Acute Inpatient Survey

National Overview 2001/02

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The acute inpatient survey was carried out for the Department of Health as part of the NHS Patient Survey Programme. All acute NHS Trusts in England were required to undertake the survey, either in-house or using one of the approved survey contractors.

The authors of this report are:
Nina Bullen and Rachel Reeves, Survey Advice Centre for the NHS Patient Survey Programme, Picker Institute Europe.

Contents

1. Introduction

The NHS Patient Survey Programme

The NHS Patient Survey Programme comprises a series of surveys designed to contribute to monitoring the performance of the NHS, as seen from the patients' perspective. The Government proposed introducing annual surveys of patients and health service users in *The New NHS – modern dependable* White Paper (1997) and further committed itself to this programme in the NHS Plan (2000).

The first survey in the series was conducted in 1998 and covered General Practice patients. This was followed in 1999 by a survey of Coronary Heart Disease (CHD) patients, treated in hospital either as inpatients or day patients. The third survey in the series (1999/2000) focused on cancer and asked patients to assess the quality of care they had received in hospital. Reports from all these surveys are available from the Department of Health website (www.doh.gov.uk/nhspatients) and the Survey Advice Centre website (www.nhssurveys.org).

The NHS Trust-based Patient Survey Programme

The NHS Plan (2000) extended the Performance Assessment Framework for Health Authorities by introducing a complementary Trust-based Performance Framework, starting from April 2001. This includes relevant parts of the Health Authority Performance Assessment Framework, as well as Trust-level information on patients' views, the quality of care, the Trust workforce and efficiency. These areas are jointly assessed, using a 'balanced scorecard' approach.

The patients' views are obtained through a series of surveys, which will gradually extend to cover all NHS Trusts, including Acute Hospital Trusts, Primary Care Trusts, Ambulance Trusts and Mental Health Trusts.

This report contains the national level results for the first of this new series of surveys, focusing on inpatients treated in acute NHS Trusts during the autumn of 2001.

The Acute Inpatient Survey (2001/02)

The overall aim of the survey was to assess the quality of the patients' experience of care in acute Trusts. The questionnaire contained a core of 58 questions, which focused on the patients' experience of hospital systems (waiting times, organisation of the admission process and coordination of care on the ward and prior to discharge), the hospital environment and facilities (cleanliness, food) and interactions with hospital staff (communication, information, patient involvement and privacy). It did *not* include any questions about the patients' specific medical condition, diagnosis or treatment. The questionnaire also included demographic questions (age, gender, ethnic group) and standard measures of general health status.

Fieldwork took place during autumn 2001, although there was some variation between Trusts in the period covered. A postal questionnaire was used and Trusts were responsible for carrying out their own survey, either in-house or by commissioning an approved survey contractor.

The survey was designed to obtain at least 500 respondents from each acute NHS Trust in England. It should be noted that Trusts were able to commission a larger survey if required (for example, to make comparisons between hospital sites within the Trust). However, only data that conformed to the standard survey design guidelines were submitted to the Department of Health for the calculation of the performance ratings (published in July 2002). This dataset consisted of a minimum achieved sample size of 500 recently discharged patients, from each of 176 Trusts (around 95,000 cases in total). The national-level results presented in this report are based on these data.

Reporting this survey

This report presents national findings from the inpatient survey, which was conducted by all acute NHS Trusts in England. It also describes variations between demographic and ethnic groups, between Trusts (by cluster) and highlights any significant geographical variations.

The first section presents the key findings from the survey. The results of the acute inpatient survey were used as indicators of patient experience in the NHS performance ratings ('star' ratings), which were published for each Trust by the Department of Health (July 2002). The results presented here are based on descriptive analyses of the responses given to each of the survey questions, organised into the same thematic headings or 'dimensions of care' that were used for the calculation of the published performance ratings.

The second section provides a summary of the demographic characteristics of the survey respondents and of the distribution of respondents by type of Trust (using Trust 'clusters').

The remainder of the report sets out the survey findings in more detail, covering the seven themes or 'dimensions' of care. Within each of these dimensions, comparisons are drawn[1] between demographic and ethnic groups, between the Directorates of Health and Social Care (DHSC) and between Trust clusters.

It should be noted that significant changes in the geographical organisation of the NHS came into effect just as the fieldwork period for this survey was drawing to a close. Twenty-eight new Health Authorities were introduced on 1 April 2002, which became Strategic Health Authorities in October 2002. In addition, four Directorates of Health and Social Care were set up in April 2002, with responsibility for overseeing the development of the NHS and social care in England.

This report identifies any notable differences between the four Directorates of Health and Social Care (DHSC), which are geographical aggregations of the 28 new Strategic Health Authority areas. A list of the acute Trusts and the Strategic Health Authorities within each of the four DHSC areas (North, South, London and Midlands and the East) is included in appendix A.

The cluster-level results will enable individual Trusts to compare their own results with those of similar Trusts (within the same cluster). A list of the Trusts within each cluster is given in appendix B.

1 For brevity of presentation, the statistical tests conducted on the survey results are not reported here, but the reader should note that all the between-group differences described in the text were statistically significant (with 99.9% probability), unless stated otherwise.

2. Key Findings

2.1 Prompt access

In the inpatient survey, just over half (52%) of the respondents were admitted to hospital as an emergency and just under half (48%) had planned or waiting list admissions.

Over one-third of respondents (36%) who were admitted as an emergency reported that they either did not have to wait at all before they were admitted to a room, ward or bed, or waited for less than one hour in the A&E department or the Medical Admissions Unit. Just over one-quarter of respondents (28%) had to wait for between 1–4 hours. One third of respondents (33%) were kept waiting for 4 hours or more, with 6% waiting over 12 hours. The remaining 3% of patients could not remember how long they had waited.

Respondents were asked how they felt about the length of time they spent on the waiting list. Most respondents (68%) who had been on a waiting list and whose admission to hospital had been planned in advance thought they were admitted as soon as was necessary. One-fifth (20%) thought that they should have been admitted *a bit sooner* and 12% of respondents thought they should have been admitted *a lot sooner*.

The majority (96%) of those who had a planned admission felt they had been given enough notice of their admission date – only 4% felt they had not had enough notice.

In most cases (79%), the admission date originally given to the patient was not changed by the hospital. However, one-fifth of patients (21%) said that their admission date was changed *at least once* by the hospital and a quarter of these respondents had their admission date changed *at least twice* by the hospital.

Two-thirds of respondents did not feel they had to wait a long time to get to their room, ward or bed. However, one-third felt they had, either *definitely* (13%) or *to some extent* (20%), waited a long time to get to a ward and bed.

2.2 Respect and dignity

Overall, three-quarters of respondents (75%) had not shared a room or ward with patients of the opposite sex at all during their inpatient stay, but one-quarter (25%) of respondents had been accommodated in mixed-sex wards.

Most respondents (69%) reported that they were *always* given enough privacy when discussing their treatment and a higher proportion (87%) of respondents were *always* given enough privacy when being examined. However, 10% of respondents reported they were *not* given enough privacy when discussing their condition or treatment and 3% were *not* given enough privacy when being examined.

Overall, the majority (79%) of respondents felt that they had *always* been treated with respect and dignity throughout their stay. However, 18% reported they had only been treated with respect and dignity *sometimes* and 3% of respondents felt they had *not* been treated with respect and dignity whilst in hospital.

2.3 Information and education

Most respondents (83%) who were admitted to hospital as an emergency, felt that they did get enough information about their medical condition or treatment whilst in the Accident and Emergency department (or the Medical Admissions Unit), either *definitely* (43%), or *to some extent* (40%). Some (14%) felt that they did not get enough information and 3% didn't want any information.

More than half of respondents (57%) reported that they could *always* understand the answers given by doctors. About one-quarter said that they could only *sometimes* understand the answers given (26%). Only 5% could *not* understand the answers given and the remaining 12% of the respondents felt they had no need to ask the doctor any questions.

Over half of respondents could *always* understand the answers given (54%), just over one-quarter could understand *sometimes* (26%), but 5% of respondents could *not* understand the answers given by nurses. The remaining 15% of respondents felt they did not need to ask the nursing staff any questions.

Most respondents (60%) agreed that they had *completely* understood the explanations given by staff of the purpose of any medicines they were required to take at home. However, one-sixth of respondents had either understood the explanation given *to some extent* (11%) or did *not* understand at all (5%). The remaining one-quarter of respondents either did not need any explanation (11%) or did not have to take any medicines after leaving hospital (14%).

Patients who had been given medicines to take at home were also asked whether a member of staff had informed them about any medication side effects to watch for. Over one-quarter (28%) of these respondents agreed that they had been *completely* informed of the side effects. Over two–fifths (43%) of respondents felt they had either been only *partially* informed (12%) or had *not* been advised of any side effects (31%). The remaining 30% of respondents felt that they didn't need any explanation of the side effects of their medication.

About two-fifths (41%) of respondents agreed that they had been given complete advice about any danger signals regarding their illness or treatment to watch out for when they returned home. One-fifth (20%) felt that this issue had been discussed *to some extent*. The remaining two-fifths (39%) reported that they had *not* been advised of any danger signals to watch for after they were discharged from hospital.

Just under half of the respondents (48%) agreed that their family had been given sufficient information to help them recover after they returned home, either *completely* (31%) or *to some extent* (17%). Nearly a quarter of respondents felt that their family or close friend had not been given sufficient information to help them recover (23%). In other cases, the respondent either felt that the family didn't want or need any such information (17%), or there were no family or friends involved in caring for the patient after they had returned home (13%).

2.4 Involvement and choice

Patients were asked whether doctors and nursing staff had talked in front of them, as if they weren't there (rather than involving the patient). Most patients (71%) reported that doctors had *not* done this and nursing staff were even less likely to do so (81% did not). However, over a quarter of patients reported that this had happened amongst doctors, either *sometimes* (23%) or *often* (6%). About a fifth of patients felt that this had occurred amongst nurses, either *sometimes* (15%) or *often* (4%).

Almost half the respondents (46%) had wanted to be more involved in decisions about their care and treatment, either *definitely* (19%) or *to some extent* (27%).

In over half of cases, the respondents said their family/carer were able to talk to a doctor, either *definitely* (30%), or *to some extent* (27%). For other patients, either the family didn't want or need any further information from the doctor (17%), or the patient did not want them to talk to the doctor (4%), or there were no family or friends involved (9%). However, 14% of respondents had wanted their family/carer to talk to a doctor, but they did not have enough opportunity to do so.

In just under half of cases (46%), the respondents felt that it was not necessary to discuss the need for further health or social care services after leaving hospital (such as a district nurse, care assistant, physiotherapist or social workers). But amongst those who did, almost one-third (33%) reported that the hospital staff did *not* discuss their requirements with them.

2.5 Physical and emotional needs

Just under half (47%) of all respondents reported that they were bothered by noise at night, from at least one source. Over one-third were disturbed by noise from other patients on the ward (37%); about one-sixth were disturbed by noise from staff (15%) and some (5%) were bothered by noise from other sources.

Most (79%) of patients did not need any help eating their meals. But of those who did, almost one-fifth did *not* get help when they needed it and a further 25% only *sometimes* got help at the appropriate time.

Around two-thirds of respondents experienced some pain whilst in hospital (68%). Of these, most (73%) felt that staff had *definitely* done everything they could to control their pain. But 27% of respondents thought staff could have done more.

A third of respondents had no concerns and just over half (55%) were able to find someone on the hospital staff to talk to about their concerns, either *completely* (29%) or *to some extent* (26%). However, 11% of patients had concerns, but they were unable to find anyone to talk to.

Most respondents (70%) reported that the doctor had discussed any anxieties or fears about their condition or treatment with them *completely* (42%) or *to some extent* (28%). Another 8% reported that the doctor did *not* discuss their concerns about their condition or treatment with them and the remaining 22% did not have any such concerns.

Over three-fifths (61%) of patients were able to discuss any anxieties or concerns about their condition or treatment with nursing staff. One-third of all respondents reported that they had discussed their concerns *completely* with a nurse (33%) and over a quarter had done so, *to some extent* (28%). A tenth reported that the nursing staff did *not* discuss the patient's concerns with them, and the remaining 28% had no such concerns.

2.6 Coordination of care

Most respondents (95%) reported that the hospital admission process (whether planned or emergency admission) was either *very organised* (58%), or *fairly organised* (37%). Around 5% of respondents felt that the admission process was *not at all* organised.

Amongst the respondents who had been admitted in an emergency, most (94%) found that the care they received in the Accident and Emergency (or the Medical Admissions unit) was either *very organised* (56%) or *fairly organised* (38%). Only 6% reported that their care at this stage of the admission process was *not at all* organised.

Once on the ward, two-thirds (66%) of inpatients said that there was one doctor in overall charge of their care. Just under one-fifth said there appeared to be no single doctor responsible for their care (19%) and the remaining 15% of respondents said they didn't know whether there was one doctor in charge of their care or not.

Around one-third of patients reported that there was one nurse in overall charge of their care (36%). But almost half of the respondents said there was not one nurse in overall charge of their care (45%) and the remaining 19% of respondents did not know whether there was or not.

Patients were asked whether doctors and nurses had given them conflicting information. Most respondents (70%) said that this did not happen, but almost a quarter (24%) reported that it had *sometimes* happened and 6% of respondents said it *often* happened.

In most cases (87%) patients were not asked for their name and address more often than they thought necessary, although this was reported by 13% of respondents.

Two-thirds of patients had tests, x-rays or scans (apart from blood or urine tests) whilst in hospital. These were *always* performed on time for most respondents (71%). However, one-fifth of respondents reported that they were only *sometimes* performed on time (21%) and the remaining 8% said their tests were *not* performed on time.

Just under half of the respondents (48%) reported that their discharge had been delayed, for one or more reasons. In some cases, the delay was due to the patient's own health (9% of respondents). About a quarter of patients were delayed due to waiting for medicines or drugs to be issued (26%) and others were delayed by waiting to see the doctor before they could be discharged (12%), or because they had to wait for an ambulance (5%), or for any other reason (6%).

2.7 Environment and facilities

Two-thirds of respondents (67%) stayed in a bay-ward with between 2–6 patients. About a sixth (18%) stayed on a large open plan ward and another sixth (16%) stayed either in a room by themselves (12%) or shared with one other patient (4%).

Just over half of respondents (57%) reported that the ward was *very clean* and around a third found the ward *fairly clean* (36%). About 7% of respondents reported the ward was *not very* or *not at all* clean.

Only half (50%) of patients rated bathrooms and toilets as *very clean* and about a third rated them as *fairly clean* (37%). Bathrooms and toilets were reported to be *not very* or *not at all* clean by 11% of respondents (the remaining 2% did not use a toilet or bathroom).

Around 4% of patients did not have any food during their stay. Of those respondents who did, two-thirds rated the food as *good* (36%) or *fair* (31%). Just over one-sixth rated the food as *very good* (18%) and just under one-sixth rated the food as *poor* (15%).

Most people (82%) reported receiving the right amount of food. Only 4% had too much food, but 14% of patients felt they did not have enough food whilst in hospital.

2.8 Overall impression

Overall, three-quarters (74%) of respondents rated the care they received as *excellent* (38%) or *very good* (36%). Most (92%) respondents said they would *definitely* (64%) or *probably* (28%) recommend the hospital from which they had recently been discharged to their family and friends.

3. Characteristics of acute inpatients sample

In this section, the characteristics of the survey respondents are described, in terms of their demographic composition, ethnicity and health status. This provides useful background information when interpreting the survey findings, since the profile of acute hospital inpatients differs in some ways from the general population.

This section also provides a summary of where the patients were treated, in terms of the type of NHS Trust (by cluster) and highlights some important differences in terms of the types of NHS Trusts found in London and other areas.

3.1 Demographic characteristics

In the general UK adult population, the proportion of women is slightly higher than men – the latest figures from the 2001 Census record 51% women and 49% men.

However, amongst the respondents to the inpatient survey there were more women than men – 54% were women and 46% were men (93,149 respondents).

The sample was drawn from hospital inpatients aged 16 and over at the date of their discharge (usually around November 2001). Respondents ranged in age from 16 years to 101 years, with an average age of 60 years (those born in 1941).

The age profile of the acute inpatient respondents is very different to the age profile of the general population, being more heavily skewed towards older people. Over half (56%) of all respondents were aged 60 or over, including a large group (14% of the total) aged 80 and over. Just over a quarter (27%) of respondents were aged between 40–59. The remaining 17% of respondents were aged 16–39.

Not surprisingly, in view of their age-profile, very few of the respondents were still in full-time education (1%). The majority of respondents (72%) had left full-time education by the age of sixteen. One-sixth had stayed in education until the age of 17–18 (16%); the remaining 12% had stayed in full-time education until the age of 19 or above.

3.2 Ethnic group

The survey asked the same question on ethnic group as used in the 2001 Census. Most (96%) of survey respondents completed this question. Of these, a very large majority classified themselves as White (95%). Most were White-British (91%), but there were substantial minorities of White-Irish (2%) and White-Other (2%). The other notable minority ethnic groups were the Asian or Asian-British category (2.3%), consisting mainly of Asian-Indian (1%) and Asian-Pakistani (0.7%) and the Black or Black-British category (1.7%), consisting mainly of Black-Caribbean (0.9%) and Black-African (0.5%) populations. There were very few respondents from Chinese (0.1%) or 'other' (0.1%) ethnic groups.

3.3 Health status

The current health of respondents was assessed using a general self-assessment health status question and the standard EuroQol 5D measure[2]. Since the questionnaire was completed after the respondents had returned home (up to 3 months after discharge from hospital), these questions do not relate to the patient's health at the time of discharge. They are included in the questionnaire because there is some evidence to suggest that people's responses to questions relating to their satisfaction with health service issues can depend on their current health status.

Table 1 reports on the general self-assessment of health and shows that more than half of the respondents rated their current health status as good (26%), very good (18%) or excellent (8%). About one-third of respondents felt their current health was fair (32%), but about one-sixth said their health was either poor (12%) or very poor (3%).

Table 1 – Overall rating of own health during the past 4 weeks

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

Response	Frequency	Percent
Excellent	7,679	8.2%
Very good	16,774	18.0%
Good	24,577	26.4%
Fair	30,180	32.4%
Poor	11,010	11.8%
Very poor	2,937	3.2%
Total	**93,162**	**100.0%**

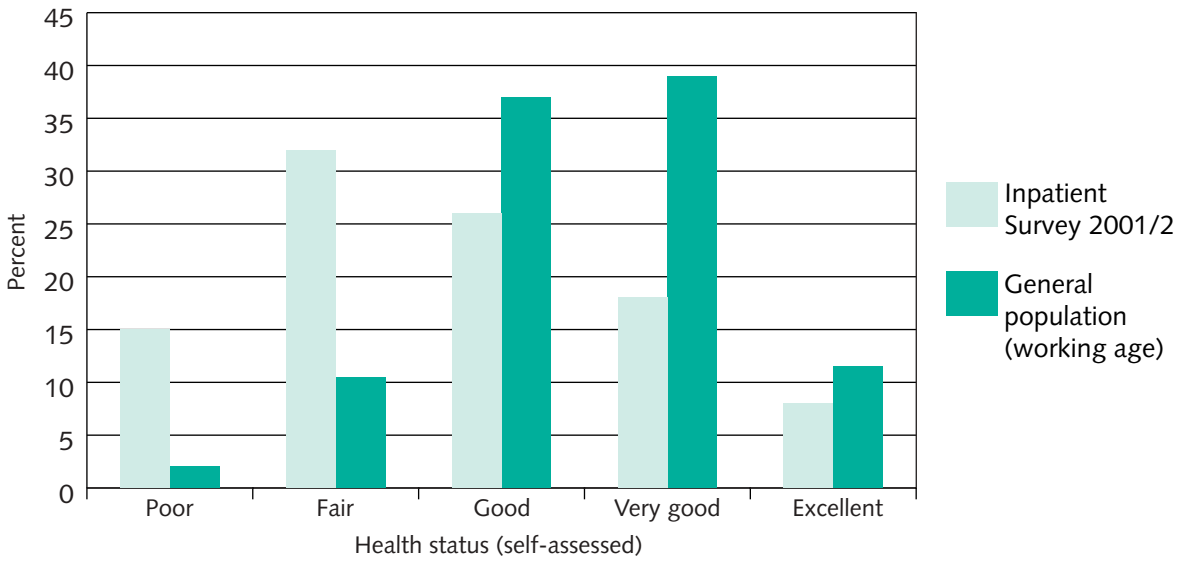
Total respondents = 93,162 (response missing for 2,118 cases)

Figure 1 compares the health status of the acute inpatient survey respondents and that of the general adult population of working age (based on data from the Oxford Health and Lifestyles survey[3]). This shows a clear difference between these population groups – amongst the generally healthy adult population, their self-assessed health status tends to be rated as either very good (39%) or good (37%). However, the sample of recently discharged inpatients tend to give a lower rating of their own health, with most people rating it as fair (32%) or good (26%). A much higher proportion of recent inpatients rated their health status as poor (15% of the inpatient survey respondents, compared with only 1.5% of the adult population of working age).

2 For details on the EQ-5D instrument, see www.euroqol.org.

3 Cited in Jenkinson, Coulter and Wright (1993) *Short Form 36 (SF36) Health Survey Questionnaire: Normative data for adults of working age*, British Medical Journal, 306, 1437-40.

Figure 1 – Health Status (self-assessed)



The EuroQol measure of self-reported health status confirms that the survey respondents were far more likely to have problems with their general health after returning home from hospital than the UK population as a whole (Figure 2).

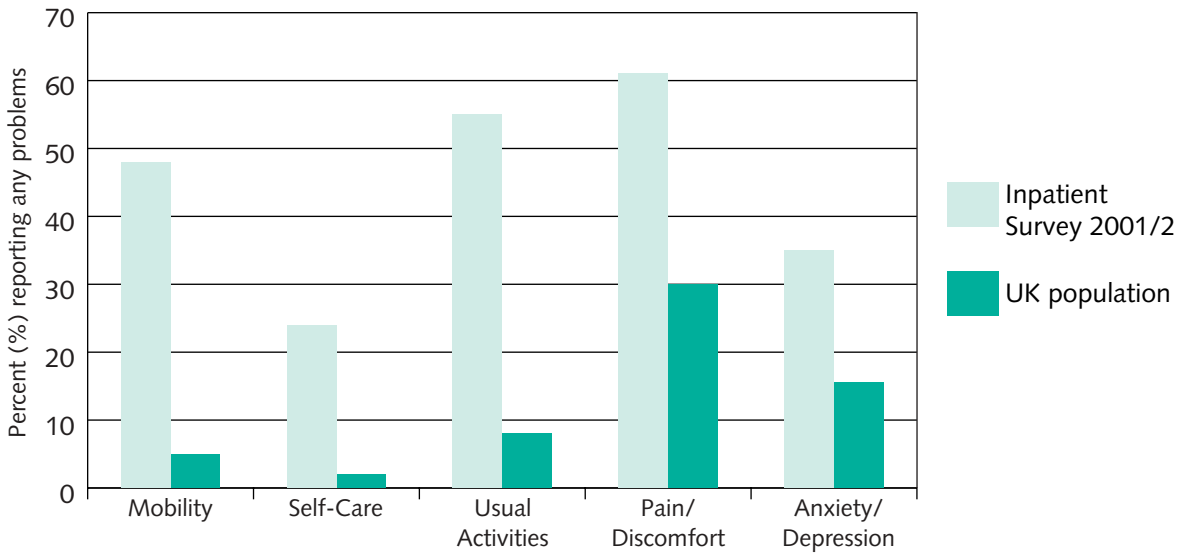
Looking across the five dimensions within the EuroQol health status instrument shows that the largest difference between the UK population and the inpatient survey respondents was in the area of self-care (being able to wash or dress themselves). With 24% of recently discharged inpatients reporting problems with self-care, they were fifteen times more likely to have problems in this respect than amongst the UK population as a whole (1.6%).

The survey respondents were nine times more likely to have problems with mobility (48% reported problems, compared with 5% in the UK population).

The survey respondents were seven times more likely to have any problems with carrying on their usual activities than are found amongst the UK population as a whole (55% of the survey respondents had problems, compared with 8% amongst the UK population).

They were also more than twice as likely to have either moderate or extreme problems due to pain and to anxiety or depression, than amongst the UK population as a whole (61% of the survey respondents reported problems with pain/discomfort, compared to 30% amongst the UK population; 35% of the survey respondents reported problems with anxiety/depression, compared with 16% amongst the UK population).

Figure 2 – EuroQol Health Status (self-assessment on 5 dimensions)



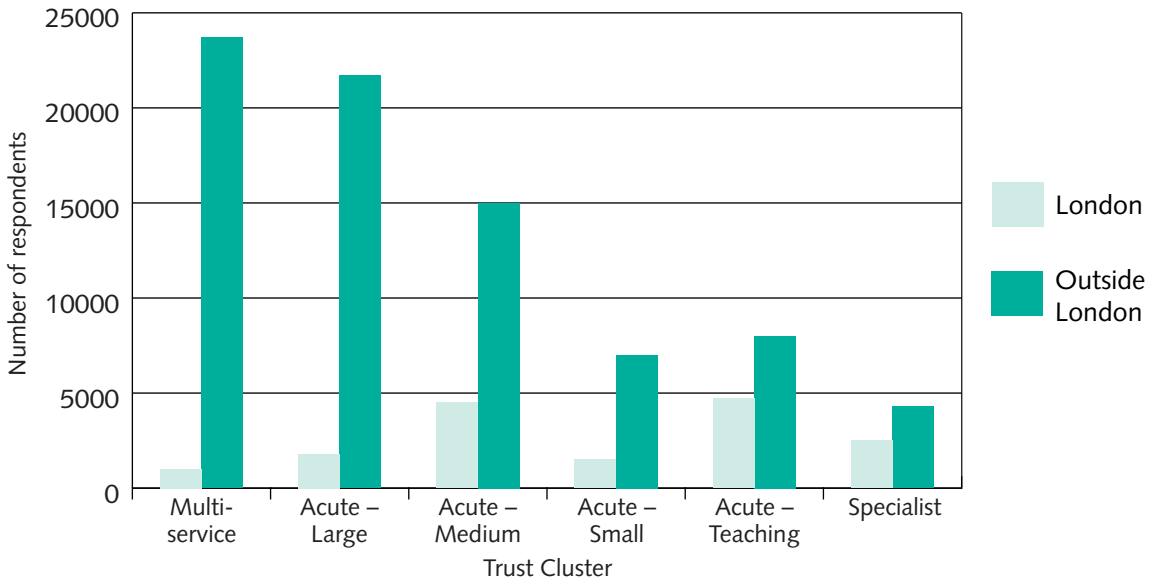
3.4 Trust clusters

NHS Trusts can be categorised into 'clusters'. The number of Trusts in each cluster is shown in Table 2. Since each Trust drew the same sample size, the variation in the total number of respondents between Trust clusters partly reflects the number of Trusts within each cluster.

Most inpatient respondents were from Multi-service Trusts (24,618) or from large (23,477) and medium (19,424) acute Trusts. Together, these Trusts account for 71% of all respondents. Acute teaching Trusts had 13% of all respondents (12,460), followed by 9% from small acute Trusts (8,594) and 7% from specialist and orthopaedic Trusts (6,707).

There are some notable differences in the distribution of respondents across Trust clusters when comparing the London Trusts and Trusts outside of London, as shown in Figure 3.

Figure 3 – Respondents by Trust Cluster (London/other)



Looking at the figures in more detail, Table 2 shows that within London, most patients were discharged from acute teaching Trusts (30%) or medium acute Trusts (28%). There were relatively few respondents from multi-service Trusts within London (this cluster accounts for only 7% of discharges from London Trusts, but 30% of discharges from Trusts outside of London). A higher proportion of respondents (14%) were discharged from specialist or orthopaedic Trusts in London (compared to only 6% from specialist or orthopaedic Trusts outside of London). Of all the survey respondents who were discharged from specialist or orthopaedic Trusts, one third were from London Trusts.

Table 2 – Distribution of respondents by Trust cluster

Trust Cluster	Number of Trusts in Survey	Inpatient respondents (from all Trusts within each cluster)					
		London		Outside London		All	
		Number	Percent (%)	Number	Percent (%)	Number	Percent (%)
Multi-service	31	1,015	6.5%	23,603	29.6%	24,618	25.8%
Acute – Large	38	1,863	11.9%	21,614	27.1%	23,477	24.6%
Acute – Medium	33	4,397	28.1%	15,027	18.9%	19,424	20.4%
Acute – Small	38	1,461	9.3%	7,133	9.0%	8,594	9.0%
Acute Teaching	24	4,670	29.8%	7,790	9.8%	12,460	13.1%
Specialist/Orthopaedic	12	2,255	14.4%	4,452	5.6%	6,707	7.0%
Totals	**176**	**15,661**	**100.1%**	**79,619**	**100%**	**95,280**	**99.9%**

4. The Questionnaire Themes

The core questionnaire comprised 58 questions (Appendix C). Of these, 41 questions were of an evaluative nature. That is, responses to these questions could be used to identify issues that are amenable to quality improvement measures. The remaining questions were demographic and health status questions, filter questions or information-only questions.

The questionnaire addressed a number of issues that are relevant to hospital inpatients, whether they were emergency or planned admissions. These include: the hospital environment (wards, cleanliness, food), communication and coordination of care from doctors and nurses, patient involvement in care, privacy, pain management, tests and leaving hospital. Respondents were also asked for an overall assessment of the quality of the care they received and whether they had been treated with respect and dignity.

Most questions were asked of all patients, although some (such as those relating to emergency or planned admissions) were only asked of the sub-group of patients for whom they were relevant.

In this report, the survey findings are grouped into the seven themes or 'dimensions' that were used in the calculation of the Trust-level performance ratings. These are:

1. Prompt access
2. Respect and dignity
3. Information and education
4. Involvement and choice
5. Physical and emotional needs
6. Coordination of care
7. Environment and facilities

In addition, the results for the overall assessment questions are reported in a final section:

8. Overall Impression

4.1 Prompt access

Whether admission was planned or emergency

The survey results indicate that nationally, just over half of all inpatients (52%) were admitted to hospital as an emergency and just under half (48%) were planned admissions.

There were differences in the proportion of emergency and planned admissions between the different Trust clusters (Table 3). Admissions to large acute Trusts were in line with the overall figure, with 52% emergency and 48% planned admissions. A higher proportion of emergency admissions were experienced in small acute Trusts (accounting for 60% of admissions), medium acute Trusts (57% of admissions) and multi-service Trusts (58%). Conversely, acute teaching Trusts had fewer emergency admissions (45%) and more planned admissions (55%). Specialist Trusts are very different in that they are more likely to receive planned (waiting list) admissions – 85% of admissions to the specialist Trusts were planned, with only 15% admitted as emergencies or immediate referrals.

Table 3 – Planned and emergency admissions, by Trust Cluster

Were you admitted to the hospital as an emergency or after dialling 999, or was your admission from a waiting list or planned in advance?

Trust Cluster	Emergency/dialled 999/ immediately referred		Waiting list or planned in advance		All admissions	
	Number	Percent	Number	Percent	Number	Percent
Multi-Service	13,420	57.6%	9,888	42.4%	23,308	100%
Acute – Large	11,415	52.1%	10,514	47.9%	21,929	100%
Acute – Medium	10,569	57.2%	7,898	42.8	18,467	100%
Acute – Small	4,840	60.0%	3,231	40.0%	8,071	100%
Acute – Teaching	5,258	45.2%	6,377	54.9%	11,635	100%
Specialist/Orthopaedic	994	15.5%	5,411	84.5%	6,405	100%
Total	**46,496**	**51.8%**	**43,319**	**48.2%**	**89,815**	**100%**

Table based on 89,815 respondents (response missing for 5,465 cases).

Emergency admissions

Of the emergency admissions, most were to multi-service Trusts (29%), or to large acute (25%) or medium acute (23%) Trusts. Together, these Trusts received 76% of all emergency admissions.

Conversely, the specialist Trusts received far fewer emergency admissions, accounting for only 2% of all emergency admissions. The small acute and acute teaching Trusts together accounted for 22% of the emergency admissions.

Planned admissions

Most of the planned admissions were to large acute (24%), medium acute (18%) and multi-service Trusts (23%). Overall, these Trusts received 65% of all planned admissions. Acute teaching Trusts had 15% of all planned admissions and specialist Trusts received 13% of planned admissions. The small acute Trusts accounted for only 7% of planned admissions.

Emergency admissions – waiting times

Those patients who had an emergency admission were asked how long they had to wait, either in Accident & Emergency or the Medical Admissions Unit, before being admitted to a room or ward and bed.

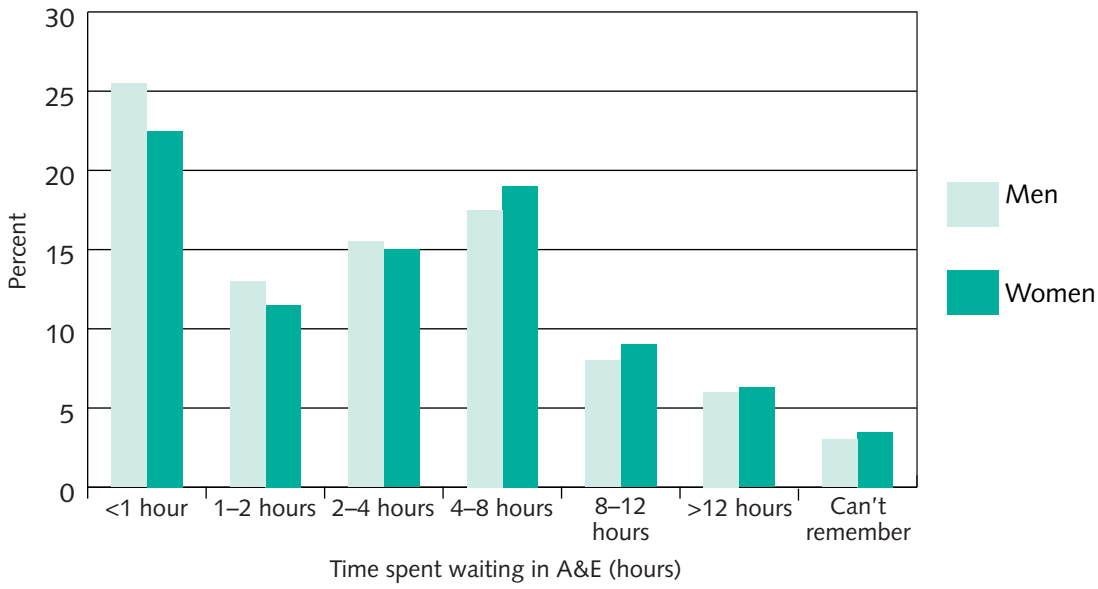
Over one-third (36%) of emergency inpatients either did not have to wait, or waited for less than one hour in the A&E department or the Medical Admissions Unit, before being admitted to their room or ward and a bed.

Over one-quarter (28%) waited for up to four hours (12% waited 1–2 hours; 16% waited 2–4 hours). In other words, 64% of emergency admissions had been accommodated on a ward within four hours.

Another one-third of emergency admissions were kept waiting for more than 4 hours. Some waited between 4–8 hours (19%), others waited between 8–12 hours (9%) and 6% waited for more than 12 hours. The remaining 3% of emergency admissions could not remember how long they had spent waiting.

There were small differences between men and women in the time spent waiting in the A&E department, which tended to suggest that men were more likely to have a shorter waiting time (38% of men waited less than two hours, compared to 34% of women). Those respondents who had the longest waiting times (four hours or more) were more likely to be women (Figure 4).

Figure 4 – Time spent waiting in A&E, by gender

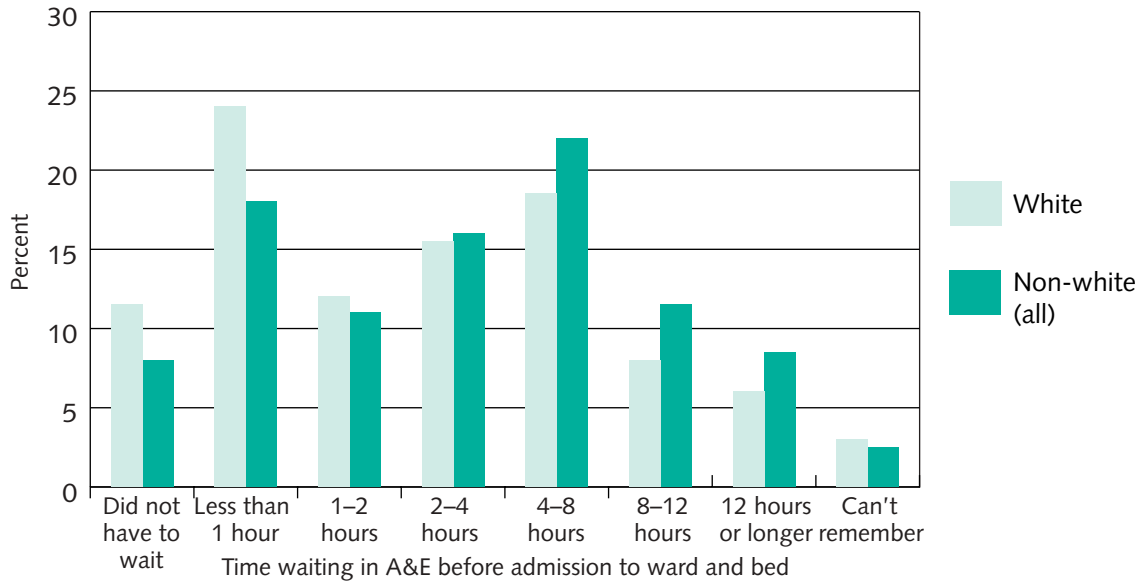


There were some differences between age groups in the time respondents had waited, although the picture is not clear-cut. Most notably, people aged 60 and above were more likely to wait for *less* than one hour than were other age groups. At the other extreme, younger people (aged 16–59) were slightly more likely to be kept waiting for 12 hours or longer – 7% waited over 12 hours, compared with 6% of those aged 60 and above.

