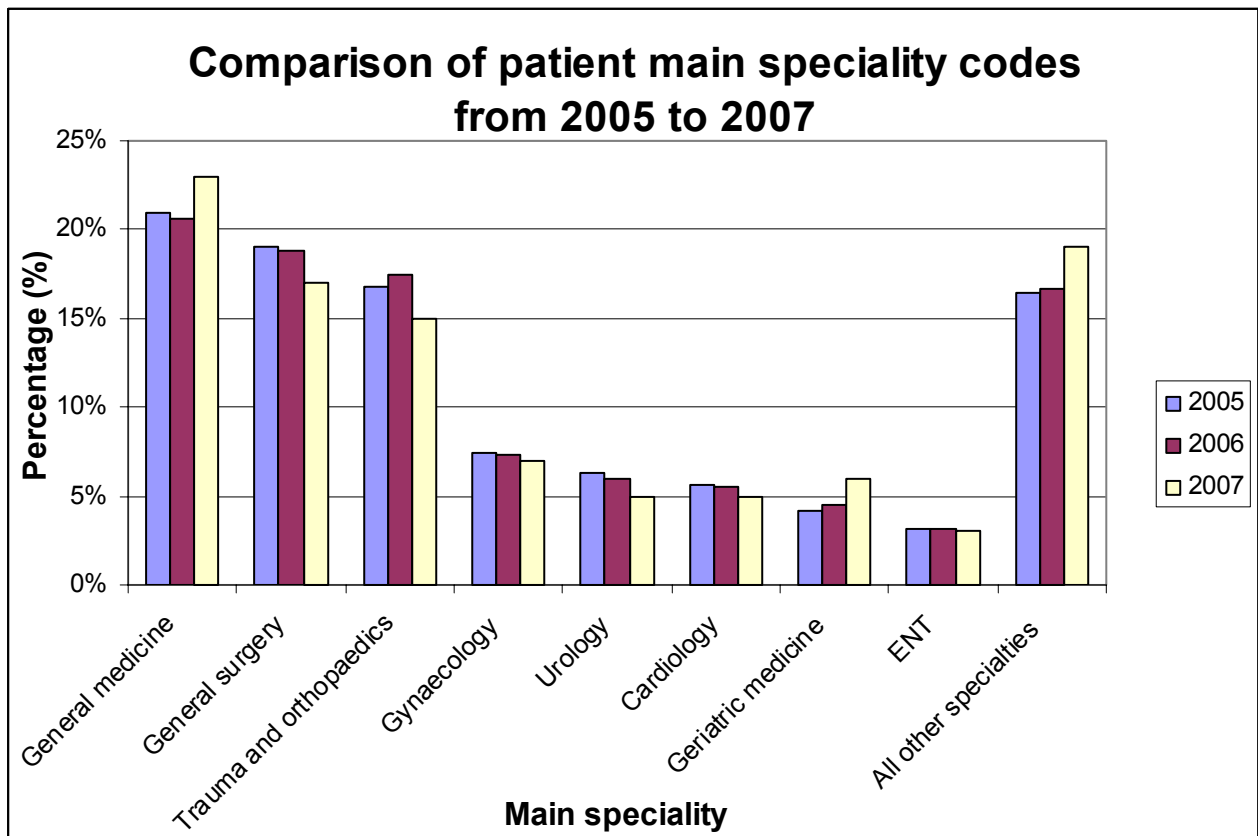
Figure 12: The effect of the length of stay in hospital upon response rate



Main Specialty

The main specialty reflects the specialty code of the consultant who was managing the patient's care immediately prior to discharge. This will not always capture the patient's whole journey, as they may move around the hospital trust depending on their clinical situation and needs. Most patients were covered by one of three main specialties: general medicine (22.9%), general surgery (17.4%), or trauma and orthopaedics (14.9%). Other departments represented by large numbers of patients in the sample were gynaecology (7.0%), geriatric medicine (5.6%), cardiology (5.2%) urology (5.1%), and ENT (3.3%).

Figure 13: Proportion of patients in each main specialty codes compared with 2005 and 2006 (sample information)



Patients discharged from the specialties of cardiology (64.2%), urology (64.1%) and trauma and orthopaedics (63.5%) were the most likely to respond to the survey, while response rates were lowest from those treated by the specialties of general medicine (50.6%) and geriatric medicine (44.5%).

Appendix 3: Tables of results

Please note, due to rounding, the sum of some responses may not equal 100%.

Admission to Hospital

Q1 Was your most recent hospital stay planned in advance or an emergency?

	National average %
Emergency or urgent	54.2%
Waiting list or planned in advance	43.1%
Something else	2.7%
Total specific responses	73355
Missing responses	2594

Answered by all

Q1_v2 Was your most recent hospital stay planned in advance or an emergency?

	National average %
Emergency or urgent	55.7%
Waiting list or planned admission	44.3%
Total specific responses	71417
Something else	1938
Missing responses	2594

Answered by all

Q2 When you arrived at the hospital, did you go to the Emergency Department?

	National average %
Yes	87.8%
No	12.2%
Total specific responses	40960
Missing responses	1300

Answered by all who were admitted for an emergency, urgent or other reason

Q3 While you were in the Emergency Department, how much information about your treatment or condition was given to you?

	National average %
Not enough	15.7%
Right amount	73.8%
Too much	.5%
I was not given any information about my treatment/condition	9.9%
Total specific responses	32535
Don't know / Can't remember	4270
Missing responses	1026

Answered by all who went to the Emergency Department upon arrival

Q4 Were you given enough privacy when being examined or treated in the Emergency Department?

	National average %
Yes, definitely	74.8%
Yes, to some extent	22.8%
No	2.4%
Total specific responses	35347
Don't know / Can't remember	1916
Missing responses	699

Answered by all who went to the Emergency Department upon arrival

Q5 Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?

	National average %
Less than 1 hour	22.0%
At least 1 hour but less than 2 hours	17.7%
At least 2 hours but less than 4 hours	24.4%
At least 4 hours but less than 8 hours	21.1%
8 hours or longer	6.3%
I did not have to wait	8.4%
Total specific responses	34528
Don't know / Can't remember	2647
Missing responses	962

Answered by all who went to the Emergency Department upon arrival

Q6 When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?

	National average %
Yes	27.8%
No	72.2%
Total specific responses	34339
Don't know / Can't remember	1597
Missing responses	1894

Answered by all whose most recent admission to hospital was waiting list or planned in advance

Q7 Were you given a choice of admission dates?

	National average %
Yes	27.5%
No	72.5%
Total specific responses	34767
Don't know / Can't remember	951
Missing responses	2042

Answered by all whose most recent admission to hospital was waiting list or planned in advance

Q8 Overall, from the time you first talked to your GP about being referred to hospital, how long did you wait to be admitted to hospital?

	National average %
Up to 1 month	22.5%
1 to 2 months	19.3%
3 to 4 months	21.8%
5 to 6 months	15.5%
More than 6 months	20.9%
Total specific responses	31058
Don't know / Can't remember	2414
Missing responses	4075

Answered by all whose most recent admission to hospital was waiting list or planned in advance

Q9 How do you feel about the length of time you were on the waiting list before your admission to hospital?

	National average %
I was admitted as soon as I thought was necessary	71.6%
I should have been admitted a bit sooner	17.9%
I should have been admitted a lot sooner	10.5%
Total specific responses	34378
Missing responses	3266

Answered by all whose most recent admission to hospital was waiting list or planned in advance

Q10 Was your admission date changed by the hospital?

