



Scottish Inpatient Experience Survey 2016

Volume 3: Exploring differences in inpatient experience



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EXECUTIVE SUMMARY

This report explores differences in the self-reported experiences of different groups of people based on the 2015/16 Scottish Inpatient Experience Survey.

Over **17,000 people** took part in the survey which included a range of questions covering topics such as accident and emergency, care and treatment, staff, leaving hospital and care and support at home. It also included a number of “About you” questions, which provides information about the personal characteristics of respondents.

The survey results show that overall, people reported a similarly positive experience to the previous survey, with ‘overall’ ratings improving or staying the same for all but two sections of the survey (leaving hospital and care and support services after leaving hospital).

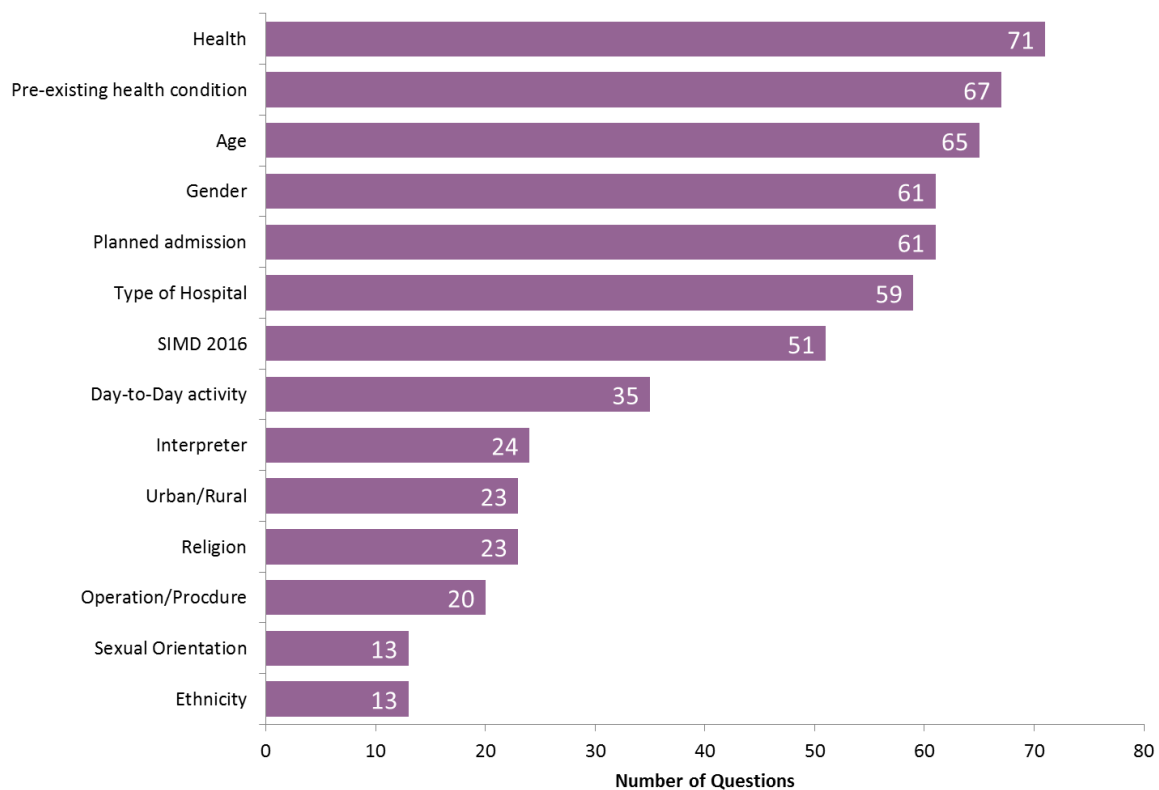
Key findings

Of the characteristics analysed, **self-reported general health**, those with **pre-existing health conditions**, and **age** are most often associated with **differences in reported care experience**, being significant for over **80 per cent** of the 80 questions analysed (Figure 1).

- People reporting **fair** or **poor health status** were significantly more **negative** than those reporting **good health**
- People with certain **pre-existing health conditions** were significantly more **negative**
- **Older people** were significantly more **positive**
- **Males** were significantly more **positive**
- People who were **emergency admissions** were significantly more **negative** than those who had planned admissions
- **Other, General and Community hospitals** were significantly more **positive** where as **Large General hospitals** were significantly more **negative** than teaching hospitals
- **People who live in SIMD 4 or SIMD 5 (least deprived)** areas of Scotland were significantly more **negative than** those living in SIMD 1 (most deprived)

Executive Summary

Figure 1 Number of questions affected by various characteristics – all survey questions



INTRODUCTION

This report explores differences in the self-reported experiences of different groups of people based on the 2015/16 Scottish Inpatient Experience Survey.

The survey covers seven specific areas of people's experience: admission to hospital; the hospital and ward; care and treatment; operations and procedures; hospital staff; arrangements for leaving hospital; and care and support services after leaving hospital.

This type of analysis will help our understanding of the differences in the healthcare service experiences between groups of patients and will assist in identifying where to target healthcare improvements.

The Inpatient Experience Survey is jointly supported by Scottish Government, Information Services Division (ISD Scotland)¹ and NHS Boards. **National results** as well as individual reports for NHS Health Boards, including Golden Jubilee Foundation (GJF), and hospitals were **published on 30 August 2016**, which can be found at the following link:

www.gov.scot/Topics/Statistics/Browse/Health/InpatientSurvey/Inpatient2016.

The Inpatient Experience Survey is one of a suite of national surveys which are part of the Scottish Care Experience Survey Programme. The surveys aim to provide local and national information on the quality of health and care services from the perspective of those using them. They allow local health and care providers to compare with other areas of Scotland and to track progress in improving the experiences of people using their services.

Information about the other national care experience surveys is available at:

www.gov.scot/Topics/Statistics/Browse/Health/careexperience

Methodology

A statistical technique was used to allow all available characteristics to be taken into account that may have an effect on the likelihood of someone reporting a positive experience. This approach does not look at one factor in isolation but takes into account all other patient characteristics which may have an effect. Further details on the methodology used for this analysis can be found at the following link:

www.gov.scot/Topics/Statistics/Browse/Health/careexperience.

Analysis was performed on the experience questions based on the range of characteristics detailed in Table 1. Some of the variables have been grouped together due to small sample sizes such as religion, ethnicity and sexual

¹ The Information Services Division (ISD) is part of National Services Scotland. ISD provides health information, health intelligence, statistical services and advice that supports the NHS in progressing quality improvement in health and care. ISD role's in the inpatient survey is to analyse the national and local results and produce NHS Board and hospital level reports.

Introduction

orientation. For each characteristic, response options were compared against a reference group, such as males were compared to females, and these are detailed in Table 1.

It is important to note that it is difficult to explain differences in experience as variation is a complex issue. The variation reported here could reflect real intergroup differences in the services received; or intergroup differences in subjective factors such as expectations or perceptions; or a combination of both.

The analysis identified differences in the experiences of patients from different groups, however, due to the complexity of the findings readers are advised to consider overall patterns and avoid over-interpretation of the individual results.

The report focuses on the results that are statistically significantly at the 5% level.

Table 1 Characteristics used for the analysis

Characteristic	Response option	% Respondents	Reference group
Gender	Male	43	Female
	Female	57	
Age	16-24	2	16-24
	25-34	3	
	35-44	5	
	45-54	12	
	55-64	19	
	65-74	26	
	75+	33	
Ethnicity	White	98	White
	Non-white	2	
Religion	No religion	24	No religion
	Christian	74	
	Other religions	1	
Sexual Orientation	Heterosexual/Straight	97	Heterosexual/ Straight
	Gay/Lesbian/Bisexual/Other	3	
Health Status	Good	43	Good
	Fair	43	
	Poor	14	
Day-to-day activity	Not limited	34	Not limited
	Limited a little	32	
	Limited a lot	34	
Interpreting and communication needs	No	99	No
	Yes	1	

Introduction

Pre-existing health condition	No pre-existing health condition	32	No pre-existing health condition
	Physical disability	25	
	Chronic pain lasting at least 3 months	21	
	Another long –term condition	40	
	Mental Health condition	8	
	Deafness or severe hearing impairment	11	
	Blindness or severe vision impairment	4	
	Learning disability	2	
	More than one long term health condition	29	
Hospital admission	Planned	36	Planned
	Emergency	60	
	Something else	4	
Operation/Procedure needs	Did not have an operation or procedure	46	Did not have an operation or procedure
	Did have an operation or procedure	54	
Hospital type	Teaching	27	Teaching
	Community	10	
	Long stay	6	
	General	10	
	Large General	42	
	Other	5	
Urban/Rural	Large urban areas	27	Large urban areas
	Other urban areas	32	
	Accessible small town	10	
	Remote small town	7	
	Accessible rural	12	
	Remote rural	12	
SIMD 2016 ²	SIMD 1 (Most deprived)	18	SIMD 1 (Most deprived)
	SIMD 2	21	
	SIMD 3	23	
	SIMD 4	21	
	SIMD 5 (Least deprived)	17	

²Scottish Index of Multiple Deprivation identifies small area concentrations of multiple deprivation across Scotland. <http://www.gov.scot/Topics/Statistics/SIMD>

RESULTS – ADMISSION TO HOSPITAL

Summary

The survey results show that 82 per cent of people were positive about their overall admission to hospital and 88 per cent were positive about the overall care and treatment they had received in A&E.