There were also differences between white and non-white patients in the time they spent waiting in the Accident & Emergency department, before being admitted to a ward and bed. White patients were more likely to be admitted within two hours, whilst those who had to wait longer were more likely to be non-whites (Figure 5).

Amongst the ethnic minority groups, the Asian or Asian-British and Black or Black-British were the least likely to be admitted to a ward within two hours (36% of respondents from each of these groups, compared with 48% of the white respondents).

Figure 5 – Time spent waiting in A&E, by ethnicity

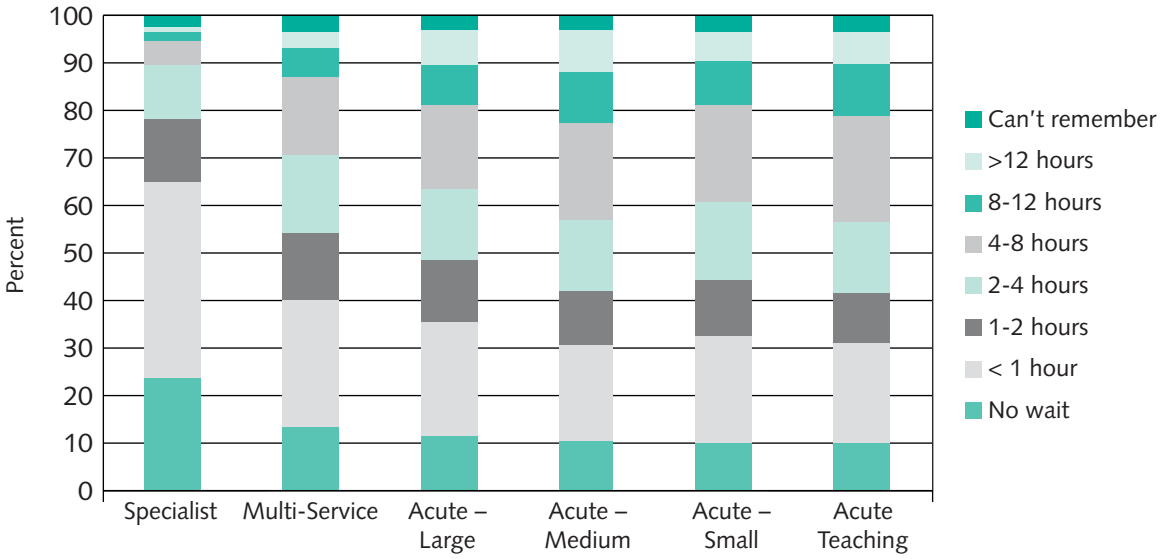


Patients who had an emergency admission to a London Trust were likely to have to wait longer than patients in other areas before getting to a ward and bed. Almost a quarter (24%) of respondents from London Trusts waited between 4–8 hours, compared to 18% of *all* respondents outside of London and only 15% of respondents from the North DHSC. A further one-third (31%) of respondents from London Trusts waited more than 8 hours, compared to 12% of respondents from all Trusts outside of London and only 9% of respondents from the North DHSC.

Waiting times were lowest in the North DHSC area – in fact, patients with an emergency admission in the North DHSC were almost twice as likely to be admitted to a ward and bed *within one hour* than if they were at a Trust within the London DHSC (29% of respondents from the North gave this response, compared to 15% from London).

There were also differences in the time spent waiting in A&E between the various Trust clusters (Figure 6). Most notably, respondents from the specialist/orthopaedic Trusts were most likely to be admitted to a ward within one hour – 65% of respondents gave this response, compared with 40% of respondents from multi-service Trusts and between 31–36% of respondents from other Trust clusters.

Figure 6 – Time spent waiting in A&E, by Trust Cluster



Planned admissions – waiting times

Those patients whose admission to hospital was planned in advance were asked how they felt about the length of time they were on the waiting list. Over two-thirds (68%) were admitted as soon as they felt necessary, although almost one-third felt they should have been admitted either a bit sooner (20%) or a lot sooner (12%).

Men were more likely than women to feel that they should have been admitted a *lot* sooner (14% of men said this, compared to 11% of women).

There were also significant differences between age groups. Older people (aged 60 and above) were more likely to feel that they had been admitted to hospital as soon as they thought necessary (69% of those aged 60–79 and 72% of those aged 80 and above gave this response).

On the other hand, respondents from the younger age groups were more likely to feel they should have been admitted to hospital either a bit sooner, or a lot sooner (33% of those aged 16–59 gave these responses).

In particular, younger men were the most likely to feel that they should have been admitted a lot sooner – 16% of men aged 16–59 gave this response, compared with around 11% of women in this age band.

Looking at the differences between the white and non-white respondents, white respondents were more likely to report that they had been admitted as soon as they felt necessary (69% of white, compared with 59% of all non-white respondents gave this response). In particular, the Asian or Asian-British respondents were the least likely to report that they had been admitted as soon as they felt was necessary (54%).

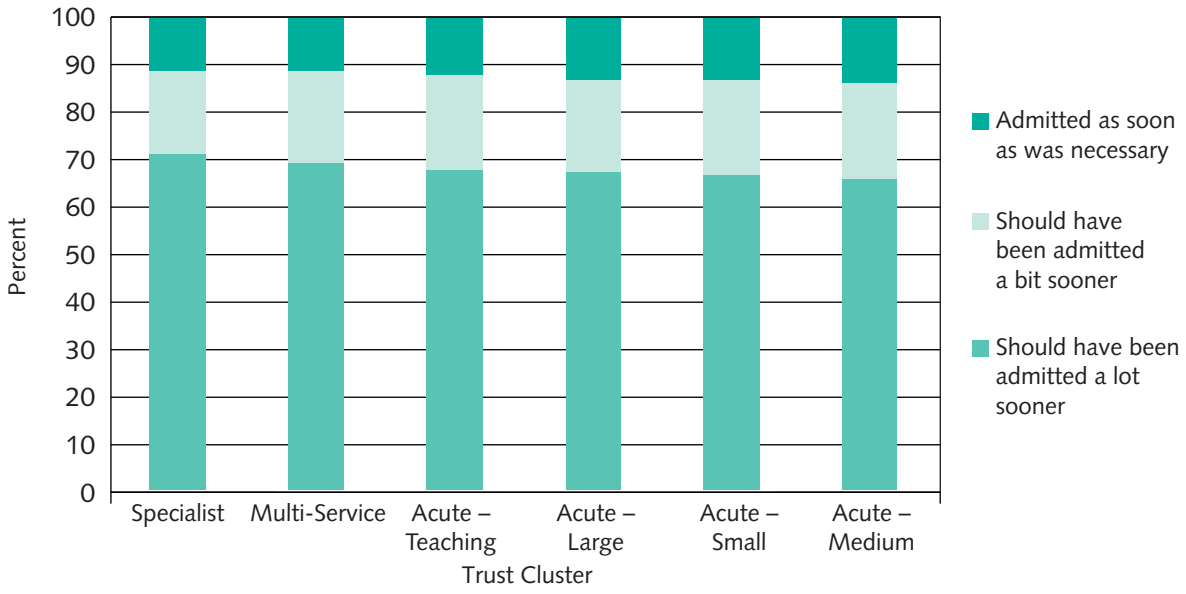
Non-whites were more likely to report that they should have been admitted either a bit sooner, or a lot sooner (41% of all non-white respondents and 46% of the Asian or Asian-British respondents, compared with 31% of the white respondents gave these responses).

There were some geographical variations in how respondents felt about the length of time they were on the waiting list. Respondents from the North and the Midlands and the East DHSC areas were the most likely to feel they had been admitted as soon as they thought was necessary (70% and 69% respectively); whereas respondents from London and the South DHSC areas were the least likely to give this response (64% and 67% respectively).

Respondents from London were the most likely to report that they should have been admitted sooner – 36% said they should have been admitted either a bit sooner or a lot sooner, compared with 33% from the South DHSC, 31% from the Midlands and the East DHSC and 30% from the North DHSC.

There were also some differences between Trust clusters. Respondents from the specialist/orthopaedic Trusts and the multi-service Trusts were the most likely to report that they had been admitted as soon as they thought necessary (71% and 69% respectively, compared with 68% from acute teaching and large acute Trusts, 67% from small acute Trusts and 66% from medium acute Trusts). Respondents were most likely to feel that they should have been admitted a lot sooner if they were waiting for admission to either small (13%), medium (14%) or large (13%) acute Trusts (Figure 7).

Figure 7 – Length of time on waiting list, by Trust Cluster



Notice of admission date

Those patients who had a planned admission were asked whether they had been given enough notice of the date of their admission. Most respondents agreed that they had been given enough notice (96% of both men and women).

Younger people were *less likely* to agree that they had been given enough notice of their date of admission to hospital (92% of those aged 16–39 felt they had been given enough notice, compared to 96% of those aged 40–59 and 97% of respondents in the older age groups).

White respondents were more likely to agree that they had been given enough notice (96%; compared to 91% of non-whites). The non-white ethnic groups were more likely to state that they had *not* been given enough notice of their admission date. In particular, 10% of the Asian or Asian-British and 9% of the Black or Black-British respondents felt they had *not* been given enough notice of their admission date.

There were small variations between the DHSC areas, with respondents from London-based Trusts being the most likely (5%) to report that they had *not* been given enough notice of their admission date, compared to around 4% in each of the other DHSC areas.

There were also small variations between the Trust clusters. Respondents from the small acute and acute teaching Trusts were the most likely (5%) to report that they had *not* been given enough notice of their admission date, compared to around 4% in medium and large acute and multi-service Trusts and only 3% in the specialist/orthopaedic Trusts.

Admission date changed by hospital

Patients were asked whether their admission date had been changed by the hospital. This happened at least once for about one-fifth of all patients.

Men were more likely to report that their admission date had been changed by the hospital – 23% of men said this had happened at least once, compared to 21% of women and for some (5% of men and 4% of women), the admission date was changed at least twice.

Younger people were more likely to have their admission date changed by the hospital – 22% of women and 24% of men aged 16–39, compared with around 20% of women and 22% of men aged 40–79 and 19% of women and 21% of men aged 80 and above had their admission date changed.

Non-white respondents were more likely to report that their admission date had been changed by the hospital – 26% of all ethnic minority respondents and notably, 31% of the Chinese respondents, compared with 21% of the white respondents, had their admission date changed at least once by the hospital.

There was a clear difference between London and non-London Trusts, such that respondents from London Trusts were the most likely to have their admission date changed by the hospital (Table 4). Almost 27% of respondents from London Trusts had their admission date changed at least once, compared with 20% of respondents from all Trusts outside London and around 18% of respondents from the North DHSC.

Table 4 – Was your admission date changed by the hospital, by DHSC

Was your admission date changed by the hospital?

Response category	London DHSC (%)	South DHSC (%)	Midlands and the East DHSC (%)	North DHSC (%)	Overall (%)
No	73.5%	77.9%	79.4%	81.6%	78.6%
Yes, once	19.3%	17.6%	16.7%	14.8%	16.8%
Yes, 2 or 3 times	6.2%	3.9%	3.4%	3.3%	4.0%
Yes, 4 times or more	1.0%	0.5%	0.4%	0.3%	0.5%
Total	100% n=7,328	99.9% n=10,915	99.9% n=11,082	100% n=12,220	99.9% n=41,545

Table based on 41,545 respondents with planned admissions (response missing for 1,774 of the planned admission cases).
Note. Some percentage columns do not sum to 100 due to rounding.

Respondents from specialist/orthopaedic Trusts were the least likely to have their admission date changed by the hospital – 18% of respondents had their admission date changed at least once, compared with 21% of respondents from multi-service and large acute Trusts, 23% from medium acute Trusts and 24% from small acute and acute teaching Trusts.

All Admissions – waiting to go to a ward after admission

Finally, all inpatients were asked whether they felt they had waited a long time to get to their room or ward and bed, after arriving at the hospital. Two-thirds of all respondents did *not* feel that they had to wait a long time, but around one-third (31% of men and 34% of women) felt they had, either *definitely* (around 13%) or *to some extent* (around 20%).

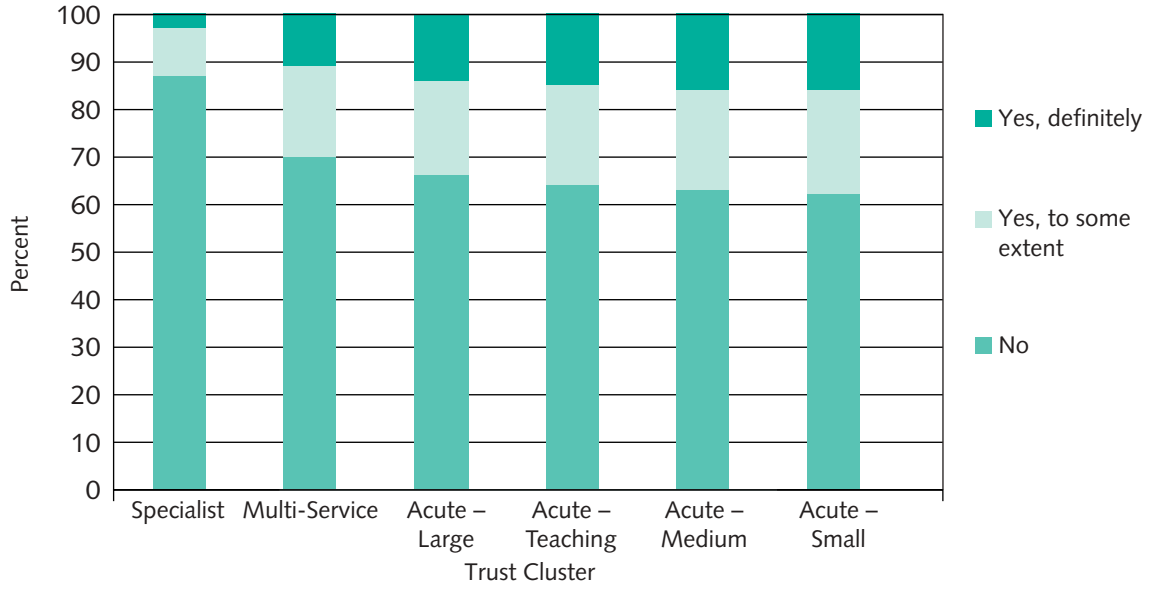
Both the younger respondents (aged 16–39) and the older respondents (80 and above) were more likely to feel that they had waited a long time to get to their ward and bed, either *definitely* or *to some extent*. The groups who reported most critically on this issue were women aged 80 and above (38%), women aged 16–39 (37%) and men aged 16–39 (36%).

Non-white respondents were more likely to feel that they had waited a long time to get to their ward and bed – 48% of respondents across all the minority ethnic groups and 54% of the Asian or Asian-British respondents felt this was a problem, either *definitely* or *to some extent*, compared to 32% of the white respondents.

Respondents from London Trusts were also more likely to feel that they had waited a long time to get to their ward and bed – 41% felt this was a problem, either *definitely* or *to some extent*, compared with 28% of respondents from the North DHSC and 33% of respondents from both the South and the Midlands and the East DHSC areas.

There were also differences between the Trust clusters (Figure 8). Most notably, respondents from the specialist/orthopaedic Trusts were the *least* likely to feel that they had waited for a long time to get to their ward and bed – only 13% experienced this problem, either *definitely* or *to some extent*. Around a third of respondents from the multi-service and large acute Trusts (30% and 34% respectively) reported they had waited a long time, compared with 36% from the acute teaching Trusts, 37% from medium acute and 38% from small acute Trusts.

Figure 8 – Whether patients had to wait a long time to get to a ward/bed (all patients), by Trust Cluster



4.2 Respect and dignity

The hospital and ward

One of the key issues concerning patients in terms of being treated with respect and dignity relates to the organisation of the hospital and ward – in particular, whether the patient had ever shared a room or ward with patients of the opposite sex during their stay in hospital. Overall, three-quarters (75%) of respondents to this question stated that they had *not* shared a room or ward with patients of the opposite sex at all during their inpatient stay, but one-quarter of all respondents were accommodated in mixed-sex wards.

Amongst the respondents who did report sharing a ward with patients of the opposite sex, there were similar numbers of men (11,647) and women (11,623). But since there were more female patients in total (accounting for 54% of all respondents to this question), women were *more* likely to be in a same-sex ward during their stay in hospital than men.

There were differences between age groups in terms of the likelihood of sharing a room or ward with patients of the opposite sex (Table 5). Patients in the younger age groups (16–39) and older patients (aged 80 and above) were *less* likely to be in mixed sex wards – 24% of respondents in each of these age groups, compared with 26% of those aged between 40–79 had shared a room with patients of the opposite sex.

Within each age group, women were *less likely* to report sharing a room with patients of the opposite sex than men. Around 24% of all women and only 22% of the younger women (aged 16–39) had stayed in mixed-sex wards, compared with 27% of all men.

Table 5 – Sharing a ward with the opposite sex, by age

During your stay in hospital, did you **ever** share a room or ward with patients of the opposite sex?

Age group	Yes	No	Totals
16–39	23.6%	76.4%	100% n=15,475
40–59	26.2%	73.8%	100% n=24,767
60–79	26.2%	73.8%	100% n=38,338
80+	24.2%	75.8%	100% n=12,443
Overall	**25.5%** n=23,204	**74.5%** n=67,819	**100%** n=91,023

Table based on 91,023 respondents (response missing to this question or age for 4,257 cases).

Respondents from ethnic minority groups were more likely to report sharing a room or ward with patients of the opposite sex. Overall, almost 26% of respondents had stayed in a mixed-sex ward during their time in hospital. But just over 25% of white respondents gave this response, compared with 28% across all the minority ethnic groups. The percentage who had stayed in a mixed sex ward varied from 27% of the mixed-race and the Black or Black-British respondents, to 30% of the Asian or Asian-British respondents and 32% of the Chinese respondents.

Respondents from London were the most likely to have stayed in a mixed-sex ward – 32% gave this response, compared with 29% of respondents from the South DHSC, 27% from the Midlands and the East DHSC and only 19% of respondents from the North DHSC (Figure 9).

Respondents from the specialist or orthopaedic Trusts were the least likely to have shared a room or ward with patients of the opposite sex – only 16% gave this response, compared with 24% of respondents from the small acute and multi-service Trusts, 27% of respondents from the medium and large acute Trusts and 30% of respondents from the acute teaching Trusts (Figure 10).

Figure 9 – Did you ever share a room with patients of the opposite sex, by Directorate of Health and Social Care

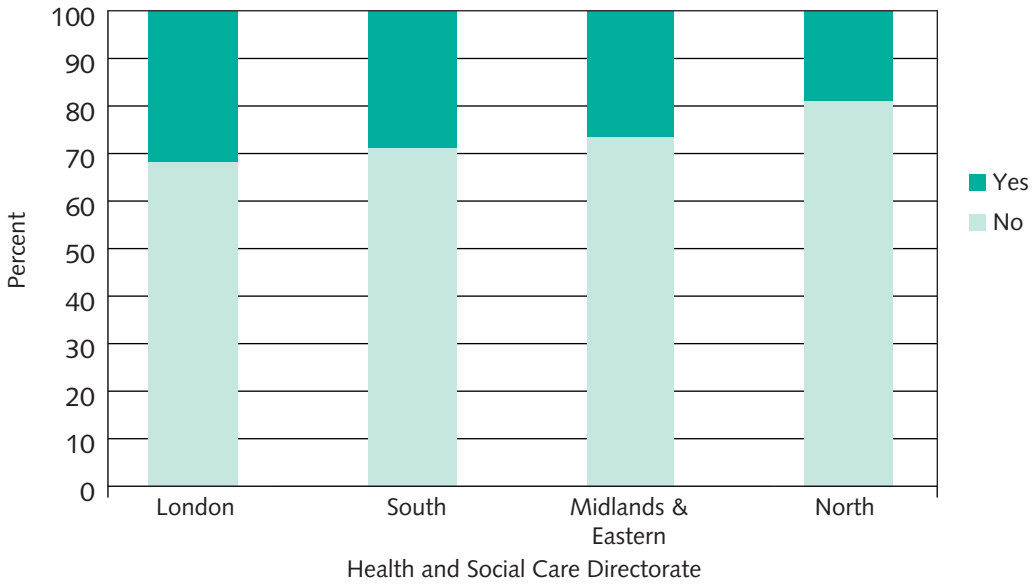
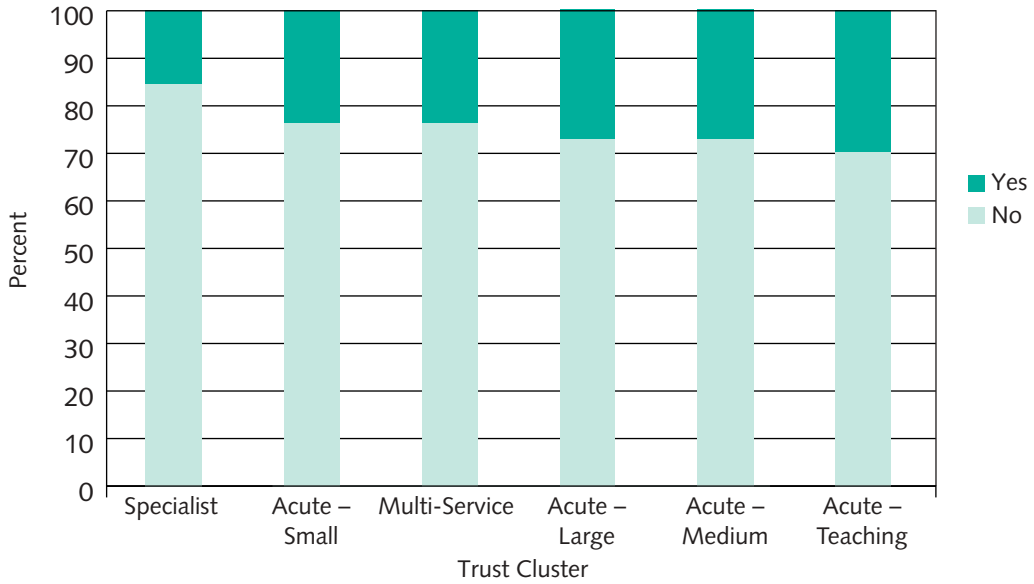


Figure 10 – Did you ever share a room with patients of the opposite sex, by Trust Cluster



Care and treatment

Turning to whether the patient felt they had been given enough privacy when receiving care and treatment in hospital, the survey asked whether the patient had been given enough privacy when they were discussing their condition or treatment with hospital staff and when they were being examined or treated.

Most respondents (69%) reported that they were *always* given enough privacy when discussing their condition or treatment and a higher proportion (87%) of respondents were *always* given enough privacy when being examined. However, there is still some room for improvement in these areas – overall, 10% of respondents reported they were *not* given enough privacy when discussing their condition or treatment and almost 3% were *not* given enough privacy when being examined.

There were notable differences in the responses given by men and women to these questions. Table 6 shows that men were more likely than women to report that they were *always* given enough privacy when discussing their condition or treatment (72% of men and 65% of women gave this response). Women were more likely to report that they had only been given enough privacy *sometimes* (23% of women; 19% of men) or *not at all* (12% of women; 9% of men).

Table 6 – Whether patients had enough privacy when discussing their condition or treatment, by gender

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

Response	Men	Women	All
Yes, always	72.1%	65.4%	68.5%
Yes, sometimes	19.0%	22.9%	21.1%
No	8.9%	11.7%	10.4%
Totals	**100.0%** n=42,040	**100.0%** n=47,900	**100.0%** n=89,940

Table based on 89,940 respondents (response missing on this question or gender for 5,340 cases).

Similarly, in terms of whether the patient had been given enough privacy when being examined or treated, Table 7 shows that a higher proportion of men (88%) than women (86%) felt that they had *always* been given enough privacy. Conversely, women were more likely to report that they had only *sometimes* been given enough privacy when being examined or treated (11% of women; 9% of men).

Table 7 – Whether patients had enough privacy when being examined or treated, by gender

Were you given enough privacy when being examined or treated?

Response	Men	Women	All
Yes, always	88.4%	86.3%	87.2%
Yes, sometimes	9.4%	10.9%	10.2%
No	2.2%	2.8%	2.5%
Totals	**100.0%** n=42,543	**100.0%** n=48,821	**100%** n=91,364

Table based on 91,364 respondents (response missing on this question or gender for 3,916 cases).

These differences between men and women were consistent within each age group. In addition, respondents from the older age groups were more likely to report that they were *always* given enough privacy when discussing their treatment – 79% of men and 70% of women aged 80 and above gave this response, compared with 61% of men and 57% of women aged 16–39.

Respondents from the younger age groups (between 16–59) were more likely to feel that they had *not* been given enough privacy when discussing their treatment (12% of men and 15% of women aged 16–39 gave this response, compared to 5% of men and 8% of women aged 80 and above).

In terms of whether patients were given enough privacy when being examined, the variations between groups showed a very similar pattern to the earlier question. Thus, respondents from the older age groups were more likely to report that they were *always* given enough privacy when being examined – 92% of men and 90% of women aged 80 and above gave this response, compared with 80% of men and 79% of women aged 16–39. On the other hand, respondents from the younger age groups were more likely to feel that they had *not* been given enough privacy when being examined (4% of men and 5% of women aged 16–39 gave this response, compared to 1% of men and 1.5% of women aged 60 and above).

Non-white respondents were more likely to report that they had only *sometimes* been given enough privacy when discussing their treatment – 27% of all non-white respondents gave this response, compared with 21% of white respondents. The percentage reporting they were only *sometimes* given enough privacy was highest amongst the Asian or Asian-British respondents (30%) and the Chinese respondents (34%). However, there was very little difference in the percentages of whites and non-whites reporting that they had *not* been given enough privacy when discussing their treatment (10% and 11% respectively).

The pattern of responses was very similar in respect of whether patients were given enough privacy when being examined. Non-white respondents were more likely to report that they had only *sometimes* been given enough privacy when being examined – 15% of all non-white respondents, compared with 10% of white respondents. The percentage reporting they were only *sometimes* given enough privacy was again highest amongst the Asian or Asian-British respondents (16%) and the Chinese respondents (20%). As before, there was very little difference in the percentages of whites and non-whites reporting that they had *not* been given enough privacy when being examined (2.5% and 3% respectively).

There were also significant differences in the responses given to the privacy questions between respondents, depending on whether they had shared a ward with patients of the opposite sex.

Those who had stayed on mixed-sex wards were more likely to report that they were *not* given enough privacy when discussing their treatment – 14% gave this response, compared with 9% of respondents who had stayed on same sex wards (Table 8).

Similarly, respondents who had stayed on mixed-sex wards were more likely to report that they were *not* given enough privacy when being examined or treated – 4% gave this response, compared with only 2% of patients who been on same-sex wards throughout their stay in hospital. Conversely, patients who had only been on same-sex wards were more likely to report *always* having enough privacy when being examined (87%), compared with patients who had been on mixed-sex wards (83%) (Table 9).

Table 8 – Comparison between patients on mixed or same-sex wards in terms of whether they were given enough privacy when discussing their treatment

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

Response	Patients in mixed-sex wards	Patients in same-sex wards	All patients
Yes, always	61.2%	71.1%	68.5%
Yes, sometimes	24.6%	19.8%	21.0%
No	14.2%	9.1%	10.4%
Totals	**100.0%** n=22,920	**100.0%** n=66,909	**99.9%** n=89,829

Table based on 89,829 respondents (response missing on this question or gender for 5,451 cases).
Note. Some percentage columns do not sum to 100 due to rounding.

Table 9 – Comparison between patients on mixed or same-sex wards in terms of whether they were given enough privacy when being examined or treated

Were you given enough privacy when being examined or treated?

Response	Patients in mixed-sex wards	Patients in same-sex wards	All patients
Yes, always	83.2%	88.6%	87.2%
Yes, sometimes	13.1%	9.2%	10.2%
No	3.7%	2.2%	2.6%
Totals	**100.0%** n=23,253	**100.0%** n=67,954	**100.0%** n=91,207

Table based on 91,207 respondents (response missing on this question or gender for 4,073 cases).

There were small geographical variations in the responses to these questions. Around two-thirds of respondents from London (66%) reported that they were *always* given enough privacy when discussing their treatment, compared with 68% of respondents from the Midlands and the East DHSC and 69% from the South and North DHSC areas.

Although the percentage of respondents who were *always* given enough privacy when being examined was generally higher, the geographical pattern was very similar. The percentage was lowest in London (84%) and slightly higher in the Midlands and the East DHSC (87%), the South (88%) and the North (89%) DHSC areas.

There were more notable differences between the Trust clusters in terms of whether patients were given enough privacy when discussing their treatment. Respondents from the specialist/orthopaedic Trusts were the most likely to report that they were *always* given enough privacy – 76% gave this response, compared with 69% of respondents from the multi-service and acute teaching Trusts and 67% from the small, medium and large acute Trusts.

However, there was very little variation between Trust clusters in terms of whether patients were given enough privacy when being examined or treated. Again, respondents from the specialist/orthopaedic Trusts were the most likely to report that they were *always* given enough privacy – 90% gave this response, but 88% of respondents from the multi-service Trusts, 87% of respondents from the acute teaching, the small and large acute Trusts and 86% from the medium acute Trusts also gave this response. The percentage of respondents who reported that they were *not* given enough privacy when being examined or treated was generally low, at 2% in the specialist/orthopaedic Trusts and 3% across all other Trust clusters.

Overall

Patients were asked whether they felt they had been treated with respect and dignity whilst in hospital. Overall, 79% of respondents to this question felt that they had *always* been treated with respect and dignity throughout their stay. However, 18% reported they had only been treated with respect and dignity *sometimes* and 3% of respondents felt they had *not* been treated with respect and dignity whilst in hospital.

Men were more likely than women to feel that they had *always* been treated with respect and dignity (82% of men and 76% of women gave this response). Women were more likely to report that they had only *sometimes* been treated with respect and dignity (21% of women; 15% of men) or *not at all* (4% of women; 3% of men).

Comparing respondents by age group shows that older people were more likely to feel that they were treated with respect and dignity than younger people (Table 10).

Table 10 – Whether patients were treated with respect and dignity, by age

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

Age group	Yes, always	Yes, sometimes	No	Totals
16–39	63.3%	30.3%	6.4%	100% n=15,515
40–59	75.9%	20.4%	3.7%	100% n=24,863
60–79	85.7%	12.6%	1.8%	100.1% n=38,632
80+	82.9%	14.5%	2.6%	100% n=12,603
Overall	**78.8%** n=72,217	**18.0%** n=16,452	**3.2%** n=2,944	**100%** n=91,613

Table based on 91,613 respondents (response missing to this question or age for 3,667 cases).

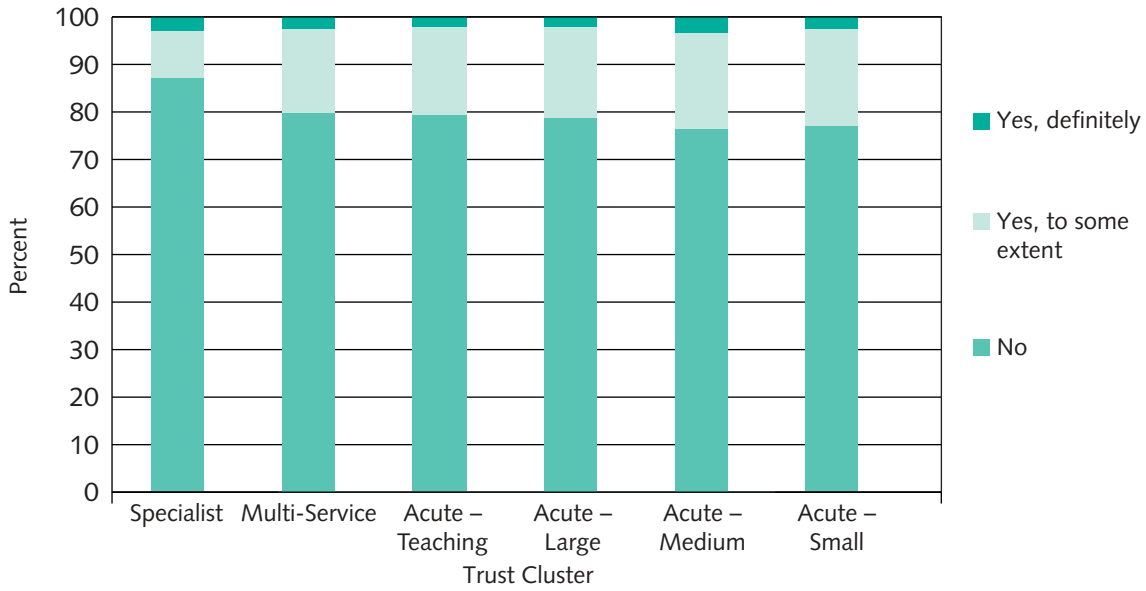
Within each age group, women were less likely to feel that they had been treated with respect and dignity than men. This difference was greatest amongst the younger age group – 5% of men and 7% of women aged 16–39 felt they had *not* been treated with respect and dignity.

Overall, non-white respondents were less likely to feel that they had been treated with respect and dignity – 66% of non-white respondents said they had always been treated with respect while in hospital, compared with 79% of white respondents. There were also differences between the non-white groups. The proportion of respondents who felt they had *always* been treated with respect and dignity ranged from 70% of the mixed-race and the Black or Black-British respondents, to 64% of the Chinese and only 62% of the Asian or Asian-British respondents.

There were some geographical differences. Respondents from London were the least likely to feel that they were treated with respect and dignity – 74% said they were *always* treated with respect and dignity, compared with 79% in the Midlands and the East DHSC, 80% in the South DHSC and 81% in the North DHSC.

There were more notable differences when comparing Trust clusters. In particular, respondents from the specialist/orthopaedic Trusts were the most likely to feel that they were *always* treated with respect and dignity whilst in hospital (88%), compared with 80% of respondents from the multi-service Trusts and around 76% from the small and medium acute Trusts (Figure 11).

Figure 11 – Overall, did you feel you were you treated with respect and dignity while you were in the hospital, by Trust Cluster



4.3 Information and education

Patients need appropriate information at each stage, from admission to hospital, through diagnosis and treatment and in preparation for their discharge.

Information whilst in A&E

Those patients who were admitted to hospital as an emergency (or after dialling 999), or on immediate referral from their GP, were asked whether they got enough information about their medical condition or treatment whilst in the Accident and Emergency department (or the Medical Admissions Unit). Most respondents (83%) felt that they did get enough information, either *definitely* (43%), or *to some extent* (40%). Some (14%) felt that they did *not* get enough information and a very small proportion (3%) didn't want any information.

Men were more likely to feel that they had definitely been given enough information at this stage (45% of men gave this response, compared to only 40% of women).

Younger people, particularly younger women, were the least likely to say that they had *definitely* been given enough information whilst in the A&E department (Figure 12). Only 32% of women and 38% of men aged 16–39 gave this response (compared with 43% overall). Rather, younger people tended to say that they had only *sometimes* been given enough information (46% of respondents aged 16–39 gave this response), or were *not* given enough information (18% of those aged 16–39, compared with 14% overall).

A small group of people (around 3% overall) said they didn't want any information. There was a clear difference between age groups, with respondents aged between 16–59 being less likely to say that they didn't want any information (around 2%), compared with almost 6% of those aged 80 and above who said they didn't want any information.

Non-white respondents were less likely to feel that they had *definitely* been given enough information (35% of non-whites gave this response, compared with 43% of white respondents). The non-white groups were also less likely to say that they didn't want any information (only 1% of non-whites gave this reply, compared with 3% of white respondents).

There were differences between the ethnic minority groups in terms of whether they had been given enough information whilst in A&E– the proportion who felt they had *definitely* been given enough information ranged from 37% of the Black or Black-British respondents, to 35% (Asian or Asian-British), 34% (Mixed), to only 26% of Chinese respondents (Figure 13).