	National average %
No	78.8%
Yes, once	17.5%
Yes, 2 or 3 times	3.3%
Yes, 4 times or more	.3%
Total specific responses	35572
Missing responses	2212

Answered by all whose most recent admission to hospital was waiting list or planned in advance

Q11 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?

	National average %
Yes, definitely	10.9%
Yes, to some extent	18.5%
No	70.6%
Total specific responses	73617
Missing responses	2332

Answered by all

The hospital and ward

Q12 While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?

	National average %
Yes	20.3%
No	79.7%
Total specific responses	70938
Don't know / Can't remember	3042
Missing responses	1969

Answered by all

Q13 When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?

	National average %
Yes	23.8%
No	76.2%
Total specific responses	74515
Missing responses	1434

Answered by all

Q13_v2 Proportions of emergency and planned admission patients who shared a room or bay with patients of the opposite sex when they first arrived at hospital (critical care patients excluded)

	Emergency patients %	Planned admission patients %
Yes	29.3%	10.0%
No	70.7%	90.0%
Total specific responses	26899	25960

Answered by all patients who did not stay in a Critical Care Area

Q14 During your stay in hospital, how many wards did you stay in?

	National average %
1	64.8%
2	27.7%
3 or more	7.5%
Total specific responses	73555
Don't know / Can't remember	771
Missing responses	1623

Answered by all

Q14_v2 Proportions of emergency and planned admission patients who and how many wards they stayed in? (Critical care area patients excluded)

		During your stay in hospital, how many wards did you stay in?		
		1	2	3 or more
Was your most recent hospital stay planned in advance or an emergency?	Emergency or urgent	52.7%	36.6%	10.7%
	Waiting list or planned in advance	80.0%	16.4%	3.6%
Total specific responses		45066	19180	5234

Answered by all patients with known route of admission and who did not stay in a Critical Care Area

Q15 After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

	National average %
Yes	18.0%
No	82.0%
Total specific responses	25481
Missing responses	792

Answered by all who stayed in two or more wards

Q15_v2 Proportions of emergency and planned admission patients who shared a room or bay with patients of the opposite sex after they moved hospital ward (or wards) (critical care patients excluded)

	Emergency patients %	Planned admission patients %
Yes	14.6%	9.4%
No	85.4%	90.6%
Total specific responses	10561	4095

Answered by all who stayed in two or more wards and who did not stay in a Critical Care Area

Q16 While staying in the hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

	National average %
Yes	29.7%
Yes, because it had special bathing equipment that I needed	1.8%
No	68.5%
Total specific responses	65577
I did not use a bathroom or shower	4524
Don't know / Can't remember	3866
Missing responses	1982

Answered by all

Q16_v2 While staying in the hospital, did you ever use the same bathroom or shower area as patients of the opposite sex? (Critical care patients excluded) – sub-analysis by demographics

		While staying in the hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?		
		Yes	Yes, because it had special bathing equipment that I needed	No
Gender of respondent*	Male	28.4%	1.6%	70.0%
	Female	26.7%	1.3%	71.9%
	Total specific responses	13541	707	35116
Age group of respondent**	16-35 years	29.2%	1.2%	69.6%
	36-50 years	31.6%	1.3%	67.2%
	51 – 65 years	30.6%	1.4%	68.0%
	66 years and over	23.5%	1.6%	75.0%
	Total specific responses	13541	707	35116
Route of admission***	Emergency or urgent	33.1%	1.6%	65.3%
	Waiting list or planned	22.2%	1.2%	76.6%
	Total specific responses	12888	651	33056

* Based on respondents who answered Q16 (sharing bathroom areas) and had a known gender, and who did not stay in a Critical Care Area

** Based on respondents who answered Q16 (sharing bathroom areas) and had a known age, and who did not stay in a Critical Care Area

*** Based on respondents who answered both Q1 (route of admission) and Q16 (sharing bathroom areas), and who did not stay in a Critical Care Area

Q17 Were you ever bothered by noise at night from other patients?

	National average %
Yes	38.4%
No	61.6%
Total specific responses	74402
Missing responses	1547

Answered by all

Q18 Were you ever bothered by noise at night from hospital staff?

	National average %
Yes	20.3%
No	79.7%
Total specific responses	74421
Missing responses	1528

Answered by all

Q19 In your opinion, how clean was the hospital room or ward that you were in?

	National average %
Very clean	53.0%
Fairly clean	39.8%
Not very clean	5.8%
Not at all clean	1.4%
Total specific responses	75039
Missing responses	910

Answered by all

Q20 How clean were the toilets and bathrooms that you used in hospital?

	National average %
Very clean	46.6%
Fairly clean	41.8%
Not very clean	8.9%
Not at all clean	2.8%
Total specific responses	72924
I did not use a toilet or bathroom	1999
Missing responses	1026

Answered by all

Q21 Did you feel threatened during your stay in hospital by other patients or visitors?

	National average %
Yes	3.8%
No	96.2%
Total specific responses	74961
Missing responses	988

Answered by all

Q22 Did you have somewhere to keep your personal belongings whilst on the ward?

	National average %
Yes, and I could lock it if I wanted to	28.4%
Yes, but I could not lock it	67.3%
No	4.2%
Total specific responses	65940
I did not take any belongings to hospital	7327
Don't know / Can't remember	1362
Missing responses	1320

Answered by all

Q23 How would you rate the hospital food?

	National average %
Very good	19.1%
Good	35.5%
Fair	30.6%
Poor	14.8%
Total specific responses	72073
I did not have any hospital food	2856
Missing responses	1020

Answered by all

Q23_v2 How would you rate the hospital food?

	National average %
Very good	18.4%
Good	34.2%
Fair	29.4%
Poor	14.2%
I did not have any hospital food	3.9%
Total specific responses	74929
Missing responses	1020

Answered by all

Q24 Were you offered a choice of food?

	National average %
Yes, always	77.3%
Yes, sometimes	16.2%
No	6.5%
Total specific responses	72868
Missing responses	2005

Answered by all

Q25 Did you get enough help from staff to eat your meals?

	National average %
Yes, always	59.9%
Yes, sometimes	19.8%
No	20.3%
Total specific responses	20709
I did not need help to eat meals	53069
Missing responses	2171

Answered by all

Doctors

Q26 When you had important questions to ask a doctor, did you get answers that you could understand?

	National average %
Yes, always	67.4%
Yes, sometimes	26.9%
No	5.6%
Total specific responses	67045
I had no need to ask	7861
Missing responses	1043

Answered by all

Q27 Did you have confidence and trust in the doctors treating you?

	National average %
Yes, always	80.4%
Yes, sometimes	16.6%
No	3.0%
Total specific responses	74989
Missing responses	960

Answered by all

Q28 Did doctors talk in front of you as if you weren't there?

	National average %
Yes, often	6.2%
Yes, sometimes	21.6%
No	72.2%
Total specific responses	74721
Missing responses	1228

Answered by all

Q29 As far as you know, did doctors wash or clean their hands between touching patients?

	National average %
Yes, always	67.8%
Yes, sometimes	19.9%
No	12.3%
Total specific responses	44741
Don't know / Can't remember	29978
Missing responses	1230

Answered by all

Nurses

Q30 When you had important questions to ask a nurse, did you get answers that you could understand?

	National average %
Yes, always	65.5%
Yes, sometimes	29.7%
No	4.8%
Total specific responses	66729
I had no need to ask	8340
Missing responses	880

Answered by all

Q31 Did you have confidence and trust in the nurses treating you?

	National average %
Yes, always	73.5%
Yes, sometimes	23.0%
No	3.4%
Total specific responses	75091
Missing responses	858

Answered by all

Q32 Did nurses talk in front of you as if you weren't there?