All the characteristics investigated except religion, indicated a significant impact on the differences seen in responses relating to people’s experience in A&E with **older people** and **males** tending to be more **positive**.

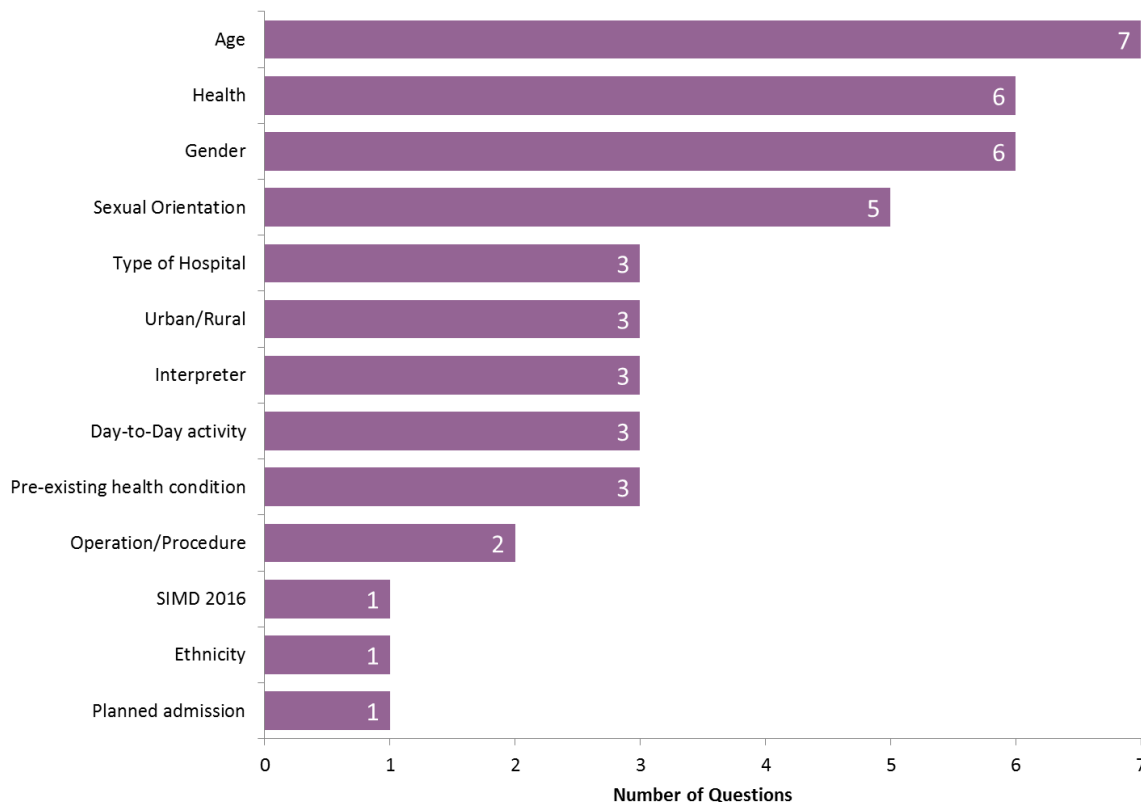
People who attended hospital as a **planned admission** were significantly more **positive** regarding the **overall admission experience**.

People who **had an operation** whilst in hospital were significantly more **positive** regarding their **overall care and treatment in A&E** and any **information received prior to attending** hospital but were significantly more **negative** regarding the **length of time between being referred** and **being admitted** to hospital.

A&E

Seven of the survey questions relate to people’s experience in A&E. Differences in responses for experience are significant by age, self-reported general health and gender for almost all of these questions. Religion is the only characteristic investigated which does not show any difference in experience in A&E (Figure 2).

Figure 2 Number of questions affected by various characteristics – A&E



Admission to hospital

All characteristics related to these questions are detailed in Table 2. In general, **males** were significantly more **positive** in their experiences than females, as were people who self-reported that their **health** was **good** compared to poor or fair. A mixed picture is seen for the age variable with people **aged over 45**, in general, being significantly more **positive** than younger people.

Table 2 Significant response compared to reference group – A&E

Question	Positive	Negative
Kept informed about how long to wait to be seen	Emergency admission; Age 55-75+; Males; Remote rural area, Community and General hospitals	Age 25-34; Fair and poor health; Gay/Lesbian/Bisexual/Other; Need an interpreter
Once seen, kept informed about what was happening	Age 35-75+; Males	Poor health; Gay/Lesbian/Bisexual/Other
Told how long there would be to wait	Age 45-74; Males; Remote rural area; General hospitals	Fair and poor health; Gay/Lesbian/Bisexual/Other
Told what was happening in a way you could understand	Had an operation; Age 45-64; Males; Long term health condition; General hospitals	Fair and poor health; Learning disability; Day-to-day activity limited a lot; Gay/Lesbian/Bisexual/Other; Non-white
Given enough privacy when being examined or treated	Age 45-75+; Males	Fair and poor health; Need an interpreter; SIMD 2, SIMD 5
Felt safe	Age 65-75+; Other urban, remote small town and remote rural areas	Long term health condition; Day-to-day activity limited a lot; Gay/Lesbian/Bisexual/Other; Need an interpreter
Overall rating the care and treatment received	Had an operation; Age 45-75+; Males	Poor health; Learning disability; Day-to-day activity limited a lot

The question relating to being kept **informed on the wait to be seen in A&E** indicated that those **aged between 25-34 years old** were significantly more **negative** than those aged 16-24 years old, whereas those **aged over 55** were significantly more likely to report a **positive** experience.

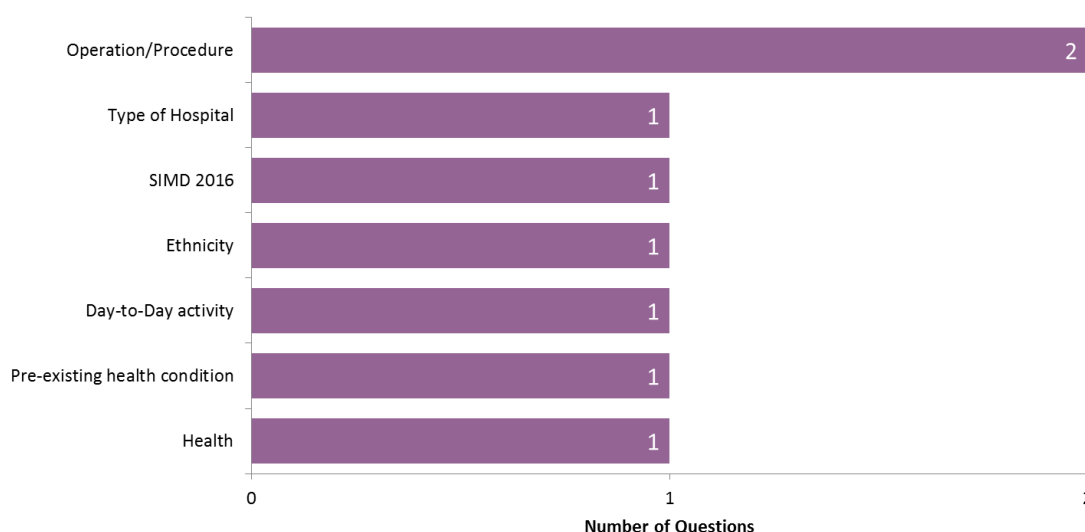
People reporting **fair** or **poor health** or a **pre-existing health condition** are significantly more **negative** than those in good health or with no pre-existing condition. This is also seen with people who find that **day-to-day activities are limited** due to health.

Planned in advance

Two questions in the survey ask about people’s experience of planned hospital admissions and seven characteristics are associated with the variation seen. Age and gender are not found to explain for any variation seen for these questions (Figure 3).

Whether a person had an operation or procedure did show variations for both questions in this section of the survey.

Figure 3 Number of questions affected by various characteristics – planned admission



All characteristics related to these questions are detailed in Table 3.

People who reported **having an operation** were significantly more **positive** about the **information they had received** before attending hospital but were significantly more **negative** regarding the **length of time** between **waiting to be admitted** to hospital after being referred.

