

096: Variations in patient experience in England: An analysis of national patient surveys of National Health Service (NHS) organisations

Raleigh V.S., Scobie S., Cook A., Jones S., Irons R., Halt K.

Objective:

To examine inequalities in patient experiences in England by socio-demographic variables in order to improve the responsiveness of services to the diverse needs of population sub-groups.

Methods:

Four national surveys of all NHS trusts in England were conducted by the Department of Health (DH) and the Commission for Health Improvement (CHI) in 2003, covering: inpatients, outpatients, accident and emergency (A&E) attendees, primary care trust (PCT) users. A total of almost 370,000 people and 480 NHS organisations participated in the surveys. For each survey, patients' responses to individual questions were scored, and then aggregated into the following domains of patient experience: access, coordination, environment, information, and relationships. Higher scores reflect a more positive patient experience than lower scores. Variations in responses relating to the domains of patient experience were examined by the following patient characteristics: age, gender, ethnicity, education and self-reported health status. For each survey, multivariate regression models were fitted with domain scores as the outcome variable and patient characteristics as explanatory variables, to estimate the independent explanatory impact of each variable on patient experience scores. A model was fitted for every domain in every survey, with the domain score as the outcome variable.

Results:

The analyses showed that:

- The patterns were markedly consistent across the four surveys,
- There was a strong age effect. Older respondents answered more favourably than younger respondents,
- Men tended to respond more favourably than women,
- In the outpatient, A&E and PCT surveys, there were marked differences between ethnic groups, with white British and Irish respondents reporting more favourably than other ethnic groups, including other white and mixed groups. South Asian (Indian, Pakistani and Bangladeshi) respondents reported the poorest experience, followed by those of Chinese origin. Ethnic differences in the inpatient survey were largely eliminated once the effects of other factors were taken into account, although South Asians continued to show a poorer experience in some domains,
- There was some evidence that respondents completing full-time education at an older age (a proxy for social class) commented more negatively than those leaving school at 16 years or earlier,
- In the inpatient and A&E surveys, those who rated their health as poor responded markedly more negatively about services than those who rated their health as good,
- The variables examined accounted for a relatively small (<16%) proportion of the overall variation in patient experience.

Conclusions:

Understanding variations in care as reported by patients is essential if the NHS is to meet commitments to address health inequalities. This is the first study to examine inequalities in patient experiences in England, as reported in un-precedently large national samples of patients across primary and secondary care. The results provide new insights into variations in patients' experience and can enable NHS managers, clinicians and other staff to take appropriate steps to improve the quality of services overall, and to meet the specific needs of patient sub-groups. Patients' experience of NHS services varies by characteristics such as age, gender, educational status and ethnic origin, and there are complex interactions between these variables. Responses may also be influenced by other personal and environmental characteristics that it was not possible to take into account. However, the large residual unexplained variation suggests that differences in perceptions about the quality of services received are real and reflect variations in the quality of health care provision. In particular, the analysis highlights the need to improve the quality of services provided to those most unwell or admitted to hospital on an emergency basis, residents of deprived areas, and people of ethnic minority origins.