	National average %
Yes, often	4.9%
Yes, sometimes	16.5%
No	78.6%
Total specific responses	74902
Missing responses	1047

Answered by all

Q33 In your opinion, were there enough nurses on duty to care for you in hospital?

	National average %
There were always or nearly always enough nurses	56.0%
There were sometimes enough nurses	31.8%
There were rarely or never enough nurses	12.2%
Total specific responses	74872
Missing responses	1077

Answered by all

Q34 As far as you know, did nurses wash or clean their hands between touching patients?

	National average %
Yes, always	70.2%
Yes, sometimes	23.2%
No	6.6%
Total specific responses	54804
Don't know / Can't remember	20207
Missing responses	938

Answered by all

Your care and treatment

Q35 Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

	National average %
Yes, often	7.2%
Yes, sometimes	26.6%
No	66.2%
Total specific responses	74637
Missing responses	1312

Answered by all

Q36 Were you involved as much as you wanted to be in decisions about your care and treatment?

	National average %
Yes, definitely	51.1%
Yes, to some extent	37.9%
No	11.0%
Total specific responses	74350
Missing responses	1599

Answered by all

Q37 How much information about your condition or treatment was given to you?

	National average %
Not enough	20.6%
The right amount	78.8%
Too much	.6%
Total specific responses	74668
Missing responses	1281

Answered by all

Q38 If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

	National average %
Yes, definitely	42.9%
Yes, to some extent	40.3%
No	16.7%
Total specific responses	50257
No family or friends were involved	7544
My family did not want or need information	13388
I did not want my family or friends to talk to a doctor	2993
Missing responses	1767

Answered by all

Q39 Did you find someone on the hospital staff to talk to about your worries and fears?

	National average %
Yes, definitely	39.7%
Yes, to some extent	38.1%
No	22.2%
Total specific responses	44576
I had no worries or fears	29856
Missing responses	1517

Answered by all

Q40 Were you given enough privacy when discussing your condition or treatment?

	National average %
Yes, always	68.8%
Yes, sometimes	22.2%
No	9.0%
Total specific responses	73644
Missing responses	2305

Answered by all

Q41 Were you given enough privacy when being examined or treated?

	National average %
Yes, always	87.1%
Yes, sometimes	10.9%
No	2.0%
Total specific responses	74623
Missing responses	1326

Answered by all

Pain

Q42 Were you ever in any pain?

	National average %
Yes	66.4%
No	33.6%
Total specific responses	73399
Missing responses	2550

Answered by all

Q43 Do you think the hospital staff did everything they could to help control your pain?

	National average %
Yes, definitely	71.3%
Yes, to some extent	22.9%
No	5.8%
Total specific responses	49163
Missing responses	574

Answered by all who experienced pain

Q44 How many minutes after you used the call button did it usually take before you got the help you needed?

	National average %
0 minutes/ right away	16.9%
1-2 minutes	39.2%
3-5 minutes	27.7%
More than 5 minutes	14.8%
I never got help when I used the call button	1.5%
Total specific responses	42861
I never used the call button	30318
Missing responses	2770

Answered by all

Operations or procedures

Q45 During your stay in hospital, did you have an operation or procedure?

	National average %
Yes	67.9%
No	32.1%
Total specific responses	72824
Missing responses	3125

Answered by all

Q46 Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

	National average %
Yes, completely	81.0%
Yes, to some extent	15.1%
No	3.9%
Total specific responses	49566
I did not want an explanation	978
Missing responses	486

Answered by all who had an operation or procedure

Q47 Beforehand, did a member of staff explain what would be done during the operation or procedure?

	National average %
Yes, completely	73.9%
Yes, to some extent	20.9%
No	5.2%
Total specific responses	49309
I did not want an explanation	1254
Missing responses	496

Answered by all who had an operation or procedure

Q48 Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

	National average %
Yes, completely	75.6%
Yes, to some extent	20.7%
No	3.8%
Total specific responses	43276
I did not have any questions	7174
Missing responses	607

Answered by all who had an operation or procedure

Q49 Beforehand, were you told how you could expect to feel after you had the operation or procedure?

	National average %
Yes, completely	56.1%
Yes, to some extent	27.8%
No	16.0%
Total specific responses	50200
Missing responses	796

Answered by all who had an operation or procedure

Q50 Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

	National average %
Yes	86.7%
No	13.3%
Total specific responses	49837
Missing responses	897

Answered by all who had an operation or procedure

Q51 Before the operation or procedure, did an anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?

	National average %
Yes, completely	83.6%
Yes, to some extent	11.8%
No	4.5%
Total specific responses	43672
Missing responses	480

Answered by all who had an operation or procedure and were given anaesthetic

Q52 After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand

	National average %
Yes, completely	64.7%
Yes, to some extent	23.0%
No	12.4%
Total specific responses	50051
Missing responses	980

Answered by all who had an operation or procedure

Leaving hospital

Q53 Did you feel you were involved in decisions about your discharge from hospital?

	National average %
Yes, definitely	52.8%
Yes, to some extent	30.4%
No	16.8%
Total specific responses	65843
I did not need to be involved	8378
Missing responses	1728

Answered by all

Q54 On the day you left hospital, was your discharge delayed for any reason?

	National average %
Yes	38.6%
No	61.4%
Total specific responses	73659
Missing responses	2290

Answered by all

Q55 What was the main reason for the delay?

	National average %
I had to wait for medicines	61.0%
I had to wait to see the doctor	16.7%
I had to wait for an ambulance	8.7%
Something else	13.6%
Total specific responses	27218
Missing responses	1661

Answered by all who experienced a delayed discharge

Q56 How long was the delay?

	National average %
Up to 1 hour	17.3%
Longer than 1 hour but no longer than 2 hours	29.7%
Longer than 2 hours but no longer than 4 hours	32.5%
Longer than 4 hours	20.4%
Total specific responses	28413
Missing responses	471

Answered by all who experienced a delayed discharge

Q57 Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

	National average %
Yes	61.2%
No	38.8%
Total specific responses	72937
Missing responses	3012

Answered by all

Q58 Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

	National average %
Yes, completely	75.7%
Yes, to some extent	16.0%
No	8.3%
Total specific responses	55957
I did not need an explanation	7949
I had no medicines	9416
Missing responses	2627

Answered by all

Q59 Did a member of staff tell you about medication side effects to watch for when you went home?

	National average %
Yes, completely	36.4%
Yes, to some extent	17.8%
No	45.8%
Total specific responses	47627
I did not need an explanation	16279
Missing responses	613

Answered by all who took medicines home

Q60 Were you told how to take your medication in a way you could understand?

	National average %
Yes, definitely	75.9%
Yes, to some extent	14.9%
No	9.2%
Total specific responses	49225
I did not need to be told how to take my medication	14819
Missing responses	487

Answered by all who took medicines home

Q61 Were you given clear written or printed information about your medicines?

	National average %
Yes, completely	65.9%
Yes, to some extent	15.9%
No	18.2%
Total specific responses	60648
Don't know / Can't remember	2662
Missing responses	762

Answered by all who took medicines home

Q62 Did a member of staff tell you about any danger signals you should watch for after you went home?

	National average %
Yes, completely	38.6%
Yes, to some extent	20.6%
No	40.8%
Total specific responses	55795
It was not necessary	17588
Missing responses	2566

Answered by all

Q63 Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

	National average %
Yes, definitely	43.1%
Yes, to some extent	22.3%
No	34.6%
Total specific responses	50019
No family or friends were involved	10077
My family or friends did not want or need information	13226
Missing responses	2627

Answered by all

Q64 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

	National average %
Yes	74.3%
No	25.7%
Total specific responses	68594
Don't know / Can't remember	4978
Missing responses	2377

Answered by all

Q65 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

	National average %
Yes, I received copies	39.3%
No, I did not receive copies	60.7%
Total specific responses	67723
Not sure / Don't know	6050
Missing responses	2176

Answered by all

Overall

Q66 Overall, did you feel you were treated with respect and dignity while you were in the hospital?