Table 3 Significant response compared to reference group – planned admissions

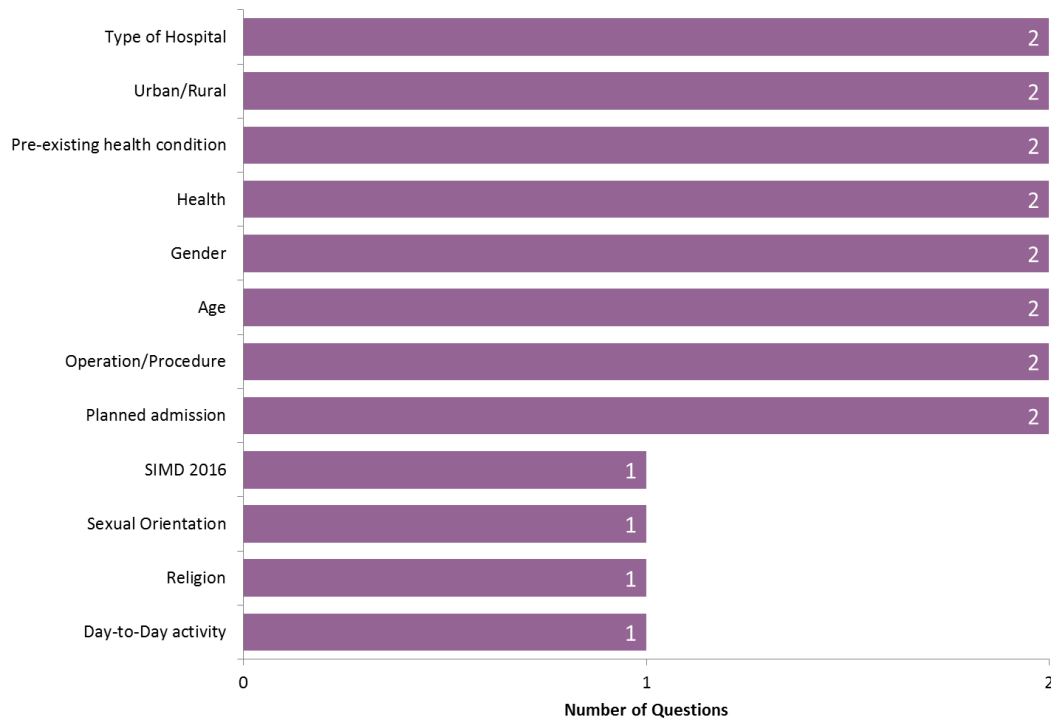
Question	Positive	Negative
Length of time you waited to be admitted to hospital after being referred	SIMD 3; Other and general hospitals	Had an operation; Chronic pain lasting at least 3 months, learning disability, more than one long term health condition; Non-white
Information given before attending hospital helped understand what would happen	Had an operation	Fair health; Day-to-day activity limited a lot

Admission to hospital

Overall rating of admission to hospital

Two questions in the survey ask about people's overall experience of admission regardless of whether it was planned or an emergency. Ethnicity and whether an interpreter or help to communicate are needed, did not account for any variation seen for these questions (Figure 4).

Figure 4 Number of questions affected by various characteristics – overall admission



All characteristics related to these questions are detailed in Table 4.

As with other questions, age and gender are associated with some of the differences seen in experience, with people **aged over 45** and **males** being significantly more likely to report a **positive** experience. The type of hospital where people were treated also showing differences, with those staying in **community, long stay** and **general hospitals** being significantly more **positive** compared to those treated in teaching hospitals.

People who were admitted to hospital as an **emergency admission** were significantly more **negative** compared to those who had a planned admission to hospital, as were those describing their general **health** as **poor**.

Admission to hospital

Table 4 Significant response compared to reference group – all admissions

Question	Positive	Negative
<p>How did you feel about the time you had to wait to get a bed on the ward</p>	<p>Had an operation; Age 45-75+; Males; Other urban areas, remote small town, accessible rural and remote rural areas; SIMD 2, SIMD 5; Community, long stay, general and other hospitals</p>	<p>Emergency and something else admissions; Poor health; Mental health, more than one long term health condition</p>
<p>Overall, how would you rate your admission to hospital</p>	<p>Had an operation; Age 45-75+; Males; Deafness or severe hearing impairment, long term health condition; Christian; Accessible rural and remote rural areas; Community, long stay, general and other hospitals</p>	<p>Emergency and something else admissions; Fair and poor health; Mental health; Day-to-day activity limited a lot; Gay/Lesbian/Bisexual/Other</p>

RESULTS – HOSPITAL AND WARD ENVIRONMENT

Summary

The survey results show that 89 per cent of people were positive about the overall hospital and ward environment.

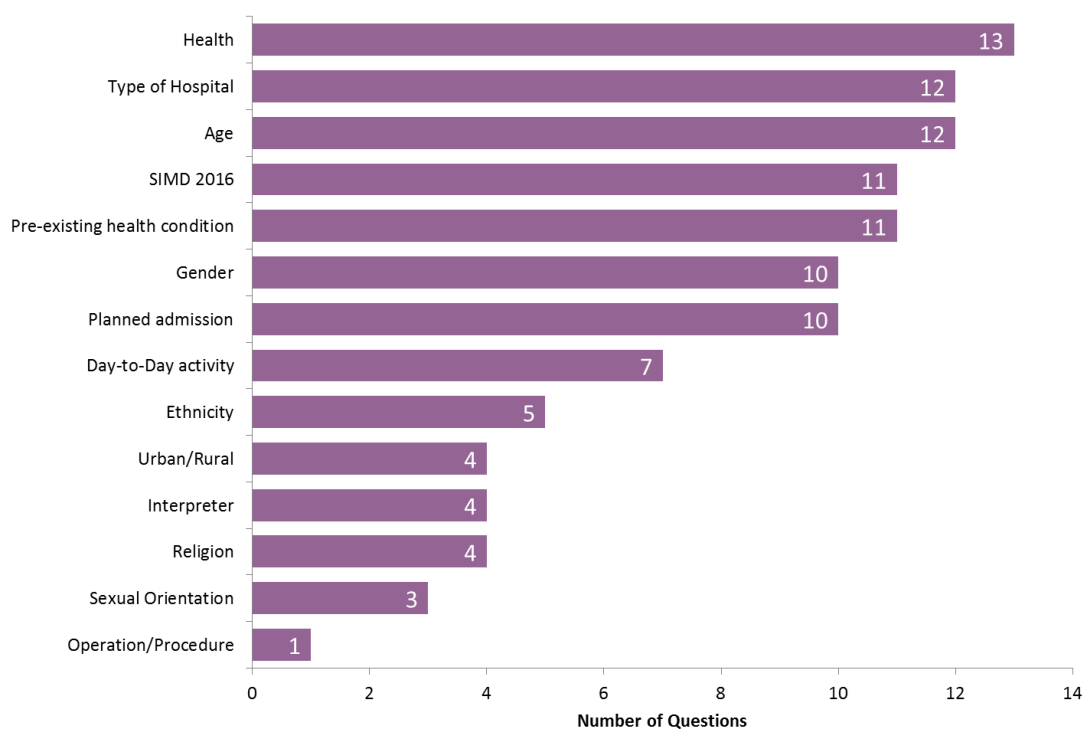
All the characteristics investigated indicated a significant impact on differences seen in responses relating to people’s experience on the hospital ward. In general **older people, males** and people staying in **general** and **other type hospitals** are significantly more **positive** for all aspects of the ward environment.

People who reported **fair** or **poor health**; live in **SIMD 4** or **SIMD 5 (least deprived)** areas and those who were admitted as an **emergency** were significantly more **negative** for all aspects of the ward environment.

The hospital and ward environment

Fourteen of the survey questions relate to people’s experience of the ward and the hospital environment. All characteristics investigated are associated with differences seen in reported experience for these questions (Figure 5).

Figure 5 Number of questions affected by various characteristics – hospital and ward environment



Hospital visiting

All characteristics related to hospital visiting questions are detailed in Table 5. As with other sections within this report, age and gender show some differences

Hospital and ward environment regarding experiences for questions relating to hospital visiting, with **older people** being more **positive** than younger and **males** more positive than females.

People with more than one **long term health condition** are significantly more **negative**, as are those who describe their **health** as **fair** or **poor**.

People living in a **remote rural location** are significantly more **negative** regarding **visiting hours** compared to those living in large urban areas, whereas those living in **accessible rural areas** are significantly more **positive**.

Table 5 Significant response compared to reference group – hospital visiting

Question	Positive	Negative
Were hand-wash gels available for patients and visitors to use	Age 35-75+; Males; Other urban areas; Other and general hospitals	Emergency admissions; Had an operation; Fair and poor health; more than one long term health condition; Non-white; SIMD 4 and SIMD 5
Were you happy with the visiting hours	Age 35-75+; Accessible rural areas	Emergency admissions; Poor health; other long term health condition, more than one long term health condition; Need an interpreter; Remote rural area; SIMD 5; Community and large general hospitals
Did you feel you were able to spend enough time with the people that matter to you (e.g. family and friends)	Age 25-75+; Males	Fair and poor health; chronic pain lasting at least 3 months, more than one long term health condition; Non-white; Need an interpreter; Community and large general hospitals

Ward Environment

All characteristics related to ward environment questions are detailed in Table 6. As with the hospital visiting, age and gender show some variation regarding questions relating to ward environment, with **older people** being more **positive** than younger and **males** more positive than females.