Figure 12 – Did patients in A&E have enough information, by age and sex

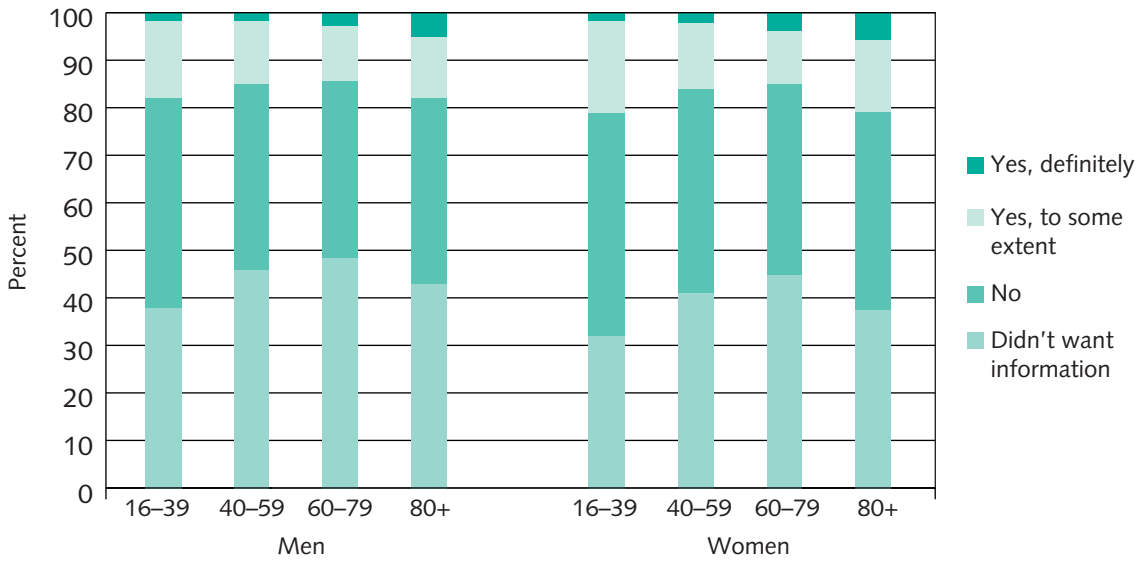
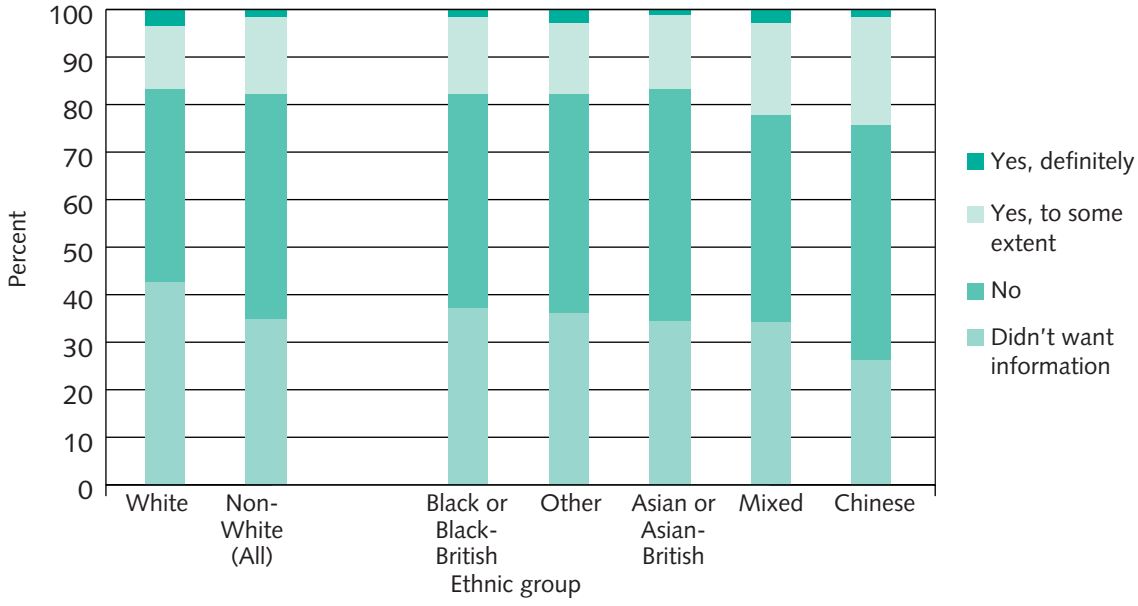
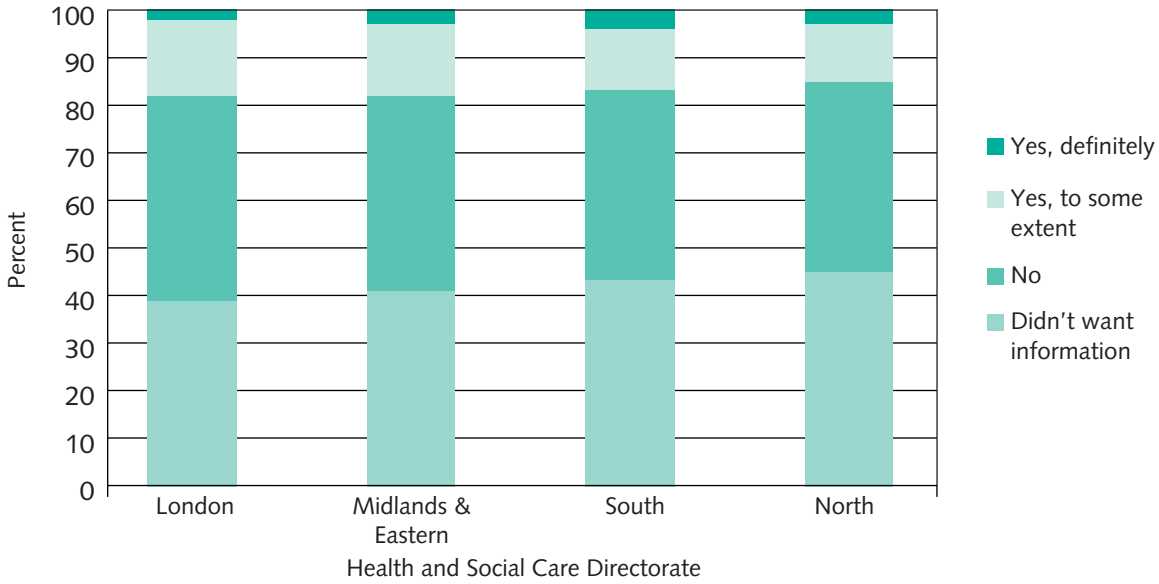


Figure 13 – Did patients have enough information whilst in A&E, by ethnicity



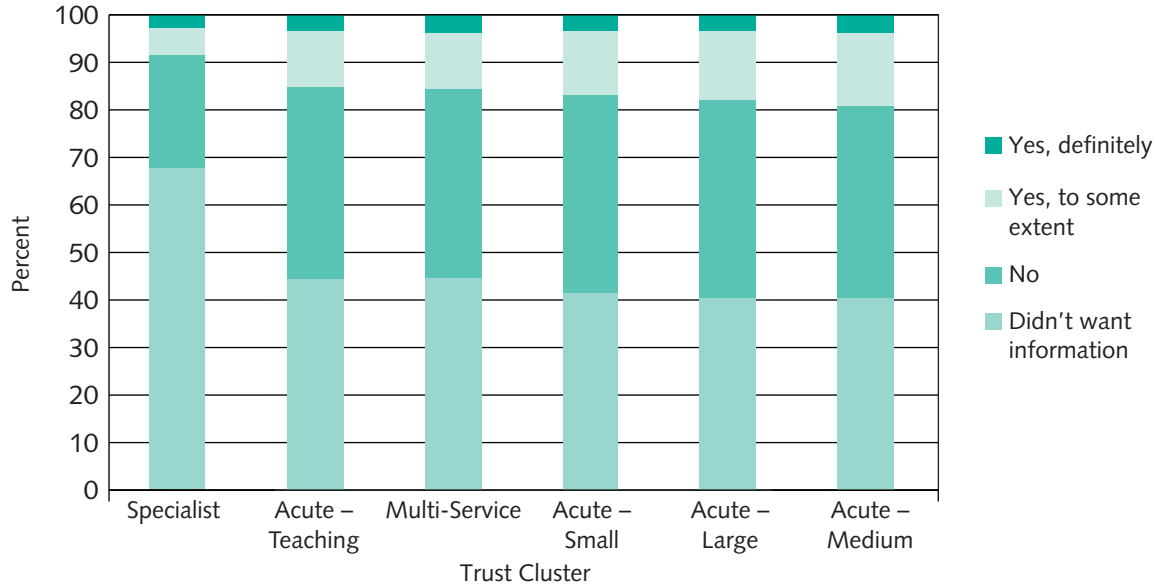
Patients from London Trusts were less likely to report that they had *definitely* been given enough information whilst in A&E – 39% gave this response, compared to 41% of patients from the Midlands and the East DHSC, 44% of respondents from the South DHSC and 45% from the North DHSC (Figure 14). Conversely, London patients were more likely to say that they had *not* been given enough information (16% gave this response, compared to 15% of respondents from the Midlands and the East DHSC and around 12% from Trusts in the North and South DHSC areas).

Figure 14 – Did patients in A&E have enough information, by Directorate of Health and Social Care



There was a notable difference in the responses from emergency admission patients who had been treated at specialist/orthopaedic Trusts, compared with other Trusts (Figure 15). In the former, 92% of patients said they had been given enough information, either *definitely* (68%) or *to some extent* (24%). In other Trust clusters, the percentage ranged from 85% for acute teaching Trusts (45% *definitely*; 40% *to some extent*) to 81% for medium-acute Trusts.

Figure 15 – Did patients in A&E have enough information, by Trust cluster



Whether doctors and nurses had answered questions clearly

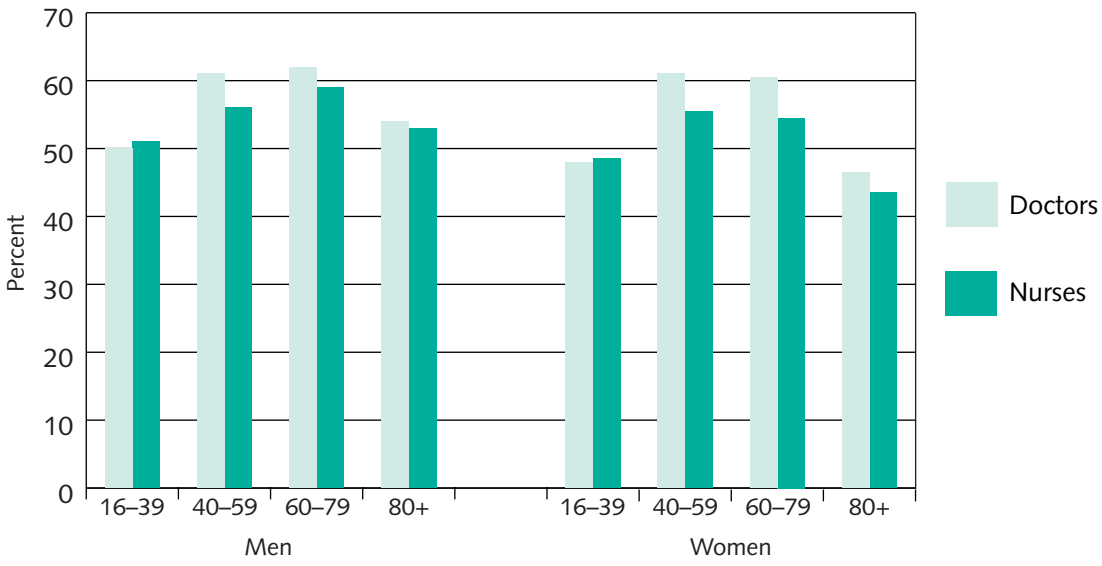
All inpatients (both emergency and planned admissions) were asked whether the doctor on the ward had answered their questions in a way that they could understand. More than half of respondents (57%) reported that they could *always* understand the answers given by doctors. About one-quarter (26%) said that they could only *sometimes* understand the answers given and 5% could *not* understand the answers given. In other cases (12%), the respondents felt they had no need to ask the doctor any questions.

Women were less likely to feel that the doctor had *always* answered their questions clearly (56% of women gave this response, compared to 59% of men).

Both the youngest (aged 16–39) and the oldest (aged 80 and above) respondents were *less* likely to feel that the doctor had always answered their questions clearly – the figures were 49% and 50% for these age groups respectively; or even lower, at 48% and 46% of the women in these age groups, compared with around 61% of all respondents aged 40–79.

The pattern was very similar when respondents were asked whether they had understood the answers given by nurses. In general, the proportion of respondents in each age/sex category who *always* understood the answers given to them by nurses was slightly lower than for doctors, apart from respondents from the younger age group (16–39) (Figure 16).

Figure 16 – Whether patients *always* understood the answers given by doctors and nurses, by age and sex of patient



Non-white respondents were less likely to report that they were *always* given answers they could understand from doctors (52% gave this response, compared with 58% of white respondents). There was a similar pattern with regard to the answers given by nurses – 49% of non-white respondents could *always* understand the answers given, compared with 54% of white respondents.

The proportion of respondents who *always* understood the answers given to their questions was particularly low amongst the Asian or Asian-British and the Chinese respondents – the figures for these ethnic groups were 49% and 40% respectively for the answers given by doctors; and 46% and 41% for each group respectively, for the answers given by nurses (Figure 17).

The percentage of respondents who *always* understood the answers given to them by doctors varied very little between Trusts in London and elsewhere (around 57% in all DHSC areas). However, the percentage of respondents who *always* understood the answers to them by nurses was lower in the London DHSC (50%, compared with 54% in the Midlands and the East DHSC, 55% in the South and 56% in the North DHSC areas).

There were more notable differences between the Trust clusters (Figure 18). Respondents from the specialist/orthopaedic Trusts were most likely to report that they could *always* understand the answers given by doctors – 69% gave this response, compared with 61% of respondents from the acute teaching Trusts, 56% from the multi-service and large acute Trusts and only 54% from the small and medium acute Trusts.

Figure 17 – Whether patients *always* understood the answers given by doctors and nurses, by ethnic group

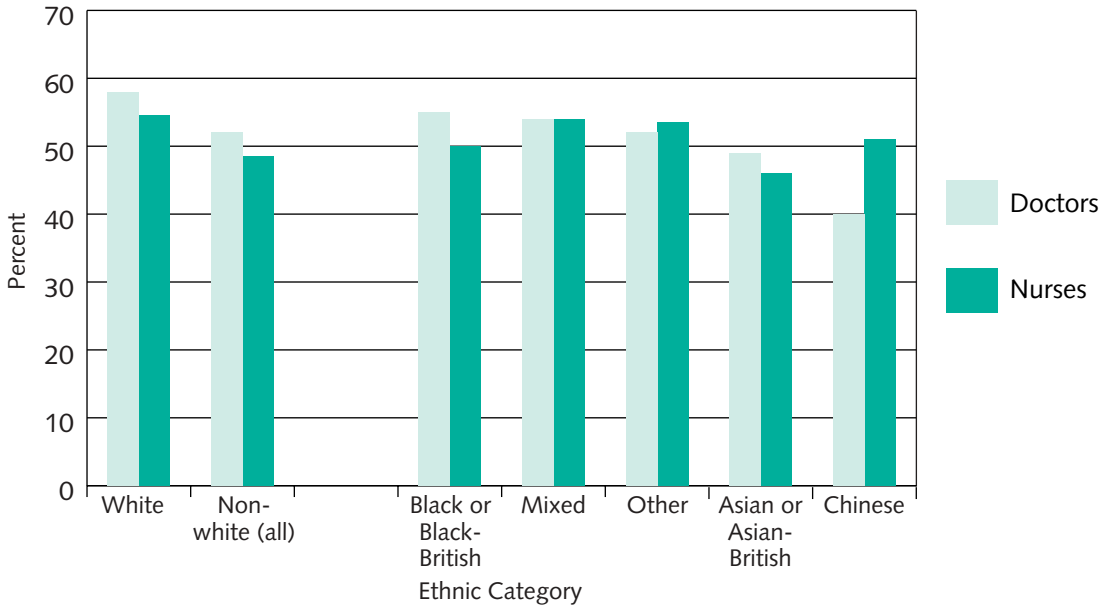
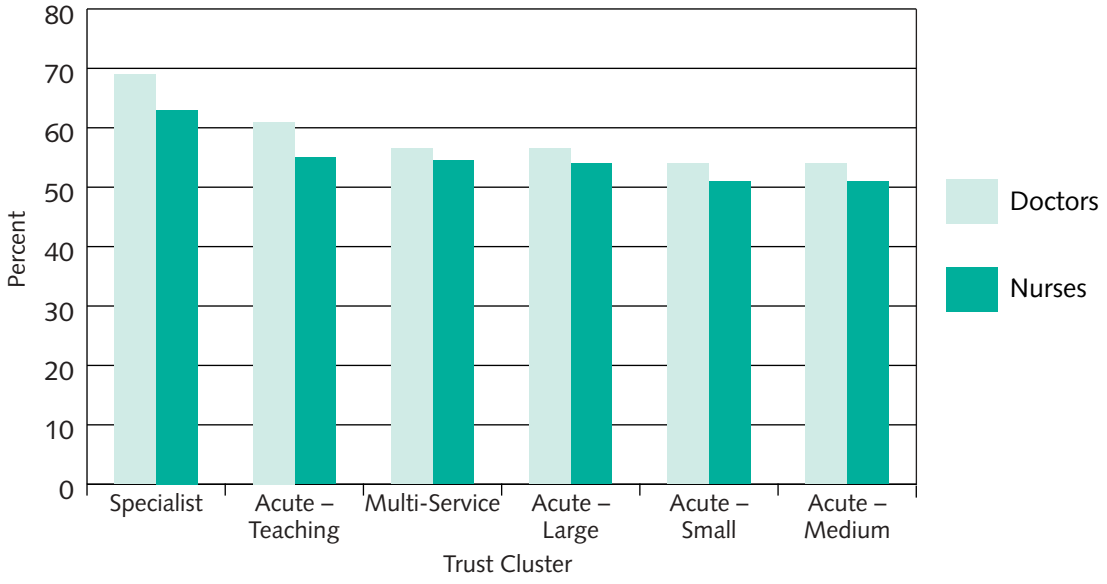


Figure 18 – Whether patients *always* understood the answers given by doctors and nurses, by Trust Cluster



Whether the purpose of medicines had been explained

Patients were asked whether, when preparing to leave hospital, a member of staff had explained the purpose of any medicines that they were required to take at home, in a way that they could understand. Most respondents (60%) agreed that they had *completely* understood the explanations given. However, one-sixth of respondents had either understood the explanation given *to some extent* (11%) or did *not* understand at all (5%). The remaining one-quarter of respondents either did not need any explanation (11%) or did not have to take any medicines after leaving hospital (14%).

Men were more likely to report that they had *completely* understood the explanation given of the purpose of their medicines – 63% gave this response, compared to 57% of women.

Older people (aged 80 and above) were less likely to report that they had *completely* understood the purpose of the medicines they were given to take at home – 54% of this age group, compared to 60% overall.

In fact, both older and younger women were the least likely to *completely* understand the purpose of the medicines they were given to take at home. The percentages were 52% of women aged 80 and above (57% of men in this age group) and 54% of women aged 16–39 (63% of men in this younger age group) who *completely* understood the explanations given.

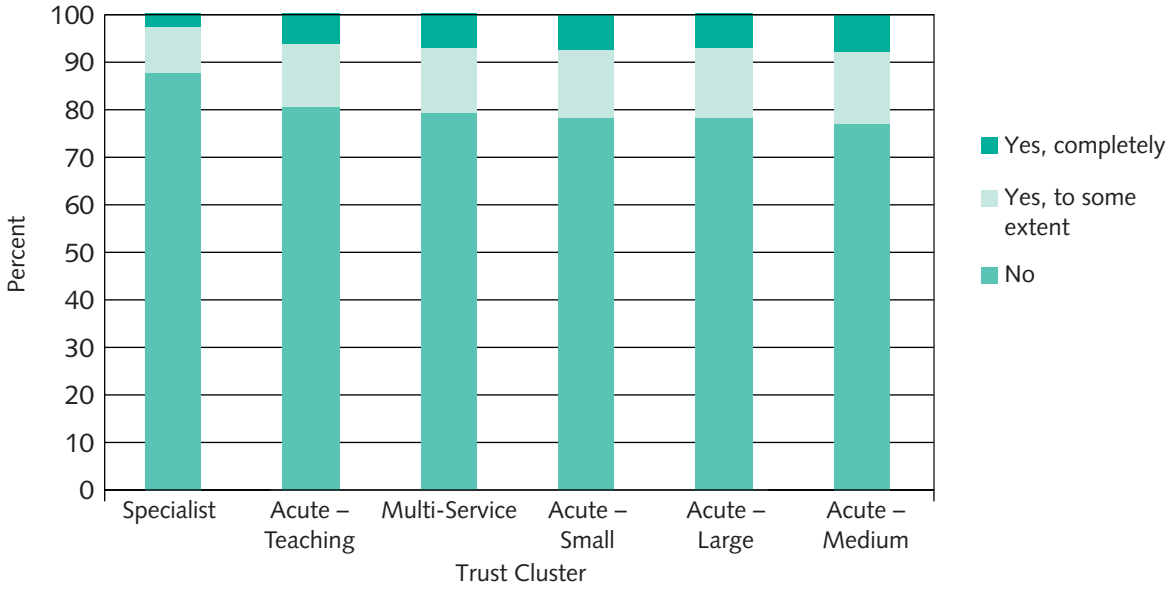
Excluding those patients who either said they were not given any medicines to take at home after leaving hospital, or who didn't need an explanation of the purpose of the medicines they were given, around 93% of respondents reported they had understood the explanation given, either *completely* (79%) or *to some extent* (14%).

However, respondents from minority ethnic groups were less likely than white respondents to say that they had *completely* understood the explanation given to them by hospital staff (75% of all non-white respondents gave this reply, compared to 79% of the white respondents). In particular, the Asian or Asian-British and the Chinese respondents were the least likely to report that the purpose of the medicines they were given to take at home had been explained to them *completely* (72% and 70% of respondents from these groups respectively).

There was some variation between DHSC areas in whether the purpose of medicines had been fully explained to patients prior to leaving hospital. Amongst the respondents who had been given medicines, those from London were the least likely to say that their purpose had been explained *completely* (77%, compared with 79% of respondents from the Midlands and the East DHSC and 80% of respondents from the South and the North DHSC areas).

There were larger variations when comparing the Trust clusters on this issue (Figure 19). Of those patients who had been given medicines to take at home, almost 88% of respondents from the specialist/orthopaedic Trusts agreed that their purpose had been explained *completely*, compared with 81% of respondents from the acute teaching Trusts, 79% of respondents from the multi-service Trusts, 78% of respondents from the small and large acute Trusts and 77% of respondents from the medium acute Trusts.

Figure 19 – Whether the purpose of medicines given to take at home had been explained, by Trust Cluster



Whether patients were advised of any medication side effects

Patients who had been given medicines to take at home were also asked whether a member of staff had told them about any medication side effects to watch for. About 40% of respondents agreed that they had been informed of the side effects, either *completely* (28%) or *to some extent* (12%). Almost one-third said that they had *not* been advised of any side effects (31%).

The remaining 30% of respondents felt that they didn't need any explanation of the side effects of their medication. Respondents from non-white ethnic minority groups were less likely to feel that they *did not need an explanation* of any medication side effects – only 15% of the non-white respondents gave this reply, compared with 30% of the white respondents.

Looking at the respondents who were given medicines to take at home after leaving hospital and felt that they did need an explanation of any medication side effects, men were more likely than women to report that hospital staff had given them advice. Around 63% of these men had been advised of any side effects, either *completely* (45%) or *to some extent* (18%); this compared with only 50% of women, either *completely* (35%) or *to some extent* (15%).

Amongst those respondents who needed advice on any medication side effects, older people were *less* likely to report that that they had been given any advice. Less than half (48%) of respondents aged 80 and above received this type of advice, either *completely* (32%) or *to some extent* (16%). The group who were least likely to receive this advice were women aged 80 and above – 43% of this group were given advice, either *completely* (28%) or *to some extent* (15%).

The white respondents were more likely to report that medication side effects had been *completely* explained to them – 40% of white respondents; 37% of all non-white respondents and only 35% of the Asian or Asian-British respondents gave this response.

There were some geographical differences. Medication side effects were least likely to have been *completely* explained to respondents in London (38%) and the South (39%), compared with 40% in the Midlands and the East and 41% in the North DHSC areas who gave this response.

There were more notable differences between Trust clusters. Respondents from the specialist or orthopaedic Trusts were the most likely to report that medication side effects had been *completely* explained to them (54% of those respondents who needed an explanation, compared with 40% across all Trusts and only 37% from medium acute Trusts).

Respondents from the small and medium acute Trusts were the most likely to report that medication side effects had *not* been explained to them (46% and 47% respectively, of those respondents who needed an explanation, compared with only 30% from the specialist/orthopaedic Trusts, gave this response).

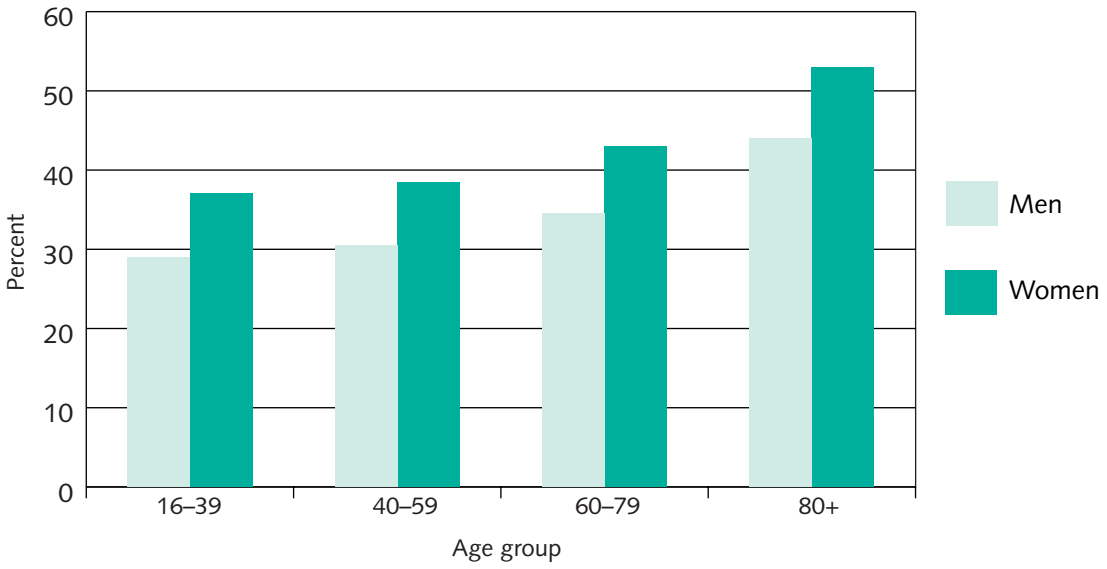
Whether patients were warned about any danger signals

All patients were asked whether a member of staff had told them about any danger signals regarding their illness or treatment to watch out for after they got home. About two-fifths agreed that they had been given *complete* advice about any danger signals (41%), and one-fifth felt that this issue had been discussed *to some extent* (20%). The remaining two-fifths (39%) reported that they had not been advised of any danger signals to watch for after they were discharged from hospital (42% of all women and 34% of men were *not* given this type of advice).

Older people were less likely to be informed of any danger signals to watch for, after returning home. Half (50%) of all respondents aged 80 and above and 39% of those aged 60–79 said they were *not told* of any danger signals, compared with 35% of those aged 40–59 and 34% of those aged 16–39.

Within each age group, women were less likely to be given this type of advice (Figure 20). In particular, women aged 80 and above were the least likely to be informed of any danger signals to watch out for – over half of this group (53%) and almost half of men aged 80 and above (45%) and women aged 60–79 (44%) were *not* advised of any danger signals regarding their illness or treatment to watch for after returning home from hospital.

Figure 20 – Patients who were *not* told about any danger signals regarding their illness or treatment to watch for, after returning home (by age and sex)



The differences between white and non-white respondents on this question were not large, although non-white respondents were generally less likely to feel that they had been *completely* informed of any danger signals to watch out for after returning home (39% of all non-white respondents gave this reply, compared to 41% of white respondents).

Amongst the non-white respondents, the Asian or Asian-British and the Black or Black-British were the least likely to report that they had been *completely* informed of any danger signals to watch for (38% and 39% respectively gave this reply). The percentage reporting they were *completely* informed of the danger signals was highest (43%) amongst the Chinese respondents.

There were some geographical differences. Danger signals to watch out for were *least* likely to be explained to respondents in London (40% of respondents from London Trusts said they were *not told* about them), compared with 39% in the South, 38% in the Midlands and the East and 37% in the North DHSC areas.

There were more notable differences between Trust clusters. Respondents from specialist or orthopaedic Trusts were more likely to report that they had been informed of any danger signals – 72% said they had been informed, either *completely* (52%) or *to some extent* (20%), compared with 61% (41% *completely* and 20% *to some extent*), across all Trusts.

Respondents were least likely to be informed of any danger signals in medium acute Trusts – 42% of respondents from these Trusts said they had *not* been informed, compared with 39% across all Trusts.

Were the family given enough information to help with recovery at home

Finally, patients were asked whether the doctors or nurses had given their family or someone close to them all the information they needed in order to help the respondent recover after they returned home from hospital. Just under half of the respondents (48%) agreed that their family had been given sufficient information, either *completely* (31%) or *to some extent* (17%). Nearly a quarter of respondents felt that their family or close friend had not been given sufficient information to help them recover (23%). In other cases, the respondent either felt that the family didn't want or need any such information (17%), or there were no family or friends involved in caring for the patient after they returned home (13%).

Men were more likely than women to say that their family had been given enough information to help them recover after returning home. Over half the men (51%) agreed with this statement, either *definitely* (34%) or *to some extent* (17%), compared with 44% of women (28% *definitely*; 17% *to some extent*).

Older people were more likely to say that their family had been given enough information to help them recover. Over half (57%) of the respondents aged 80 and above said their family had been given enough information, either *definitely* (37%) or *to some extent* (20%). Almost half (49%) of the respondents aged 60–79 said their family had been given enough information, either *definitely* (33%) or *to some extent* (16%). Conversely, respondents in the younger age groups were more likely to say that their family had *not* been given enough information to help them recover – 26% of those aged 40–59 and 31% of those aged 16–39 gave this response.

Women in the younger age groups were the least likely to agree that their family had *definitely* been given enough information to help them recover at home – only 24% of women aged between 16–59 gave this reply. Younger women (16–39) were the most likely to report that their family were *not* given enough information of this type (34%, compared with 23% of all respondents).

Non-white respondents tended to report that their family were *not* given enough information to help them recover at home (28% of all non-white respondents, compared with 23% of white respondents). Amongst the non-white minority groups, the percentage whose family were not given enough information was highest (31%) amongst the Black or Black-British respondents.

In terms of geographical differences, respondents from London Trusts were the least likely to say that their family had *definitely* been given enough information to help them recover at home (28%, compared with 31% from Trusts outside of London).

Looking at the differences between Trusts clusters shows that respondents from specialist or orthopaedic Trusts were the most likely to report that their family had been given enough information (36%, compared with 31% of respondents across all Trusts). Only 15% of respondents from the specialist/ orthopaedic Trusts said that their family were *not* given enough information to help them recover (compared with 25% from medium acute Trusts and around 23% across all Trusts).

4.4 Involvement and choice

The questions within this dimension focused on the extent of patient involvement in the consultations with doctors and nursing staff about their care.

Whether doctors and nurses had talked in front of the patient, as if they weren't there

Patients were asked whether doctors and nursing staff had talked in front of them, as if they weren't there (rather than involving the patient). Most patients (71%) reported that doctors had *not* done this and that nursing staff were even less likely to do so (81% did not). However, over a quarter of patients felt that this was a problem amongst doctors, either *sometimes* (23%) or *often* (6%). About a fifth of patients felt that this was a problem amongst nurses, either *sometimes* (15%) or *often* (4%).

Men tended to feel that doctors had talked in front of them as if they weren't there more than women (30% of men said this had happened, either *sometimes* (23%) or *often* (6%), compared with 28% of women).

A lower proportion of respondents said that nurses had talked in front of them as if they weren't there, but women were more likely to say that this had happened than men (20% of women reported this happened, either *sometimes* (15%) or *often* (4%), compared with 18% of men).

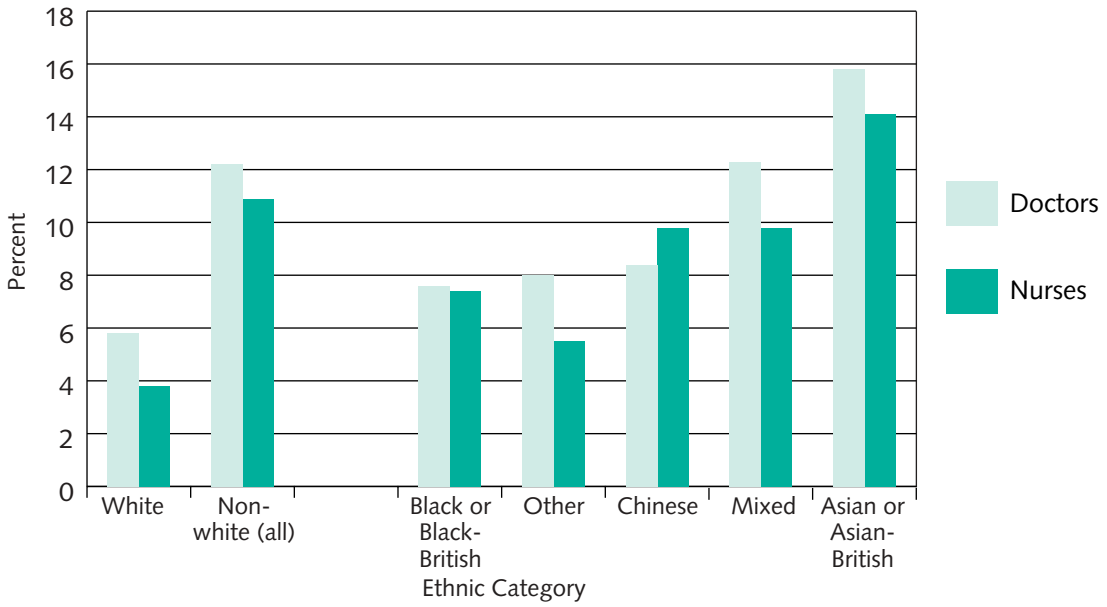
Both younger respondents (aged 16–39) and older respondents (aged 80 and above) were slightly more likely to report that doctors had talked in front of them as if they weren't there. About 8% of respondents aged 16–39 and 7% of respondents aged 80 and above reported that this had happened *often* (the figures were the same for both men and women in each age group), compared with only 5–6% of respondents aged 40–79.

Overall, fewer people reported that nurses had talked in front of them as if they weren't there. This problem was highest amongst younger women (aged 16–39), of whom 6% reported that it had *often* happened (compared to 4% of men aged 16–39).

Non-white respondents were particularly critical of the doctors on this issue – 12% of non-white respondents said that the doctors had *often* talked in front of them as if they weren't there, compared with only 6% of the white respondents. The problem was most severe amongst the Asian or Asian-British respondents, of whom almost 16% reported that this *often* happened (Figure 21).

Again, the pattern was very similar in respect of nurses – 11% of non-white respondents said that nurses had *often* talked in front of them as if they weren't there, compared with fewer than 4% of the white respondents. The problem was particularly severe amongst the Asian or Asian-British respondents, of whom 14% reported that nurses *often* talked in front of them as if they weren't there (Figure 21).

Figure 21 – Whether doctors/nurses had *often* talked in front of the patient, as if they weren't there, by ethnic group



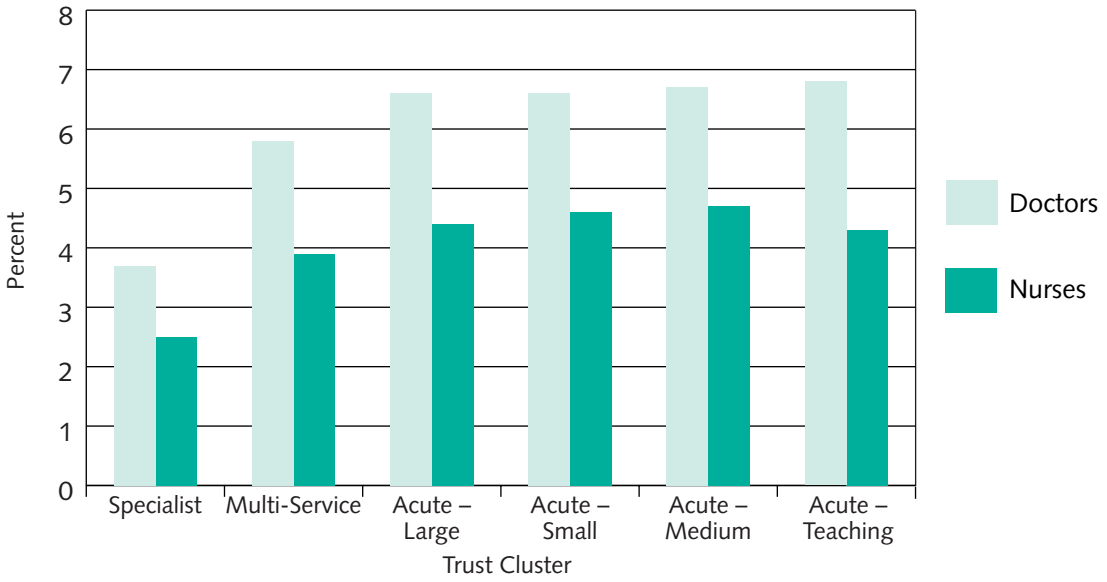
Respondents from London Trusts were slightly more likely to report that doctors had talked in front of them as if they weren't there, either *sometimes* (23%) or *often* (8%). There was very little difference in the pattern of responses between Trusts from outside of London – around 6% said doctors had *often* talked in front of them as if they weren't there and around 22% said they had *sometimes* done this.

Similarly, respondents from London Trusts were more likely to report that nurses had talked in front of them as if they weren't there – 22% said this had happened, either *sometimes* (16%) or *often* (6%), compared with 18% of respondents from all Trusts outside of London.

In terms of comparisons between Trusts clusters, it was notable that fewer respondents (19%) from the specialist/orthopaedic Trusts said that doctors had talked in front of them as if they weren't there, either *sometimes* (15%) or *often* (4%). Amongst the other Trusts, the responses from the multi-service Trusts were slightly better than the acute Trusts – 6% of respondents from multi-service Trusts said that this had happened *often*, compared with 7% of respondents from each of the other Trust clusters (Figure 22).

The percentage of respondents reporting that nurses had *often* talked in front of them was lower than for doctors, across all Trust clusters (Figure 22). Again, respondents from the specialist/orthopaedic Trusts were the least likely to report that nurses had talked in front of them as if they weren't there – 12% said this had happened, either *sometimes* (9.5%) or *often* (2.5%). However, the problem was worse in small and medium acute Trusts, where over 20% of respondents said that nurses had talked in front of them as if they weren't there, either *sometimes* (16%), or *often* (5%)

Figure 22 – Whether doctors/nurses had *often* talked in front of the patient, as if they weren't there, by Trust Cluster



Patient involvement in decisions about their care and treatment

Patients were also asked whether they had wanted more involvement in the decisions made about their care and treatment. Almost half of respondents (46%) said they *did* want to be more involved in these decisions, either *definitely* (19%) or *to some extent* (27%).

There were very small differences between men and women in the responses given to this question. However, there were clear differences between age groups (Figure 23). The younger respondents were most likely to say that they did want to be more involved in decisions about their care – around 50% of those aged 16–59 gave this response, either *definitely* (22%) or *to some extent* (28%). Younger women (aged 16–39) were the most likely to say that they did want to be more involved in these decisions (51%). Around 43% of those aged 60–79 (both men and women) and 43% of men aged 80 and above said they wanted to be more involved in decisions made about their care, either *definitely* (17%) or *to some extent* (26%). Fewer women aged 80 and above (40%) would have liked to be more involved in these decisions, either *definitely* (13%) or *to some extent* (27%).