	National average %
Yes, always	78.1%
Yes, sometimes	18.7%
No	3.2%
Total specific responses	74873
Missing responses	1076

Answered by all

Q67 How would you rate how well the doctors and nurses worked together?

	National average %
Excellent	38.9%
Very good	37.9%
Good	15.3%
Fair	6.0%
Poor	2.0%
Total specific responses	74365
Missing responses	1584

Answered by all

Q68 Overall, how would you rate the care you received?

	National average %
Excellent	42.5%
Very good	34.9%
Good	14.4%
Fair	5.9%
Poor	2.4%
Total specific responses	74732
Missing responses	1217

Answered by all

Q69 During your hospital stay, were you ever asked to give your views on the quality of your care?

	National average %
Yes	7.1%
No	92.9%
Total specific responses	69542
Don't know / Can't remember	4786
Missing responses	1621

Answered by all

Q70 While in hospital, did you see any posters or leaflets explaining how to complain about the care you received?

	National average %
Yes	36.7%
No	63.3%
Total specific responses	56850
Don't know / Can't remember	16721
Missing responses	2378

Answered by all

Q71 Did you want to complain about the care you received in hospital ?

	National average %
Yes	7.1%
No	92.9%
Total specific responses	72861
Missing responses	3088

Answered by all

Q72 Did hospital staff give you the information you needed to do this?

	National average %
Yes, completely	12.0%
Yes, to some extent	15.4%
No	72.6%
Total specific responses	5183
Missing responses	258

Answered by all who wanted to complain about the care they received in hospital

About you

Proportions of those participating to the survey by sex

	Percentage
Male	45.5%
Female	54.5%
Total specific responses	75948
Missing data	1

Answered by all - data taken from response but if missing taken from sample data

Proportions of those participating to the survey by age group

	Percentage
16-35	9.3%
36-50	15.3%
51-65	26.7%
>65	48.7%
Total specific responses	75948
Missing data	1

Answered by all - data taken from response but if missing taken from sample data

Q75 How old were you when you left full-time education?

	Percentage
16 years or less	68.9%
17 or 18 years	16.2%
19 years or over	13.5%
Still in full-time education	1.4%
Total specific responses	72333
Missing responses	3616

Answered by all

Q76 Overall, how would you rate your health during the past 4 weeks?

	Percentage
Excellent	7.1%
Very good	18.9%
Good	27.7%
Fair	30.9%
Poor	11.9%
Very poor	3.5%
Total specific responses	73550
Missing responses	2399

Answered by all

Q77. Do you have any of the following long-standing conditions?

	Responses	Percentage
Deafness or hearing impairment	8891	12.8%
Blindness or partially sighted	3241	4.7%
A physical condition	21365	30.7%
A learning disability	917	1.3%
A mental health condition	2871	4.1%
Illness such as cancer, HIV, diabetes, CHD, or epilepsy	21384	30.8%
I do not have a long-standing condition	26797	38.5%
Total specific responses	69528	122.9%
Missing responses	6421	

Answered by all

Q78. Does this condition(s) cause you difficulty with any of the following?

	Responses	Percentage
Everyday activities that people of my age can usually do	25880	61.0%
At work, in education, or training	6775	16.0%
Access to buildings, streets, or transport vehicles	12469	29.4%
Reading or writing	5038	11.9%
People's attitudes to me because of my condition	5161	12.2%
Communicating, mixing with others, or socialising	8549	20.2%
Other activities	7775	18.3%
This condition does not cause me difficulty with any of these	10971	25.9%
Total specific responses	42393	194.9%
Missing responses	2033	

Answered by those with a long-standing condition

Proportions of those participating to the survey by ethnic group

	Percentage
White	94.5%
Mixed	.6%
Asian or Asian British	2.6%
Black or Black British	1.7%
Chinese or Other Ethnic Group	.5%
Total specific responses	75568
Missing	381

Answered by all - data taken from response but if missing taken from sample data

Appendix 4: Comparison tables for respondents - 2005, 2006 and 2007 results

Notes on significance between years

National surveys of adult inpatients have been carried out in 2002, 2004, 2005, 2006 and 2007. Because of an additional survey of the experiences of young inpatients in 2004 (ages 0 to 17 years), the sample for the national survey of adult inpatients in 2004 sampled those aged 18 and above. The 2005, 2006 and 2007 surveys sampled those aged 16 years and above. Because of this, the results for the 2004 survey of adult inpatients cannot be compared with those from, 2005, 2006 and 2007. Only the three most recent years are included in the comparison tables below.

Of the 72 questions asked in the 2007 inpatients survey (not including the 7 demographic questions), 62 could be compared with results from the 2006 inpatient survey and 56 with results from the 2005 inpatient survey.

Significance tests have been applied to all response options between surveys and are based on two-sided tests with significance level 0.05 using the Bonferroni method. Significant differences that exist are indicated in all comparison tables by the following symbols:

^a = significant difference between 2005 and 2006

^b = significant difference between 2005 and 2007

^c = significant difference between 2006 and 2007

Q1 Was your most recent hospital stay planned in advance or an emergency?

	Survey Year		
	2005	2006	2007
Emergency or urgent	53.0% ^b	53.5% ^c	54.2% ^{b c}
Waiting list or planned in advance	44.3% ^b	43.7%	43.1% ^b
Something else	2.7%	2.8%	2.7%
Total specific responses	77840	77665	73355

Q1a Was your most recent hospital stay planned in advance or an emergency? (only defined routes of admission included)

	Survey Year		
	2005	2006	2007
Emergency or urgent	54.5% ^b	55.1%	55.7% ^b
Waiting list or planned admission	45.5% ^b	44.9%	44.3% ^b
Total specific responses	75774	75540	71417

Q2 When you arrived at the hospital, did you go to the Emergency Department?

	Survey Year		
	2005	2006	2007
Yes	85.6% ^{a b}	86.6% ^{a c}	87.8% ^{b c}
No	14.4% ^{a b}	13.4% ^{a c}	12.2% ^{b c}
Total specific responses	41348	42648	40960

Q3 While you were in the Emergency Department, how much information about your treatment or condition was given to you?

	Survey Year		
	2005	2006	2007
Not enough	15.5% ^a	16.5% ^{a c}	15.7% ^c
Right amount	73.2% ^{a c}	72.2% ^{a c}	73.8%
Too much	.4% ^b	.5%	.5% ^b
I was not given any information about my treatment/condition	11.0% ^b	10.8% ^c	9.9% ^{b c}
Total specific responses	35243	37315	32535

Q4 Were you given enough privacy when being examined or treated in the Emergency Department?

	Survey Year		
	2005	2006	2007
Yes, definitely	78.6% ^{a b}	77.4% ^{a c}	74.8% ^{b c}
Yes, to some extent	19.5% ^{a b}	20.5% ^{a c}	22.8% ^{b c}
No	1.9% ^b	2.2%	2.4% ^b
Total specific responses	35877	37783	35347

Q5 Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?

	Survey Year		
	2005	2006	2007
Less than 1 hour	22.8% ^a	21.1% ^{a c}	22.0% ^c
At least 1 hour but less than 2 hours	18.9% ^{a b}	17.5% ^a	17.7% ^b
At least 2 hours but less than 4 hours	24.6%	24.4%	24.4%
At least 4 hours but less than 8 hours	19.4% ^{a b}	21.9% ^a	21.1% ^b
8 hours or longer	5.6% ^b	6.1%	6.3% ^b
I did not have to wait	8.7%	9.0% ^c	8.4% ^c
Total specific responses	33692	35922	34528

Q7 Were you given a choice of admission dates?