The hospital type has shown to describe some of the variation seen with people who have stayed in a **general** or **community hospital** being significantly more **positive** regarding the **cleanliness** of the **ward** and **bathrooms** than those staying

Hospital and ward environment

in teaching hospitals, although those in **large general hospitals** were significantly more **negative** for ward cleanliness. People who live in **SIMD 4** or **SIMD 5 (least deprived)** areas were significantly more **negative** regarding **ward** and **bathroom cleanliness** and the **food** and **drink** received. People who reported their general **health** as **fair** or **poor** were significantly more **negative** about their **ward environment**.

Table 6 Significant response compared to reference group – ward environment

Question	Positive	Negative
Main ward or room was clean	Age 75+; Males; Other and general hospitals	Emergency admissions; Fair and poor health; Day-to-day activity limited a lot; Gay/Lesbian/Bisexual/Other; SIMD2, SIMD 3, SIMD 4, SIMD 5; Large general hospitals
Bathrooms and toilets were clean	Age 75+; Males; Christian; Other, community and general hospitals	Emergency admissions; Fair and poor health; More than one long term health condition; Day-to-day activity limited a lot; Non-white; SIMD 3, SIMD 4, SIMD 5
Happy with the food/meals received	Age 35-75+; Males; Other urban areas, accessible small town, remote small town, accessible rural and remote rural areas; Other, community, long stay and general hospitals	Fair and poor health; Chronic pain lasting at least 3 months, other long term health condition, more than one long term health condition; SIMD 4, SIMD 5
Happy with the drinks received	Age 55-75+; Males; Other urban areas, accessible small town, remote small town, accessible rural and remote rural areas; Other, community and general hospitals	Emergency admissions; Poor health; Chronic pain lasting at least 3 months, other long term health condition, deafness or severe hearing impairment, more than one long term health condition; SIMD 4, SIMD 5
Equipment used for treatment was clean	-	Fair and poor health

Ward Atmosphere and noise

All characteristics related to ward atmosphere and noise questions are detailed in Table 7. People who have been treated in **general** and **other type hospitals** are significantly more **positive** for all questions relating to the **ward atmosphere** and **noise**. Those **aged over 45** were significantly more **positive** on those questions which asked about **getting help** within a reasonable time, **knowing** which **nurse** was **in charge** and the **overall** rating for the **hospital environment**.

Hospital and ward environment

People who were admitted as an **emergency** were significantly more **negative** for questions relating to **noise**, **feeling threatened** and **getting help** within a reasonable time as well as the **overall** rating for the **hospital environment**. People living in **SIMD 5 (least deprived)** areas were significantly more **negative** than those living in SIMD 1 (most deprived) for almost all questions about the **ward atmosphere** and **noise**.

Table 7 Significant response compared to reference group – ward atmosphere and noise

Question	Positive	Negative
Not bothered by noise at night from other patients	Other, community and general hospitals	Emergency and something else admissions; Age 35-54; Fair and poor health; Chronic pain lasting at least 3 months, more than one long term condition; Day-to-day limited a lot; SIMD 3, SIMD 5
Not bothered by noise at night from hospital staff	Males; Other and general hospitals	Emergency and something else admissions; Fair and poor health; chronic pain lasting at least 3 months; Day-to-day limited a lot; Non-white; SIMD 5; Large general hospitals
Received assistance within a reasonable time	Age 35-75+; Males; Christian; Other and general hospitals	Emergency and something else admissions; Poor health; Day-to-day activity limited a little and a lot; Gay/Lesbian/Bisexual/Other; SIMD 3, SIMD 4, SIMD 5; Large general hospitals
Did not feel threatened by other patients or visitors	-	Emergency and something else admissions; Chronic pain lasting at least 3 months, blindness or severe vision impairment, learning disability, more than one long term condition; Day-to-day activity limited a lot; Gay/Lesbian/Bisexual/Other Needs an interpreter
Knew which nurse was in charge of the ward	Age 45-75+; Males; Other religions and Christian; Other and general hospitals	Fair and poor health; Deafness or severe hearing impairment; Non-white; Needs an interpreter; SIMD 5
Overall, rate the hospital environment	Age 45-75+; Males; Christian; Other and general hospitals	Emergency and something else admissions; Fair and poor health; Chronic pain lasting at least 3 months; Day-to-day activity limited a lot; SIMD 4 and 5; Large general

RESULTS – CARE AND TREATMENT

Summary

The survey results show that 90 per cent of people were positive about their overall care and treatment.

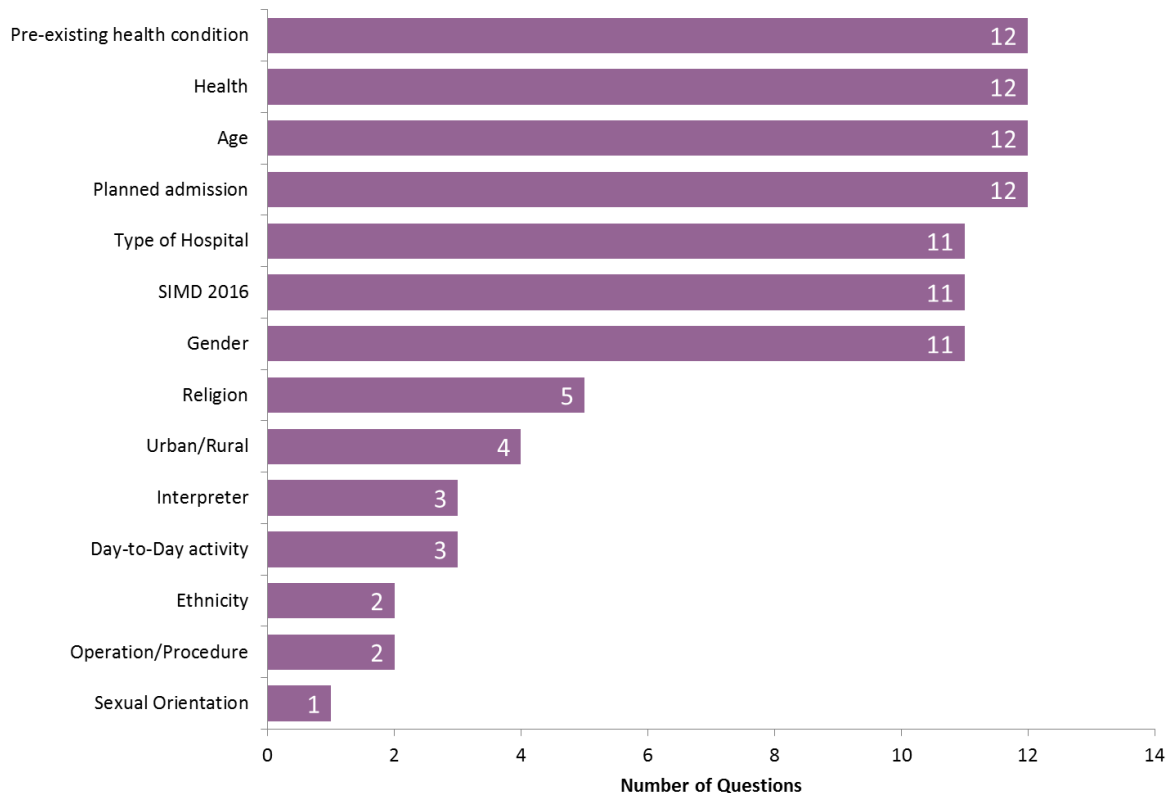
All the characteristics investigated indicated a significant impact on differences seen in responses relating to people’s experience of their care and treatment. In general **older people**, **males** and people staying in **community**, **general** and **other type hospitals** are significantly more **positive** for aspects of their care and treatment.

People who reported **fair** or **poor health**; live in **SIMD 3**, **SIMD 4** or **SIMD 5 (least deprived)** areas and those admitted as an **emergency** are significantly more **negative** for aspects of their care and treatment.

Care - overall

Fourteen of the survey questions relate to people’s experience of the care and treatment they received. All characteristics investigated are associated with variation seen for these questions (Figure 6).

Figure 6 Number of questions affected by various characteristics – care



Care and treatment

All characteristics related to care and treatment questions are detailed in Table 8. **Older people** are significantly more **positive** than those who are younger. **Males** are also significantly more positive than **females** for all aspects of care and treatment.

People staying in **other types of hospitals** and **general** hospitals are significantly more **positive** than those staying in teaching hospitals regarding getting help with aspects of care such as **washing and dressing**.

Involvement with Care and treatment

All characteristics related to patient's involvement with care and treatment questions are detailed in Table 9. **Males** were significantly more **positive** than females regarding questions around the **response to clinical errors**. **Older people** were also significantly more **positive** than young people regarding some of the questions to do with **involvement** in their **care and treatment**.

People who were admitted to hospital as an **emergency**, living in **SIMD 4** or **SIMD 5 (least deprived)** areas were significantly more **negative** regarding questions relating to involvement in care and treatment.

People who reported their **health** as either **fair** or **poor** were also more **negative** than those who reported good health, this is reflected in the people who reported **pre-existing health conditions** also being significantly more negative.