Non-white respondents were more likely to say that they would have liked more say in decisions about their care – 68% said they wanted this, either *definitely* (37%) or *to some extent* (30%), compared with 45% of white respondents (Figure 24).

Amongst the different ethnic minority groups, those most likely to say that they had insufficient involvement in the decisions made were the Chinese, of whom 75% said they wanted to be more involved, either *definitely* (35%) or *to some extent* (40%) and the Asian or Asian-British, of whom 72% said they wanted to be more involved, either *definitely* (40%) or *to some extent* (32%).

Figure 23 – Whether patients wanted to be more involved in decisions about their care and treatment, by age and sex

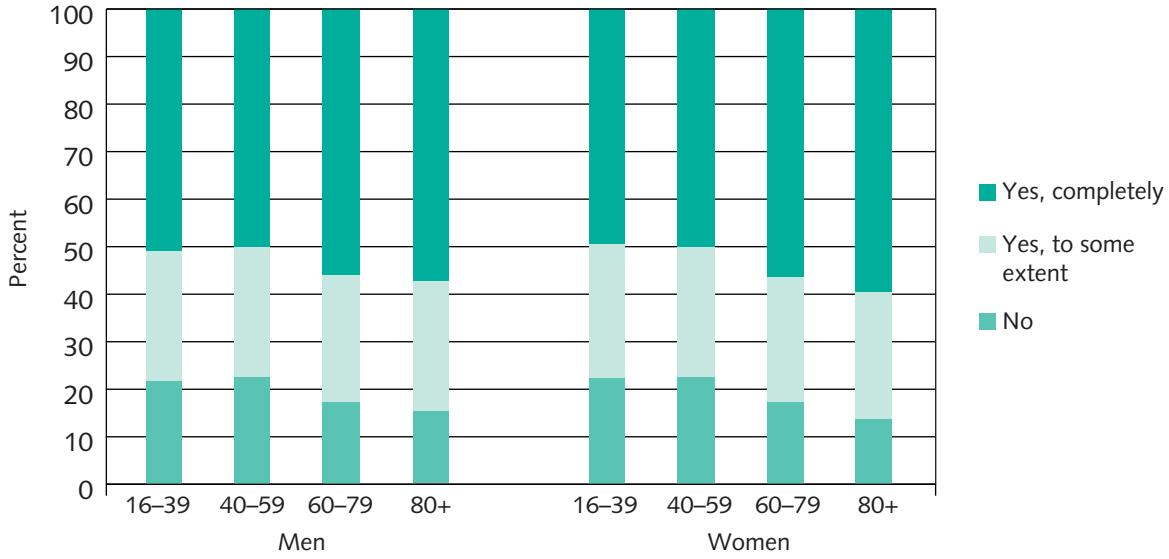
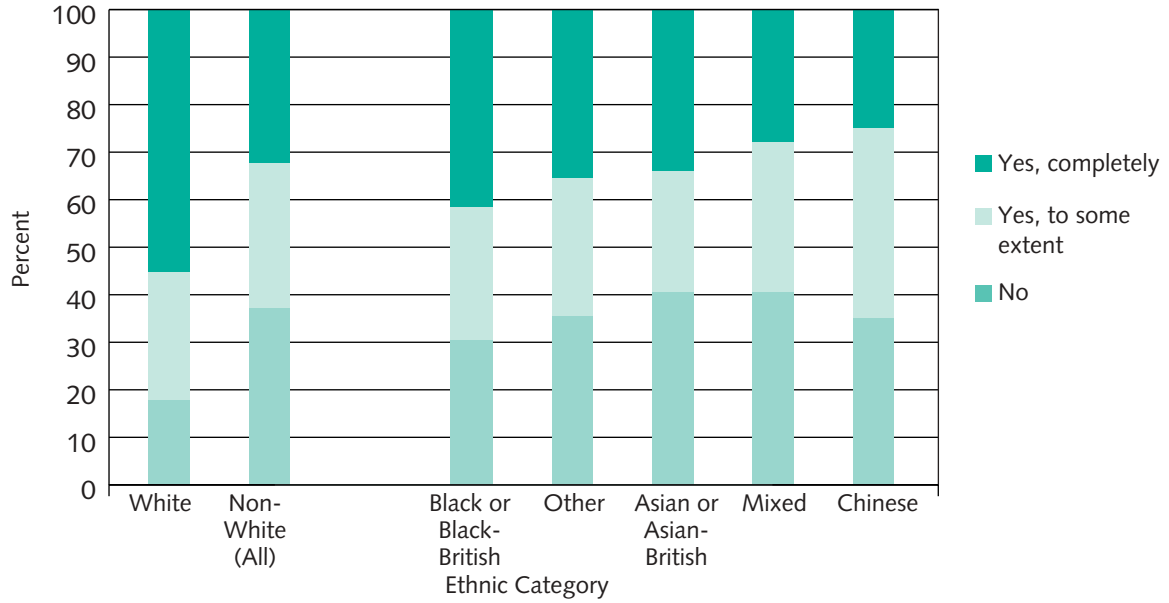


Figure 24 – Whether patients wanted to be more involved in decisions about their care and treatment, by ethnic group



Respondents from London Trusts were more likely to say that they did want to be more involved in decisions about their care – 53% said they did, compared with around 45% of respondents from outside London (there was very little variation between the DHSC areas outside of London).

Comparing the responses by Trust clusters, the survey found that respondents from acute teaching Trusts were the most likely to want to be more involved in decisions about their care – 49% said they wanted to be more involved, compared with 41% of respondents from the specialist/orthopaedic Trusts and 47% from small, medium and large acute Trusts.

Whether the patient's family could discuss their concerns with the doctor

Often, the patient's family, their carer, or someone else close to the patient, have concerns which they wish to discuss with the doctor. In over half of all cases, the family/carer were able to talk to a doctor, either *definitely* (30%), or *to some extent* (27%). For other patients, either the family didn't want or need any further information from the doctor (17%), or the patient did not want them to talk to the doctor (4%), or there were no family or friends involved (9%). However, in 14% of cases, the family/carer had wanted to talk to a doctor, but did not have enough opportunity to do so.

Men were more likely than women to feel that their family did have enough opportunity to talk to the doctor. Excluding those cases where there were no family or friends involved, or where the family didn't want or need information, or the patient didn't want them to talk to a doctor, 82% of men said their family or close friend had, either *definitely* (44%) or *to some extent* (38%) had enough opportunity to talk to a doctor, compared with 79% of women who gave either of these responses.

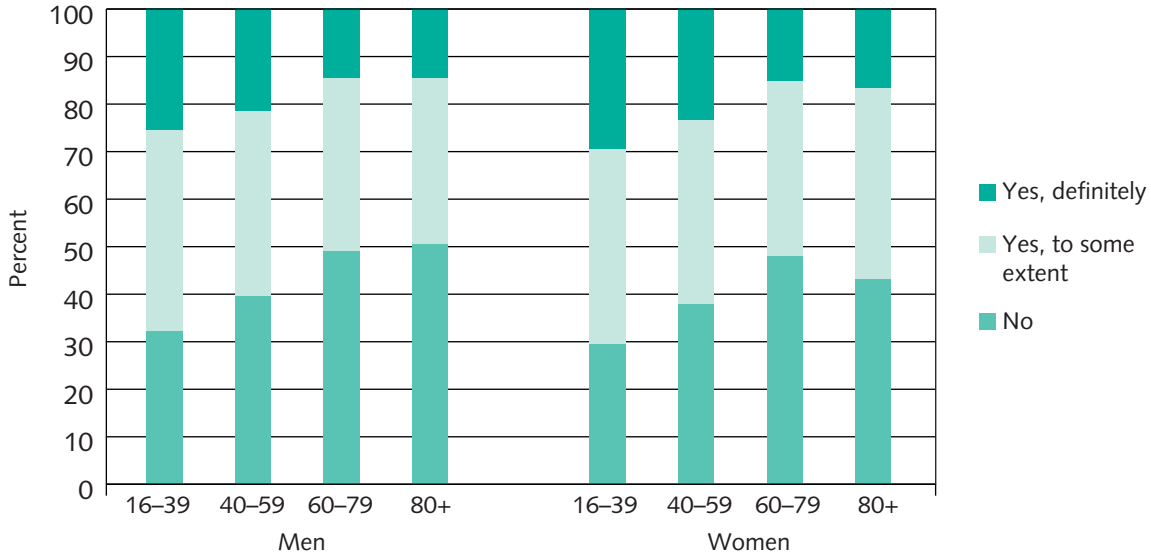
Amongst those respondents whose family had wanted to talk to a doctor, older people were more likely to say that their family *definitely* had enough opportunity to do so – 46% of those aged 80 and above and 48% of those aged 60–79 gave this response, compared with 38% of those aged 40–59 and 30% of those aged 16–39.

Younger people were more likely to say that their family *did not* have enough opportunity to talk to the doctor – 28% of those aged 16–39 whose family had wanted to talk to a doctor gave this response. Within this age group, slightly more women (30%) than men (26%) said that their family did *not* have enough opportunity to talk to the doctor (Figure 25).

There were small differences between ethnic groups in terms of whether families who wanted to talk to a doctor had enough opportunity to do so. Amongst these cases, around 21% of non-white respondents said they did *not* have an opportunity, compared with 19% of the white respondents. The percentage of respondents whose family were not able to talk to a doctor was highest amongst the Asian or Asian-British respondents (almost 22%), but lowest amongst the Black or Black-British respondents (17%).

There were no notable differences between London and other areas in terms of whether the family had enough opportunity to talk to the doctor or not. However, respondents from London were more likely to say that there were no family or friends involved (12% gave this response, compared to 9% of respondents from outside London).

Figure 25 – Whether families who wanted to talk to a doctor had enough opportunity to do so, by age and sex of the patient



Across all Trust clusters, almost 14% of respondents said that their family did not have enough opportunity to talk to the doctor. However, this was slightly higher in small and medium acute Trusts, where 16% and 15% (respectively) gave this response.

Respondents from the specialist/orthopaedic Trusts and acute teaching Trusts were the least likely to say that their family did not have enough opportunity to talk to a doctor (9% and 12% of respondents from these Trusts, respectively).

Patient involvement in discussions about their need for continued care after leaving hospital

Finally, this dimension looked at the involvement of the patient in discussions about their need for further health or social care services after leaving hospital (such as a district nurse, care assistant, physiotherapist or social worker). In just under half of cases (46%), the respondents felt that it was not necessary to discuss the need for these services. But of those who did feel this was necessary, almost one-third reported that the hospital staff did not discuss their requirements with them.

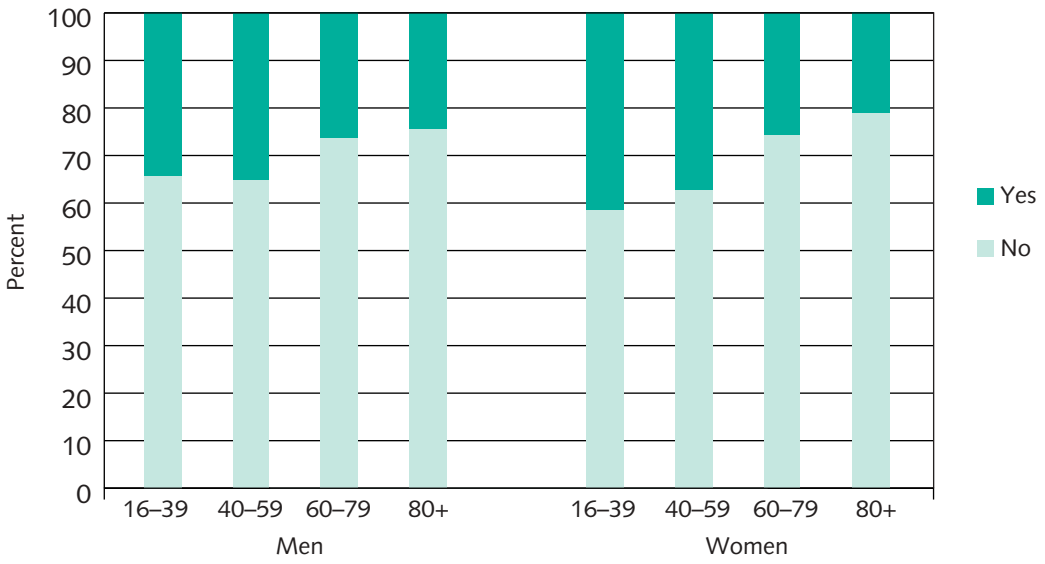
Overall, men were more likely than women to report that hospital staff had discussed their social care needs with them (39% of men; 37% of women), whereas women were more likely to say that it was not necessary to discuss these issues (47% of women and 44% of men gave this response).

Older people (aged 60 and above) were more likely to report that staff had discussed their social care needs with them – 43% of those aged 60–79 and 54% of those aged 80 and above gave this response, compared with 28% and 30% of respondents aged 16–39 and 40–59 respectively. On the other hand, younger people were more likely to say that this discussion wasn't necessary – 55% of those aged 16–39 and 52% of those aged 40–59 (compared with only 31% of those aged 80 and above) gave this response.

Amongst the younger age groups (16–59), women were more likely than men to say that it wasn't necessary to discuss their social care needs after leaving hospital. However, amongst the older age groups (60 and above), men were slightly more likely than women to give this response.

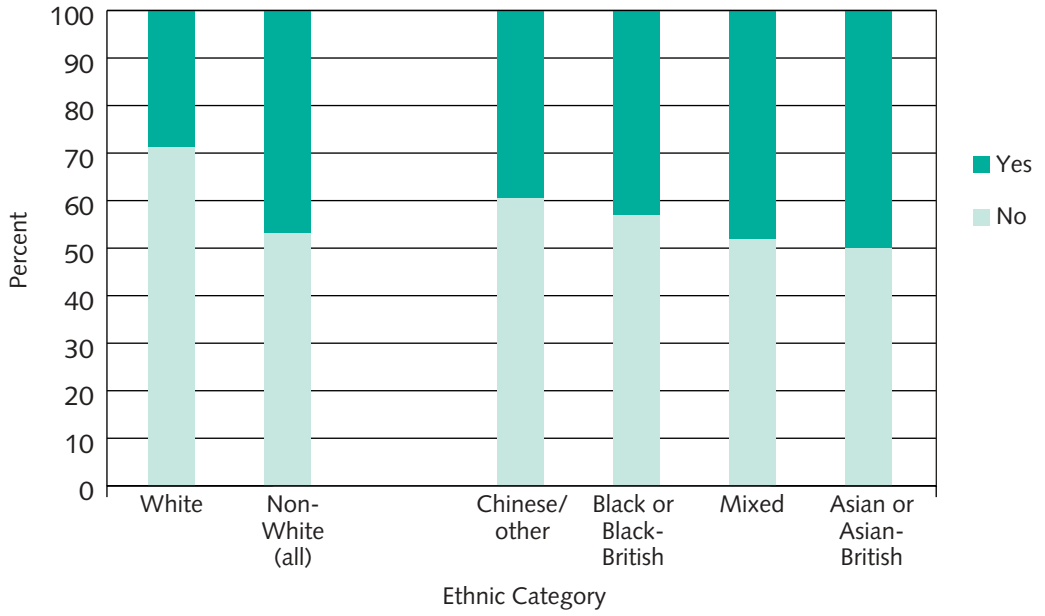
Leaving aside those who did not feel it was necessary to discuss their need for health or social services after leaving hospital, older people were more likely to report that staff had discussed their needs with them than were younger people. Around 79% of women and 76% of men aged 80 and above and 74% of both men and women aged 60–79 said that staff had discussed their needs, compared with only 59% of women and 66% of men in the younger age group (16–39) – Figure 26.

Figure 26 – Whether hospital staff had discussed the need for health or social care services after leaving hospital, by age and sex of the patient



There was a notable contrast between the white and non-white respondents on this issue. Amongst those who felt that it was necessary to discuss their needs for ongoing health and social care after leaving hospital, almost a half of the non-white respondents (47%) said that hospital staff did *not* discuss their care needs, compared with 29% of the white respondents. This issue was particularly noted amongst the Asian or Asian-British respondents, of whom 50% said that their needs had *not* been discussed (Figure 27).

Figure 27 – Whether hospital staff had discussed the need for health or social care services after leaving hospital, by ethnic group



Amongst those respondents who felt that it was necessary to discuss their health and social care needs after leaving hospital, those from London Trusts were more likely to report that staff had *not* discussed their needs with them (36% gave this response, compared with 29% of respondents from the South and 28% of respondents from both the Midlands and the East and the North DHSC areas).

Again, amongst respondents who felt that they should have discussed their need for health or social care services, those from the specialist/orthopaedic Trusts were the most likely to report that staff had discussed their social care needs with them – 77% gave this response, compared with around 70% of respondents from multi-service and large acute Trusts and between 67% to 69% of respondents from the other Trust clusters (Table 11).

Table 11 – Whether hospital staff had discussed the need for further health or social care services, by Trust Cluster

Did hospital staff discuss with you whether you would need any health or social care services after leaving hospital? (e.g. district nurse, care assistant, physiotherapist or social worker)

Trust Cluster	Yes	No	Totals
Specialist/Orthopaedic	77.2%	22.8%	100% n=3,728
Multi-Service	71.5%	28.5%	100% n=12,803
Acute – Large	70.6%	29.4%	100% n=12,219
Acute – Medium	69.1%	30.9%	100% n=10,132
Acute – Teaching	67.6%	32.4%	100% n=6,544
Acute – Small	66.8%	33.2%	100% n=4,354
Overall	**70.3%**	**29.7%**	**100%** n=49,780

Table based on 49,780 respondents, i.e. excluding those cases who felt that it was not necessary to discuss their need for health or social care services after leaving hospital.

4.5 Physical and emotional needs

This dimension focuses on both the physical and emotional needs of the patient on the ward. Physical needs cover issues such as noise on the ward at night, whether patients were given help eating their meals (if required) and how well their pain had been managed by hospital staff. Emotional needs cover the ability of patients to discuss any anxieties or fears about their condition or treatment with the doctors and nurses.

Noise on the ward at night

A fairly common problem is the level of noise on the ward during the night. Nationally, just under half (47%) of all respondents reported that they were bothered by noise at night, from at least one source. More than one-third of all respondents were disturbed by noise from other patients on the ward (36%); about one-sixth were disturbed by noise from staff (15%) and some (5%) were bothered by noise from other sources.

Women were more likely than men to say that they were bothered by noise at night – both from other patients (38% of women; 35% of men) and from hospital staff (17% of women; 13% of men).

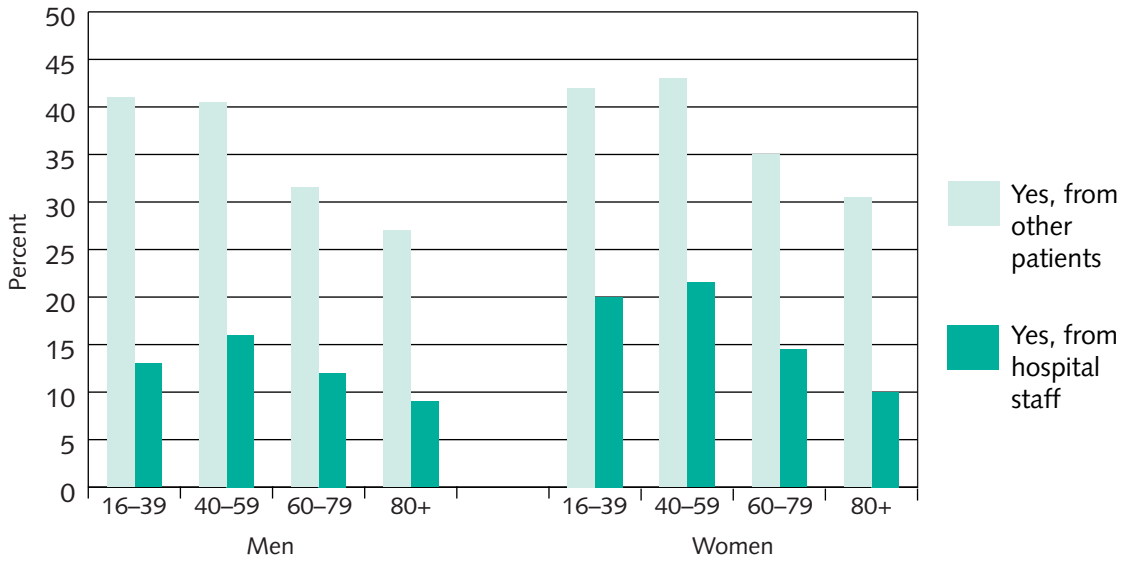
Younger respondents were more likely than the older age groups to say that they were bothered by noise at night. Around 42% of those aged 16–59 (compared with 33% of those aged 60 and above) were bothered by noise from other patients and 18% of those aged 16–59, compared with 14% of those aged 60–79 and only 9% of those aged 80 and above, were bothered by noise from hospital staff.

Those most likely to say they were bothered by noise at night were younger women – around 43% of women aged 16–59 were bothered by noise from other patients. Older men (aged 80 and above) were the least likely to say they were bothered by noise at night, but even amongst this group, 27% were bothered by noise from other patients and 9% were bothered by noise from staff (Figure 28).

There were differences between white respondents and those from some ethnic minority groups in terms of the percentage who were bothered by noise at night from other patients. Around 36% of white respondents said this was a problem, but it was a particular problem amongst the Chinese (43%) and Asian or Asian-British respondents (38%).

White, mixed-race and Chinese respondents were the most likely to say that they were bothered by noise from staff (around 15% gave this response). The percentage was lowest amongst the Black or Black-British respondents, of whom 11% said they were bothered by noise from staff.

Figure 28 – Percentage bothered by noise at night (from other patients and hospital staff), by age and sex



Respondents from Trusts in the London and the South DHSC areas were more likely to say they were bothered by noise at night – both from other patients (39%, compared with 35% elsewhere) and from staff (16%, compared with 15% in the Midlands and the East and 14% in the North DHSC).

Comparing Trust clusters, respondents from multi-service Trusts and small acute Trusts were more likely to report being bothered by noise at night from other patients (39% and 38% from these Trusts clusters respectively, compared to 36% across all Trusts and only 34% in acute teaching Trusts).

The pattern was slightly different in terms of being bothered by noise from staff. In this case, respondents from medium acute Trusts were most likely to report being disturbed (17%), whilst respondents from specialist/orthopaedic Trusts were least likely to be disturbed by noise from staff at night (9%).

Help with eating meals

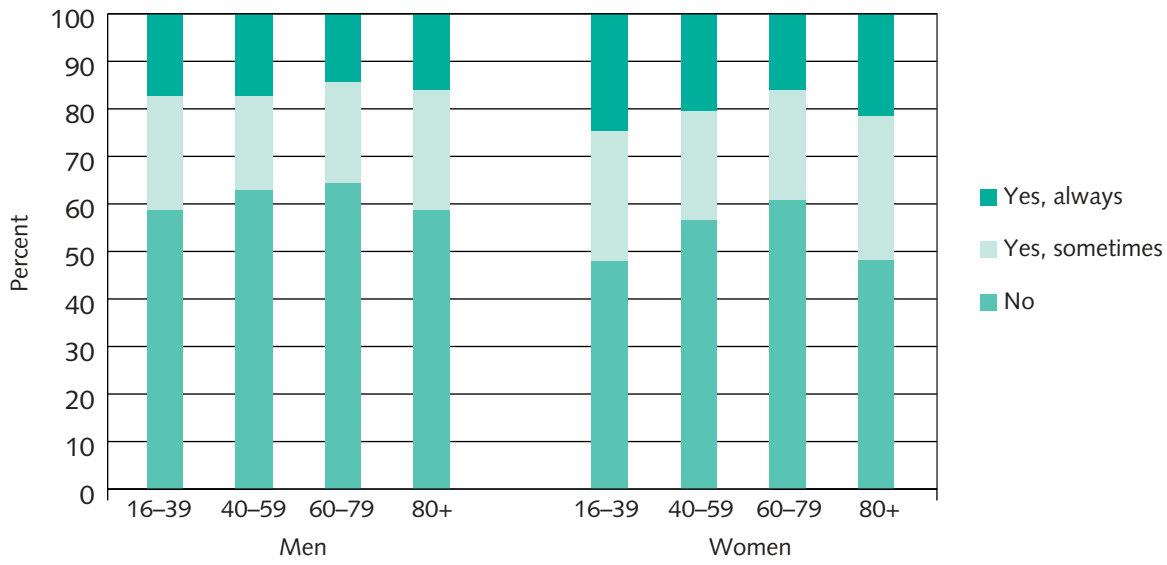
Although most (79%) of patients *did not need* any help eating their meals, amongst those respondents who did, almost one-fifth *did not get* help when they needed it (18%) and almost one-quarter (24%) only *sometimes* got help at the appropriate time.

Older respondents (aged 80 and above) were the most likely to report that they needed help with eating their meals (28%, compared with around 20% of all other respondents, gave this response).

Leaving aside those respondents who said that they didn't need any help, Figure 29 shows some variation between age groups in whether patients were given help at they time they needed it. Amongst the older respondents who needed help, almost one-fifth did *not* get help (16% of men and 21% of women aged 80 and above) and another 26% of men and 30% of women in this age group only 'sometimes' got help when they needed it.

Across each age group, women were slightly more likely than men to report that they were *not* given help to eat their meals when they needed it (Figure 29). This problem was highest amongst younger women (aged 16–39), of whom a quarter (25%) reported that they were *not* given help at the time they needed it.

Figure 29 – Whether help was given by staff in eating meals when needed, by age and sex



There was a large difference between white and non-white respondents in terms of the percentage who reported that they *did not need* any help with eating their meals – 81% of white respondents gave this response, compared with only 60% of non-white respondents. Amongst those who did need help, white respondents were more likely to report that they had *always* been given help when they needed it (58% of white and 54% of non-white respondents).

Looking at variations between the four DHSC areas and focusing only on those respondents who *did* need help with eating their meals, respondents from the North DHSC were most likely to say that they were *always* given enough help (62%, compared with only 53% of respondents from the London DHSC and about 57% in other areas).

Again focusing only on those who needed help with eating their meals, respondents from the specialist/orthopaedic Trusts were the most likely to report that they were *always* given help when they needed it – 67% gave this response, compared with 59% of respondents from multi-service Trusts and around 55–57% from other acute Trusts. Conversely, respondents from medium acute Trusts were the most likely to report that they had *not* been given help when they needed it – almost 20% gave this response, compared with 19% in small acute and acute teaching Trusts and around 17% in large acute and multi-service Trusts.

Control of pain

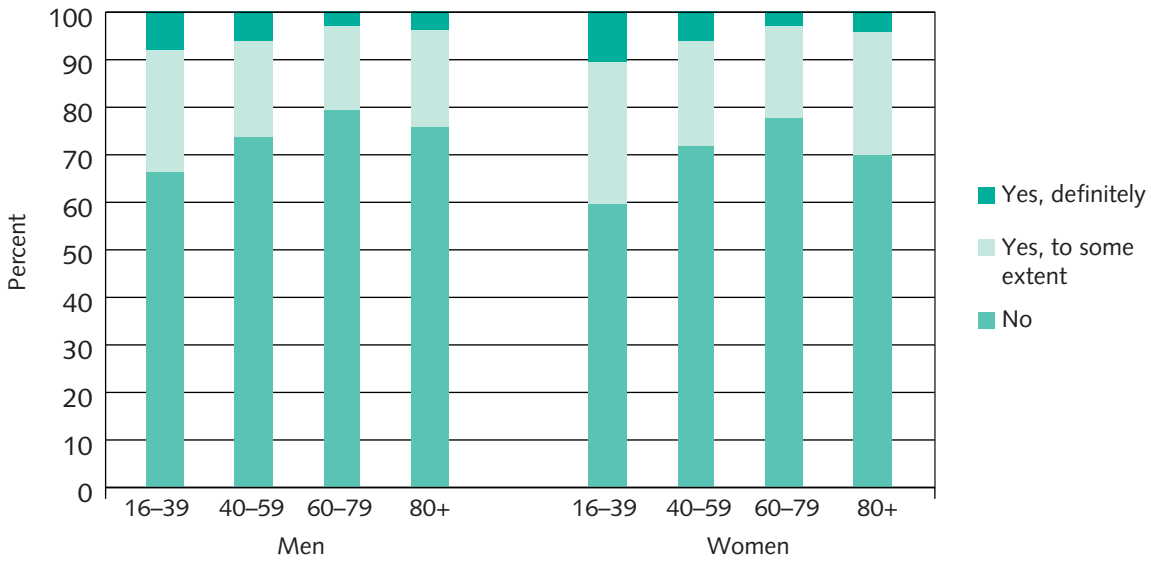
Around two-thirds of respondents experienced some pain whilst in hospital (68%). Of these respondents, most (94%) felt that staff had done everything they could to control their pain, either *definitely* (73%) or *to some extent* (22%).

Of those who had experienced some pain, men were more likely to agree that staff had *definitely* done everything to control their pain (75% gave this response, compared to 71% of women); whilst women were more likely to feel that staff had only been able to control their pain *to some extent* (23% of women and 20% of men gave this response).

Older people were more likely to feel that staff had done everything to control their pain – 97% of both men and women aged 60–79 and 96% of those aged 80 and above agreed, either *definitely* or *to some extent* (Figure 30).

Younger people were more likely to say that staff had *not* done everything to control their pain – around 10% of those aged 16–39 gave this response (11% of women and 8% of men in this age group).

Figure 30 – Whether hospital staff did everything they could to control pain, by age and sex



Non-white respondents were more likely to say that staff had *not* done everything to control their pain – 7% of all non-white respondents and 5% of white respondents gave this response. The percentage was slightly higher amongst the mixed-race and the Asian or Asian-British respondents (almost 8%).

Respondents from London Trusts were more likely than those from any other DHSC areas to feel that staff had *not* done everything to control their pain – 7% gave this response, compared with 6% in the South and 5% in the Midlands and the East and the North DHSC areas.

There were also clear, although fairly small differences between the Trust clusters. Respondents from specialist/orthopaedic Trusts were the least likely to feel that staff had *not* done enough to control their pain (4%, compared with around 6% of respondents from the small, medium and large acute Trusts).

Discussing anxieties or fears with hospital staff

In terms of their emotional needs, patients were asked whether they were able to discuss any concerns with hospital staff. A third of respondents had no concerns and just over half (55%) of patients were able to find someone on the hospital staff to talk to about their concerns, either *completely* (29%) or *to some extent* (26%). However, a substantial proportion of patients had concerns, but they were unable to find anyone to talk to (11%).

There were differences between doctors and nursing staff in terms of the extent to which they had discussed the patients' concerns. Most respondents (70%) reported that the doctor had discussed any anxieties or fears about their condition or treatment with them, either *completely* (42%) or *to some extent* (28%). However, a substantial minority (8%) reported that the doctor did *not* discuss their concerns about their condition or treatment with them and the remaining 22% did not have any such concerns.

Generally, fewer patients (61%) were able to discuss any anxieties or concerns about their condition or treatment with nursing staff. One-third of all respondents reported that they had discussed their concerns *completely* with a nurse (33%) and over a quarter had done so *to some extent* (28%). A tenth reported that the nursing staff did *not* discuss the patient's concerns with them, and the remaining 28% had no concerns.

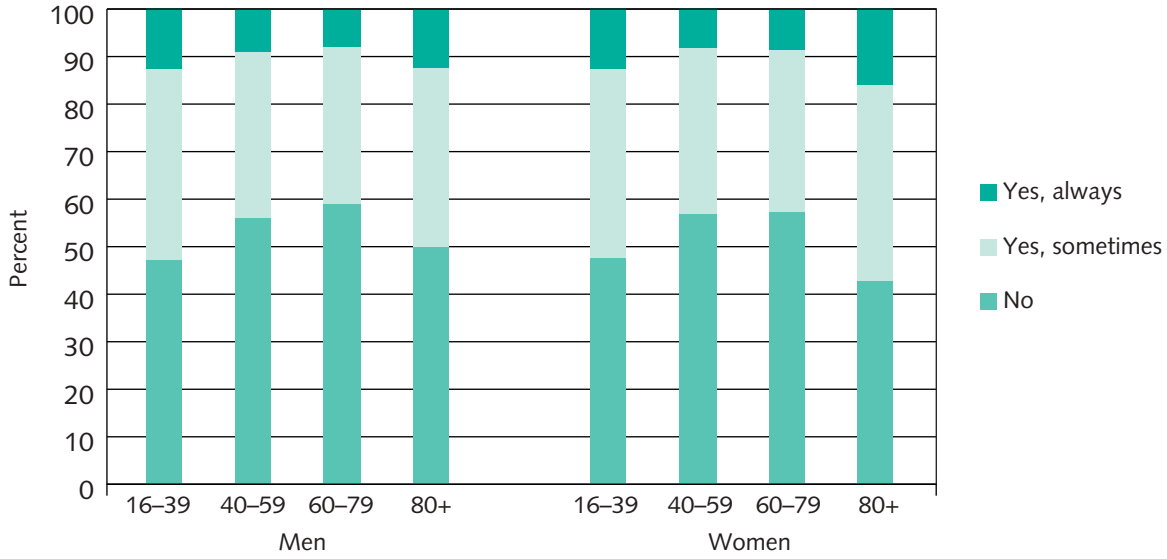
Of those respondents who did have some anxieties or fears about their condition or treatment, there was generally very little difference between men and women in terms of whether or not they had discussed them with the doctor or nurses.

However, amongst the older respondents (aged 80 and above), women were more likely to report that they had *not* discussed their concerns with the doctor (16% of women; 12% of men). Similarly, this age group were the least likely to have discussed their concerns with a nurse (21% of women said they had not, compared with 17% of men).

Overall, respondents from both younger (16–39) and older age groups (80 and above) were more likely to report that they had *not* discussed their concerns with the doctor – around 15% of those aged 80 and above and 13% of those aged 16–39 (both men and women) gave this response, compared with around 8% of those aged 40–79 (Figure 31).

The pattern of responses in respect of nurses was very similar. The percentage of respondents who had concerns about their condition or treatment but did *not* discuss them with a nurse was highest amongst both the older and younger age groups. Around 20% of those aged 80 and above (17% of men; 21% of women) and 15% of those aged 16–39 (both men and women) said that a nurse had *not* discussed their concerns, compared with around 13% of those aged 40–79.

Figure 31 – Whether patients had discussed any anxieties about their condition or treatment with a doctor, by age and sex



There was very little difference between white and non-white respondents in terms of the percentage who said they had *not* discussed their concerns with the doctor – this was around 10%, although slightly higher amongst the mixed-race and Asian or Asian-British respondents (12%).

However, non-white respondents were more likely to feel that the doctor had only discussed their concerns *to some extent*, rather than *completely*. Around 49% of all non-white respondents (and 45% of the Asian or Asian-British respondents) said the doctor had discussed their concerns *completely*, compared with 54% of white respondents (Table 12).

There were also differences between white and non-white respondents in terms of the percentage who said the nurse had *not* discussed their concerns – almost 18% of non-white patients gave this response (and almost 19% of the Asian or Asian-British respondents), compared with 14% of white patients.

Non-white respondents were more likely to feel that the nurse had only discussed their concerns *to some extent*, rather than *completely*. Around 39% of all non-white respondents, but only 37% of the Asian or Asian-British respondents gave this response, compared to 47% of white respondents.

Table 12 – Did doctors discuss the patient's anxieties or fears, by ethnicity

If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?

Ethnic group:	White	Non-white (All)	Non-white (by ethnic group)				All
			Mixed background	Asian/ Asian-British	Black/ Black-British	Chinese and other	
Yes, completely	54.2%	48.9%	51.3%	45.4%	53.2%	47.1%	54.0%
Yes, to some extent	35.8%	40.2%	36.8%	42.6%	37.8%	41.4%	36.1%
No	9.9%	10.9%	11.9%	12.0%	9.0%	11.4%	10.0%
Totals	**99.9%** n=65,959	**100.0%** n=3,848	**100.0%** n=489	**100.0%** n=1,853	**100.0%** n=1,296	**99.9%** n=210	**100.1%** n=69,807

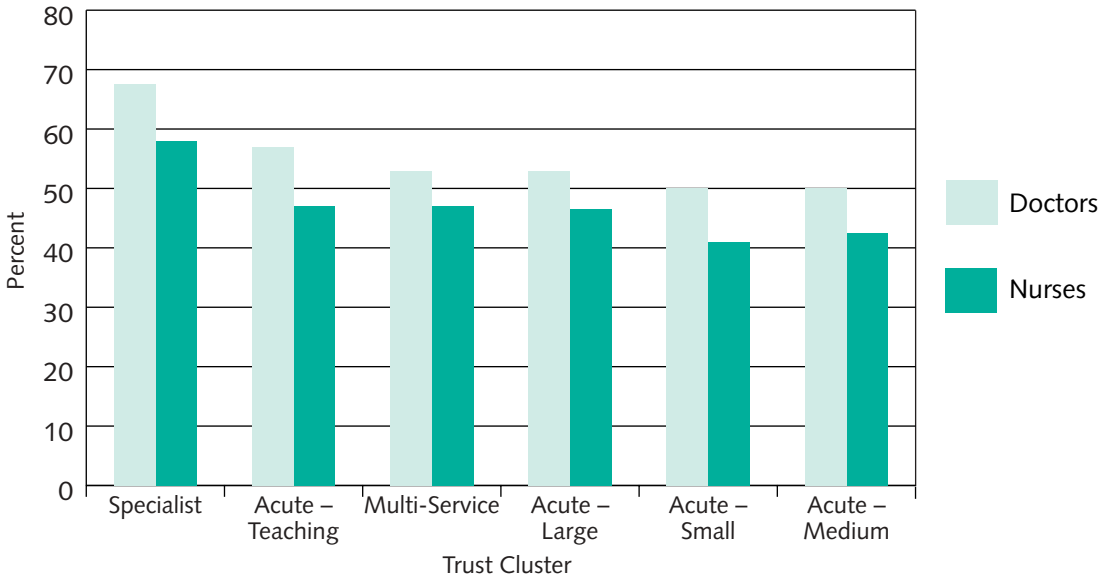
Table based on 69,807 respondents (excluding those respondents who said that they didn't have any anxieties or fears).
Note. The Chinese and 'other' categories have been combined, due to small numbers.
Note. Some percentage columns do not sum to 100 due to rounding.