	Survey Year		
	2005	2006	2007
Yes	26.6% ^b	27.3%	27.5% ^b
No	73.4% ^b	72.7%	72.5% ^b
Total specific responses	38042	37738	34767

Q9 How do you feel about the length of time you were on the waiting list before your admission to hospital?

	Survey Year		
	2005	2006	2007
I was admitted as soon as I thought was necessary	71.9% ^a	74.1% ^{a c}	71.6% ^c
I should have been admitted a bit sooner	18.8% ^{a b}	17.7% ^a	17.9% ^b
I should have been admitted a lot sooner	9.3% ^{a b}	8.2% ^{a c}	10.5% ^{b c}
Total specific responses	37863	37266	34378

Q10 Was your admission date changed by the hospital?

	Survey Year		
	2005	2006	2007
No	79.7% ^b	79.7% ^c	78.8% ^{b c}
Yes, once	16.8% ^b	16.8%	17.5% ^b
Yes, 2 or 3 times	3.2%	3.1%	3.3%
Yes, 4 times or more	.3%	.4%	.3%
Total specific responses	38730	38047	35572

Q11 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?

	Survey Year		
	2005	2006	2007
Yes, definitely	9.3% ^{a b}	10.7% ^a	10.9% ^b
Yes, to some extent	18.0% ^a	18.7% ^a	18.5%
No	72.8% ^{a b}	70.6% ^a	70.6% ^b
Total specific responses	77850	78188	73617

Q12 While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?

	Survey Year	
	2006	2007
Yes	18.9% ^c	20.3% ^c
No	81.1% ^c	79.7% ^c
Total specific responses	75151	70938

Q13 When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?

	Survey Year	
	2006	2007
Yes	24.6% ^c	23.8% ^c
No	75.4% ^c	76.2% ^c
Total specific responses	78834	74515

Q14 During your stay in hospital, how many wards did you stay in?

	Survey Year	
	2006	2007
1	65.9% ^c	64.8% ^c
2	26.7% ^c	27.7% ^c
3 or more	7.4%	7.5%
Total specific responses	77841	73555

Q15 After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

	Survey Year	
	2006	2007
Yes	18.6%	18.0%
No	81.4%	82.0%
Total specific responses	26255	25481

Q16 While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

	Survey Year	
	2006	2007
Yes	30.1%	29.7%
Yes, because it had special bathing equipment that I needed	1.9% ^c	1.8% ^c
No	68.0% ^c	68.5% ^c
Total specific responses	69140	65577

Q17 Were you ever bothered by noise at night from other patients?

	Survey Year		
	2005	2006	2007
Yes	36.9% ^{a b}	37.5% ^{a c}	38.4% ^{b c}
No	63.1% ^{a b}	62.5% ^{a c}	61.6% ^{b c}
Total specific responses	78844	78996	74402

Q18 Were you ever bothered by noise at night from hospital staff?

	Survey Year		
	2005	2006	2007
Yes	17.9% ^{a b}	19.1% ^{a c}	20.3% ^{b c}
No	82.1% ^{a b}	80.9% ^{a c}	79.7% ^{b c}
Total specific responses	78944	78920	74421

Q19 In your opinion, how clean was the hospital room or ward that you were in?

	Survey Year		
	2005	2006	2007
Very clean	52.2% ^{a b}	52.8% ^a	53.0% ^b
Fairly clean	39.8%	40.0%	39.8%
Not very clean	6.3% ^{a b}	5.8% ^a	5.8% ^b
Not at all clean	1.7% ^b	1.5%	1.4% ^b
Total specific responses	79599	79579	75039

Q20 How clean were the toilets and bathrooms that you used in hospital?

	Survey Year		
	2005	2006	2007
Very clean	46.5%	46.7%	46.6%
Fairly clean	40.5% ^{a b}	41.6% ^a	41.8% ^b
Not very clean	9.7% ^{a b}	8.8% ^a	8.9% ^b
Not at all clean	3.4% ^{a b}	2.9% ^a	2.8% ^b
Total specific responses	77995	77601	72924

Q23 How would you rate the hospital food?

	Survey Year		
	2005	2006	2007
Very good	18.0% ^b	18.3% ^c	19.1% ^{b c}
Good	35.7%	35.3%	35.5%
Fair	31.2%	31.3% ^c	30.6% ^c
Poor	15.1%	15.2%	14.8%
Total specific responses	76133	76046	72073

Q23_v2 How would you rate the hospital food?

	Survey Year		
	2005	2006	2007
Very good	17.3% ^b	17.5% ^c	18.4% ^{b c}
Good	34.2%	33.8%	34.2%
Fair	29.8%	29.9%	29.4%
Poor	14.5%	14.5%	14.2%
I did not have any hospital food	4.2% ^b	4.3% ^c	3.9% ^{b c}
Total specific responses	79458	79432	74929

Q24 Were you offered a choice of food?

	Survey Year	
	2006	2007
Yes, always	78.6% ^c	77.3% ^c
Yes, sometimes	15.8% ^c	16.2% ^c
No	5.6% ^c	6.5% ^c
Total specific responses	75283	72868

Q25 Did you get enough help from staff to eat your meals?

	Survey Year		
	2005	2006	2007
Yes, always	61.8% ^{a b}	58.4% ^{a c}	59.9% ^{b c}
Yes, sometimes	20.6%	21.2% ^c	19.8% ^c
No	17.7% ^{a b}	20.4% ^a	20.3% ^b
Total specific responses	19982	19041	20709

Q26 When you had important questions to ask a doctor, did you get answers that you could understand?

	Survey Year		
	2005	2006	2007
Yes, always	66.5% ^{a b}	67.5% ^a	67.4% ^b
Yes, sometimes	28.8% ^{a b}	27.4% ^a	26.9% ^b
No	4.7% ^{a b}	5.1% ^{a c}	5.6% ^{b c}
Total specific responses	72668	72653	67045

Q27 Did you have confidence and trust in the doctors treating you?

	Survey Year		
	2005	2006	2007
Yes, always	80.5%	80.5%	80.4%
Yes, sometimes	16.7%	16.4%	16.6%
No	2.8%	3.1% ^c	3.0% ^c
Total specific responses	79625	79676	74989

Q28 Did doctors talk in front of you as if you weren't there?

	Survey Year		
	2005	2006	2007
Yes, often	5.8% ^{a b}	6.1% ^a	6.2% ^b
Yes, sometimes	21.8%	21.7%	21.6%
No	72.4%	72.2%	72.2%
Total specific responses	79332	79224	74721

Q29 As far as you know, did doctors wash or clean their hands between touching patients?

	Survey Year		
	2005	2006	2007
Yes, often	67.1% ^a	69.0% ^{a c}	67.8% ^c
Yes, sometimes	20.9% ^{a b}	19.4% ^a	19.9% ^b
No	11.9%	11.6% ^c	12.3% ^c
Total specific responses	47517	47145	44741

Q30 When you had important questions to ask a nurse, did you get answers that you could understand?

	Survey Year		
	2005	2006	2006
Yes, always	64.9%	65.2%	65.5%
Yes, sometimes	30.6% ^b	30.0%	29.7% ^b
No	4.5% ^{a b}	4.8% ^a	4.8% ^b
Total specific responses	72024	72345	66729

Q31 Did you have confidence and trust in the nurses treating you?