Care and treatment

Table 8 Significant response compared to reference group – ward environment

Question	Positive	Negative
Able to get adequate pain relief	Age 55-75+; Males; Non-white	Emergency and something else admissions; Poor health; chronic pain lasting at least 3 months, other long term health condition, mental health, more than one long term health condition; Day-to day activity limited a lot; SIMD 5; Large general hospitals
Privacy when being examined and treated	Age 65-75+; Males	Emergency and something else admissions; Fair and poor health; chronic pain lasting at least 3 months, other long term health condition, learning disability, more than one long term health condition; SIMD 2, SIMD 3, SIMD 4, SIMD 5
Privacy when condition and treatment was discussed	Age 65-75+; Males; Other religions and Christian; Other urban, accessible small town and accessible rural areas; Other hospitals	Emergency admissions; Fair and poor health; chronic pain lasting at least 3 months, other long term health condition, mental health, more than one long term health condition; SIMD 3, SIMD 4, SIMD 5; Large general hospitals
Help with washing and dressing	Age 45-75+; Males; accessible rural and remote rural areas; Other and general hospitals	Emergency and something else admissions; Poor health; chronic pain lasting at least months, more than one long term health condition; SIMD 3, SIMD 5
Help with eating and drinking	Age 55-64, 75+; Males; Other religions; Other and general hospitals	Emergency and something else admissions; Poor health; chronic pain lasting at least 3 months, more than one long term health condition; Need an interpreter; SIMD 3, SIMD 5
Help with the bathroom or toilet	Age 65-75+; Males; Other, community and general hospitals	Emergency and something else admissions; Poor health; more than one long term health condition; SIMD 2, SIMD 3, SIMD 4, SIMD 5
Kept physically comfortable	Age 35-75+; Males; Christian; Other, general hospitals	Emergency and something else admissions; Poor health; chronic pain lasting at least 3 months, mental health, more than one long term health condition; Day-to-day activity limited a lot; SIMD 3, SIMD 4, SIMD 5

Care and treatment

Table 9 Significant response compared to reference group – involvement with care and treatment

Question	Positive	Negative
Involved in decisions about care and treatment	Had an operation; Age 55-75+; Deafness or severe hearing impairment; Accessible remote and remote rural areas; Other hospitals	Emergency and something else admissions; Fair and poor health; Physical disability, chronic pain, mental health, more than one long term health condition; SIMD 3, SIMD 4, SIMD 5; Large general hospitals
People that matter to you involved in decisions about care and treatment	Other urban and accessible rural areas; Other and general hospitals	Emergency admissions; Fair and poor health; chronic pain lasting at least 3 months, more than one long term health condition; Non-white; Large general hospitals
Staff took adequate care when carrying out physical procedures	Age 45-75+; Males; Other and general hospitals	Emergency and something else admissions; Had an operation; Fair and poor health; chronic pain lasting at least 3 months, other long term health condition, blindness or severe vision impairment, learning disability, more than one long term health condition; Need an interpreter; SIMD 3, SIMD 4, SIMD 5
Member of staff discussed error	Males	-
Satisfied with how these events were dealt with	Age 35-75+	Gay/Lesbian/Bisexual/Other SIMD 3, SIMD 4
Moving between wards managed well	Age 45-75+; Males; Christian	Emergency admissions; Fair and poor health; more than one long term health condition; SIMD 4, SIMD 5; Large general hospitals
Overall, care and treatment during stay in hospital	Age 25-34, 45-75+; Males; Christian; Other and general hospitals	Emergency and something else admissions; Fair and poor health; chronic pain lasting at least 3 months, mental health, more than one long term health condition; Day-today activity limited a lot; Need an interpreter; Large general hospitals

RESULTS – OPERATIONS AND PROCEDURES

Summary

Over half of the people who responded to the survey had an operation or procedure and they were mostly positive about explanations provided about the operation or procedure.

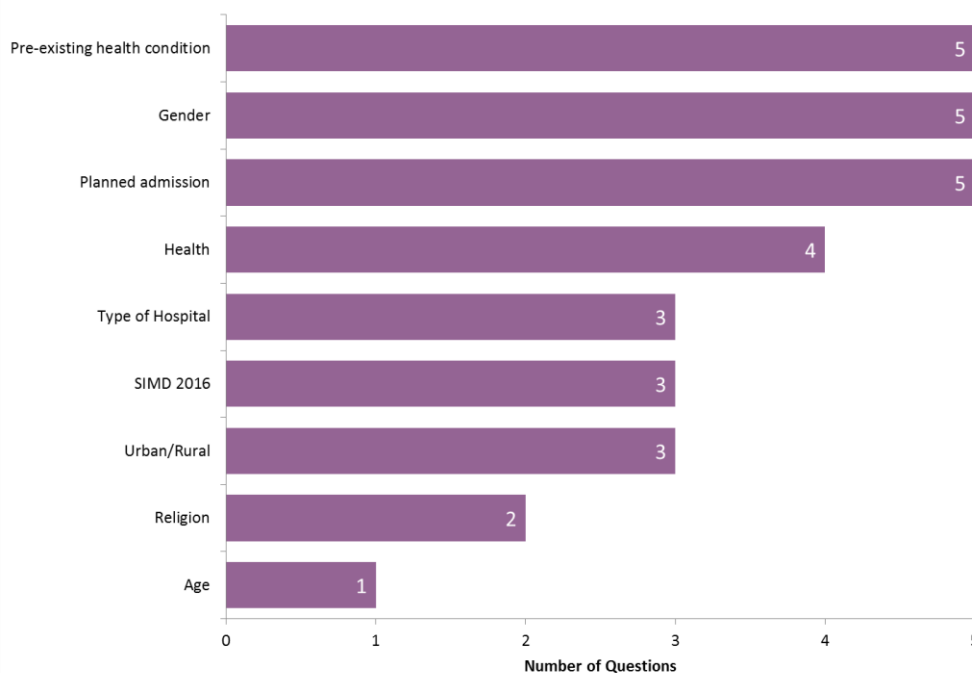
Nine of the characteristics investigated indicated a significant impact on the differences seen in responses relating to people’s experience of operations and procedures. **Males** and people staying in **other type hospitals** are significantly more **positive** for questions relating to **operations and procedures**.

People who reported **fair** or **poor health**; a **pre-existing health condition**; live in **SIMD 4** or **SIMD 5 (least deprived)** areas and those admitted as an **emergency** are significantly more **negative**.

Operations and procedures

Five of the survey questions relate to people’s experience when they had an operation or a procedure, nine of the 14 characteristics investigated are associated with variation seen for these questions (Figure 7).

Figure 7 Number of questions affected by various characteristics – operations and procedures



All characteristics related to these questions are detailed in Table 10. **Males** are significantly more **positive** than females regarding questions relating to **operations and procedures**. People living in **accessible small towns** and **accessible rural areas** are significantly more **positive** than those living in large urban areas.

Operations and Procedures

People who were admitted as an **emergency** were significantly more **negative** for questions relating to operations and procedures as were those who reported **fair or poor health**. This is reflected in the people who have **pre-existing health conditions** also being significantly more negative.

Table 10 Significant response compared to reference group – Operation and Procedure

Question	Positive	Negative
Beforehand, staff explained risks/ benefits in a way you could understand	Males; Christian; Other hospitals	Emergency admissions; Fair and poor health; physical disability, chronic pain for at least 3 months, more than one long term health condition
Beforehand, explanation of what would be done	Males	Emergency admissions; Fair and poor health; Chronic pain lasting at least 3 months, deafness or severe hearing impairment, more than one long term health condition; SIMD 4, SIMD 5
Beforehand, told how expected to feel after operation or procedure	Males; Other religions and Christian; Other urban, accessible small town and accessible rural areas; Other hospitals	Emergency admissions; Age 25-34, 75+; chronic pain lasting at least 3 months, more than one long term health condition; SIMD 3, SIMD 4, SIMD 5
Beforehand, questions answered in a way you could understand	Males; Other urban, accessible small town, remote small town and accessible rural areas	Emergency admissions; Fair and poor health; physical disability, chronic pain lasting at least 3 months, more than one long health term condition; SIMD 4
After, explained how it had gone in a way you could understand	Males; Accessible small town, remote small towns and accessible rural areas; Other hospitals	Emergency admissions; Fair and poor health; chronic pain lasting at least 3 months, other long term health condition, more than one long term health condition

Age explains differences in only one of the five questions asked about operations and procedures. Those **aged between 25-34** and **75 and older** are significantly more **negative** than those aged 16-24 for the question relating to how they would be **expected to feel after an operation or procedure**.

Where a person lives is also shown to be associated with some of the differences seen. In general, people living in **SIMD 4** or **SIMD 5 (least deprived)** areas are significantly more **negative**, as are those living in **other urban, accessible small towns** and **accessible rural areas**.

RESULTS – STAFF

Summary

The survey results show that overall people were largely positive about their experiences of hospital staff, 91 per cent were positive about the staff they came into contact with.

All the characteristics investigated indicated a significant impact on differences seen in responses relating to people’s experience of the hospital staff.