There were no differences between the four DHSC areas in terms of whether patients had discussed their concerns with the doctor. However, there were some differences when looking at whether respondents had discussed their concerns with a nurse. Respondents from the North DHSC were most likely to report that a nurse had discussed their concerns *completely* – almost 49% gave this response, compared with only 42% in London and around 46% elsewhere. Conversely, respondents from London were more likely to report that a nurse had *not* discussed their concerns at all – almost 18% gave this response, compared to only 13% in the North DHSC and around 14% elsewhere.

Respondents from the specialist/orthopaedic Trusts were the most likely to report that they had been able to discuss their concerns with the doctor *completely* – 68% of respondents gave this response, compared with 58% of respondents from acute teaching Trusts, around 53% of respondents from large acute and multi-service Trusts and just over 50% from the small and medium acute Trusts.

Similarly, when asked whether a nurse had discussed any concerns the patient had about their condition or treatment, respondents from the specialist/orthopaedic Trusts were the most likely to report that a nurse had *completely* discussed their concerns (58%, compared with around 47% of respondents from the small acute, large acute and multi-service Trusts, 43% of respondents from medium acute Trusts and 41% from small acute Trusts (Figure 32).

Figure 32 – Whether doctors/nurses had *completely* discussed any concerns patients had about their condition or treatment, by Trust Cluster



4.6 Coordination of care

This dimension focuses on how well the care of the patient was organised at each stage of their inpatient stay, from admission to hospital, to their care on the ward, through to the point of preparing to leave hospital.

Organisation of care for emergency admissions

In the inpatient survey, just over half of respondents were emergency admissions (52%). Most of these respondents reported that the care they received in the Accident and Emergency department (or the Medical Admissions unit) was *very organised* (56%) or *fairly organised* (38%). Relatively few (6%) reported that their care at this stage of the admission process was *not at all organised*.

Men were more likely to report that their care had been *very organised* (59%, compared to 53% of women); whereas women were more likely to say that the care had been *fairly organised* (40% gave this response, compared to 36% of men).

Most younger people (16–39) felt that their care had been *fairly organised* (51%), whereas respondents from all other age groups tended to regard their care as *very organised* (Table 13).

Table 13 – Organisation of care whilst in A&E, by age

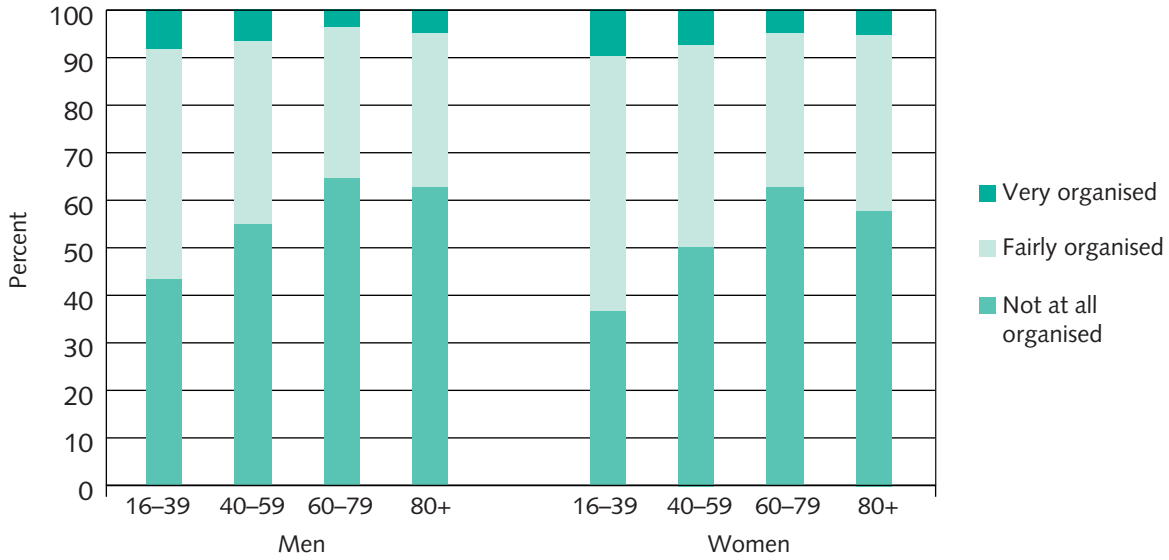
How organised was the **care** you received in Accident & Emergency (or the Medical Admissions Unit)?

Age group	Not at all organised	Fairly organised	Very organised	Totals
16–39	9.3%	51.3%	39.4%	100% n=7,904
40–59	7.2%	40.0%	52.8%	100% n=10,513
60–79	4.4%	31.9%	63.8%	100% n=17,929
80+	5.0%	35.5%	59.5%	100% n=7,507
Overall	**6.0%**	**37.9%**	**56.0%**	**100%** n=43,853

Table based on 43,853 respondents who had emergency admissions (response missing to this question or age for 2,643 cases).

The group who were least likely to regard their care as *very organised* were younger women (aged 16–39), of whom only 37% gave this response, compared to 43% of men in this age group (Figure 33). Younger people, particularly women, were more likely to report that their care whilst in A&E was *not at all* organised – almost 10% of women and 8% of men aged 16–39 gave this response, compared with 4% of men and 5% of women aged 60–79.

Figure 33 – How organised was the care received in A&E, by age and sex



Non-white respondents were more critical of the organisation of their care whilst in A&E (Figure 34). They tended to rate their care as *fairly organised* (53% of all non-whites, compared with 37% of white respondents gave this response) and they were less likely to rate the care as *very organised* (only 35%, compared with 57% of white respondents). Over 12% of the non-white respondents reported that their care was *not at all* organised, compared with 6% of white respondents. The level of criticism was particularly high amongst the Asian or Asian-British respondents, of whom 14% said that their care was *not at all* organised.

Respondents from the North DHSC area were the most likely to report that their care whilst in A&E was *very organised* – 61% gave this response, compared with 43% in London. Respondents from London were most likely to rate the organisation of their care as *not at all* organised – almost 11% gave this response, compared to only 4% of respondents from the North DHSC and around 6% elsewhere (Figure 35).

There were also variations between Trust clusters (Figure 36). Respondents from the specialist/orthopaedic Trusts were most likely to say that their care in A&E had been *very organised* (74% gave this response, compared with 61% in multi-service Trusts, around 54% in most other clusters, but only 52% in medium acute Trusts). Respondents from medium acute Trusts were most likely to say that their care was *not at all* organised' – 8% gave this response, compared to only 3% in the specialist/orthopaedic Trusts.

Figure 34 – How organised was the care received in A&E, by ethnic group

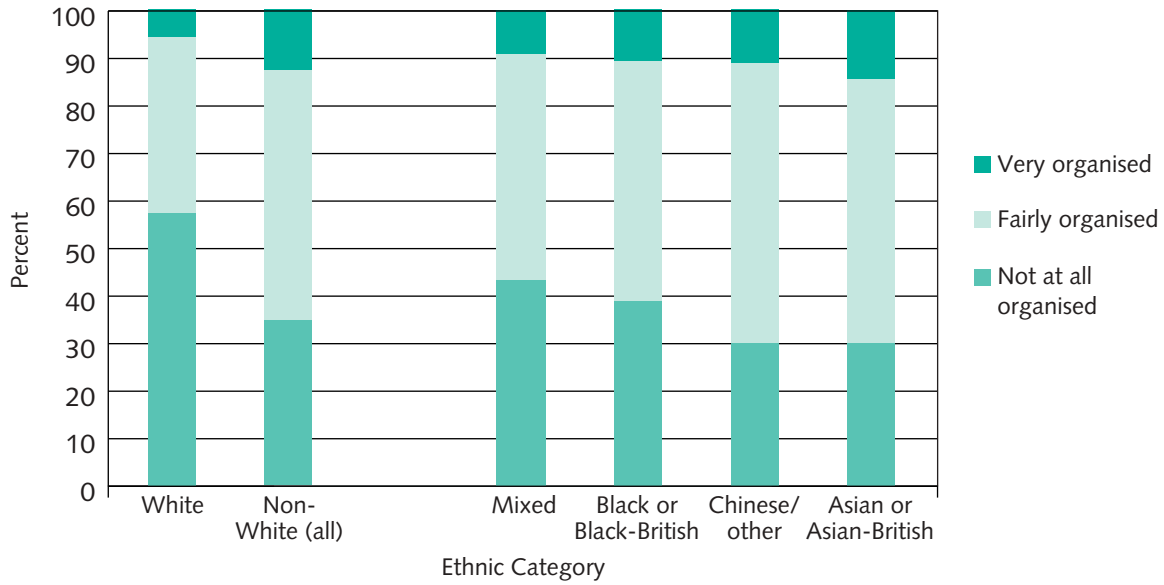


Figure 35 – How organised was the care received in A&E, by Directorate of Health and Social Care

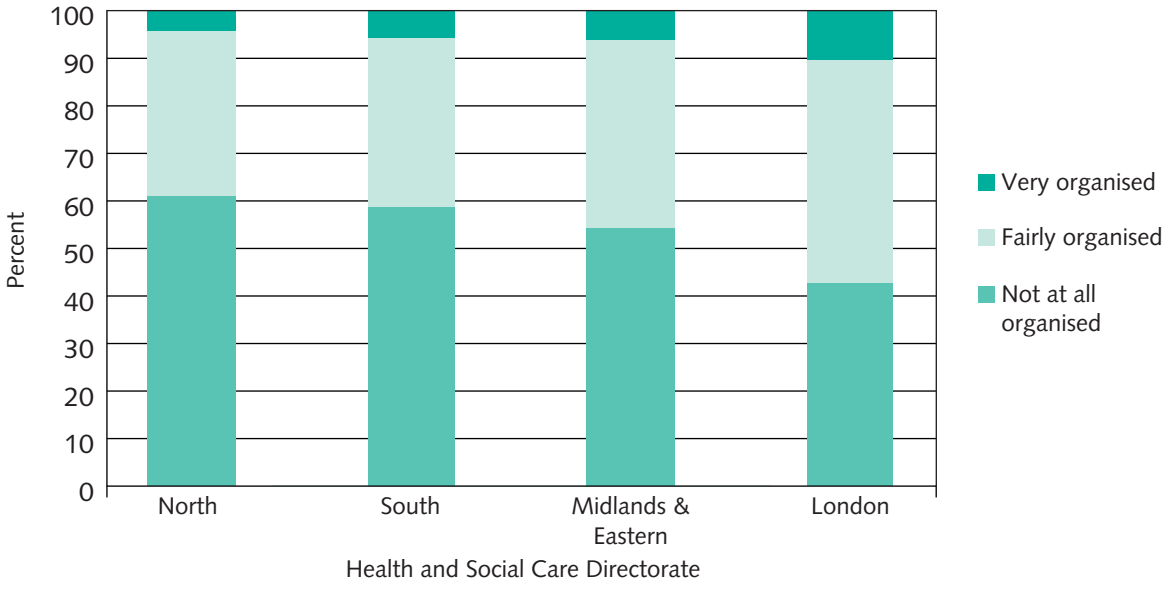
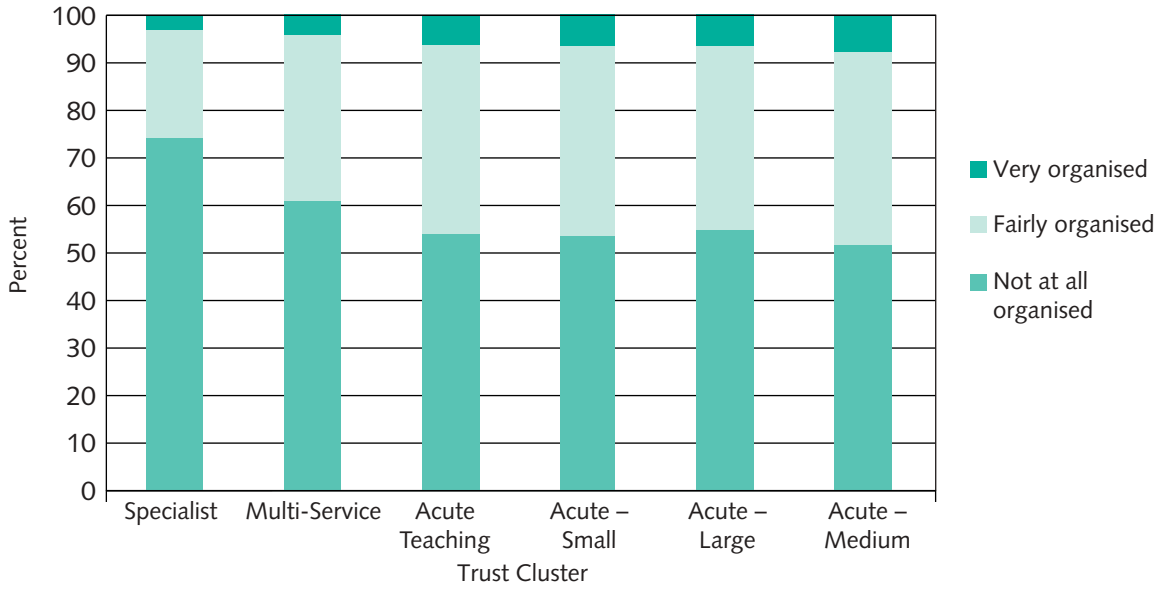


Figure 36 – How organised was the care received in A&E, by Trust Cluster



Organisation of the admission process (for all inpatient admissions)

The survey asked all inpatients (both planned and emergency admissions), about how well the admission process was organised. Most respondents (95%) agreed that it was either *very organised* (58%) or *fairly organised* (37%). Nationally, only 5% of respondents felt that it was *not at all* organised.

Men were more likely to report that the admission process had been *very organised* (60% of men; 56% of women); whereas women were more likely to say that it had been *fairly organised* (38% of women; 36% of men).

Younger people, particularly women, were more likely to report that the admission process was *not at all* organised (8% of women and 7% of men aged 16–39 gave this response, compared with around 4% of both men and women aged 60 and above). Younger women (16–39) were also least likely to regard the admission process as *very organised* (43% gave this response, compared to 65% of men aged 60–79) – Figure 37.

Non-white respondents were more critical of how the admission process was organised (Figure 38). They were less likely to rate their care as *very organised* (40%, compared with 59% of white respondents), but tended to rate their care as *fairly organised* (52% of all non-white respondents, compared with 36% of the white respondents). Almost 8% of the non-white respondents reported that the admission process was *not at all* organised, compared with 5% of the white respondents. The Asian or Asian-British respondents were the least likely to rate the admission process as *very organised* (34%, compared with 59% of white respondents).

Figure 37 – How organised was the admission process, by age and sex

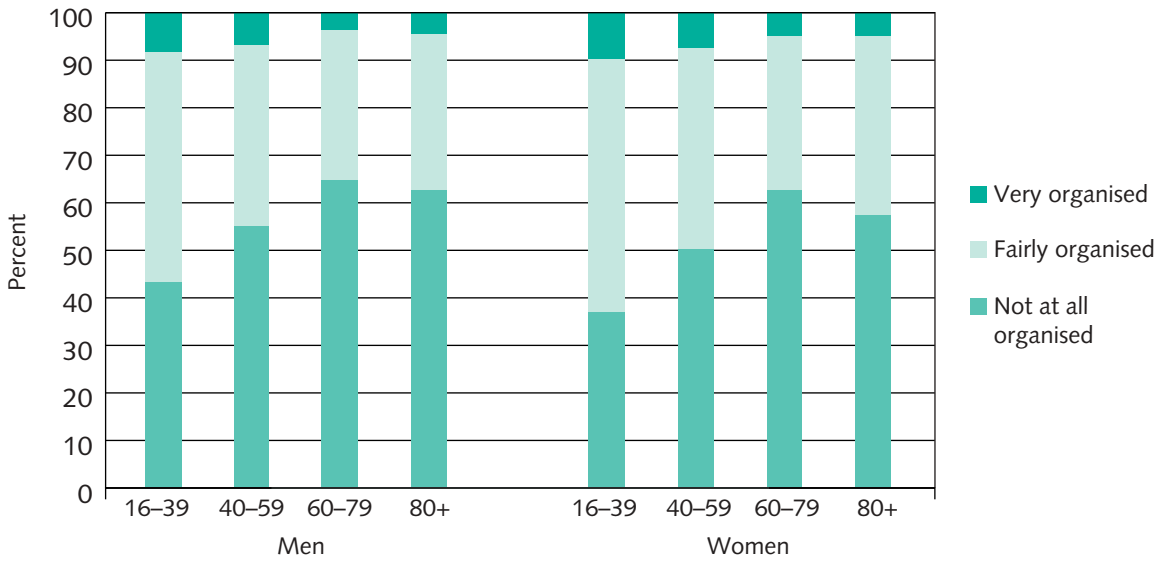
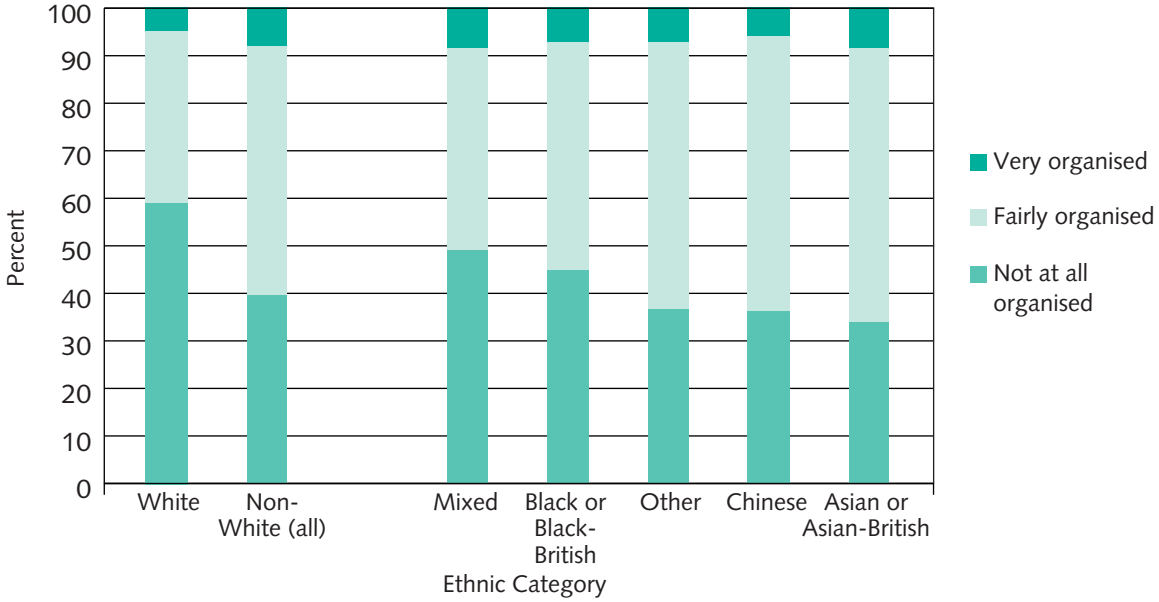


Figure 38 – How organised was the admission process, by ethnic group



The geographical variations were very similar to those reported for the previous question, in that respondents from the North DHSC area were most likely to report that the admissions process was *very organised* – 62% gave this response, compared to 49% in London. Conversely, respondents from London were most likely to rate the admissions process as *not at all* organised – almost 8% gave this response, compared to only 4% of respondents from the North DHSC and around 6% elsewhere.

Again, there were very similar variations between Trust clusters – the respondents from the specialist/orthopaedic Trusts were most likely to say that the admission process had been *very organised* (73% gave this response, compared to 61% from multi-service Trusts and around 55% from other clusters). Respondents from small, medium and acute teaching Trusts were most likely to say that their care was *not at all* organised – 6% gave this response, compared to only 3% in specialist/orthopaedic Trusts.

Organisation of care on the ward

Once on the ward, two-thirds of inpatients reported that there was one doctor in overall charge of their care (66%). Just under one-fifth said there was no single doctor responsible for their care (19%) and the remaining 15% of respondents said they didn't know whether there was one doctor in charge of their care or not.

The picture was quite different for nursing staff. One-third of patients reported that there was one nurse in overall charge of their care (36%). Almost half of the respondents said there was *not* one nurse with overall responsibility for their care (45%) and the remaining 19% of respondents did not know whether there was or not.

Men were more likely to report that there was one doctor in charge of their care than women (68% of men, compared to 65% of women). Far fewer respondents reported having one nurse in overall charge of their care, but again, men were more likely to report having one nurse in overall charge (39% of men; 34% of women).

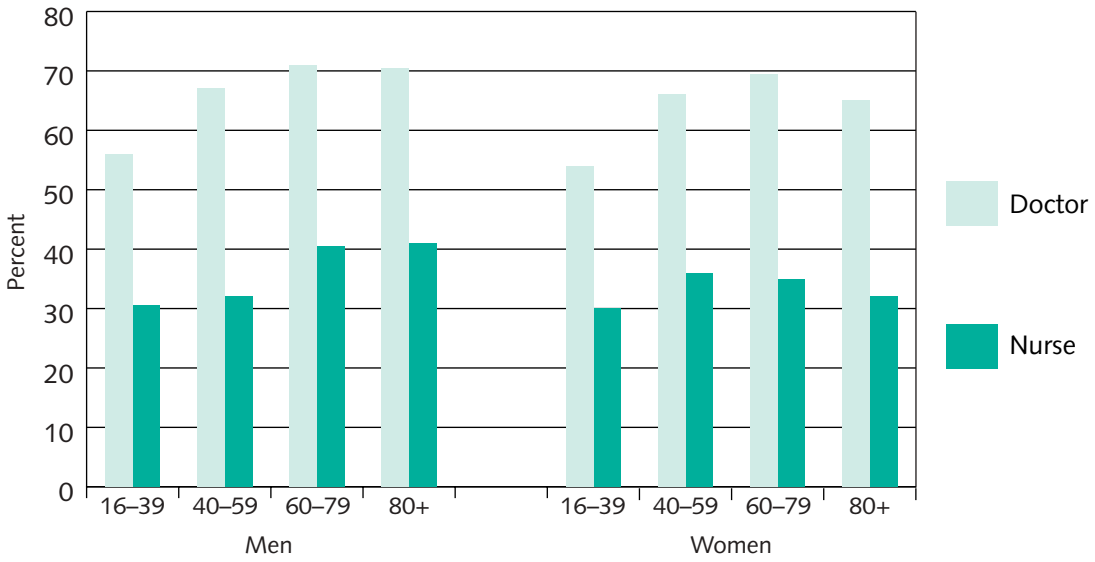
Younger people (aged 16–39) were the least likely to report having one doctor in charge of their care (55%). Younger people were also the least likely to report having one nurse responsible for their care (30%, compared to around 36% across each of the older age groups). Almost half (49%) said that they did not have one nurse in overall charge of their care (compared to 45% of those aged 40–79 and only 41% of those aged 80 and above).

Older respondents were more likely to report having one doctor in overall charge of their care (70% of those aged 60–79 and 67% of those aged 80 and above). Again, men were more likely than women to report having one doctor in charge of their care – 71% of men and 65% of women aged 80 and above gave this response (Figure 39).

Although fewer patients reporting having one nurse in overall charge, the pattern of responses was very similar. Around 40% of men aged 60 and above said there was one nurse responsible for their care, compared with 35% of women aged 60–79 and only 32% of women aged 80 and above.

There are perhaps some lessons to be drawn in terms of improving communication with patients, since one-fifth of those aged 80 and above and the same proportion of those aged 16–39 said they *didn't know* whether there was one doctor in charge of their care or not. Similarly, over one-fifth of the younger respondents (21% of those aged 16–39) and almost one-quarter of the older respondents (24% of those aged 80 and above) *didn't know* whether there was one nurse in overall charge of their care (compared with around 17% of those aged 40–79).

Figure 39 – Percentage who had one doctor/nurse in overall charge of care, by age and sex of patients



White respondents were more likely to report having one doctor in charge of their care – 66% gave this response, compared to 59% of all non-white respondents and only 56% of the Chinese respondents (Figure 40).

However, the non-white respondents (across all ethnic groups) were more likely to report having one nurse responsible for their care (40% of all non-white respondents, compared with 36% of white respondents).

There were some geographical variations in the responses to these questions – respondents from the London and South DHSC areas were *less likely* to report that there was one doctor in overall charge of their care (65%, compared to 68% in the North DHSC). Respondents from London were more likely to report that they did *not* have one doctor in charge of their care – 21% gave this response, compared to 18% from the North and 19% elsewhere.

Respondents from the North DHSC were more likely to report having one nurse in charge of their care (40%, compared with 33–36% elsewhere). But around 47% of respondents from London, the South and the Midlands and the East DHSC areas said they did *not* have one nurse in overall charge (compared to 42% in the North).

There were also variations between Trust clusters in terms of whether respondents had one doctor or one nurse in overall charge of their care (Figure 41). Respondents from the specialist/orthopaedic Trusts and the multi-service Trusts were the most likely to have one doctor responsible for their care (72% and 68% respectively). Respondents from the small and medium acute Trusts and the acute teaching Trusts were the most likely to report that they did *not* have one doctor in charge of their care (around 20–21% of respondents from these clusters, compared to only 15% from the specialist/orthopaedic Trusts).

Figure 40 – Percentage who had one doctor/nurse in overall charge of care, by ethnic group

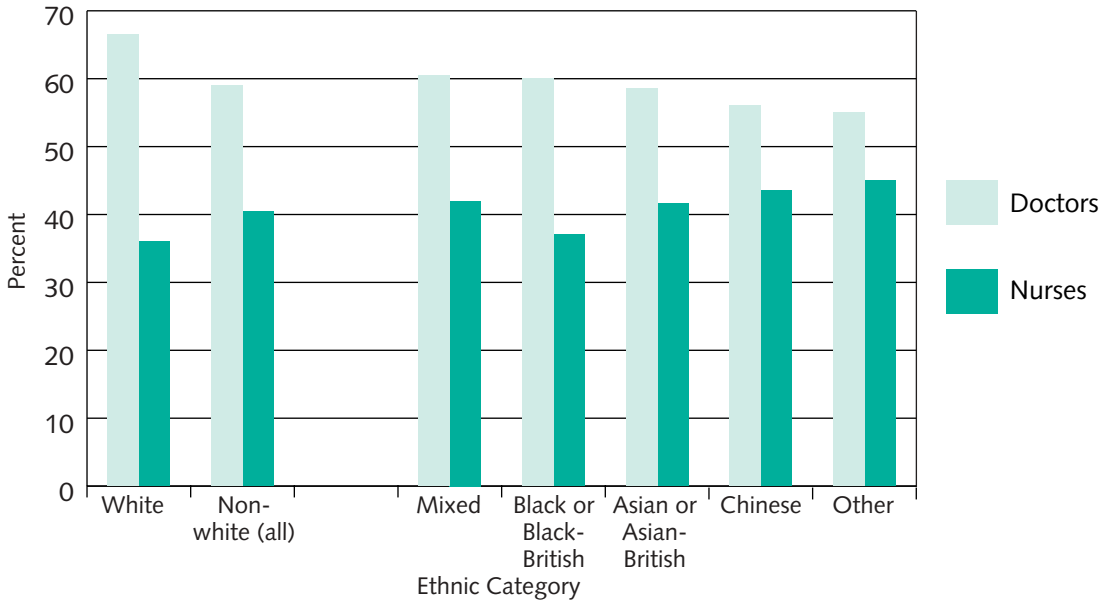
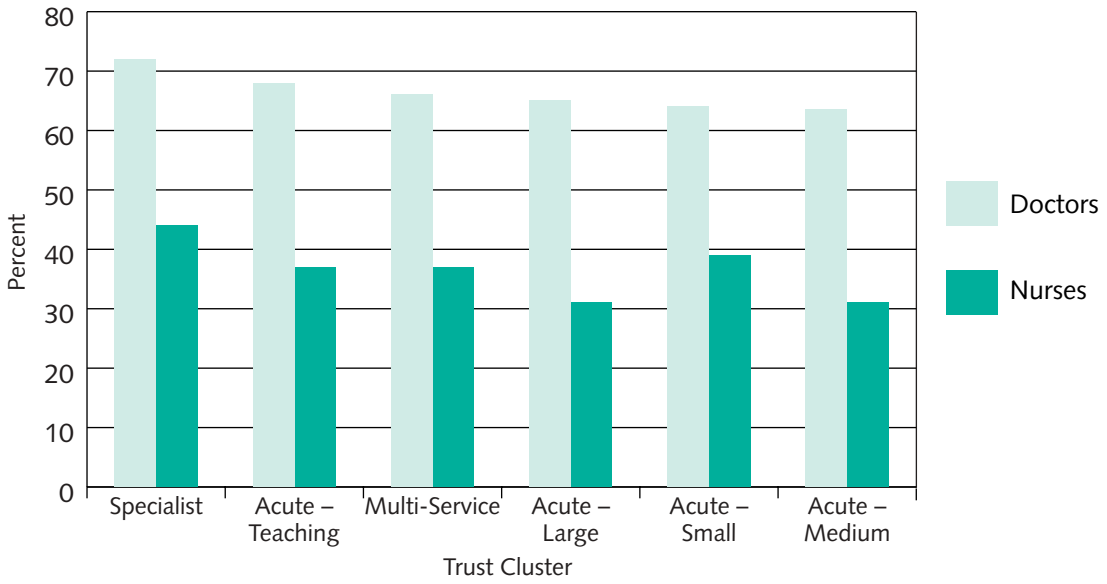


Figure 41 – Percentage who had one doctor/nurse in overall charge of care, by Trust Cluster



The pattern was slightly different in terms of whether respondents had one nurse in overall charge of their care (Figure 41). Respondents from the specialist/orthopaedic and the acute teaching Trusts were the most likely to report having one nurse in charge (44% and 39% from these clusters, respectively, compared with 31% of respondents from the small and medium acute Trusts).

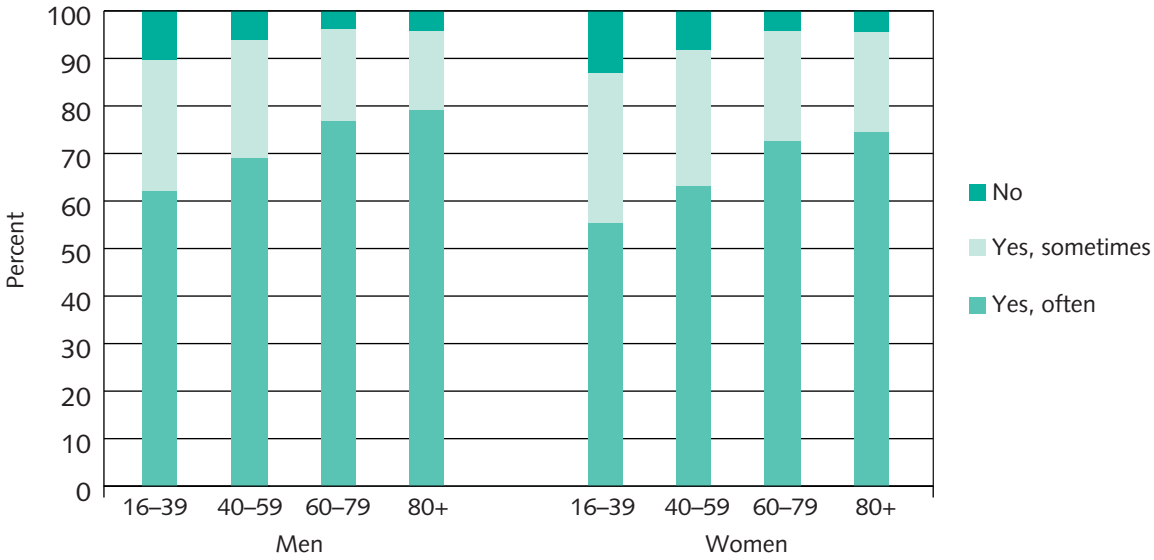
Whether hospital staff gave conflicting information

Patients were asked whether doctors and nursing staff had given them conflicting information. Most respondents did not find this was a problem (70% overall), although a quarter reported that this had happened *sometimes* (24%) and some said it *often happened* (6%).

Women were more likely to report that staff had given them conflicting information – 33% of women (compared with 27% of men), said this had happened, either *sometimes* (26%) or *often* (7%).

Responses to this question showed a clear age-gradient, with younger people being more likely to report that staff had given them conflicting information, either *sometimes* (30%) or *often* (12%). Young women (aged 16–39) were the most likely to report this problem – 45% of this group said that staff had given them conflicting information, compared with 38% of men aged 16–39 (Figure 42).

Figure 42 – Whether hospital staff gave conflicting information, by age and sex



Non-white respondents were more likely than white respondents to report that hospital staff had given them conflicting information – 37% of all non-whites, compared to 30% of whites said this was a problem. It was particularly high amongst the Asian or Asian-British respondents, of whom 40% said that staff had given them conflicting information, either *sometimes* (28%) or *often* (12%).

Respondents from the London DHSC area were more likely to report that staff had given them conflicting information – 34% said this happened, either *sometimes* (26%) or *often* (8%); compared with only 29% of respondents from the North DHSC area and 30% elsewhere.

Respondents from the small and medium acute and the acute teaching Trusts were the most likely to report that staff had given them conflicting information – in each of these clusters, around 32% of respondents said this had happened. Respondents from the specialist/ orthopaedic Trusts were the least likely to report that staff had given them conflicting information (24%).

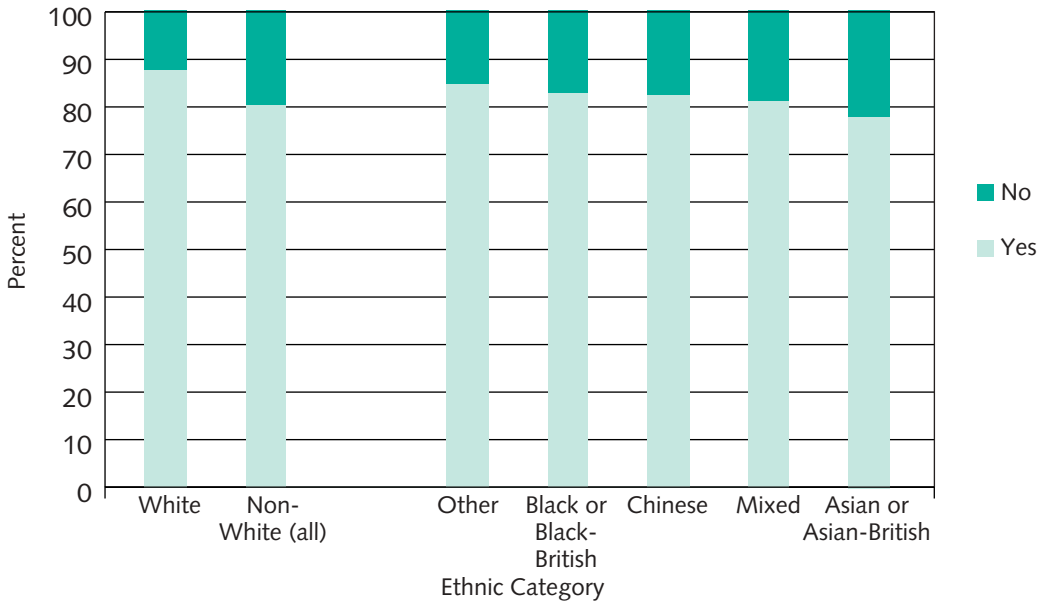
Whether hospital staff asked for the patients' details too often

Patients were also asked whether, during their stay in hospital, doctors, nurses or other hospital staff had asked for their name and address more often than they thought should have been necessary. This was not a problem in the majority of cases (87%), although it was reported by 13% of all respondents – and by slightly more men (14%) than women (12%).

Overall, younger respondents were more likely to report that this was a problem – 15% of those aged 16–39 said they had been asked for their name and address too often (17% of men and 14% of women in this age group). This compared with 13% of those aged 40–59 and 12% of those aged 60 and above. Within each age band, men were more likely to report that this was a problem.

Non-white respondents were more likely to feel that they had been asked for their name and address too often – 20% of all non-white respondents said this had happened, compared to 13% of white respondents. The problem was particularly high amongst the Asian or Asian-British respondents, of whom 22% reported that they had been asked for their name and address too often (Figure 43).

Figure 43 – Whether hospital staff had asked the patient's name and address more often than should have been necessary, by ethnic group



There were small geographical variations in the responses to this question – respondents from London were most likely to say that they had been asked for their name and address too often (14%). This problem was reported by 12% of respondents from the South and around 13% elsewhere.

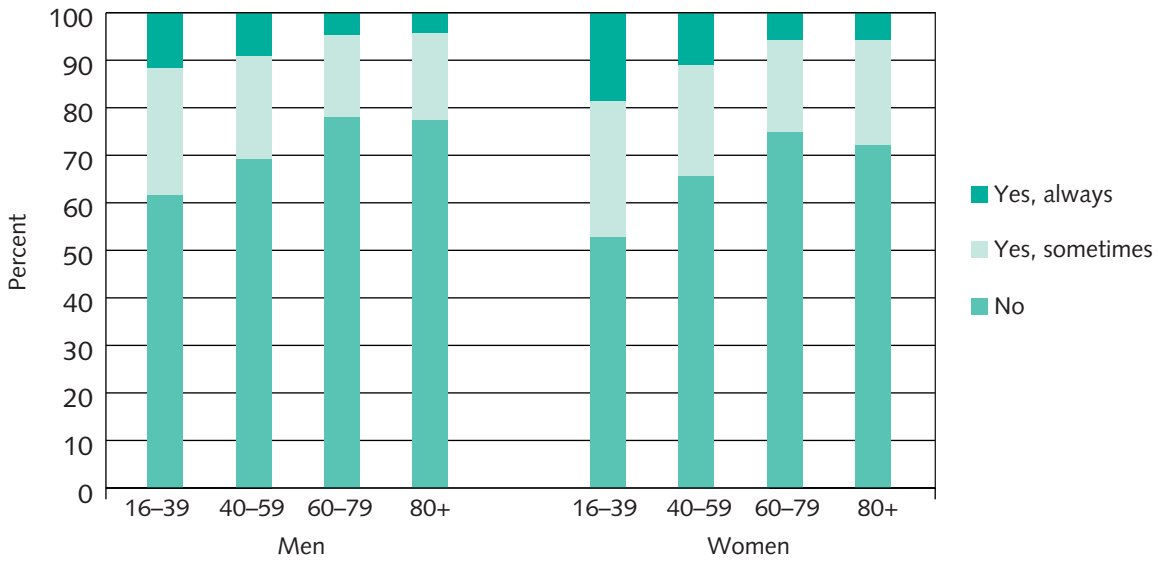
There was slightly more variation between the Trust clusters – respondents from the acute teaching Trusts were the most likely to report that they had been asked for their name and address too often (15%) and respondents from the specialist/orthopaedic Trusts were least likely to report this problem (10%). Around 13% of respondents from the small, medium and large acute and the multi-service Trusts said they had been asked for their name and address too often.