	Survey Year		
	2005	2006	2007
Yes, always	73.8% ^a	73.2% ^a	73.5%
Yes, sometimes	22.8%	23.1%	23.0%
No	3.4% ^a	3.7% ^{a c}	3.4% ^c
Total specific responses	79635	79626	75091

Q32 Did nurses talk in front of you as if you weren't there?

	Survey Year		
	2005	2006	2007
Yes, often	4.6%	4.9%	4.9%
Yes, sometimes	16.6%	16.8%	16.5%
No	78.8%	78.3%	78.6%
Total specific responses	79427	79403	74902

Q33 In your opinion, were there enough nurses on duty to care for you in hospital?

	Survey Year		
	2005	2006	2007
There were always or nearly always enough nurses	58.2% ^{a b}	56.1% ^a	56.0% ^b
There were sometimes enough nurses	30.8% ^{a b}	31.6% ^a	31.8% ^b
There were rarely or never enough nurses	11.0% ^{a b}	12.4% ^a	12.2% ^b
Total specific responses	79425	79220	74872

Q34 As far as you know, did nurses wash or clean their hands between touching patients?

	Survey Year		
	2005	2006	2007
Yes, always	69.4% ^{a b}	71.1% ^{a c}	70.2% ^{b c}
Yes, sometimes	23.9% ^{a b}	22.6% ^{a c}	23.2% ^{b c}
No	6.7%	6.3%	6.6%
Total specific responses	58990	57669	54804

Q35 Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

	Survey Year		
	2005	2006	2007
Yes, often	7.5%	7.7% ^c	7.2% ^c
Yes, sometimes	26.9%	26.8%	26.6%
No	65.7%	65.5% ^c	66.2% ^c
Total specific responses	79258	79271	74637

Q36 Were you involved as much as you wanted to be in decisions about your care and treatment?

	Survey Year		
	2005	2006	2007
Yes, definitely	53.1% ^{a b}	52.1% ^{a c}	51.1% ^{b c}
Yes, to some extent	36.7% ^b	37.0% ^c	37.9% ^{b c}
No	10.2% ^{a b}	10.9% ^a	11.0% ^b
Total specific responses	78852	78875	74350

Q37 How much information about your condition or treatment was given to you?

	Survey Year		
	2005	2006	2007
Not enough	19.9% ^{a b}	20.5% ^a	20.6% ^b
The right amount	79.4% ^{a b}	78.8% ^a	78.8% ^b
Too much	.7%	.7%	.6%
Total specific responses	79243	79146	74668

Q38 If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

	Survey Year		
	2005	2006	2007
Yes, definitely	44.4% ^{a b}	43.3% ^a	42.9% ^b
Yes, to some extent	40.0%	40.4%	40.3%
No	15.7% ^{a b}	16.3% ^a	16.7% ^b
Total specific responses	54302	54683	50257

Q39 Did you find someone on the hospital staff to talk to about your worries and fears?

	Survey Year		
	2005	2006	2007
Yes, definitely	42.4% ^b	41.9% ^c	39.7% ^{b c}
Yes, to some extent	36.9% ^b	36.5% ^c	38.1% ^{b c}
No	20.7% ^{a b}	21.7% ^a	22.2% ^b
Total specific responses	49902	50593	44576

Q40 Were you given enough privacy when discussing your condition or treatment?

	Survey Year		
	2005	2006	2007
Yes, always	70.6% ^{a b}	69.6% ^{a c}	68.8% ^{b c}
Yes, sometimes	21.5% ^b	21.9%	22.2% ^b
No	7.8% ^{a b}	8.5% ^{a c}	9.0% ^{b c}
Total specific responses	78392	78247	73644

Q41 Were you given enough privacy when being examined or treated?

	Survey Year		
	2005	2006	2007
Yes, always	87.9% ^b	87.5%	87.1% ^b
Yes, sometimes	10.4% ^b	10.6%	10.9% ^b
No	1.7% ^b	1.9%	2.0% ^b
Total specific responses	79357	79286	74623

Q42 Were you ever in any pain?

	Survey Year		
	2005	2006	2007
Yes	65.9% ^a	66.6% ^a	66.4%
No	34.1% ^a	33.4% ^a	33.6%
Total specific responses	77645	77410	73399

Q43 Do you think the hospital staff did everything they could to help control your pain?

	Survey Year		
	2005	2006	2007
Yes, definitely	72.6% ^b	72.0%	71.3% ^b
Yes, to some extent	22.6%	22.9%	22.9%
No	4.8% ^b	5.1% ^c	5.8% ^{b c}
Total specific responses	50919	52022	49163

Q44 How many minutes after you used the call button did it usually take before you got the help you needed?

	Survey Year		
	2005	2006	2007
0 minutes/ right away	19.1% ^{a b}	17.5% ^{a c}	16.9% ^{b c}
1-2 minutes	40.2% ^{a b}	39.3% ^a	39.2% ^b
3-5 minutes	26.5% ^b	27.1%	27.7% ^b
More than 5 minutes	12.8% ^{a b}	14.6% ^a	14.8% ^b
I never got help when I used the call button	1.4%	1.6%	1.5%
Total specific responses	43758	44466	42861

Q45 During your stay in hospital, did you have an operation or procedure?

	Survey Year		
	2005	2006	2007
Yes	68.5% ^{a b}	67.6% ^a	67.9% ^b
No	31.5% ^{a b}	32.4% ^a	32.1% ^b
Total specific responses	77178	77266	72824

Q46 Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

	Survey Year		
	2005	2006	2007
Yes, completely	81.0%	81.4%	81.0%
Yes, to some extent	15.3%	14.8%	15.1%
No	3.6%	3.8%	3.9%
Total specific responses	52531	52372	49566

Q47 Beforehand, did a member of staff explain what would be done during the operation or procedure?

	Survey Year		
	2005	2006	2007
Yes, completely	73.8%	73.9%	73.9%
Yes, to some extent	20.8%	20.9%	20.9%
No	5.4%	5.2%	5.2%
Total specific responses	52198	52020	49309

Q48 Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

	Survey Year		
	2005	2006	2007
Yes, completely	75.7%	76.1%	75.6%
Yes, to some extent	20.6%	20.2%	20.7%
No	3.6%	3.7%	3.8%
Total specific responses	45681	45675	43276

Q49 Beforehand, were you told how you could expect to feel after you had the operation or procedure?

	Survey Year		
	2005	2006	2007
Yes, completely	55.2% ^{a b}	56.3% ^a	56.1% ^b
Yes, to some extent	28.3%	27.7%	27.8%
No	16.5%	16.0%	16.0%
Total specific responses	53179	53002	50200

Q50 Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

	Survey Year		
	2005	2006	2007
Yes	84.3% ^b	84.3% ^c	86.7% ^{b c}
No	15.7% ^b	15.7% ^c	13.3% ^{b c}
Total specific responses	52798	52648	49837

Q51 Before the operation or procedure, did an anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?

	Survey Year		
	2005	2006	2007
Yes, completely	83.2%	83.6%	83.6%
Yes, to some extent	12.0%	11.8%	11.8%
No	4.8%	4.7%	4.5%
Total specific responses	44738	44765	43672

Q52 After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand

	Survey Year		
	2005	2006	2007
Yes, completely	63.4% ^b	63.7% ^c	64.7% ^{b c}
Yes, to some extent	23.8% ^b	23.7% ^c	23.0% ^{b c}
No	12.8%	12.6%	12.4%
Total specific responses	52878	52651	50051

Q54 On the day you left hospital, was your discharge delayed for any reason?

	Survey Year		
	2005	2006	2007
Yes	38.2%	38.0%	38.6%
No	61.8%	62.0%	61.4%
Total specific responses	77864	77912	73659

Q55 What was the main reason for the delay?