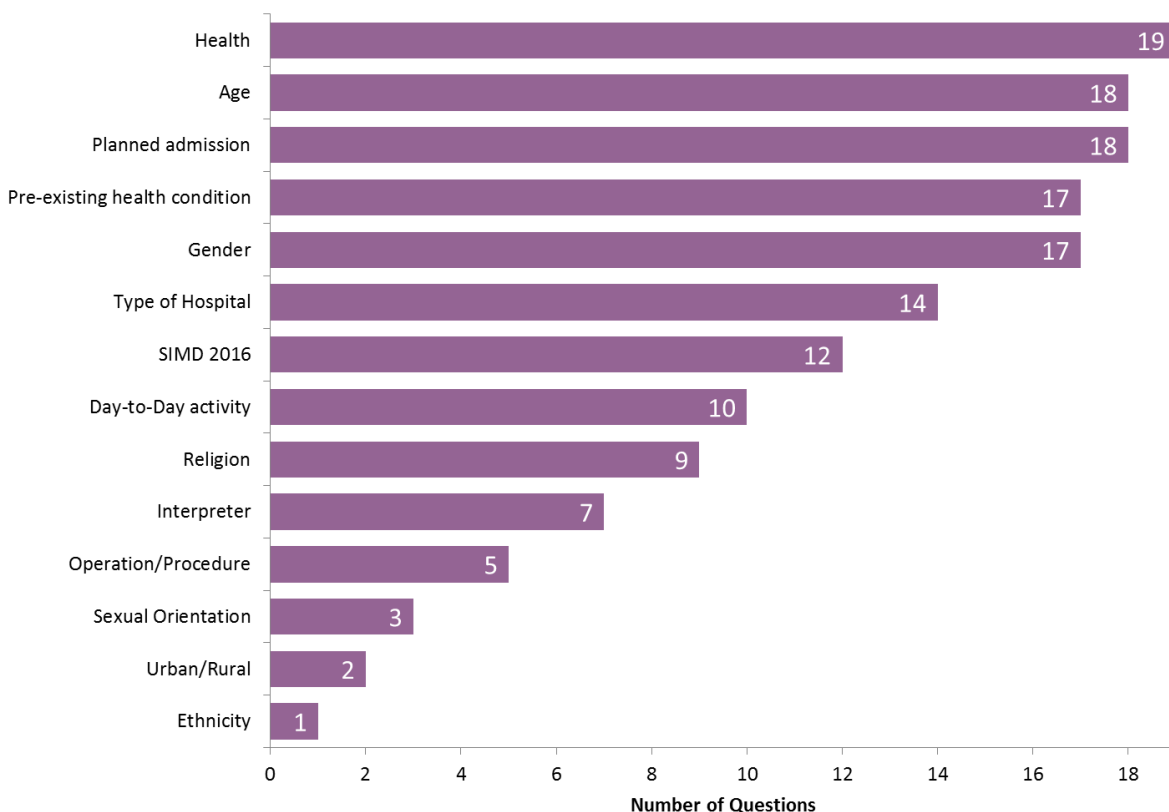
In general **older people**, **males** and those staying in **general** and **other type hospitals** are significantly more **positive** about the **staff** they came into contact with.

People reporting **fair** or **poor health** and those who were admitted as an **emergency** are significantly more **negative**. People living in **SIMD 4** or **SIMD 5 (least deprived)** are significantly more **negative** when asked about **nurses** or **other staff** they came into contact with.

Staff

Nineteen of the survey questions relate to people’s experience of the staff they came into contact with during their stay. All characteristics investigated are associated with variation seen for these questions (Figure 8).

Figure 8 Number of questions affected by various characteristics – staff



Staff

Doctors

All characteristics related to questions on doctors are detailed in Table 11. **Males** and people **aged over 45** are significantly more **positive** than the reference groups for questions regarding how they felt they were treated by **doctors**.

People with **emergency admissions** were significantly more **negative** than those who had a planned admission for all questions related to doctors. Those reporting **fair** or **poor health** were significantly more **negative** than those reporting good health, which was also reflected in the **pre-existing health conditions**.

As seen with some other aspects of the survey, people living in **SIMD 4** or **SIMD 5 (least deprived)** areas were significantly more **negative** for questions relating to whether **doctors listened to patient concerns** or **washed their hands**.

People who require an interpreter or **help with communicating**, were significantly more **negative** for four of the six questions on **doctors**.

Nurses

All characteristics related to questions on nurses are detailed in Table 12. **Males** and people **aged over 55** are significantly more **positive** than the reference groups for questions regarding how they felt and were treated by **nurses**.

People with **emergency admissions** were significantly more **negative** than those who had a planned admission for all questions related to nurses. People reporting **fair** or **poor health** were significantly more **negative** which is reflected in the **pre-existing health conditions**.

The characteristic **SIMD 2016** explains some of the differences seen in response for five of the six of questions on **nurses**, compared to two out of six questions on doctors.

All staff

All characteristics related to questions on all staff are detailed in Table 13. As seen in other areas of staffing, **males** and people **aged over 45** were significantly more **positive** when asked questions about **all the staff** they came into contact with.

People with **emergency admissions** were significantly more **negative** than those with planned admissions for six of the seven questions asked. People reporting **fair** or **poor health** were also significantly more **negative** than those reporting good health.

People who stayed in **general** and **other type of hospitals** were significantly more **positive** than those staying in teaching hospitals. The opposite is seen for those staying in **larger general hospitals**, who are significantly more **negative**.

Staff

Table 11 Significant response compared to reference group – doctors

Question	Positive	Negative
Knew enough about condition and treatment	Had an operation; Age 55-75+; Males; Other religions and Christian; Other and community hospitals	Emergency and something else admissions; Poor health; Chronic pain lasting at least 3 months, more than one long term health condition; Need an interpreter
Discussed condition and treatment in away patient could understand	Had an operation; Age 45-75+; Males	Emergency and something else admissions; Fair and poor health; chronic pain lasting at least 3 months, mental health, learning disability, more than one long term health condition; Gay/Lesbian/Bisexual/Other
Didn't talk as if patient wasn't there	Emergency admissions; Age 45-75+; Other long term condition	Emergency admissions; Fair and poor health; chronic pain lasting at least 3 months, learning disability, more than one long term health condition; Gay/Lesbian/Bisexual/Other; Need an interpreter
Listened if any questions or concerns	Age 45-75+; Males; Christian	Emergency and something else admission; Poor health; more than one long term health condition; Day-to-day activity limited a lot; Need an interpreter; SIMD 2, SIMD 4, SIMD 5
Washed/cleaned their hands at appropriate times	Males; Other religions and Christian	Emergency and something else admissions; Age 35-54, 75+; Poor health; Mental health, more than one long term health condition; SIMD 4, SIMD 5
Confidence and trust in the doctors	Had an operation; Age 45-75+; Males; Christian; Other hospitals	Emergency and something else admissions; Fair and poor health; chronic pain lasting at least 3 months, more than one long term health condition; Need an interpreter

Staff

Table 12 Significant response compared to reference group – nurses

Question	Positive	Negative
Knew enough about condition and treatment	Has an operation; Age 55-75+; Males; Christian; Other urban, accessible small town and remote rural areas; Other and general hospitals	Emergency admissions; Fair and poor health; chronic pain lasting at least 3 months, more than one long term health condition; day-to-day activity limited a little and a lot; SIMD 2, SIMD 3, SIMD 4, SIMD 5
Discussed condition and treatment in away patient could understand	Age 55-74; Males; Accessible small town and remote rural areas; Other and general hospitals	Emergency and something else admissions; Fair and poor health; Physical disability, chronic pain lasting at least 3 months, more than one long term health condition; SIMD 2, SIMD 3, SIMD 4, SIMD 5
Didn't talk as if patient wasn't there	Age 55-75+	Emergency and something else admissions; Poor health; Day-to-day activity limited a little and a lot; Other religions; Gay/Lesbian/Bisexual/Other; Need an interpreter
Listened if any questions or concerns	Age 55-75+; Males; Other and general hospitals	Emergency admissions; Poor health; chronic pain lasting at least 3 months, other long term health condition, mental health, learning disability, more than one long term health condition; Day-to-day activity limited a lot; SIMD 2, SIMD 3, SIMD 5
Washed/cleaned their hands at appropriate times	Males; Other and general hospitals	Emergency and something else admissions; Fair and poor health; Day-to-day activity limited a lot; SIMD 3, SIMD 4, SIMD 5
Confidence and trust in the nurses	Age 65-75+; Males; Other and general hospitals	Emergency admissions; Fair and poor health; mental health, more than one long term health condition; Day-to-day activity limited a little and a lot; SIMD 2, SIMD 3, SIMD 4, SIMD 5