Whether tests or procedures were performed on time

Two-thirds of the respondents had some tests, x-rays or scans (apart from blood or urine tests) whilst in hospital. These were *always* performed on time for most respondents (71%). However, one-fifth of respondents reported that they were only *sometimes* performed on time (21%) and the remaining 8% said their tests were *not* performed on time (9% of women and 7% of men gave this response).

There was a clear age-gradient in the percentage of respondents who reported that their tests were performed on time. Older people were more likely to report that their tests were performed on time, either *always* or *sometimes* (almost 95% of those aged 60 and above). Younger respondents tended to report that their tests were *not* performed on time –19% of women and 12% of men aged 16–39 gave this response (Figure 44).

Figure 44 – Whether scheduled tests were performed on time, by age and sex



Non-white respondents were more likely than white respondents to report that their tests were *not* performed on time – 12% of all non-white groups gave this response, compared with 8% of the white respondents. This problem was particularly noted by respondents with a mixed-race background (14%) and by the Chinese (13%).

There was also some geographical variation in whether tests were performed on time. Respondents from London were more likely to report that their tests were *not* performed on time (10%), compared to 7% of respondents from the North DHSC area and around 8% elsewhere.

There was slightly more variation between the Trust clusters – respondents from the specialist/ orthopaedic Trusts were the least likely to report that their tests had *not* been performed on time (4%), whilst respondents from the acute teaching Trusts were the most likely to report that their tests were *not* performed on time (10%).

Experience of delays prior to leaving hospital

Finally, coordination of care at the time of discharge is very important and any problems can lead to avoidable delays. Just under half of the respondents (48%) reported that their discharge had been delayed. Most of the respondents (40%) were delayed for only one reason, although 8% were delayed for two or more reasons.

Of those respondents reporting at least one reason for delay, the most common reasons given were waiting for medicines or drugs to be issued (46% of those who were delayed), or waiting to see the doctor before being discharged (21%). In some cases, the delay was due to the patient's own health (15%). For a small percentage of the respondents who were delayed, it was due to waiting for an ambulance (8%) or another reason (10%).

Respondents from the younger age groups were more likely to experience some delay when leaving hospital – overall, 53% of both men and women aged 16–39 experienced a delay, compared with 49% of all those aged 40–59; 46% of those aged 60–79 and 45% of those aged 80 and above. For each of these older age groups (40 and above), men were more likely than women to report a delay in leaving hospital.

Non-white respondents were slightly more likely to report being delayed when leaving hospital – 51% of all non-white respondents, and 52% of the Asian or Asian-British respondents, compared to 48% of all white respondents experienced a least one reason for delay.

Looking in more detail at the most frequent cause of delay, men were *more likely* to report being delayed due to waiting for medicines or drugs to be issued before leaving hospital – this was reported by 28% of all men and 25% of all women. Within each age group, a higher percentage of men than women reported this problem (Figure 45). The group most likely to be delayed by waiting for medicines were men aged 40–59 (30%).

Older people were *less likely* to report being delayed by waiting for medicines or drugs to be issued (21% of all respondents aged 80 and above, compared to around 28% of all respondents aged 16–79).

Respondents from specialist/orthopaedic Trusts were the least likely to report that their discharge was delayed due to waiting for medicines – 16% noted this problem, compared to 26% of all respondents from multi-service Trusts and 29% from acute teaching Trusts.

Waiting to see a doctor was the second most frequent reason for delay and was particularly high amongst the younger age groups. It was reported by 18% of all men and 19% of all women aged 16–39. Amongst the older age groups, men were more likely to experience a delay due to waiting to see the doctor than were women: 15% of men and 12% of women aged 40–59, 11% of men and 9% of women aged 60–79; 10% of men and 8% of women aged 80 and above reported a delay waiting to see a doctor (Figure 45).

Respondents from specialist/orthopaedic Trusts were less likely to report having to wait to see a doctor – 9%, compared with 13% or 14% of respondents from the medium and small acute Trusts, respectively.

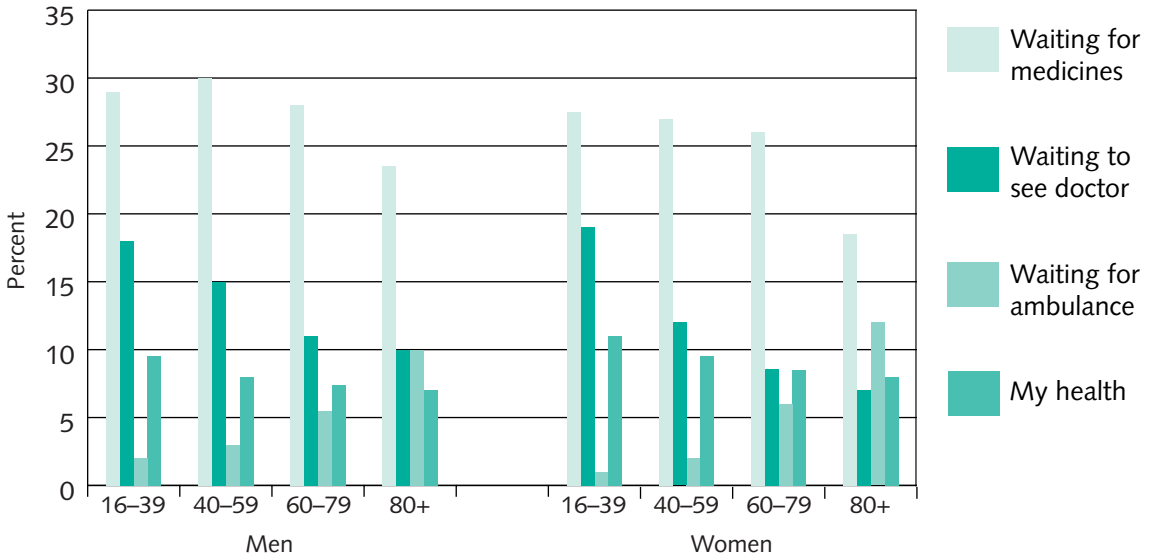
Around 9% of all respondents found that their planned discharge date was delayed by their own health. This was reported most often by the younger respondents (11% of women and 10% of men aged 16–39) and was slightly higher amongst women than men, within each age group (Figure 45).

Respondents from the specialist/orthopaedic Trusts were the most likely to report that their delay in leaving hospital was due to their own health – 21% gave this response, compared to 10% from multi-service Trusts and around 7% from all other Trust clusters.

Delays due to waiting for an ambulance were notably more frequent amongst older respondents – 6% of those aged 60–79 and 11% of those aged 80 and above were delayed for this reason (compared to only 1% or 2% of those aged 16–39 and 40–59 respectively). Within the younger age groups, men were more likely than women to be delayed by waiting for an ambulance. However, amongst the older age groups, a slightly higher percentage of women were delayed by waiting for an ambulance (12% of women and 10% of men aged 80 and above).

There was very little variation between the Trust clusters in the percentage of respondents who experienced delay due to waiting for an ambulance when leaving hospital – it was slightly higher (6%) in acute teaching Trusts and lowest (4%) in small acute Trusts.

Figure 45 – Reasons for delay when leaving hospital, by age and sex



4.7 Environment and facilities

Questions in this dimension cover the number and types of rooms or wards that patients stayed in whilst in hospital, the cleanliness of wards, toilets and bathrooms and the quality and quantity of food they were given.

Hospital wards and rooms

Around two-thirds of respondents (68%) stayed in just one ward or room whilst in hospital and about a third (32%) stayed in more than one ward or room. Less than 1% of respondents stayed in more than five wards.

Respondents who had a planned admission were more likely to have stayed in just one ward – 58% of the planned admissions, compared with 42% of the emergency admissions stayed in one ward. Emergency admissions were more likely to have stayed in two or more wards – 44% of the emergency admissions stayed in two or more wards, compared with 19% of the planned admissions.

Women were more likely to have stayed in just one ward (69% of women, compared with 66% of men). Men were more likely to have stayed in between 2–4 wards (33%, compared with 30% of women). Less than 1% of both men and women had stayed in five or more wards.

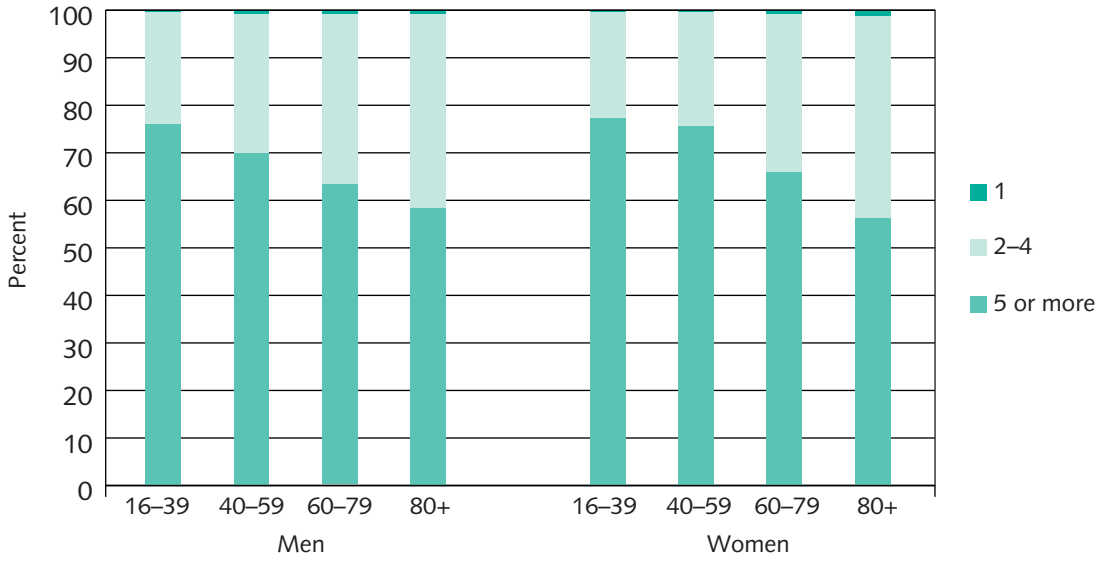
Respondents from the younger age groups were more likely to have stayed in just one ward – 77% of those aged 16–39 and 73% of those aged 40–59 stayed in just one ward, compared with 65% of those aged 60–79 and only 57% of those aged 80 and above.

Respondents from the older age groups were more likely to have stayed in more than one ward – 36% of men and 33% of women aged 60–79 and around 42% of those aged 80 and above stayed in between 2–4 wards (Figure 46).

Although a relatively small group, there is a clear age-gradient in the proportion of respondents who stayed in five or more wards – those aged 80 and above were the most likely to have stayed in five or more wards (1% of both women and men), compared with only 0.4% of women and 0.5% of men aged 16–39.

There were some differences between ethnic groups. The Asian or Asian-British respondents were less likely to have stayed in just one ward (66%, compared with 68% of white respondents and 72% of the other ethnic minority groups). The Asian respondents were the most likely to have stayed in between 2–4 wards (32%, compared with 31% of white respondents).

Figure 46 – Number of wards during stay in hospital, by age and sex



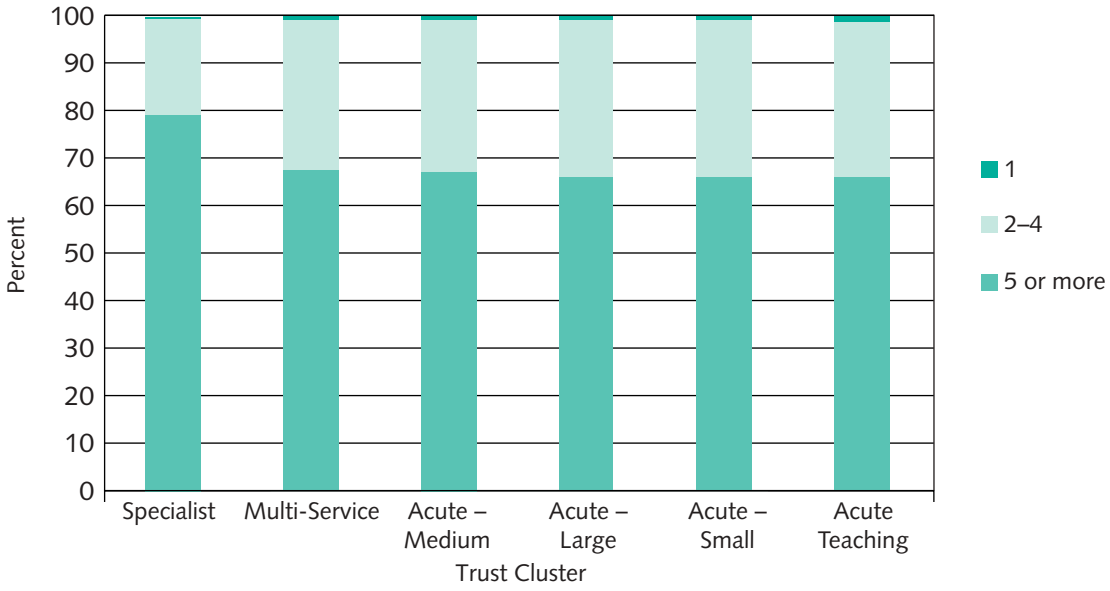
Respondents from London Trusts were the most likely to have stayed in just one ward (72%, compared with 69% from the Midlands and the East DHSC, 68% from the South and 66% from the North DHSC area). Respondents from London Trusts were the least likely to have stayed in 2–4 wards (28%, compared with 31% from the Midlands and the East DHSC, 32% from the South and 34% in the North DHSC area). Less than 1% of respondents from each DHSC area stayed in five or more wards.

Respondents from specialist or orthopaedic Trusts were the most likely to have stayed in just one ward – 80%, compared to 68% across all Trusts (Figure 47). Respondents were least likely to have stayed in just one ward in both small and large acute Trusts and in acute teaching Trusts (66% of respondents from each of these clusters). Respondents from the large acute Trusts were the most likely to report having stayed in 2–4 wards (33%, compared with 31% overall and only 20% from specialist or orthopaedic Trusts).

Turning to the type of ward, two-thirds of all the respondents (67%) had stayed in a bay-ward with between 2–6 patients. About a sixth (18%) stayed in a large open plan ward and another sixth (16%) stayed either in a room by themselves (12%) or shared a room with one other patient (4%).

There were some differences between those respondents who had an emergency admission and those who had a planned admission in terms of the type of room they had stayed in. Respondents with a planned admission were slightly more likely to have stayed in a room by themselves (13%, compared to 12% of respondents with an emergency admission) and were slightly less likely to have stayed in a bay with between 2–6 patients (66% of planned and 68% of emergency admission patients gave this response).

Figure 47 – Number of wards during stay in hospital, by Trust Cluster



Women were more likely to report having stayed in a room by themselves (13% of women; 11% of men) and were less likely to have stayed on a large open plan ward (17% of women; 19% of men). There were no real differences between men and women in the percentages who either stayed in a bay ward (67%) or who shared a room with one other patient (around 3%).

Younger patients were more likely to report having stayed in a room by themselves (17% of those aged 16–39 gave this response, compared with 13% of those aged 40–59 and around 10% of those aged 60 and above). Younger women (aged 16–39) were the most likely group to have stayed in a room by themselves – 19%, compared with 15% of men aged 16–39 (Figure 48).

Most respondents stayed in a bay ward with between 2–6 other patients, within a larger ward (67% of white respondents; 59% of all non-white respondents). Overall, respondents from the ethnic minority groups were more likely to have stayed either in a room by themselves or shared with one other patient (19% of all non-white respondents; 16% of white respondents), *or* to have stayed in a large open plan ward (22% of non-white and 18% of white respondents). However, these differences are fairly small and there were also differences between the ethnic minority groups in the type of rooms they had stayed in (Figure 49).

Figure 48 – Type of room or ward during most of inpatient stay, by age and sex

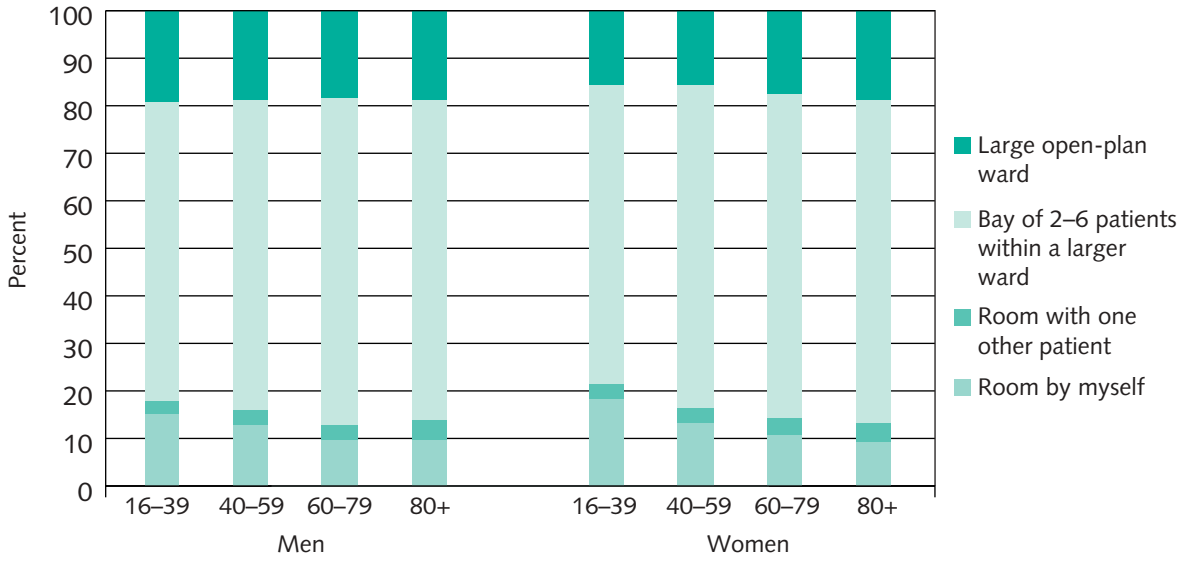
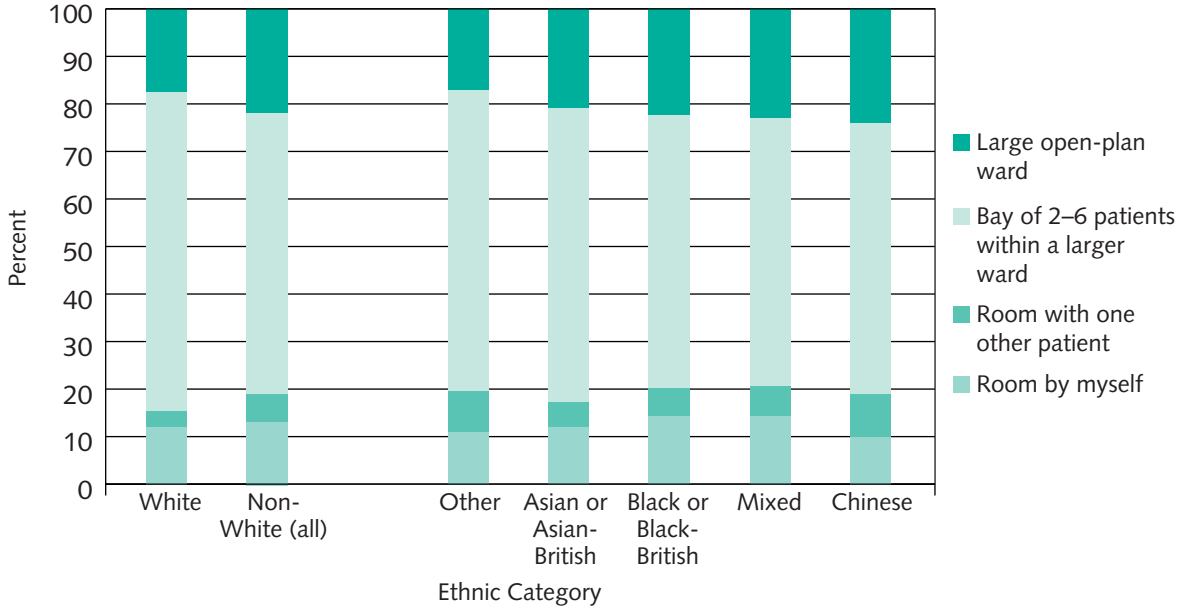


Figure 49 – Type of room or ward during most of inpatient stay, by ethnic category

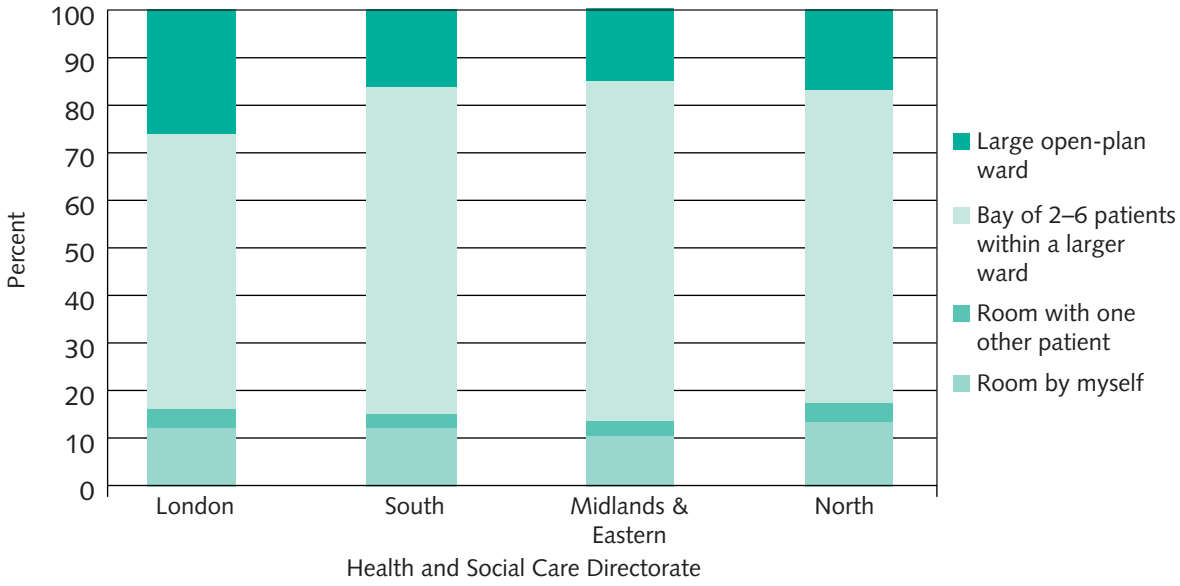


There were some geographical differences too (Figure 50). Respondents were most likely to have had a room to themselves, or shared with one other patient in the North DHSC, where 17% gave this response, compared with 16% in London, 15% in the South and 14% in the Midlands and the East DHSC. Respondents were most likely to have stayed in a bay ward with 2–6 patients in the Midlands and the East DHSC (71%, compared with 69% in the South, 66% in the North and 58% in the London DHSC). Respondents were most likely to have stayed in a large open plan ward in London (26%, compared with 17% in the North, 16% in the South and 15% in the Midlands and the East DHSC areas.

Respondents who had been treated at either specialist/orthopaedic Trusts or acute teaching Trusts were more likely to have stayed in a room by themselves or shared with one other (19% and 18% in these clusters respectively, compared with 14% in the small and medium acute Trusts).

Respondents were most likely to have stayed in a bay ward with 2–6 patients if they had been treated in a small or medium acute Trust (68% and 70% of respondents, respectively) or in a multi-service Trust (69% of respondents).

Figure 50 – Type of room or ward during most of inpatient stay, by Directorate of Health and Social Care



Hospital cleanliness

Hospital cleanliness is a very important issue to patients and expectations are understandably high. All patients were asked to rate the cleanliness of their room or ward and the toilets and bathrooms, if they had used them. Table 14 shows the overall responses to these questions. Just over half of respondents (57%) reported that the ward was very clean and around a third found the ward *fairly clean* (36%). About 7% of respondents reported the ward was *not very* or *not at all* clean.

Reports on the cleanliness of toilets and bathrooms were more critical. Overall, about half (51%) of patients rated them as *very clean* and about a third rated them as *fairly clean* (37%). Bathrooms and toilets were reported to be *not very* or *not at all* clean by 11% of respondents (only 2% of all respondents did not use a toilet or bathroom and are not included in this table).

Table 14 – Patient ratings of cleanliness

Response	In your opinion, how clean was the hospital room or ward that you were in? Percent (%)	How clean were the toilets and bathrooms that you used in hospital? Percent (%)
Very clean	56.6%	51.4%
Fairly clean	36.1%	37.2%
Not very clean	5.7%	8.4%
Not at all clean	1.6%	3.0%
Total	**100.0%** n=93,628	**100.0%** n=91,714

Table based on 93,628 respondents who answered the question on ward cleanliness (response missing for 1,652 cases) and 91,714 respondents who used a toilet or bathroom and answered the question on bathroom cleanliness (1790 respondents had not used a toilet or bathroom; a response was missing to this question for a further 1776 cases).

Women tended to give lower ratings on cleanliness than men – only 54% of women rated their ward as very clean, compared with 59% of men. Again, women were less likely than men to rate the toilets and bathrooms as very clean – only 49% of women gave this response, compared to 54% of men (Figure 51).

Older people tended to give a higher rating on the cleanliness of wards/rooms and toilets and bathrooms (Figure 52). Older people were more likely to rate the wards as *very clean* – 65% of those aged 80 and above gave this response, compared to 60% of those aged 60–79 and only 51% of those aged 16–59. Younger people (aged 16–59) were more likely to say that the ward was *not very clean* (7%) or *not at all clean* (2%). Within each age band, women were less likely to rate the ward cleanliness as highly as were the men.

People aged over 60 were more likely to rate the toilets and bathrooms as *very clean* than people under 60 – 55% of those aged 60–79 and 62% of those aged 80 and above gave this response, compared to around 44% of those aged under 60. Women aged 16–39 were the least likely to rate the toilets and bathrooms as *very clean* – only 39% of this group did so.

Figure 51 – Patients rating of ward and bathroom cleanliness, by sex

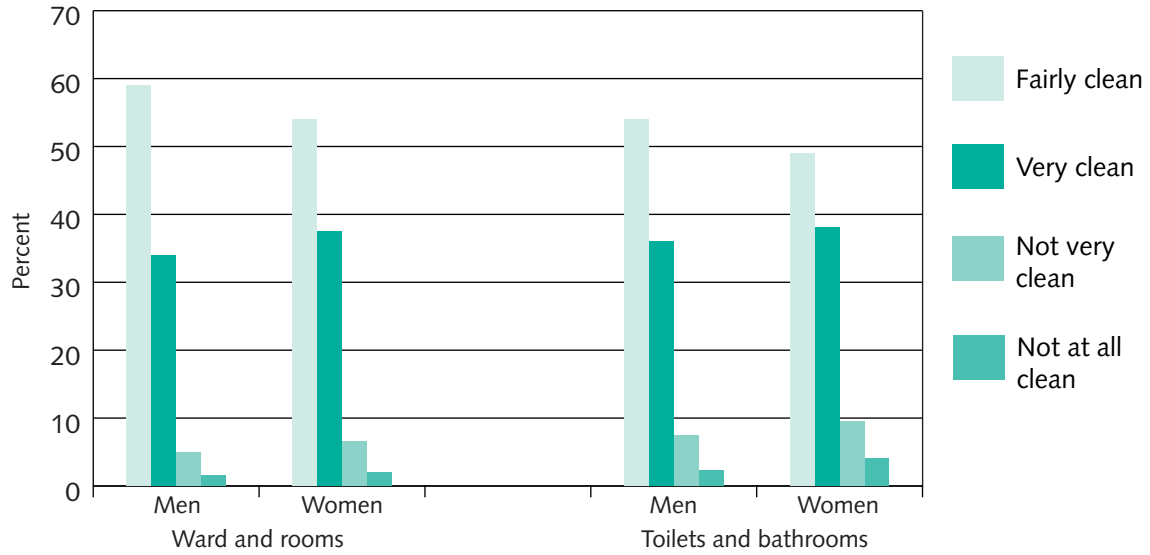
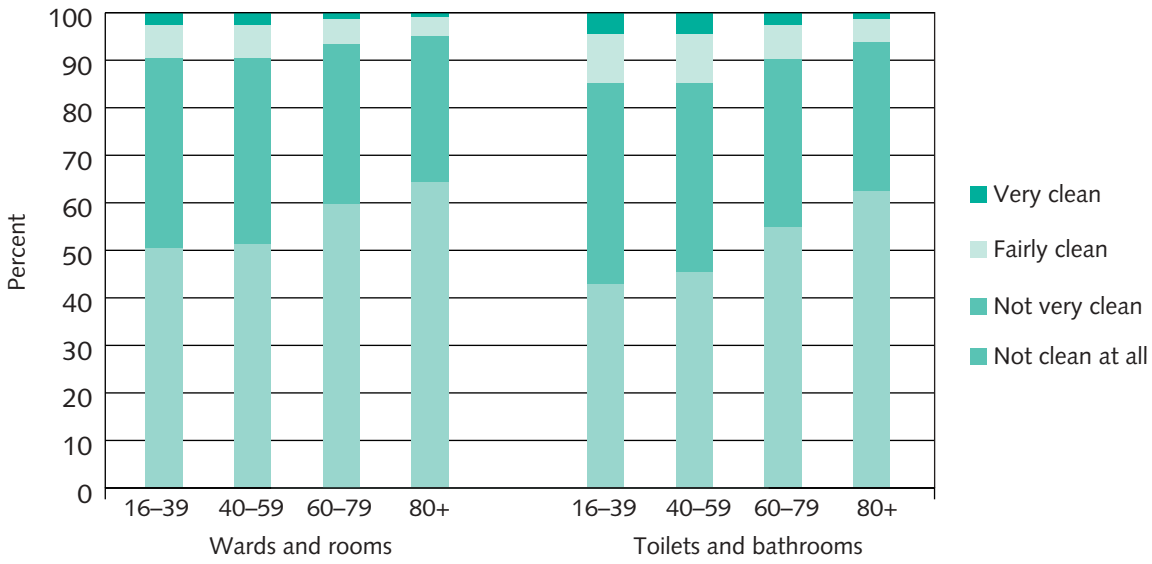


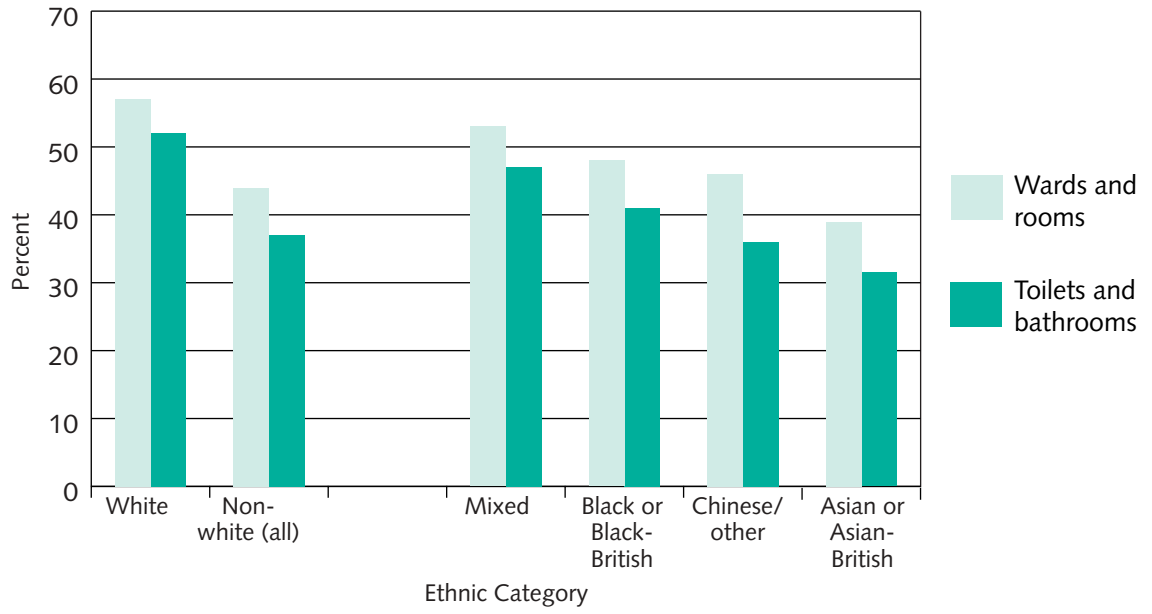
Figure 52 – Patients rating of ward and bathroom cleanliness, by age group



White respondents were more likely to rate the ward as *very clean* than non-white respondents (57% and 44% respectively). In particular, Asian or Asian-British respondents were less likely to rate the ward as *very clean* (39%). Both the Asian/Asian-British and the Black/Black-British respondents were more likely to rate the ward as either *not very clean* or *not at all clean* – 10% from each of these ethnic groups gave one of these responses, compared to 7% of white respondents.

Similarly, non-white respondents were less likely to rate the toilets and bathrooms as *very clean* – 37% of non-white groups gave this response, compared to 51% of white respondents (Figure 53). Amongst the ethnic minority respondents, only 31% of the Asian or Asian-British respondents rated the toilets/ bathrooms as *very clean*.

Figure 53 – Percentage rating the wards and bathrooms as very clean, by ethnic category



Respondents from London Trusts were the least likely to rate the wards as either *very clean* or *fairly clean* – 87% gave one of these responses, compared to 93% of respondents from the South and the Midlands and the East DHSC areas and 95% of respondents from the North DHSC. Respondents from the North DHSC were most likely to rate the ward as *very clean* – 64% gave this response, compared to 44% of respondents from London (Figure 54).

Similarly, respondents from London Trusts were the least likely to rate the toilets and bathrooms as either *very clean* or *fairly clean* – 79% gave one of these responses, compared with 89% of respondents from Trusts in the South and the Midlands and the East DHSC areas and 92% of respondents from the North DHSC. Over one-fifth (21%) of respondents from London Trusts rated the toilets and bathrooms as either *not very* or *not at all* clean, compared with 11% of respondents from Trusts in the South and the Midlands and the East DHSCs and 8% of respondents from the North DHSC (Figure 54).

Respondents from specialist/orthopaedic Trusts and multi-service Trusts were more likely to rate the ward as *very clean* (67% and 61% respectively gave this response, compared to 57% across all Trusts). Respondents from acute teaching Trusts were the most likely to rate the ward as either *not very clean* or *not at all clean* (10%), compared to 7% who gave either of these responses across all Trusts (Figure 55).