	Survey Year		
	2005	2006	2007
I had to wait for medicines	61.3%	60.7%	61.0%
I had to wait to see the doctor	16.8%	17.0%	16.7%
I had to wait for an ambulance	8.5%	8.3%	8.7%
Something else	13.4%	14.0%	13.6%
Total specific responses	28372	28376	27218

Q56 How long was the delay?

	Survey Year		
	2005	2006	2007
Up to 1 hour	17.7%	17.7%	17.3%
Longer than 1 hour but no longer than 2 hours	29.4%	29.1%	29.7%
Longer than 2 hours but no longer than 4 hours	32.2%	32.3%	32.5%
Longer than 4 hours	20.6%	20.9%	20.4%
Total specific responses	29481	29704	28413

Q58 Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

	Survey Year		
	2005	2006	2007
Yes, completely	78.5% ^{a b}	76.2% ^a	75.7% ^b
Yes, to some extent	14.8% ^{a b}	15.7% ^a	16.0% ^b
No	6.6% ^{a b}	8.1% ^a	8.3% ^b
Total specific responses	59902	59904	55957%

Q59 Did a member of staff tell you about medication side effects to watch for when you went home?

	Survey Year		
	2005	2006	2007
Yes, completely	39.6% ^{a b}	37.3% ^{a c}	36.4% ^{b c}
Yes, to some extent	18.1%	18.0%	17.8%
No	42.3% ^{a b}	44.7% ^{a c}	45.8% ^{b c}
Total specific responses	48565	50033	47627

Q61 Were you given clear written or printed information about your medicines?

	Survey Year		
	2005	2006	2007
Yes, completely	61.7% ^{a b}	65.4% ^a	65.9% ^b
Yes, to some extent	18.1% ^{a b}	16.9% ^{a c}	15.9% ^{b c}
No	20.2% ^{a b}	17.7% ^{a c}	18.2% ^{b c}
Total specific responses	63254	64338	60648

Q62 Did a member of staff tell you about any danger signals you should watch for after you went home?

	Survey Year		
	2005	2006	2007
Yes, completely	41.1% ^{a b}	39.8% ^a	38.6% ^b
Yes, to some extent	20.3%	20.7%	20.6%
No	38.7% ^{a b}	39.6% ^a	40.8% ^b
Total specific responses	89670	58366	55795

Q63 Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

	Survey Year		
	2005	2006	2007
Yes, definitely	43.3% ^a	42.2% ^{a c}	43.1% ^c
Yes, to some extent	24.0% ^b	23.7% ^c	22.3% ^{b c}
No	32.7% ^{a b}	34.2% ^a	34.6% ^b
Total specific responses	52903	53682	50019

Q64 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

	Survey Year		
	2005	2006	2007
Yes	76.4% ^{a b}	75.8% ^{a c}	74.3% ^{b c}
No	23.6% ^{a b}	24.2% ^{a c}	25.7% ^{b c}
Total specific responses	71536	72233	68594

Q65 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

	Survey Year		
	2005	2006	2007
Yes, I received copies	34.6% ^{a b}	37.4% ^{a c}	39.3% ^{b c}
No, I did not receive copies	65.4% ^{a b}	62.6% ^{a c}	60.7% ^{b c}
Total specific responses	71433	71522	67723

Q66 Overall, did you feel you were treated with respect and dignity while you were in the hospital?

	Survey Year		
	2005	2006	2007
Yes, always	79.0% ^{a b}	78.4% ^a	78.1% ^b
Yes, sometimes	18.1% ^b	18.5% ^b	18.7% ^b
No	2.9% ^b	3.2% ^b	3.2% ^b
Total specific responses	79008	79030	74873

Q67 How would you rate how well the doctors and nurses worked together?

	Survey Year		
	2005	2006	2007
Excellent	38.1% ^{a b}	36.2% ^{a c}	38.9% ^{b c}
Very good	38.8% ^{a b}	40.0% ^{a c}	37.8% ^{b c}
Good	15.4% ^a	15.9% ^{a c}	15.3% ^c
Fair	5.8%	6.0%	6.0%
Poor	1.9%	1.9%	2.0%
Total specific responses	78465	78108	74365

Q68 Overall, how would you rate the care you received?

	Survey Year		
	2005	2006	2007
Excellent	40.2% ^b	40.8% ^c	42.5% ^{b c}
Very good	37.0% ^{a b}	36.2% ^{a c}	34.9% ^{b c}
Good	14.8%	14.7%	14.4%
Fair	5.8%	5.9%	5.9%
Poor	2.2% ^a	2.4% ^a	2.4%
Total specific responses	78319	78539	74732

Q69 During your hospital stay, were you ever asked to give your views on the quality of your care?

	Survey Year		
	2005	2006	2007
Yes	6.4% ^b	6.5% ^c	7.1% ^{b c}
No	93.6% ^b	93.5% ^c	92.9% ^{b c}
Total specific responses	72918	73453	69542

Q73 Are you male or female?

	Survey Year		
	2005	2006	2007
Male	45.6%	45.4%	45.4%
Female	54.4%	54.6%	54.6%
Total specific responses	78948	79017	74127

Q74 What was your year of birth? (banded into five age groups)

	Survey Year		
	2005	2006	2007
16-35 years	10.6% ^{a b}	10.1% ^{a c}	9.4% ^{b c}
36-50 years	16.0%	16.1% ^c	15.6% ^c
51-65 years	26.6%	26.4%	27.0%
66-80 years	34.1%	33.7%	34.0%
81 years or older	12.8% ^{a b}	13.6% ^a	14.0% ^b
Total specific responses	78593	78366	73576

Q75 How old were you when you left full-time education?

	Survey Year		
	2005	2006	2007
16 years or less	69.5%	69.1%	68.9%
17 or 18 years	16.2%	16.1%	16.2%
19 years or over	12.9% ^{a b}	13.3% ^a	13.5% ^b
Still in full-time education	1.5%	1.5%	1.4%
Total specific responses	76860	76958	72333

Q76. Overall, how would you rate your health during the past 4 weeks?

	Survey Year		
	2005	2006	2007
Excellent	7.6% ^b	7.3%	7.1% ^b
Very good	19.2%	18.9%	18.9%
Good	27.5%	27.6%	27.7%
Fair	30.9%	31.0%	30.9%
Poor	11.6%	11.7%	11.9%
Very poor	3.2% ^b	3.5%	3.5% ^b
Total specific responses	78016	78361	73550

Q79. To which of these ethnic groups would you say you belong?

	Survey Year		
	2005	2006	2007
British	90.8% ^a	91.4% ^{a c}	90.8% ^c
Irish	1.8% ^b	1.6% ^c	2.0% ^{b c}
Any other White background	2.1% ^a	1.9% ^a	2.1%
White and Black Caribbean	.2%	.2%	.2%
White and Black African	.1%	.1%	.1%
White and Asian	.2%	.2%	.2%
Any other Mixed background	.1%	.1%	.1%
Indian	1.3%	1.2%	1.2%
Pakistani	.7%	.7%	.7%
Bangladeshi	.2%	.2%	.2%
Any other Asian background	.4% ^a	.4% ^{a c}	.5% ^c
Caribbean	.9%	.9%	.8%
African	.8%	.7%	.7%
Any other Black background	.1%	.1%	.1%
Chinese	.2%	.2%	.2%
Any other ethnic group	.2%	.1%	.2%
Total specific responses	77964	77267	72666

Q79. To which of these ethnic groups would you say you belong?