Staff

Table 13 Significant response compared to reference group – all staff

Question	Positive	Negative
Know which nurse was in charge	Had an operation; Age 45-74; Males; Other religions and Christian; Other and general hospitals	Fair and poor health; other long term health condition; Need an interpreter; SIMD 3, SIMD 5
Were there enough nurses on duty	Age 65-75+; Males; Blindness or severe vision impairment; Other, community and general hospitals	Emergency and something else admissions; Fair and poor health; physical disability, chronic pain lasting at least 3 months, other long term health condition, more than one long term health condition; Day-to-day activity limited a little and a lot; Large general hospitals
Staff worked well together	Age 45-75+; Males; Christian; Other and general hospitals	Emergency and something else admission; Fair and poor health; more than one long term health condition; SIMD3, SIMD4, SIMD 5; Large general hospitals
Staff took account of the things that mattered to you	Age 55-75+; Males; Other and general hospitals	Emergency and something else admissions; Fair and poor health; chronic pain lasting at least 3 months, more than one long term health condition; Day-to-day activity limited a little and a lot; SIMD 5; Large general hospitals
Enough emotional support from staff during your stay	Age 45-75+; Males; Other and general hospitals	Emergency and something else admissions; Fair and poor health; physical disability, chronic pain lasting at least 3 months, other long term health condition, mental health, more than one long term health condition; Non-white; SIMD 5
Treated with compassion and understanding	Age 45-75+; Males; Other and general hospitals	Emergency admissions; Fair and poor health; physical disability, chronic pain lasting at least 3 months, mental health, more than one long term health condition; Day-to-day activity limited a lot; SIMD 4, SIMD 5; Large general hospitals
Overall, rate all the staff who you came into contact with	Age 45-75+; Males; Christian Other and general hospitals	Emergency and something else admissions; Poor health; mental health, more than one long term health condition; Day-to-day activity limited a lot; Need an interpreter; Large general hospitals

RESULTS – LEAVING HOSPITAL

Summary

The survey results show that 78 per cent of people were positive about the overall arrangements for leaving hospital.

All the characteristics investigated indicated a significant impact on differences seen in responses relating to people’s experience of leaving hospital.

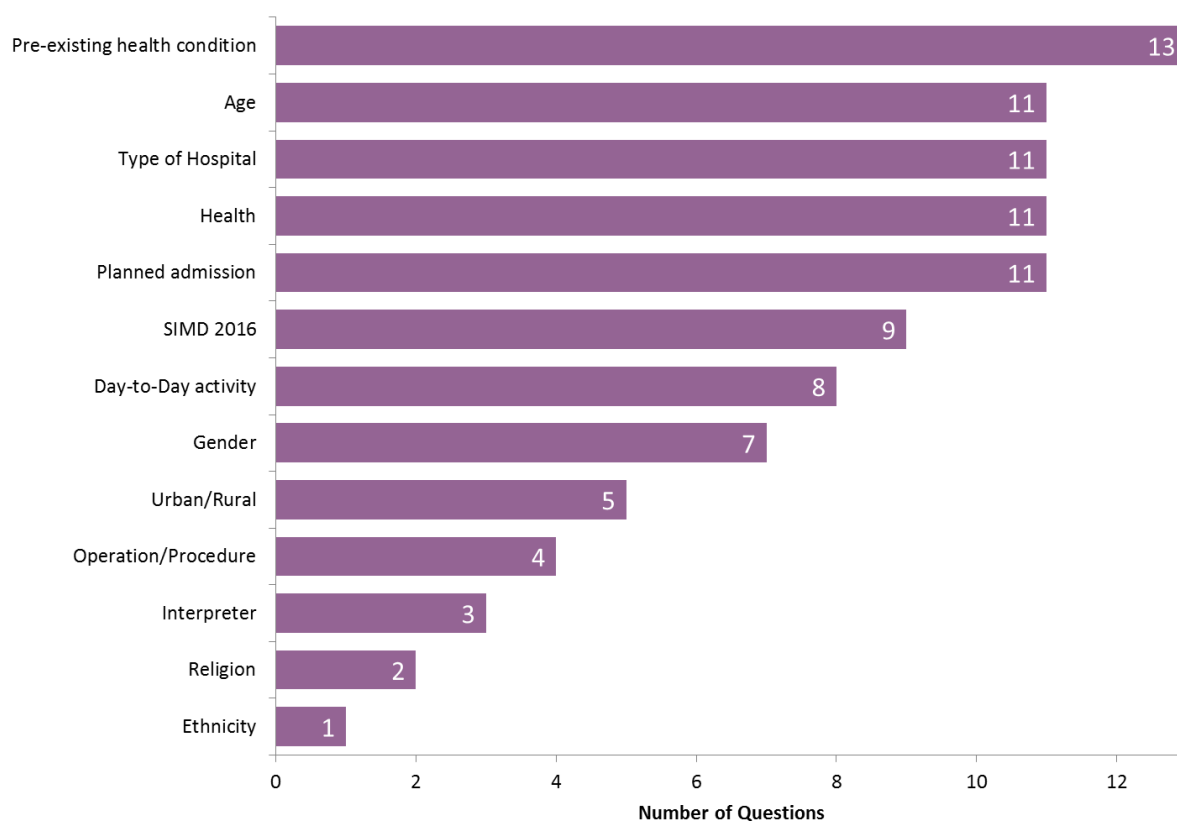
In general **older people**, **males** and people staying in **community**, **general** and **other type hospitals** are significantly more **positive** for aspects of their care and treatment when **leaving hospital**.

People who reported **fair** or **poor health**; **pre-existing health conditions**; **limited day-to-day activity** and those admitted as an **emergency** are significantly more **negative** for aspects of their care and treatment when leaving hospital.

Overall experience of leaving hospital

Thirteen of the survey questions relate to people’s experience when leaving hospital from medicines to transport home. All characteristics except sexual orientation, are associated with variation seen for these questions (Figure 9).

Figure 9 Number of questions affected by various characteristics – leaving hospital



Medicines

Four questions in the survey relate to medicines. All characteristics related to these questions are detailed in Table 14.

In general, location is associated with some of the variation seen, with those living in **accessible rural** and **other urban areas** being significantly more **positive** than those living in large urban areas as well as those living in **certain SIMD areas** being significantly more **negative** than those living in SIMD 1 (most deprived).

People **aged over 55** were significantly more **positive** than younger people regarding the **wait for medicines** although those **aged over 75** were significantly more **negative** when it came to **understanding** what their **medicines** were for.

Table 14 Significant response compared to reference group – medicines

Question	Positive	Negative
Didn't have to wait too long to get medicines	Age 55-75+; Community, long stay, general and other hospitals	Emergency admissions; Fair and poor health; chronic pain lasting at least 3 months, other long term health condition, more than one long term health condition; Day-to-day activity limited a lot; SIMD 5; Large general hospitals
Understood what medicines were for	Other urban and accessible rural areas	Emergency and something else admissions; Age 75+; Poor health; learning disability, more than one long term health condition; Day-to-day activity limited a lot; SIMD 2
Understood how and when to take the medicines	Males; Other urban, accessible rural and remote rural areas	Emergency and something else admissions; Poor health; mental health, more than one long term health condition; Day-to-day activity limited a lot
Understood the possible side effects of the medicines	Males; Accessible small towns and accessible rural areas	Emergency and something else admissions; Mental health, deafness or severe hearing impairment, blindness or severe vision impairment, more than one long term health condition; Day-to-day activity limited a little and a lot; Need an interpreter; SIMD 4, SIMD 5; Large general hospitals

Arrangements for leaving

Four questions in the survey relate to the arrangements that were made for leaving hospital. All characteristics related to these questions are detailed in Table 15.

In general, people **aged over 65** are significantly more **positive** than younger people as are people who stayed in **other types of hospital** compared to teaching hospitals.

People who had an **emergency admission** are significantly more **negative** than with planned admissions for all questions relating to **arrangements for leaving hospital**. Those reporting their **health** as either **fair** or **poor** are also significantly more **negative** than those reporting good health which is reflected in the experiences of people with **pre-existing health conditions**.

In general, people living in **SIMD 4** or **SIMD 5 (least deprived)** are significantly more **negative** than those living in SIMD 1 (most deprived).

Table 15 Significant response compared to reference group – arrangements for leaving

Question	Positive	Negative
Involved in decisions about leaving hospital	Age 65-75+; Other hospitals	Emergency and something else admissions; Poor health; Physical disability, mental health, more than one long term health condition; SIMD 4, SIMD 5; Large general hospitals
Family/home situation was taken into account	Age 65-75+; Other and community hospitals	Emergency and something else admissions; Poor health; chronic pain lasting at least 3 months, more than one long term health condition; SIMD 5
Who to contact if questions after leaving hospital	Had an operation; Age 45-75+ Males; Other hospitals	Emergency and something else admissions; Fair and poor health; physical disability, chronic pain lasting at least 3 months, mental health, more than one long term health condition; SIMD 3, SIMD 5; Large general hospitals
Told about danger signs to watch out for	Had an operation; Males; Christian; Accessible small town and accessible rural areas; Other hospitals	Emergency and something else admissions; Age 75+; Poor health; chronic pain lasting at least 3 months, mental health, more than one long term health condition; SIMD2, SIMD 3, SIMD 4, SIMD 5; Large general hospitals

Leaving hospital

Leaving hospital

Five questions in the survey relate to leaving hospital. All characteristics related to these questions are detailed in Table 16.