Figure 54 – Patient rating of ward and bathroom cleanliness, by Directorate of Health and Social Care

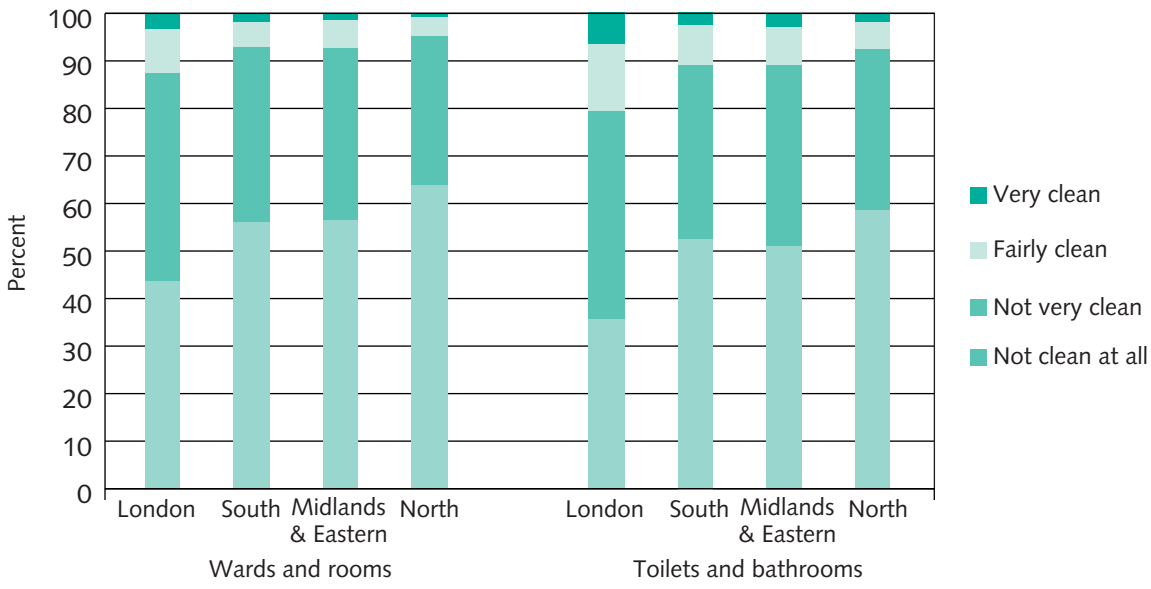
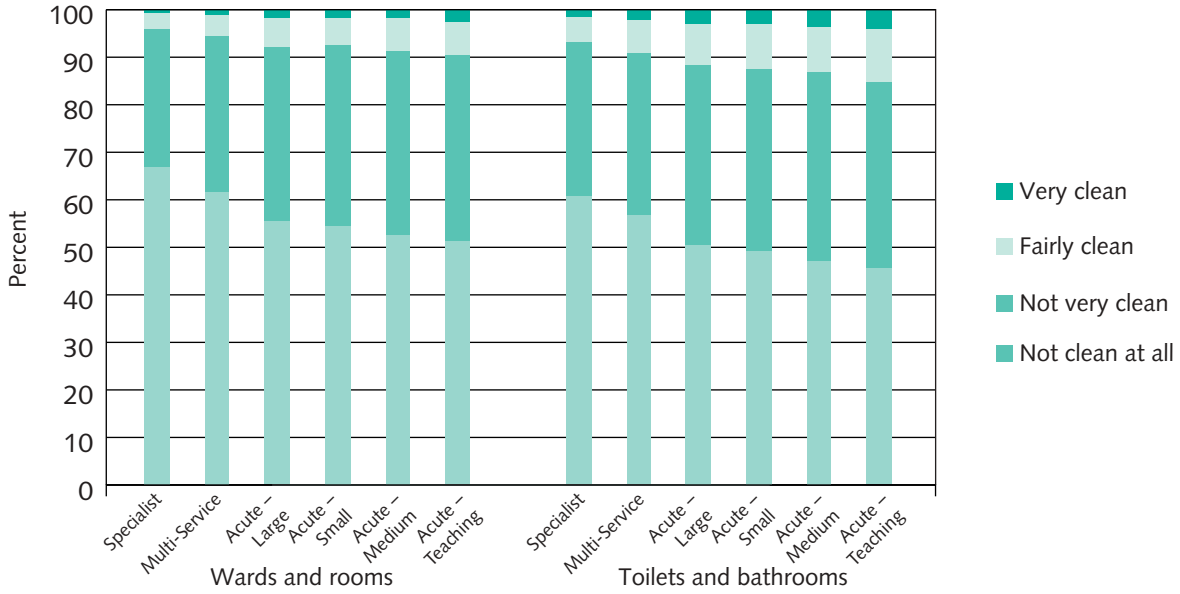


Figure 55 – Patient rating of ward and bathroom cleanliness, by Trust cluster



The pattern of results between Trust clusters was very similar when respondents were asked to rate the cleanliness of toilets and bathrooms. Respondents from the specialist/orthopaedic Trusts and the multi-service Trusts were more likely to rate the toilets and bathrooms as *very clean* – 60% and 56% respectively gave this response, compared with between 45–50% of respondents from the small, medium and large acute and the acute teaching Trusts (Figure 55).

Hospital Food

Around 4% of patients did not have any food during their inpatient stay in hospital. Of those respondents who did, two-thirds (67%) rated the food as either *good* (36%) or *fair* (31%). Just over one-sixth rated the food as *very good* (18%) and just below one-sixth rated the food as *poor* (15%).

Men were more likely than women to rate the hospital food as either *good* or *very good* (57% of men who had food whilst in hospital gave one of these responses, compared to only 51% of women).

There was a clear age-gradient in the ratings given to the hospital food, with older people being more likely to rate the hospital food as either *good* or *very good* (Figure 56). The percentage of respondents who gave either of these ratings ranged from 65% of those aged over 80; to 60% of respondents aged 60–79; to 47% of respondents aged 40–59 and only 40% of respondents aged 16–39. Older men were the most likely to rate the food as either *good* or *very good* (70% of men aged 80 and above who had food whilst in hospital gave one of these responses).

Almost a quarter of the younger respondents (aged 16–39) rated the hospital food they were given as *poor* (24%) and over one-third of respondents aged 16–39 rated the food as *fair* (37%). The younger women were the most likely to rate the food as *poor* – 25% of women aged 16–39 who had food whilst in hospital gave this response (Figure 56).

White respondents were the most likely to rate the food as either *very good* or *good* – 54% of the white respondents who had food gave one of these responses (compared with 43% of the non-white respondents and only 39% of the Chinese). On the other hand, 57% of the non-white respondents rated the food they were given as either *fair* (36%) or *poor* (21%), compared with 46% of the white respondents. The ethnic groups who were most likely to rate their food as *poor* were the Asian or Asian-British (21%) and the Black or Black-British (22%), whereas the Chinese respondents tended to rate the food as *fair* (44%).

Respondents from London Trusts tended to rate the food as either *fair* (35% of those who had food) or *good* (30%). Outside of London, fewer respondents rated the food they were given as *poor* – 14% from the North, the Midlands and the East and the South DHSC areas gave this response, compared with 23% of respondents from the London DHSC. Respondents from outside London were much more likely to rate the food as *very good* – around 19% of those who had food gave this rating in the South, the Midlands and the East and the North DHSC areas, compared with 13% in London (Figure 57).

Figure 56 – Patient rating of hospital food, by age and sex

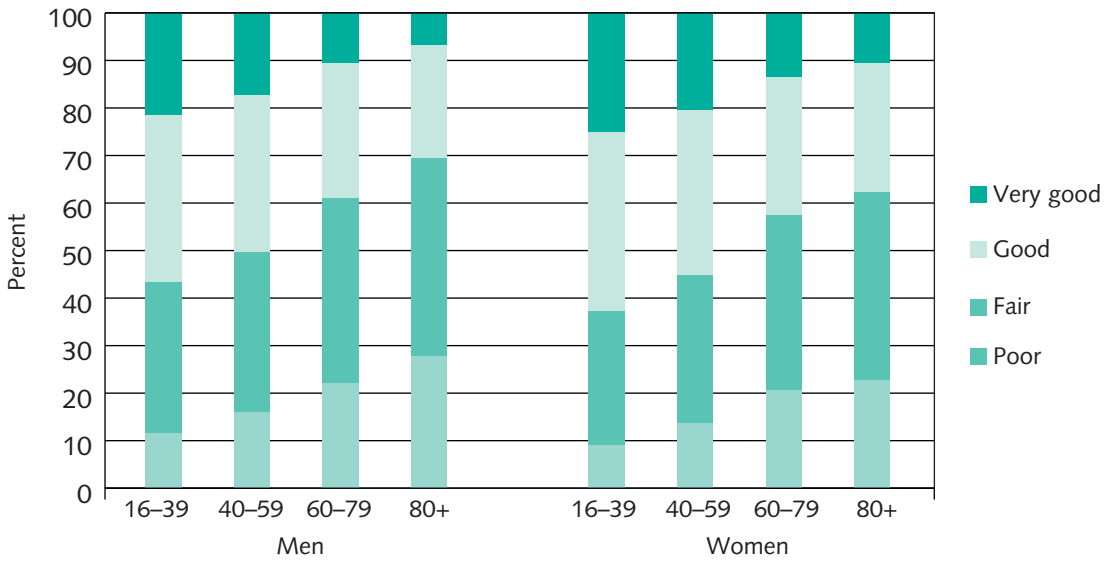
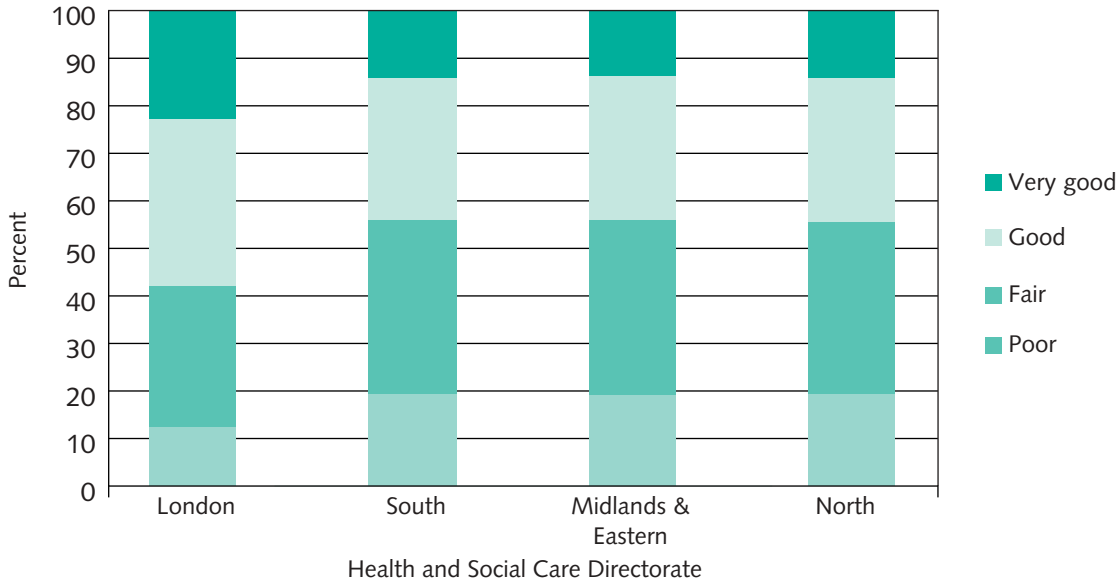
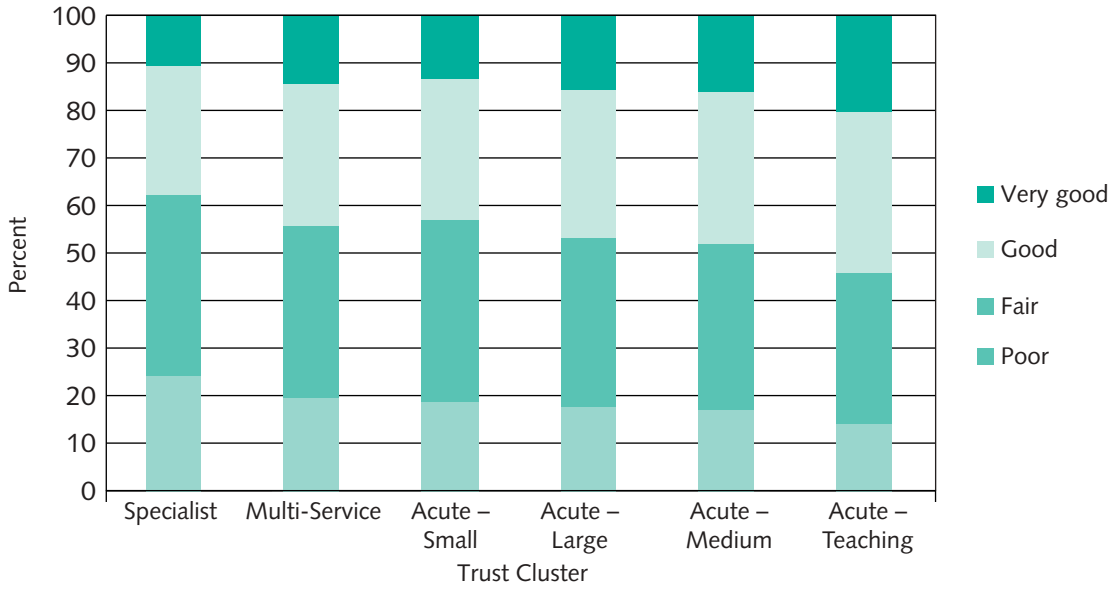


Figure 57 – Patient rating of hospital food, by Directorate of Health and Social Care



There were some differences between Trust clusters. Respondents from the specialist/orthopaedic Trusts were more likely to rate the food they were given as either *very good* or *good* – 62% gave one of these responses, compared with 57% of respondents from small acute Trusts, 56% from multi-service Trusts, 53% from large acute Trusts, 52% from medium acute Trusts and 46% from acute teaching Trusts (Figure 58).

Figure 58 – Patient rating of hospital food, by Trust Cluster



Those respondents who had been given food whilst in hospital were also asked whether the amount had been sufficient. Most people (82% of both men and women) agreed that they had been given the *right amount* of food. Very few had *too much* food (4% overall), but a significant proportion (14%) felt they *did not have enough food* whilst in hospital.

Women were more likely to say that they had been given too much food (5% of women; 2% of men). Conversely, men were more likely to say that they had not been given enough food (15%, compared to 13% of women).

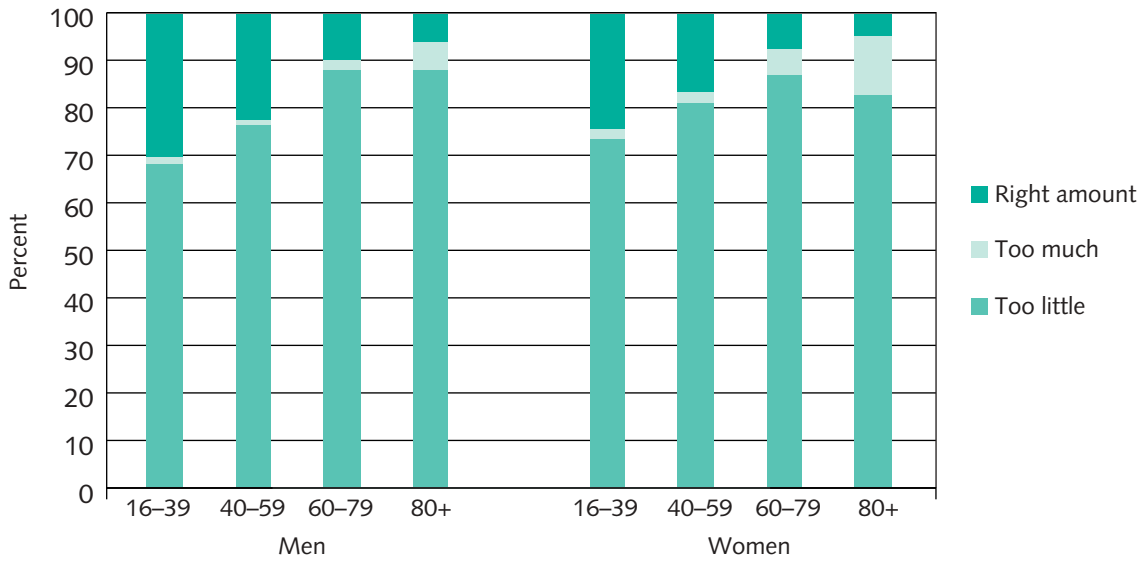
There were more notable differences in the pattern of responses when comparing respondents by age. Almost 10% of those aged 80 and above said they had been given too much food, compared with 4% of all respondents and only 2% of those aged 16–59.

On the other hand, 26% of those aged 16–39 and 19% of those aged 40–59 said they had not been given enough food, compared with only 9% of those aged 60–79 and 5% of those aged 80 and above.

Looking at differences between the age/sex groups together (Figure 59), the elderly women (aged 80 and above) were the most likely to report they had been given *too much food* (13%, compared with 6% of men aged 80 and over).

Younger men were the most likely to report that they had *not been given enough food* – around one-third of men aged 16–39 gave this response (30%, compared with 24% of women in this age group).

Figure 59 – Whether patients had enough food, by age and sex



Non-white respondents were more likely to report that they had *not been given enough food* – 20% of non-white and 14% of white respondents gave this response. Amongst the non-white groups, the Black or Black-British were the most likely to report not being given enough food (22%).

Respondents from London Trusts were more likely to report not being given enough food whilst in hospital – 18% gave this response, compared to between 13–14% of respondents from Trusts outside London (by DHSC area).

Looking at any differences by Trust cluster, the most notable point is that the respondents from specialist/orthopaedic Trusts were the least likely to report being given *too little food* – 10% gave this response, compared with 15% from medium acute Trusts and 16% from acute teaching Trusts.

4.8 Overall impression

Within this dimension, the questionnaire asked respondents to give an overall rating of the care they had received and whether they would recommend the hospital to their family and friends.

Overall rating of the care received

Overall, almost three-quarters (74%) of respondents rated the care they had received as *excellent* (38%) or *very good* (36%). Almost one-quarter rated the care as either *good* (17%) or *fair* (7%) and a very small percentage (2%) rated their care as *poor*.

Men were more likely than women to rate their care as *excellent* – 42% of men gave this response, compared to 35% of women. Just over one-third (36%) of both men and women rated their care as *very good*. However, women were more likely than men to rate their care as either *good*, *fair*, or *poor* and tended to give a lower rating than men within each age group (Figure 60).

Older respondents (aged 60 and above) were more likely to rate their care as either *excellent* or *very good* – 81% of those aged 60–79 and 76% of those aged 80 and above, compared with 67% of men aged 16–39 and 60% of women aged 16–39.

Younger people tended to be more critical of the care they had received (Figure 60). Around one-third of those aged 16–39 rated their care as either *good* or *fair*, compared with one-quarter (25%) of those aged 49–59 and around one-fifth of those aged 60 and above. Further, almost 5% of those aged 16–39 rated their care as *poor*, compared with 3% of those aged 40–59 and around 1% of those aged 60 and above.

Non-white respondents were less likely than white respondents to rate their care as either *excellent* or *very good* – 57% of all non-white respondents gave one of these responses, compared to 75% of white respondents (Figure 61).

Amongst the minority ethnic groups, the Asian or Asian-British and the Chinese were the least satisfied with the care they had received. Just over half (52% of the Chinese and 51% of the Asian or Asian-British respondents) rated their care as either *excellent* or *very good* (Figure 61).

The non-white respondents were more likely to regard their care as either *good* or *fair* (39% of non-white and 23% of white respondents). Non-white respondents were twice as likely to rate their care as *poor* (4% of all non-white and 2% of white respondents).

Respondents from London Trusts were the least likely to rate their care as excellent – 33% gave this response, compared with 41% of respondents from the North DHSC and 38% to 39% of respondents from the other DHSC areas (Table 15). The percentage of respondents who gave a rating of either *good* or *fair* was highest in London, where 29% gave one of these responses, compared with 21% of respondents from Trusts in the North DHSC.

Figure 60 – Overall rating of the care received, by age and sex

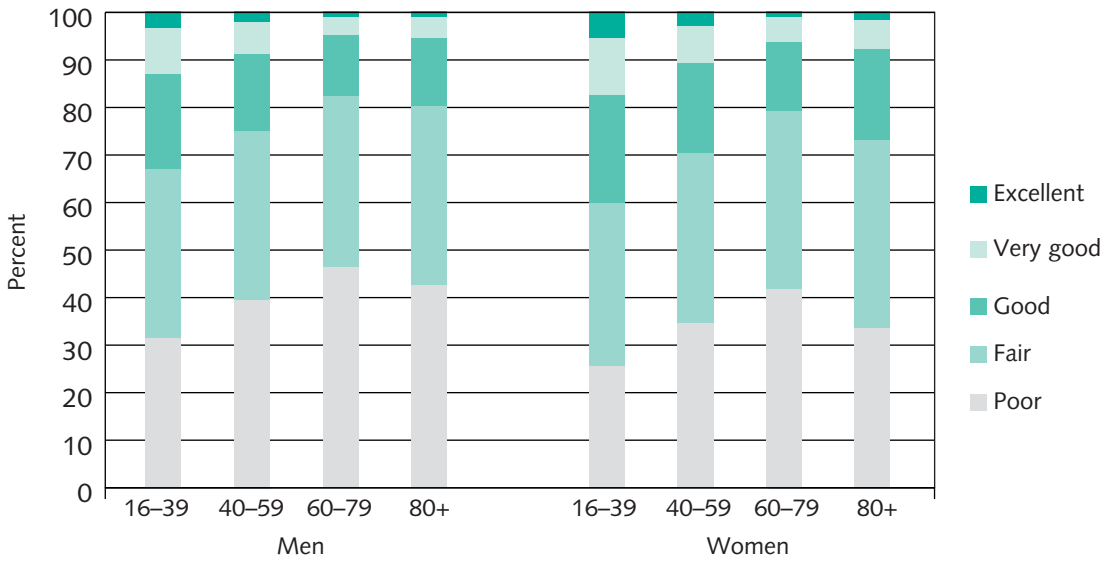


Figure 61 – Overall rating of the care received, by ethnic category

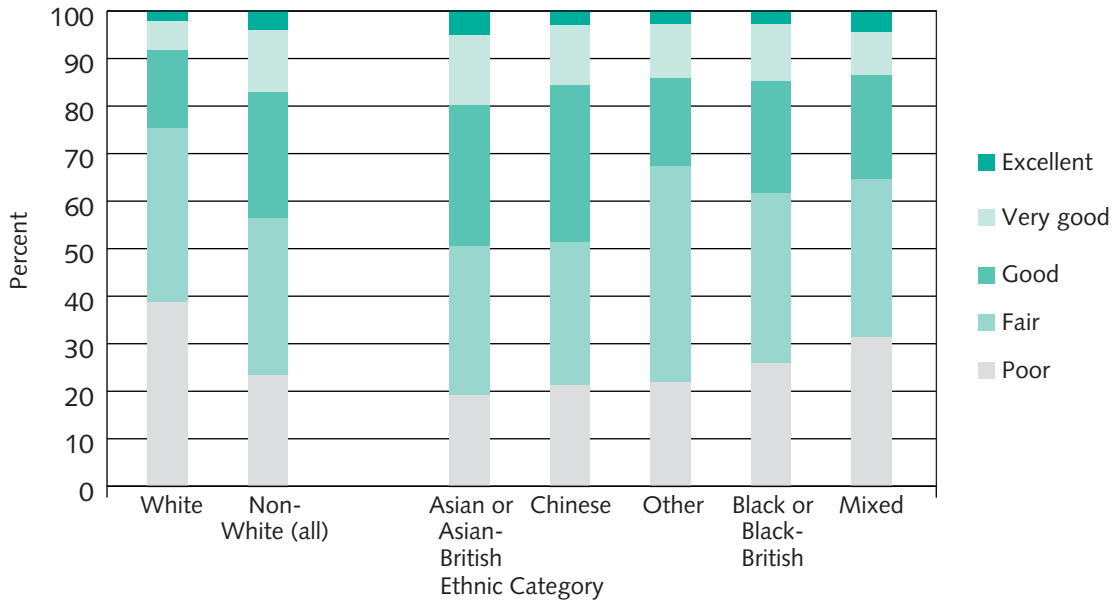


Table 15 – Overall rating of the care received, by Directorate of Health and Social Care (DHSC)

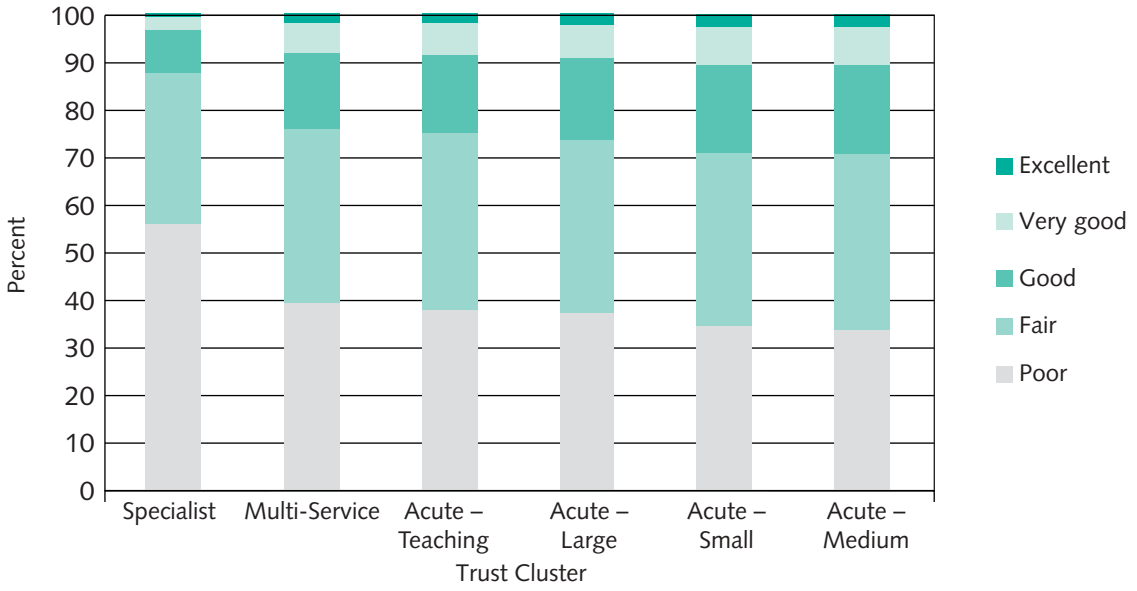
Overall, how would you rate the care you received?

Response	London	South	Midlands and the East	North	All
Excellent	32.5%	39.4%	37.6%	40.7%	38.2%
Very good	35.2%	36.4%	36.4%	36.4%	36.2%
Good	20.3%	15.4%	17.5%	15.3%	16.7%
Fair	8.5%	6.6%	6.6%	5.6%	6.6%
Poor	3.4%	2.1%	2.0%	1.9%	2.2%
Totals	**100%** n=15,250	**100%** n=24,582	**100%** n=24,408	**100%** n=28,662	**100%** n=92,902

Table based on 92,902 respondents who answered this question (response missing for 2,378 cases).

Overall, respondents from the specialist/orthopaedic Trusts were the most likely to rate their care as *excellent* – 56% gave this response, compared to 39% from multi-service Trusts, 38% from acute teaching Trusts, 37% from large acute Trusts, 35% from small acute Trusts and 34% from medium acute Trusts. Conversely, 11% of respondents from the specialist/orthopaedic Trusts rated their care as either *good* or *fair*, compared with around 23% across all Trusts and almost 27% from the small and medium acute Trusts (Figure 62).

Figure 62 – Overall rating of the care received, by Trust Cluster



Recommending the hospital to friends and family

Most (92%) respondents said they would *definitely* (64%) or *probably* (28%) recommend the hospital from which they had recently been discharged to their family and friends.

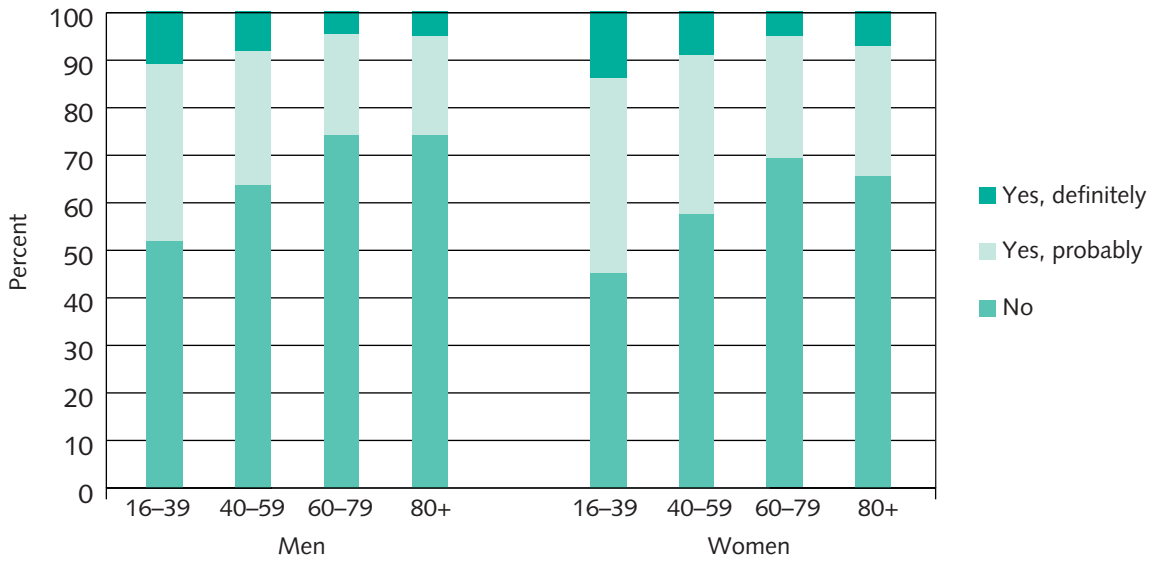
Women tended to be less enthusiastic about recommending the hospital – about one-third said they would *probably* recommend the hospital (31%), compared to one-quarter of men (25%) who gave this response. Men were more likely than women to say that they would *definitely* recommend the hospital where they had been treated to their family and friends (68% of men, compared to 61% of women).

Older people were more likely to say that they would *definitely* recommend the hospital where they had been treated to their family and friends – 72% of those aged 60–79 and 69% of those aged 80 and above gave this response, compared to 60% of those aged 40–59 and less than half (48%) of those aged 16–39.

Within each age group, men were more likely than women to say that they would *definitely* recommend the hospital – 74% of men, but only 65% of women aged 80 and above gave this response; 52% of men and 45% of women aged 16–39 said they would *definitely* recommend the hospital (Figure 63).

Younger people tended to report that they would *probably* recommend the hospital – 40% of those aged 16–39 gave this response, compared to 31% of those aged 40–59 and around one-quarter of those aged 60 and above. Younger people were the most likely to say that they would *not* recommend the hospital – 13% of those aged 16–39 gave this response, compared to 9% of those aged 40–59 and around 5% of those aged 60 and above (Figure 63).

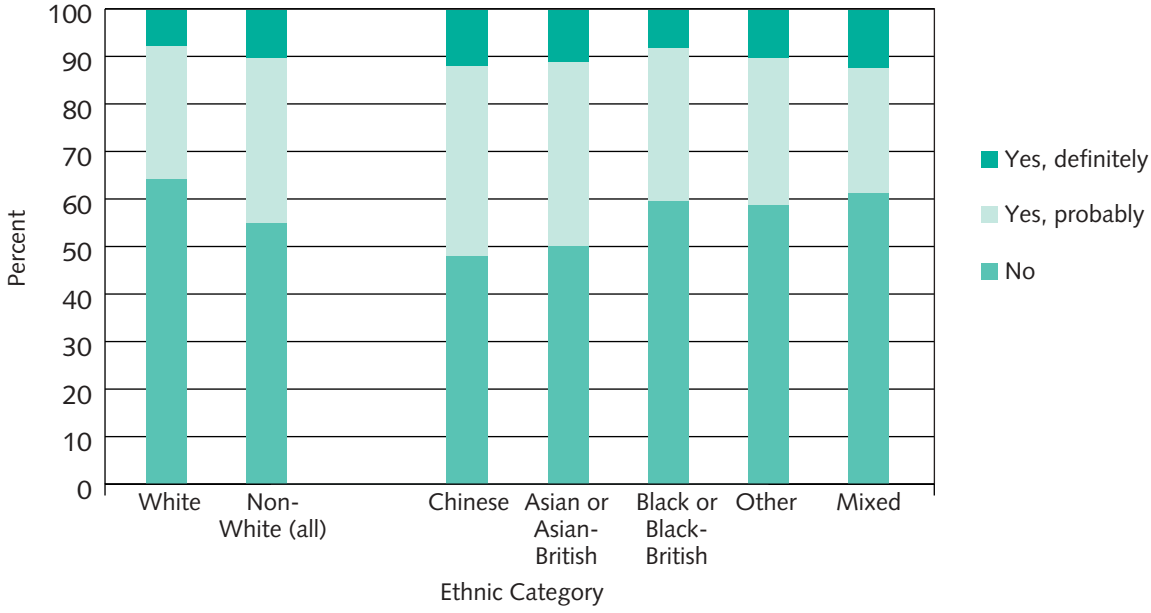
Figure 63 – Would you recommend this hospital to your family and friends, by age and sex



Non-white respondents were less likely than white respondents to say that they would *definitely* recommend the hospital – 55% of respondents across all the non-white groups gave this response, compared to 64% of the white respondents (Figure 64).

Amongst the minority ethnic groups, the Asian or Asian-British and the Chinese were the least likely to recommend the hospital. Around half (50%) of the Asian or Asian-British and 48% of the Chinese respondents said they would *definitely* recommend the hospital. Non-white respondents were more likely to say that they would *probably* recommend the hospital – 35% of all non-whites, and 40% of the Chinese, compared to 28% of white respondents gave this response (Figure 64).

Figure 64 – Would you recommend this hospital to your family and friends, by ethnic category



Comparing the responses by DHSC area suggests that respondents from London Trusts were the least likely to say that they would *definitely* recommend the hospital to their family and friends (57% gave this response, compared with around 65–66% of respondents from the other DHSC areas). Almost 12% of respondents from London said they would *not* recommend their hospital, compared to 7% of respondents from Trusts in each of the DHSC areas outside of London (Table 16).

Table 16 – Recommending the hospital to family and friends, by DHSC

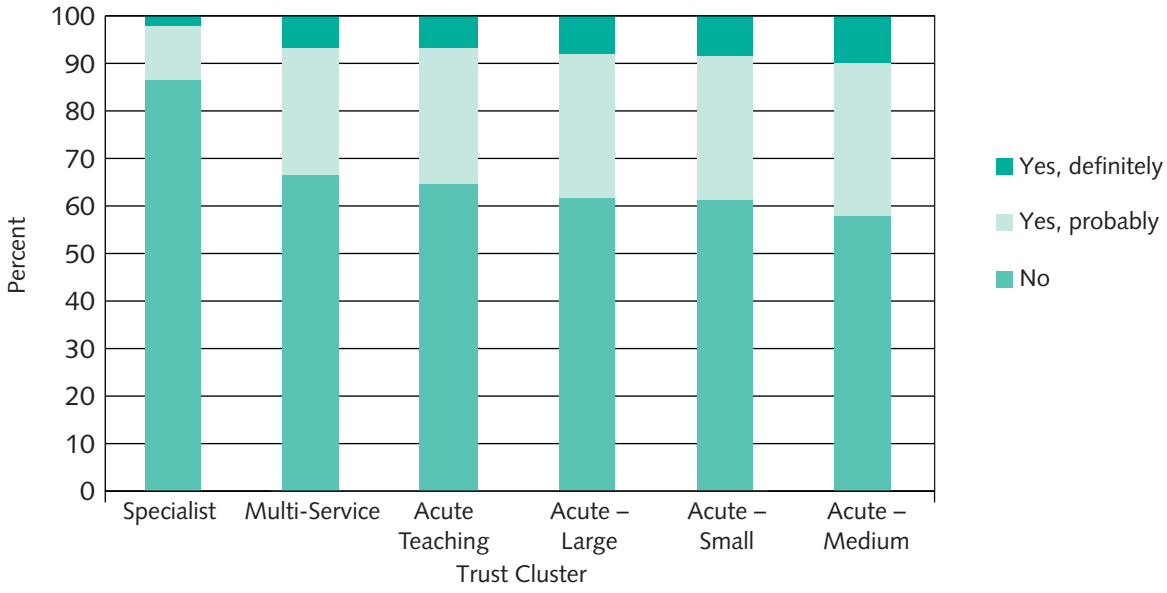
Would you recommend this hospital to your family and friends?

Response	London	South	Midlands and the East	North	All
Yes, definitely	56.9%	65.8%	64.8%	65.4%	63.9%
Yes, probably	31.5%	26.8%	28.4%	28.1%	28.4%
No	11.6%	7.4%	6.8%	6.5%	7.7%
Totals	100% n=15,143	100% n=24,405	100% n=24,257	100% n=28,427	100% n=92,232

Finally, respondents from specialist/orthopaedic Trusts were the most likely to report that they would definitely recommend the hospital to their family and friends – 87% gave this response, compared with 66% from acute teaching Trusts, 65% from multi-service Trusts and around 60% from small, medium and large acute Trusts (Figure 65).

At the other extreme, only 2% of respondents from the specialist/orthopaedic Trusts said that they would *not* recommend the hospital to their family and friends, compared with around 7% of respondents from other Trust clusters and almost 10% of respondents from the medium acute Trusts.

Figure 65 – Would you recommend this hospital to your family and friends, by Trust Cluster



5. Background to the Survey

The sample of Trusts

All acute Trusts in England were asked to participate in the survey and all did so. The survey was carried out by each Trust, either in-house or by commissioning an external Department of Health approved-contractor.

The questionnaires were mailed during the early part of 2002 and the deadline for completion of the survey was the end of April. With a couple of exceptions[4], the data were submitted to the Advice Centre for the NHS Survey Programme in time for inclusion in the performance ratings published by the Department of Health in July 2002.

The 176 acute Trusts who completed the survey included large, medium and small acute Trusts, multi-service Trusts, acute teaching and specialist or orthopaedic Trusts. The number of Trusts within each of these clusters, by each DHSC area, is shown in Table 17.

Table 17 – Number of Trusts in survey, by Trust cluster and DHSC

Trust Cluster	London	South	Midlands and the East	North	TOTAL
Multi-Service	1	7	3	20	**31**
Acute – Large	4	10	11	13	**38**
Acute – Medium	6	9	10	8	**33**
Acute – Small	7	13	14	4	**38**
Acute – Teaching	9	3	5	7	**24**
Specialist/Orthopaedic	4	3	3	2	**12**
TOTAL	**31**	**45**	**46**	**54**	**176**

The sample of inpatients

The sample of patients was drawn from hospital administrative records by hospital staff. The records related to hospital 'episodes', which were defined as periods in which a patient stays in hospital from admission to discharge. For this survey, the eligible patients had at least one overnight stay, so all day patients and outpatients were excluded. Also excluded were patients aged under 16, maternity patients, psychiatry patients, private patients treated at NHS hospitals, NHS patients treated at private hospitals, patients who were not discharged alive and patients for whom a UK address was not known.

4 The Surrey and Sussex Healthcare NHS Trust and the Princess Alexandra NHS Trust (Essex) were late running surveys. They are not included in this report, as their survey results were not received in time for inclusion in the performance ratings for 2002.

Each NHS Trust selected 850 eligible adult inpatients[5] from those who were discharged consecutively up to and including 30 November 2001 (some exceptions to this end date were permitted, where necessary). Due to variations in the level of activity between Trusts, the period over which sampled patients were discharged varied from a few days to over six months in a few cases.

Response rates

The target response rate for the acute Inpatient survey was 60%. The Department of Health guidance suggested mailing 850 eligible patients in order to obtain at least 500 usable questionnaires from each Trust. The guidance noted that two reminders would be required to reach a response rate at this level.

The overall adjusted response rate was 64% (adjusted to allow for 4% of patients who proved to be ineligible, because they had died since discharge or whose questionnaire was returned undelivered). Most Trusts (88%) achieved at least a 60% response rate. The response rates for each Trust ranged from 47% up to 83%.

In total, more than 95,000 usable questionnaires were returned by patients who had recently been discharged from 176 NHS Trusts. Most Trusts (81%) obtained over 500 completed questionnaires and all Trusts obtained at least 380 usable responses.