	Survey Year		
	2005	2006	2007
White	94.6% ^a	95.0% ^a	94.9%
Mixed	.6%	.6%	.6%
Asian or Asian British	2.6%	2.5%	2.5%
Black or Black British	1.8%	1.7%	1.6%
Chinese or other ethnic group	.3%	.3%	.4%
Total specific responses	77964	77267	72666

Appendix 5: Demographic breakdown of respondents and non-respondents

Gender of respondents

	2005	2006	2007
Male	58.7%	57.6%	55.0%
Female	59.8%	59.7%	56.9%
Total specific responses	80793	80692	75931

Age groups of respondents

	2005	2006	2007
16-35	37.1%	36.8%	33.5%
36-50	52.4%	52.4%	48.5%
51-65	68.6%	67.9%	65.6%
>65	65.0%	64.6%	62.1%
Total specific responses	79527	80691	75931

Age and Sex groups for respondents

	2005	2006	2007
Men 16-35	29.5%	29.7%	26.8%
Men 36-50	46.7%	45.8%	41.4%
Men 51-65	66.3%	64.6%	62.6%
Men > 65	68.7%	68.0%	65.4%
Women 16-35	42.7%	42.3%	68.5%
Women 36-50	56.9%	57.5%	54.1%
Women 51-65	70.8%	71.3%	68.7%
Women > 65	61.9%	61.7%	59.4%
Total specific responses	79527	80691	75948

Ethnic category for respondents

	2005	2006	2007
White	66.3%	60.4%	57.7%
Mixed	64.7%	43.8%	38.3%
Asian or Asian British	43.6%	39.3%	36.5%
Black or Black British	45.3%	42.8%	40.0%
Chinese	52.7%	52.4%	42.7%
Other ethnic category	11.7%	42.1%	41.7%
Total specific responses	77964	80692	66563

Length of stay clusters for respondents

	2005	2006	2007
Single overnight stay	55.5%	55.0%	52.8%
Overnight stay 2-5 nights	60.9%	60.6%	58.5%
Overnight stay 6-10 nights	64.9%	64.5%	60.5%
Overnight stay 11-15 nights	60.3%	60.1%	56.4%
Overnight stay more than 15 nights	51.6%	51.1%	48.2%
Total specific responses	78239	80684	75931

Respondent differences in discharge specialty

	Year of survey		
	2005	2006	2007
General medicine	53.7%	52.8%	50.6%
General surgery	62.8%	61.3%	59.1%
Trauma and orthopaedics	66.1%	66.2%	63.5%
Gynaecology	58.8%	59.8%	55.4%
Urology	68.1%	66.0%	64.1%
Cardiology	68.4%	68.6%	64.2%
Geriatric medicine	48.1%	49.1%	44.5%
ENT	45.5%	55.8%	52.5%
All other specialties	56.0%	55.5%	53.5%
Total number of specific responses	80793	80692	75949

Respondent differences for trust cluster

	Year of survey		
	2005	2006	2007
Small acute outside London	62.7%	63.0%	60.2%
Small acute London	46.5%	48.2%	46.3%
Medium acute outside London	59.0%	59.5%	56.6%
Medium acute London	51.7%	48.2%	46.5%
Large acute outside London	59.7%	58.8%	56.4%
Large acute London	54.2%	52.3%	46.5%
Acute specialist	66.8%	65.7%	61.6%
Orthopaedic	69.8%	71.7%	72.6%
Acute teaching outside London	58.4%	57.6%	55.0%
Acute teaching London	52.6%	49.7%	48.7%
Multi-service	58.2%	57.8%	56.2%
Total specific responses	80793	80692	75949

Respondent differences for location of trust (London or not)

	2005	2006	2007
London Trust	57.6%	48.2%	46.5%
Outside London Trust	60.5%	59.0%	57.4%
Other	59.3%	58.8%	56.6%
Total specific responses	78440	80684	75949

Appendix 6: Year on year comparisons of respondent demographics

Respondents by sex

	Year of survey		
	2005	2006	2007
	Percent	Percent	Percent
Male	45.6%	45.4%	45.5%
Female	54.4%	54.6%	54.5%
Total number of specific responses	80793	80694	75931

Respondents by age group

	Year of survey		
	2005	2006	2007
16-35	10.5%	10.0%	9.3%
36-50	15.8%	15.9%	15.4%
51-65	26.4%	26.3%	26.7%
>65	47.3%	47.8%	48.6%
Number of total specific responses	80793	80694	75931

Respondents by age and sex

	Year of survey		
	2005	2006	2007
	Percent	Percent	Percent
Men 16-35	3.5%	3.5%	3.2%
Men 36-50	6.2%	6.2%	5.8%
Men 51-65	12.7%	12.5%	12.7%
Men > 65	23.2%	23.2%	23.8%
Women 16-35	6.9%	6.5%	6.1%
Women 36-50	9.6%	9.8%	9.5%
Women 51-65	13.7%	13.7%	14.0%
Women > 65	24.2%	24.6%	24.9%
Total number of specific responses	80793	80693	75948

Respondents by ethnic group

	Year of survey		
	2005	2006	2007
	Percent	Percent	Percent
White	94.4%	94.5%	94.1%
Mixed	.6%	.6%	.4%
Asian or Asian British	2.7%	2.7%	2.5%
Black or Black British	1.8%	1.8%	1.9%
Chinese or Other Ethnic Group	.4%	.5%	1.1%
Total number of specific responses	80206	80090	66563

Respondents by health status

	Year of survey		
	2005	2006	2007
	Percent	Percent	Percent
Excellent	7.6%	7.3%	7.1%
Very good	19.2%	18.9%	18.9%
Good	27.5%	27.6%	27.7%
Fair	30.9%	31.0%	30.9%
Poor	11.6%	11.7%	11.9%
Very poor	3.2%	3.5%	3.5%
Total number of specific responses	78016	78361	73550

Respondents by eight most common main specialty codes

	Year of survey		
	2005	2006	2007
General medicine	20.9%	20.6%	20.5%
General surgery	19.0%	18.8%	18.5%
Trauma and orthopaedics	16.8%	17.4%	17.1%
Gynaecology	7.4%	7.3%	6.9%
Urology	6.3%	6.0%	5.9%
Cardiology	5.6%	5.5%	6.0%
Geriatric medicine	4.2%	4.5%	4.3%
ENT	3.2%	3.2%	3.1%
All other specialties	16.4%	16.7%	17.6%
Total number of specific responses	80793	80694	75949

Appendix 7: Sample information for all respondents

Proportions of those responding to the survey by length of stay

	Year of survey		
	2005	2006	2007
Single overnight stay	26.4%	27.7%	29.1%
Overnight stay 2-5 nights	40.5%	39.8%	39.7%
Overnight stay 6-10 nights	18.9%	18.4%	17.5%
Overnight stay 11-15 nights	6.4%	6.3%	6.1%
Overnight stay more than 15 nights	7.8%	7.8%	7.5%
Total specific responses	78239	80686	75931
Missing	2554	8	18

Answered by all - data taken from sample data

Proportions of those responding to the survey by specialty

	Year of survey		
	2005	2006	2007
General medicine	20.9%	20.6%	20.5%
General surgery	19.0%	18.8%	18.5%
Trauma and orthopaedics	16.8%	17.4%	17.1%
Gynaecology	7.4%	7.3%	6.9%
Urology	6.3%	6.0%	5.9%
Cardiology	5.6%	5.5%	6.0%
Geriatric medicine	4.2%	4.5%	4.3%
ENT	3.2%	3.2%	3.1%
All other specialties	16.4%	16.7%	17.6%
Total specific responses	80780	80684	75931
Missing	13	10	18

Answered by all - data taken from sample data