In general, **older people** are significantly more **positive** than younger people for questions relating to **leaving hospital**. Mixed results are seen for the type of hospital people were treated in with **other types of hospital** being significantly more **positive** and **long stay** or **large general hospitals** being significantly more **negative** than teaching hospitals.

Table 16 Significant response compared to reference group – leaving hospital

Question	Positive	Negative
Feel about the length of time in hospital	Age 25-34, 45-75+; Large general and general hospitals	Emergency and something else admissions; Poor health; Mental health; Day-to-day activity limited a little and a lot; SIMD 5; Long stay hospitals
Confident able to look after yourself after leaving	Age 55-64; Males	Emergency and something else admissions; Had an operation, Poor health; mental health, more than one long term health condition; Day-to-day activity limited a little and a lot; Need an interpreter; Long stay hospitals
Before leaving hospital, confident help you needed had been arranged	Age 55-75+; Males; Remote rural areas; Other hospitals	Fair and poor health; more than one long term health condition; Day-to-day activity limited a little and a lot; Non-white; Large general hospitals
Happy with how transport was arranged	Age 75+; Community, long stay, general and other hospitals	More than one long term health condition
Overall, rate arrangements made for leaving hospital	Age 45-75+; Males; Christian; Other, long stay and general hospitals	Emergency and something else admissions; Had an operation; Fair and poor health; chronic pain lasting at least 3 months, more than one long term health condition; Day-to-day activity limited a little and a lot; Need an interpreter; SIMD 3, SIMD 4, SIMD 5; Large general hospitals

RESULTS – CARE AND SUPPORT SERVICES

Summary

The survey results show that 81 per cent of people were positive about the care and support services they received after leaving hospital.

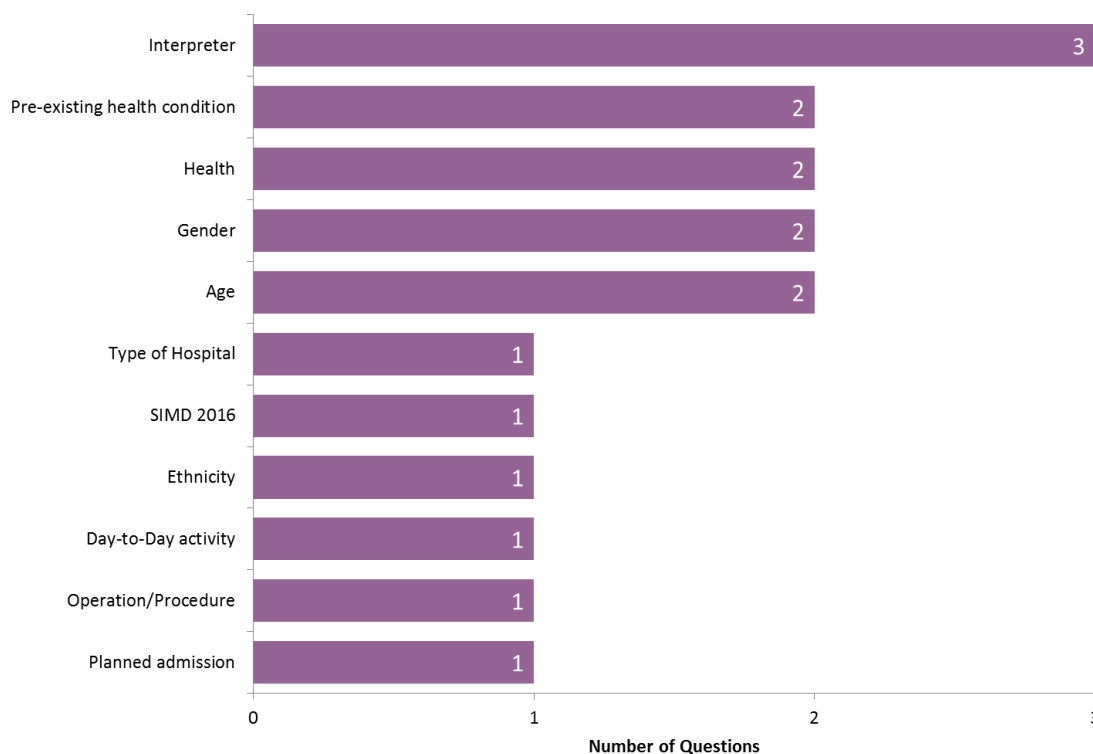
Eleven characteristics investigated indicated a significant impact on differences seen in responses relating to people’s experience of the care and support services they received after leaving hospital.

In general, **older people** and **males** are significantly more **positive** whereas people who reported **fair** or **poor health**; **pre-existing health conditions** or that they require **help with communication** are significantly more **negative** about the **care** and **support services** received.

Care and support service

Three of the survey questions relate to people’s experience after they have left hospital with care and support services. Eleven of the 14 characteristics investigated are associated with the variation seen for these questions (Figure 10).

Figure 10 Number of questions affected by various characteristics – Care and support services



All characteristics related to these questions are detailed in Table 17. People who need an interpreter or **help to communicate** are significantly more **negative** than those who do not need help to communicate, for all questions asked on **care** and **support services**.

Care and support services

Table 17 Significant response compared to reference group – leaving hospital

Question	Positive	Negative
Have to stay in hospital longer than expected to wait for your care or support services to be organised	Had an operation; Age 65-74	Emergency and something else admissions; Poor health; Day-to-Day activity limited a little and a lot; Non-white; Need an interpreter
Feel the care and support services that were right	Males	Fair and poor health; chronic pain lasting at least 3 months, mental health, more than one long term health condition; Need an interpreter
Overall, rate care or support services after leaving hospital	Age 55-75+; Males; Community hospitals	More than one long term health condition; Need an interpreter; SIMD 3, SIMD 4, SIMD 5

RESULTS - FEEDBACK

Summary

The survey results show that 63 per cent of people had not seen or were not given information on how to provide feedback.

The following ten characteristics indicated a significant impact on the differences seen in responses relating to people being provided information on how to give feedback:

- Type of hospital
- SIMD 2016
- Need an interpreter or help with communication
- Ethnicity
- Pre-existing health condition
- Health status
- Gender
- Age
- Had an operation/procedure
- Planned admission

In general, **older people** and **males** are significantly more **positive** whereas people who reported **fair** or **poor health**; were an **emergency** admission; require **help with communication** and those living in **SIMD 2, SIMD 3** or **SIMD 5 (least deprived)** areas are significantly more **negative**. All characteristics related to this question are detailed in Table 18.

Table 18 Significant response compared to reference group – feedback

Question	Positive	Negative
Given information explaining how to provide feedback or complain to the hospital about the care received	Had an operation; Age 55-74; Males; Non-white; Other, long stay and general hospitals	Emergency and something else admissions; Fair and poor health; More than one long term health condition; Need an interpreter; SIMD 2, SIMD 3, SIMD 5

CONCLUSIONS

This analysis was performed to ensure that when determining the effect of one characteristic on patient experience, all other characteristics which may also have an influence are taken into account. The analysis identified differences in the experiences of patients from different groups, however, due to the complexity of the findings readers are advised to consider overall patterns and avoid over-interpretation of the individual results.

In general, the following characteristics have an effect on large sections of the inpatient experience survey:

- Health status (Fair and poor were significantly more negative)
- Pre-existing health condition (significantly more negative)
- Age (Older people were significantly more positive)
- Gender (Males were significantly more positive)
- Planned admission (Emergency admissions were significantly more negative)
- Type of hospital (People attending Other, General and Community were significantly more positive, Large General were significantly more negative)
- SIMD (People living in SIMD 4 and SIMD 5 (least deprived) were significantly more negative)

Discussion

Health status affects the largest proportion of the questions asked with those reporting fair or poor health being more negative. Pre-existing health conditions also affects a large portion of questions which suggests that health status has more of an influence on patient experience than other characteristics.

Older people are more likely to be positive than younger people and males are more likely to be positive than females. It is unclear if the difference is due to younger people or females receiving poorer services or if it reflects different expectations between the different groups.

People who were admitted to hospital as an emergency were more likely to report a negative experience across the survey. This may be due to these people having higher levels of anxiety, stress and confusion associated with being admitted in an emergency situation.

Differences are seen between the various SIMD ranks, with people living in SIMD 4 or SIMD 5 (least deprived) being more negative than SIMD 1 (most deprived). It is unclear why this is the case and may be due to differences in expectations.

Conclusions

These findings are similar to those found from previous research³. Similar variation analysis⁴ was conducted on Inpatient Experience Survey 2010, although due to changes between the 2010 and 2016 survey questions, as well as the characteristics analysed, direct comparisons cannot be made.

³ <http://www.picker.org/wp-content/uploads/2014/10/Multi-level-analysis-of-inpatient-experience.pdf>;

Healthcare Commission (2006). Variations in Patient Experience in England: Analysis of the Healthcare Commission's 2004/05 National Patient Surveys;

Commission for Health Improvement (2004). Unpacking the patient's perspective: variations in NHS patient experience in England. London: Commission for Health Improvement.

⁴ <http://www.gov.scot/Publications/2011/08/29131615/0>

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