The inpatient questionnaire

The acute Inpatient questionnaire is included in Appendix C and is available from the Survey Advice Centre website (www.nhssurveys.org). The background to the development of the questionnaire is given in a paper by Reeves *et al* (2002) *'Development and pilot testing of questionnaires for use in the acute NHS Trust inpatient survey programme'*, which is also available from the Survey Advice Centre website. The Department of Health paid a licence fee to enable Trusts to use the Acute Inpatient questionnaire for the national survey programme in England.

The Department of Health guidance for the Acute Inpatient Survey stated that all Trusts must include the same set of 58 "core" questions. Some Trusts used an extended version of the questionnaire, selecting additional questions from a validated question bank of 65 questions. These additional questions were used by the Trusts for their own in-house analyses and were not submitted to the Survey Advice Centre for inclusion in the performance ratings. This report is based on the 58 core questions.

Weighting of the data

The analyses presented in this report are based on the raw (unadjusted) survey data. For the calculation of the Inpatient Survey component of the 2002 performance ratings published by the Department of Health, the scores on each dimension were based on standardized data, to adjust for the differences between Trusts in the age/sex profile of their respondents.

5 The sample design set the same sample size of 850 patients for each Trust. Some Trusts commissioned larger surveys so that they were able to undertake further analysis, such as comparisons between sites within the Trust. The data submitted to the Survey Advice Centre for the calculation of performance ratings and on which this report is based consisted of the 850 sampled patients from each Trust.

Appendix A: NHS Trusts in survey, by DHSC and Strategic Health Authority

Strategic Health Authority	NHS Acute Trust
London Directorate of Health and Social Care	
North Central London Health Authority	Barnet and Chase Farm Hospitals NHS Trust
	Moorfields Eye Hospital NHS Trust
	North Middlesex University Hospital NHS Trust
	Royal Free Hampstead NHS Trust
	University College London Hospitals NHS Trust
	Whittington Hospital NHS Trust
North East London Health Authority	Barking, Havering and Redbridge Hospitals NHS Trust
	Barts and the London NHS Trust
	Homerton University Hospital NHS Trust
	Newham Healthcare NHS Trust
	Whipps Cross University Hospital NHS Trust
North West London Health Authority	Chelsea and Westminster Healthcare NHS Trust
	Ealing Hospital NHS Trust
	Hammersmith Hospitals NHS Trust
	Hillingdon Hospital NHS Trust
	North West London Hospitals NHS Trust
	Royal Brompton and Harefield NHS Trust
	Royal Marsden Hospital NHS Trust
	Royal National Orthopaedic Hospital NHS Trust
	St Mary's NHS Trust
	West Middlesex University Hospital NHS Trust
South East London Health Authority	Bromley Hospitals NHS Trust
	Guy's and St Thomas' Hospital NHS Trust
	King's College Hospital NHS Trust
	Lewisham Hospital NHS Trust
	Queen Elizabeth Hospital NHS Trust
	Queen Mary's Sidcup NHS Trust

Strategic Health Authority	NHS Acute Trust
South West London Health Authority	Epsom and St Helier NHS Trust
	Kingston Hospital NHS Trust
	Mayday Healthcare NHS Trust
	St George's Healthcare NHS Trust
Midlands and the East Directorate of Health and Social Care	
Bedfordshire and Hertfordshire Health Authority	Bedford Hospitals NHS Trust
	East and North Hertfordshire NHS Trust
	Luton and Dunstable Hospital NHS Trust
	West Hertfordshire Hospitals NHS Trust
Birmingham and the Black Country Health Authority	Birmingham Heartlands and Solihull (Teaching) NHS Trust
	City Hospital NHS Trust (former)
	Dudley Group of Hospitals NHS Trust
	Good Hope Hospital NHS Trust
	Royal Orthopaedic Hospital NHS Trust
	Royal Wolverhampton Hospitals NHS Trust
	Sandwell Healthcare NHS Trust (former)
	University Hospital Birmingham NHS Trust
	Walsall Hospitals NHS Trust
Coventry, Warwickshire, Herefordshire and Worcestershire Health Authority	George Eliot Hospital NHS Trust
	Hereford Hospitals NHS Trust
	South Warwickshire General Hospitals NHS Trust
	University Hospitals Coventry and Warwickshire NHS Trust
	Worcestershire Acute Hospitals NHS Trust
Essex Health Authority	Basildon and Thurrock General Hospitals NHS Trust
	Essex Rivers Healthcare NHS Trust
	Mid Essex Hospital Services NHS Trust
	Southend Hospital NHS Trust
Leicestershire, Northamptonshire and Rutland Health Authority	Kettering General Hospital NHS trust
	Northampton General Hospital NHS Trust
	University Hospitals of Leicester NHS Trust
Norfolk, Suffolk and Cambridgeshire Health Authority	Addenbrooke's NHS Trust
	Hinchingbrooke Health Care NHS Trust
	Ipswich Hospital NHS Trust

Strategic Health Authority	NHS Acute Trust
	James Paget Healthcare NHS Trust
	Kings Lynn and Wisbech Hospitals NHS Trust
	Norfolk and Norwich University Hospital NHS Trust
	Papworth Hospital NHS Trust
	Peterborough Hospitals NHS Trust
	West Suffolk Hospitals NHS Trust
Shropshire and Staffordshire Health Authority	Burton Hospitals NHS Trust
	Mid Staffordshire General Hospitals NHS Trust
	North Staffordshire Hospital NHS Trust
	Princess Royal Hospital NHS Trust
	Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust
	Royal Shrewsbury Hospitals NHS Trust
Trent Health Authority	Chesterfield and North Derbyshire Royal Hospital NHS Trust
	Nottingham City Hospital NHS Trust
	Queen's Medical Centre, Nottingham University Hospital NHS Trust
	Sherwood Forest Hospitals NHS Trust
	Southern Derbyshire Acute Hospitals NHS Trust
	United Lincolnshire Hospitals NHS Trust
North Directorate of Health and Social Care	
Cheshire and Merseyshire Health Authority	Aintree Hospitals NHS Trust
	Cardiothoracic Centre – Liverpool NHS Trust
	Countess of Chester Hospital NHS Trust
	East Cheshire NHS Trust
	Mid Cheshire Hospitals NHS Trust
	North Cheshire Hospitals NHS Trust
	Royal Liverpool and Broadgreen Hospitals University NHS Trust
	Southport and Ormskirk Hospital NHS Trust
	St Helens and Knowsley Hospitals NHS Trust
	Walton Centre for Neurology and Neurosurgery NHS Trust
	Wirral Hospital NHS Trust

Strategic Health Authority	NHS Acute Trust
County Durham and Tees Valley Health Authority	North Durham Health Care NHS Trust (now part of County Durham and Darlington Acute Hospitals NHS Trust)
	North Tees and Hartlepool NHS Trust
	Northallerton NHS Trust (now part of South Tees Hospitals NHS Trust)
	South Durham Health Care NHS Trust (now part of County Durham and Darlington Acute Hospitals NHS Trust)
	South Tees Hospitals NHS Trust
Cumbria and Lancashire Health Authority	Blackburn, Hyndburn and Ribble Valley Health Care NHS Trust
	Blackpool NHS Trust (former)
	Burnley Health Care NHS Trust
	Chorley and South Ribble and Preston Acute Hospitals NHS Trust (former)
	Morecambe Bay Hospitals NHS Trust
	North Cumbria Acute Hospitals NHS Trust
Greater Manchester Health Authority	Bolton Hospitals NHS Trust
	Bury Health Care NHS Trust (former)
	Central Manchester and Manchester Children's University Hospitals NHS Trust
	North Manchester Health Care NHS Trust
	Oldham NHS Trust
	Rochdale Healthcare NHS Trust
	Salford Royal Hospitals NHS Trust
	South Manchester University Hospitals NHS Trust
	Stockport NHS Trust
	Tameside and Glossop Acute Services NHS Trust
	Trafford Healthcare NHS Trust
	Wrightington, Wigan and Leigh NHS Trust
North and East Yorkshire and North Lincolnshire Health Authority	Harrogate Health Care NHS Trust
	Hull and East Yorkshire Hospitals NHS Trust
	Northern Lincolnshire and Goole Hospitals NHS Trust
	Scarborough and North East Yorkshire Health Care NHS Trust
	York Health Services NHS Trust

Strategic Health Authority	NHS Acute Trust
Northumberland, Tyne and Wear Health Authority	City Hospitals Sunderland NHS Trust
	Gateshead Health NHS Trust
	Newcastle upon Tyne Hospitals NHS Trust
	Northumbria Healthcare NHS Trust
	South Tyneside Health Care NHS Trust
South Yorkshire Health Authority	Barnsley District General Hospital NHS Trust
	Doncaster and Bassetlaw Hospitals NHS Trust
	Rotherham General Hospitals NHS Trust
	Sheffield Teaching Hospitals NHS Trust
West Yorkshire Health Authority	Airedale NHS Trust
	Bradford Hospitals NHS Trust
	Calderdale and Huddersfield NHS Trust
	Dewsbury Health Care NHS Trust (now part of Mid Yorkshire Hospitals NHS Trust)
	Leeds Teaching Hospitals NHS Trust
	Pinderfields and Pontefract Hospitals NHS Trust (now part of Mid Yorkshire Hospitals NHS Trust)
South Directorate of Health and Social Care	
Avon, Gloucestershire and Wiltshire Health Authority	East Gloucestershire NHS Trust (former)
	Gloucestershire Royal NHS Trust (former)
	North Bristol NHS Trust
	Royal National Hospital for Rheumatic Diseases NHS Trust
	Royal United Hospital Bath NHS Trust
	Salisbury Healthcare NHS Trust
	Swindon and Marlborough NHS Trust
	United Bristol Healthcare NHS trust
	Weston Area Health NHS Trust
Dorset and Somerset Health Authority	East Somerset NHS Trust
	Poole Hospitals NHS Trust
	Royal Bournemouth and Christchurch Hospitals NHS Trust
	Taunton and Somerset NHS Trust
	West Dorset General Hospitals NHS Trust
Hampshire and Isle of Wight Health Authority	Isle of Wight Healthcare NHS Trust
	North Hampshire Hospitals NHS Trust

Strategic Health Authority	NHS Acute Trust
	Portsmouth Hospitals NHS Trust
	Southampton University Hospitals NHS Trust
	Winchester and Eastleigh Healthcare NHS Trust
Kent and Medway Health Authority	Dartford and Gravesham NHS Trust
	East Kent Hospitals NHS Trust
	Maidstone and Tunbridge Wells NHS Trust
	Medway NHS Trust
	Queen Victoria Hospital NHS Trust
South West Peninsula Health Authority	Northern Devon Healthcare NHS Trust
	Plymouth Hospitals NHS Trust
	Royal Cornwall Hospitals NHS trust
	Royal Devon and Exeter Healthcare NHS Trust
	South Devon Healthcare NHS Trust
Surrey and Sussex Health Authority	Ashford and St Peter's Hospitals NHS Trust
	Brighton Healthcare NHS Trust (former)
	Eastbourne Hospitals NHS Trust (former)
	Frimley Park Hospital NHS Trust
	Hastings and Rother NHS Trust
	Mid Sussex NHS Trust
	Royal Surrey County Hospital NHS Trust
	Royal West Sussex NHS Trust
	Worthing and Southlands Hospitals NHS Trust
Thames Valley Health Authority	Heatherwood and Wexham Park Hospital
	Milton Keynes General Hospital NHS Trust
	Nuffield Orthopeadic NHS Trust
	Oxford Radcliffe Hospital NHS Trust
	Royal Berkshire and Battle Hospitals NHS Trust
	South Buckinghamshire NHS Trust
	Stoke Mandeville Hospital NHS Trust

Appendix B: NHS Trusts in survey, by Trust Cluster

Multi-Service Trusts

Airedale NHS Trust

Burnley Health Care NHS Trust

Bury Health Care NHS Trust

Calderdale and Huddersfield NHS Trust

Dewsbury Health Care NHS Trust

East and North Hertfordshire NHS Trust

East Cheshire NHS Trust

East Gloucestershire NHS Trust (former)

Gateshead Health NHS Trust

Harrogate Healthcare NHS Trust

Hastings and Rother NHS Trust

Hinchingbrooke Health Care NHS Trust

Isle of Wight Healthcare NHS Trust

Mid Sussex NHS Trust

North Tees and Hartlepool NHS Trust

Northallerton NHS Trust

Northumbria Healthcare NHS Trust

Oldham NHS Trust

Queen Elizabeth Hospital NHS Trust

Rochdale Healthcare NHS Trust

Salisbury Healthcare NHS Trust

Sandwell Healthcare NHS Trust (former)

Scarborough and North East Yorkshire NHS Trust

South Devon Healthcare NHS Trust

South Tyneside Healthcare NHS Trust

St Helen's and Knowsley Hospitals NHS Trust

Stockport NHS Trust

Trafford Healthcare NHS Trust

Winchester and Eastleigh Healthcare NHS Trust

Wrightington

York Health Services NHS Trust

Large Acute Trusts

Barking, Havering and Redbridge Hospitals NHS Trust

Barnet and Chase Farm Hospitals NHS Trust

Birmingham Heartlands and Solihull NHS Trust

Bolton Hospitals NHS Trust

Bradford Hospitals NHS Trust

Brighton Healthcare NHS Trust (former)

Chorley and South Ribble and Preston Acute Hospitals NHS Trust

City Hospitals Sunderland NHS Trust

Doncaster and Bassetlaw Hospitals NHS Trust

Dudley Group of Hospitals NHS Trust

East Kent hospitals NHS Trust

Epsom and St. Helier NHS Trust

Hull and East Yorkshire Hospitals NHS Trust

Maidstone and Tunbridge Wells NHS Trust

Mid Essex Hospital Services NHS Trust

Morecambe Bay Hospitals NHS Trust

Norfolk and Norwich University Hospital NHS Trust

North Bristol NHS Trust

North Cheshire Hospitals NHS Trust

North Cumbria Acute Hospitals NHS Trust

North Staffordshire Hospital NHS Trust

North West London Hospitals NHS Trust

Northern Lincolnshire and Goole Hospitals NHS Trust

Pinderfields and Pontefract Hospitals NHS Trust

Plymouth Hospitals NHS Trust

Portsmouth Hospitals NHS Trust

Royal Berkshire and Battle Hospitals NHS Trust

Royal Cornwall Hospitals NHS trust

Royal Devon and Exeter Healthcare NHS Trust

South Tees Hospital NHS Trust

Southern Derbyshire Acute Hospitals NHS Trust

Taunton and Somerset NHS Trust

The Royal Wolverhampton Hospitals NHS Trust

United Lincolnshire Hospitals NHS Trust

University Hospitals Coventry and Warwickshire NHS Trust

West Hertfordshire Hospitals NHS Trust

Wirral Hospital NHS Trust

Worcestershire Acute Hospitals NHS Trust

Medium Acute Trusts

Aintree Hospitals NHS Trust

Ashford and St Peter's Hospital NHS Trust

Basildon and Thurrock General Hospitals NHS Trust

Blackburn

Blackpool NHS Trust (former)

Bromley Hospitals NHS Trust

City Hospital NHS Trust

Essex Rivers Healthcare NHS Trust

Frimley Park Hospital NHS Trust

Gloucestershire Royal NHS Trust (former)

Heatherwood and Wexham Park Hospital

Hillingdon Hospital NHS Trust

Ipswich Hospital NHS Trust

James Paget Healthcare NHS Trust

Kingston Hospital NHS Trust

Lewisham Hospital NHS Trust

Mayday Healthcare NHS Trust

North Durham Health Care NHS Trust

North Manchester Health Care NHS Trust

Northampton General Hospital NHS Trust

Peterborough Hospitals NHS Trust

Poole Hospitals NHS Trust

Rotherham General Hospitals NHS Trust

Royal Bournemouth and Christchurch Hospitals NHS Trust

Royal United Hospital Bath NHS Trust

Sherwood Forest Hospitals NHS Trust

South Durham Health Care NHS Trust

Southend Hospital NHS Trust

Southport and Ormskirk NHS Trust

Swindon and Marlborough NHS Trust

Walsall Hospitals NHS Trust

Whipps Cross University Hospitals NHS Trust

Worthing and Southlands Hospitals NHS Trust

Small Acute Trusts

Barnsley District General Hospital NHS Trust

Bedford Hospital NHS Trust

Burton Hospitals NHS Trust

Chesterfield and North Derbyshire Royal Hospital NHS Trust

Countess of Chester Hospital NHS Trust

Dartford and Gravesham NHS Trust

Ealing Hospital NHS Trust

East Somerset NHS Trust

Eastbourne Hospitals NHS Trust

George Eliot Hospital NHS Trust

Good Hope Hospital NHS Trust

Hereford Hospitals NHS Trust

Homerton University Hospital NHS Trust

Kettering General Hospital NHS trust

King's Lynn and Wisbech NHS Trust

Luton and Dunstable Hospital NHS Trust

Medway NHS Trust

Mid Cheshire Hospitals NHS Trust

Mid Staffordshire General Hospitals NHS Trust

Milton Keynes General Hospital NHS Trust

Newham Healthcare NHS Trust

North Hampshire Hospitals NHS Trust

North Middlesex University Hospital NHS Trust

Northern Devon Healthcare NHS Trust

Princess Royal Hospital NHS Trust

Queen Mary's Sidcup NHS Trust

Royal Shrewsbury Hospitals NHS Trust

Royal Surrey County Hospital NHS Trust

Royal West Sussex NHS Trust

South Buckinghamshire NHS Trust

South Warwickshire General Hospitals NHS Trust

Stoke Mandeville Hospital NHS Trust

Tameside and Glossop Acute Services NHS Trust

West Dorset General Hospitals NHS Trust

West Middlesex University Hospital NHS Trust

West Suffolk Hospitals NHS Trust

Weston Area Health NHS Trust

Whittington Hospital NHS Trust

Acute Teaching Trusts

Addenbrooke's NHS Trust

Barts and The London NHS Trust

Central Manchester and Manchester Childrens University Hospitals NHS Trust

Chelsea and Westminster Healthcare NHS Trust

Guy's and St Thomas' Hospital Trust

Hammersmith Hospitals NHS Trust

King's College Hospital NHS Trust

Leeds Teaching Hospitals NHS Trust

Newcastle upon Tyne Hospitals NHS Trust

Nottingham City Hospital NHS Trust

Oxford Radcliffe Hospitals NHS Trust

Queen's Medical Centre

Royal Free Hampstead NHS Trust

Royal Liverpool and Broadgreen University Hospitals NHS Trust

Salford Royal Hospitals NHS Trust

Sheffield Teaching Hospitals NHS Trust

South Manchester University Hospitals NHS Trust

Southampton University Hospitals NHS Trust

St Mary's NHS Trust

St. George's Healthcare NHS Trust

United Bristol Healthcare NHS trust

University College London Hospitals NHS Trust

University Hospital Birmingham NHS Trust

University Hospitals of Leicester NHS Trust

Specialist/Orthopaedic Trusts

Cardiothoracic Centre – Liverpool NHS Trust

Moorfields Eye Hospital NHS Trust

Nuffield Orthopeadic Centre NHS Trust

Papworth Hospital NHS Trust

Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust

Royal Brompton and Harefield NHS Trust

Royal National Hospital for Rheumatic Diseases NHS Trust

Royal National Orthopaedic Hospital NHS Trust

The Queen Victoria Hospital NHS Trust

The Royal Marsden Hospital NHS Trust

The Royal Orthopaedic Hospital NHS Trust

Walton Centre for Neurology and Neurosurgery NHS Trust

Appendix C: Acute Inpatient Questionnaire

INPATIENT QUESTIONNAIRE

What is the survey about?

This survey is about your most recent experience as an INPATIENT at the National Health Service hospital named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire.

Your participation in this survey is voluntary. **Your answers will be treated in confidence.**

Please remember, this questionnaire is about your **most recent** stay at the hospital named in the accompanying letter.

1. Were you admitted to the hospital as an emergency or after dialling 999, or was your admission from a waiting list or planned in advance?

1 ☐ Emergency/dialled 999/immediately referred ➔ **Go to 2**

2 ☐ Waiting list or planned in advance ➔ **Go to 7**

Emergency or immediately referred

2. How organised was the **care** you received in Accident & Emergency (or the Medical Admissions Unit)?

1 ☐ Not at all organised

2 ☐ Fairly organised

3 ☐ Very organised

3. While you were in Accident & Emergency (or the Medical Admissions Unit), did you get enough information about your medical condition and treatment?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I didn't want information

4. Following arrival at the hospital, how long did you wait before admission to a room or ward and bed?

1 ☐ Less than 1 hour ➔ **Go to 5**

2 ☐ At least 1 hour but less than 2 hours ➔ **Go to 5**

3 ☐ At least 2 hours but less than 4 hours ➔ **Go to 5**

4 ☐ At least 4 hours but less than 8 hours ➔ **Go to 5**

5 ☐ At least 8 hours but less than 12 hours ➔ **Go to 5**

6 ☐ 12 hours or longer ➔ **Go to 5**

7 ☐ Can't remember ➔ **Go to 5**

8 ☐ I did not have to wait ➔ **Go to 10**

5. For most of the time, were you waiting **in** .....?

1 ☐ A cubicle

2 ☐ An open plan area

3 ☐ A corridor

4 ☐ Somewhere else

5 ☐ Can't remember

6. For most of the time, were you waiting **on** .....?

1 ☐ A bed ➔ **Go to 10**

2 ☐ A trolley ➔ **Go to 10**

3 ☐ A chair ➔ **Go to 10**

4 ☐ Something else ➔ **Go to 10**

5 ☐ Can't remember ➔ **Go to 10**

Waiting list or planned admission

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

1 ☐ I was admitted as soon as I thought was necessary

2 ☐ I should have been admitted a bit sooner

3 ☐ I should have been admitted a lot sooner

8. When you were told you would be going into hospital, were you given enough notice of your date of admission?

1 ☐ Yes, enough notice

2 ☐ No, not enough notice

9. Was your admission date changed by the hospital?

1 ☐ No

2 ☐ Yes, once

3 ☐ Yes, 2 or 3 times

4 ☐ Yes, 4 times or more

All types of admission

10. How organised was the admission process?

1 ☐ Not at all organised

2 ☐ Fairly organised

3 ☐ Very organised

11. Did you feel that you had to wait a long time to get to your room or ward and bed?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

THE HOSPITAL AND WARD

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

1 ☐ 1

2 ☐ 2 - 4

3 ☐ 5 or more

13. For **most** of your stay, what type of room or ward were you in?

1 ☐ A room by myself

2 ☐ A room with one other patient

3 ☐ A bay with 2-6 other patients, within a larger ward

4 ☐ A large, open-plan ward

14. During your stay in hospital, did you **ever** share a room or ward with patients of the opposite sex?

1 ☐ Yes

2 ☐ No

15. Were you ever bothered by noise at night? (tick all that apply)

1 ☐ No

2 ☐ Yes, from other patients

3 ☐ Yes, from hospital staff

4 ☐ Yes, from something else

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

1 ☐ Very clean

2 ☐ Fairly clean

3 ☐ Not very clean

4 ☐ Not at all clean

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

1 ☐ Very clean

2 ☐ Fairly clean

3 ☐ Not very clean

4 ☐ Not at all clean

5 ☐ I did not use a toilet or bathroom

18. How would you rate the hospital food?

1 ☐ Very good ➔ **Go to 19**

2 ☐ Good ➔ **Go to 19**

3 ☐ Fair ➔ **Go to 19**

4 ☐ Poor ➔ **Go to 19**

5 ☐ I did not have any hospital food ➔ **Go to 20**

19. How much food were you given?

1 ☐ Too much

2 ☐ The right amount

3 ☐ Too little

DOCTORS

20. Was there one doctor in overall charge of your care?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

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

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ I had no need to ask

22. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?

1 ☐ Yes, completely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I didn't have anxieties or fears

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

1 ☐ Yes, often

2 ☐ Yes, sometimes

3 ☐ No

NURSES

24. Was there one nurse in overall charge of your care?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

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

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ I had no need to ask

26. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?

1 ☐ Yes, completely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I didn't have anxieties or fears

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

1 ☐ Yes, often

2 ☐ Yes, sometimes

3 ☐ No

YOUR CARE AND TREATMENT

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

1 ☐ Yes, often
2 ☐ Yes, sometimes
3 ☐ No

29. Did you want to be more involved in decisions made about your care and treatment?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No

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

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ No family or friends were involved
5 ☐ My family didn't want or need information
6 ☐ I didn't want my family or friends to talk to a doctor

31. Did you find someone on the hospital staff to talk to about your concerns?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I had no concerns

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

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No

33. Were you given enough privacy when being examined or treated?

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No

34. When you needed help from staff in eating your meals, did you get it at the time you needed it?

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ I didn't need help

35. During your stay in hospital, did doctors, nurses or other hospital staff ask your name and address more often than you thought should have been necessary?

1 ☐ Yes
2 ☐ No

36. During your stay in hospital, did you have any tests, x-rays or scans other than blood or urine tests?

1 ☐ Yes ➔ **Go to 37**
2 ☐ No ➔ **Go to 38**

37. Were your scheduled tests x-rays or scans performed on time?

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No

PAIN

38. Were you ever in any pain?

1 ☐ Yes → **Go to 39**

2 ☐ No → **Go to 40**

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

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

LEAVING HOSPITAL

40. Was your discharge delayed for any reason? (tick all that apply)

1 ☐ No

2 ☐ Yes, because of my health

3 ☐ Yes, I had to wait for medicines or drugs

4 ☐ Yes, I had to wait to see a doctor

5 ☐ Yes, I had to wait for an ambulance

6 ☐ Yes, another reason

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

1 ☐ Yes, completely → **Go to 42**

2 ☐ Yes, to some extent → **Go to 42**

3 ☐ No → **Go to 42**

4 ☐ I didn't need an explanation → **Go to 42**

5 ☐ I had no medicines → **Go to 43**

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

1 ☐ Yes, completely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I didn't need an explanation

43. Did someone tell you about what danger signals regarding your illness or treatment to watch for after you went home?

1 ☐ Yes, completely

2 ☐ Yes, to some extent

3 ☐ No

44. Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ No family or friends were involved

5 ☐ My family or friends didn't want or need information

45. Did hospital staff discuss with you whether you would need any health or social care services after leaving hospital? (e.g. district nurse, care assistant, physiotherapist or social worker)

1 ☐ Yes

2 ☐ No

3 ☐ It was not necessary to discuss it

OVERALL

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

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

47. Overall, how would you rate the care you received?

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor

48. Would you recommend this hospital to your family and friends?

1 ☐ Yes, definitely

2 ☐ Yes, probably

3 ☐ No

YOUR BACKGROUND

49. Are you male or female?

1 ☐ Male

2 ☐ Female

50. What is your date of birth? (please write in)

Day Month Year

☐☐ ☐☐ 19☐☐

51. How old were you when you left full-time education?

1 ☐ 16 years or less

2 ☐ 17 or 18 years

3 ☐ 19 years or over

4 ☐ Still in full-time education

52. To which of these ethnic groups would you say you belong? (**tick ONE only**)

a. WHITE

1 ☐ British

2 ☐ Irish

3 ☐ Any other White background (please write in)

b. MIXED

4 ☐ White and Black Caribbean

5 ☐ White and Black African

6 ☐ White and Asian

7 ☐ Any other Mixed background (please write in)

c. ASIAN OR ASIAN BRITISH

8 ☐ Indian

9 ☐ Pakistani

10 ☐ Bangladeshi

11 ☐ Any other Asian background (please write in)

d. BLACK OR BLACK BRITISH

12 ☐ Caribbean

13 ☐ African

14 ☐ Any other Black background (please write in)

e. CHINESE OR OTHER ETHNIC GROUP

15 ☐ Chinese

16 ☐ Any other (please write in)

EQ-5D Health Status Questionnaire

YOUR OWN HEALTH STATE TODAY

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.

Do not tick more than one box in each group

53. Mobility

1 ☐ I have no problems in walking about

2 ☐ I have some problems in walking about

3 ☐ I am confined to bed

54. Self-Care

1 ☐ I have no problems with self-care

2 ☐ I have some problems washing or dressing myself

3 ☐ I am unable to wash or dress myself

55. Usual Activities (e.g. work, study, housework, family or leisure activities)

1 ☐ I have no problems with performing my usual activities

2 ☐ I have some problems with performing my usual activities

3 ☐ I am unable to perform my usual activities

56. Pain/Discomfort

1 ☐ I have no pain or discomfort

2 ☐ I have moderate pain or discomfort

3 ☐ I have extreme pain or discomfort

57. Anxiety/Depression

1 ☐ I am not anxious or depressed

2 ☐ I am moderately anxious or depressed

3 ☐ I am extremely anxious or depressed

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

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor

6 ☐ Very poor

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the hospital, please do so here.

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.

Appendix D: Acute Inpatient Survey 2001/02 – National Results

The following tables show the results for each question, based on the combined dataset for all 176 Trusts who completed a survey (listed in Appendix A). The section headings and questions are shown in the order in which they appeared on the acute inpatient questionnaire.

Admission to Hospital

1. Were you admitted to the hospital as an emergency or after dialling 999, or was your admission from a waiting list or planned in advance?

	Percent (n=89,815)
Emergency/dialled999/immediately referred	51.8%
Waiting list or planned in advance	48.2%

Emergency or immediately referred:

2. How organised was the care you received in Accident & Emergency (or the Medical Admissions Unit)?

	Percent (n=44,925)
Not at all organised	6.1%
Fairly organised	37.9%
Very organised	56.0%

3. While you were in Accident & Emergency (or the Medical Admissions Unit), did you get enough information about your medical condition and treatment?

	Percent (n=44,594)
Yes, definitely	42.7%
Yes, to some extent	40.6%
No	13.6%
I didn't want information	3.2%

4. Following arrival at the hospital, how long did you wait before admission to a room or ward and bed?

	Percent (n=45,101)
Less than 1 hour	23.9%
At least 1 hour but less than 2 hours	12.4%
At least 2 hours but less than 4 hours	15.5%
At least 4 hours but less than 8 hours	18.6%
At least 8 hours but less than 12 hours	8.5%
12 hours or longer	6.2%
Can't remember	3.2%
I did not have to wait	11.7%

5. For most of the time, were you waiting in …?

	Percent (n=38,892)
A cubicle	57.3%
An open plan area	25.1%
A corridor	5.3%
Somewhere else	6.7%
Can't remember	5.7%

6. For most of the time, were you waiting on …?

	Percent (n=39,401)
A bed	42.1%
A trolley	35.4%
A chair	16.4%
Something else	2.2%
Can't remember	3.8%

Waiting list or planned admission:

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

	Percent (n=41,225)
I was admitted as soon as I thought was necessary	68.1%
I should have been admitted a bit sooner	19.5%
I should have been admitted a lot sooner	12.4%

8. When you were told you would be going into hospital, were you given enough notice of your date of admission?

	Percent (n=41,550)
Yes, enough notice	95.9%
No, not enough notice	4.1%

9. Was your admission date changed by the hospital?

	Percent (n=41,545)
No	78.6%
Yes, once	16.8%
Yes, 2 or 3 times	4.0%
Yes, 4 times or more	0.5%

All types of admission:

10. How organised was the admission process?

	Percent (n=89,592)
Not at all organised	5.2%
Fairly organised	37.0%
Very organised	57.8%

11. Did you feel that you had to wait a long time to get to your room or ward and bed?

	Percent (n=90,156)
Yes, definitely	13.1%
Yes, to some extent	19.6%
No	67.3%

The hospital and ward:

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

	Percent (n=93,100)
1	67.9%
2– 4	31.3%
5 or more	0.7%

13. For most of your stay, what type of room or ward were you in?

	Percent (n=91,537)
A room by myself	12.2%
A room with one other patient	3.5%
A bay with 2–6 other patients, within a larger ward	66.6%
A large, open-plan ward	17.8%

14. During your stay in hospital, did you ever share a room or ward with patients of the opposite sex?

	Percent (n=92,981)
Yes	25.5%
No	74.5%

15. Were you ever bothered by noise at night? (tick all that apply)

	Percent (n=95,280)
No	53.3%
Yes, from other patients	36.4%
Yes, from hospital staff	15.1%
Yes, from something else	5.2%

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

	Percent (n=93,628)
Very clean	56.6%
Fairly clean	36.1%
Not very clean	5.7%
Not at all clean	1.6%

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

	Percent (n=93,504)
Very clean	50.4%
Fairly clean	36.5%
Not very clean	8.3%
Not at all clean	3.0%
I did not use a toilet or bathroom	1.9%

18. How would you rate the hospital food?

	Percent (n=93,279)
Very good	17.4%
Good	34.0%
Fair	29.7%
Poor	14.6%
I did not have any hospital food	4.3%

19. How much food were you given?

	Percent (n=87,813)
Too much	3.8%
The right amount	82.3%
Too little	13.8%

Doctors

20. Was there one doctor in overall charge of your care?

	Percent (n=93,376)
Yes	66.0%
No	18.7%
Don't know	15.2%

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

	Percent (n=93,160)
Yes, always	57.1%
Yes, sometimes	25.6%
No	5.3%
I had no need to ask	11.9%

22. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?

	Percent (n=93,058)
Yes, completely	42.2%
Yes, to some extent	28.2%
No	7.9%
I didn't have anxieties or fears	21.7%

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

	Percent (n=92,764)
Yes, often	6.2%
Yes, sometimes	22.5%
No	71.3%

Nurses:

24. Was there one nurse in overall charge of your care?

	Percent (n=92,969)
Yes	36.1%
No	45.2%
Don't know	18.7%

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

	Percent (n=93,267)
Yes, always	53.9%
Yes, sometimes	26.1%
No	4.8%
I had no need to ask	15.2%

26. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?

	Percent (n=92,965)
Yes, completely	33.3%
Yes, to some extent	28.1%
No	10.3%
I didn't have anxieties or fears	28.3%

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

	Percent (n=93,092)
Yes, often	4.2%
Yes, sometimes	14.6%
No	81.2%

Your care and treatment:

28. Sometimes in a hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you?

	Percent (n=93,059)
Yes, often	6.4%
Yes, sometimes	24.0%
No	69.6%

29. Did you want to be more involved in decisions made about your care and treatment?

	Percent (n=92,066)
Yes, definitely	19.1%
Yes, to some extent	27.1%
No	53.8%

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

	Percent (n=92,527)
Yes, definitely	29.5%
Yes, to some extent	26.8%
No	13.5%
No family or friends were involved	9.4%
My family didn't want or need information	16.5%
I didn't want my family or friends to talk to a doctor	4.3%

31. Did you find someone on the hospital staff to talk to about your concerns?

	Percent (n=92,525)
Yes, definitely	28.6%
Yes, to some extent	25.9%
No	11.3%
I had no concerns	34.2%

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

	Percent (n=91,613)
Yes, always	68.5%
Yes, sometimes	21.1%
No	10.4%

33. Were you given enough privacy when being examined or treated?

	Percent (n=93,064)
Yes, always	87.2%
Yes, sometimes	10.2%
No	2.6%

34. When you needed help from staff in eating your meals, did you get it at the time you needed it?

	Percent (n=92,117)
Yes, always	12.0%
Yes, sometimes	5.0%
No	3.7%
I didn't need help	79.3%

35. During your stay in hospital, did doctors, nurses or other hospital staff ask your name and address more often that you thought should have been necessary?

	Percent (n=92,904)
Yes	12.9%
No	87.1%

36. During your stay in hospital, did you have any tests, x-rays or scans other than blood or urine tests?

	Percent (n=92,170)
Yes	66.9%
No	33.1%

37. Were your scheduled tests performed on time?

	Percent (n=59,483)
Yes, always	70.9%
Yes, sometimes	21.0%
No	8.1%

Pain:

38. Were you ever in any pain?

	Percent (n=91,652)
Yes	67.8%
No	32.2%

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

	Percent (n=61,128)
Yes, definitely	72.5%
Yes, to some extent	22.0%
No	5.5%

Leaving hospital:

40. Was your discharge delayed for any reason? (tick all that apply)

	Percent (n=95,280)
No	51.6%
Yes, because of my health	8.6%
Yes, I had to wait for medicines or drugs	26.4%
Yes, I had to wait to see a doctor	12.0%
Yes, I had to wait for an ambulance	4.9%
Yes, for another reason	5.7%

Note. Figures sum to more than 100% as respondents may have ticked more than one reason for delay. Overall, 48.4% of respondents were delayed for one or more reasons.

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

	Percent (n=91,704)
Yes, completely	60.0%
Yes, to some extent	10.5%
No	5.2%
I didn't need an explanation	10.6%
I had no medicines	13.7%

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

	Percent (n=77,392)
Yes, completely	27.9%
Yes, to some extent	11.6%
No	31.0%
I didn't need an explanation	29.5%

43. Did someone tell you about what danger signals regarding your illness or treatment to watch for after you went home?

	Percent (n=89,670)
Yes, completely	41.3%
Yes, to some extent	20.2%
No	38.5%

44. Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?

	Percent (n=90,737)
Yes, definitely	30.6%
Yes, to some extent	16.9%
No	22.9%
No family or friends were involved	13.1%
My family or friends didn't want or need information	16.6%

45. Did hospital staff discuss with you whether you would need any health or social care services after leaving hospital?
(e.g. district nurse, care assistant, physiotherapist or social worker)

	Percent (n=91,303)
Yes	38.3%
No	16.2%
It was not necessary to discuss it	45.5%

Overall:

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

	Percent (n=92,961)
Yes, always	78.7%
Yes, sometimes	18.0%
No	3.3%

47. Overall, how would you rate the care you received?

	Percent (n=92,902)
Excellent	38.2%
Very good	36.2%
Good	16.7%
Fair	6.6%
Poor	2.2%

48. Would you recommend this hospital to your family and friends?

	Percent (n=92,232)
Yes, definitely	63.9%
Yes, probably	28.4%
No	7.7%

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32075 *Acute Inpatient Survey National Overview 2001/02* can also be made available on request in braille, on audio cassette tape, on disk, in large print, and in other languages on request.