

What Patients Think 2

Trends and variation in patient experience
across hospital trusts in England 2020-21

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Foreword

It is now a year since the first 'What Patients Think' review was published; the first time the NHS could see comprehensive, meaningful, real-time information showing what patients really thought about their care.

The pandemic was a grave problem then, and NHS staff were working tirelessly, still caring for many Covid patients every day. The NHS is still dealing with many Covid related issues and under such pressure it would be easy to lose sight of the importance of patient feedback to the delivery of services. Extra effort is therefore required to do all we can to collect and analyse patients' experience of care.

This second report helps to give even further insight into patients' views, using high volumes of data collected and reviewed across all acute trusts in England. Never before has there been such a consistent methodology allowing the comparison of like with like across the whole country.

The report shows there has been a considerable dip in patient satisfaction with NHS services across the board. Whilst we can understand the inevitable impact of Covid on these views, the significance of the decline is stark. More worryingly the variation underlines the reality that, even in these difficult times, some providers are better

able to provide a service which meets patients' needs than others. The report identifies the high-level findings, but underneath this is a wealth of information which can help hospitals and those who commission care from them to really understand what's going on in their departments. This can lead to improvements in the way they work, not only in relation to the patient experience but other aspects of quality as well, especially safety. And it can help in identifying where inequalities exist and hopefully direct attention to reducing them.

Over the last year PEP Health has collected much more data and continued to refine its analysis. It offers real-time insight into the experience patients have of care and their perceptions of how they are treated. Combining a multitude of data sources – social media as well as traditional methods such as the Friends and Family test – it can pinpoint what is going on in different parts of the country as well as different departments in individual hospitals. And the evidence grows that this insight can identify safety issues more quickly than the traditional inspection model.

The data in this report identifies views and trends across many levels – how the regions compare, what is happening in different ICSs and how individual hospital trusts fare against their counterparts. It is at its most valuable in identifying the huge variation which exists, often with no clear justification as to why some NHS services appear to be so much more sensitive to patients' experience than others.

I hope that the report will be helpful in raising awareness of this variation and will thus prompt providers of care as well as their commissioners and those who oversee the wider system to consider how they can dig deeper into the detail underpinning this report. Only then can the relevant boards support improvement in those hospitals or departments where there appears to be a problem and celebrate those who have made the patient experience a priority and deliver care which is accordingly of a higher quality.

Dame Barbara Hakin



Executive summary

About PEP Health

The Patient Experience Platform (or PEP for short) delivers comprehensive real-time reporting of what patients really think about their care and provides actionable insights to inform decisions.

Through our rigorous application of data science and healthcare-based natural language processing, we show you how your departments and services are perceived, and what patients value based on millions of comments.

PEP Health's dashboard provides an easy-to-use real-time overview of patient experience across your organisation, and how it has changed in recent months. The dashboard gives you rapid and intuitive insights, allowing you to track trends and drill down to specific departments or individual comments.

Great and not-so-great experience

We use only those comments that are directly about care episodes and that can be linked to a specific provider. Crucially, these scores are based on patients' judgement of their care.

Patients who are treated with respect and kindness, while seeing processes that work, rate their experiences highly.

Conversely, chaotic processes leaving patients waiting without clear communications, and worse, experience of rude staff, are intensely disliked.

Falls in overall experience and greater variation over the past year

The lockdown early this year shows a marked improvement in patient experience ratings, echoing a similar trend seen in 2020. However, in recent months we have seen ratings across the country fall significantly and variation between trusts rise.

Just 23% of acute non-specialist trusts improved their overall experience ratings in the past 12 months. These show that it is possible to make improvements despite headwinds caused by Covid and other pressures. It also follows that patient experience has on average declined across 77% of trusts in the past year.

While trusts in London cluster at the bottom of performance this year, top performing trusts show it is possible to serve densely populated urban areas with many patients coming from deprived communities and deliver some of the best patient experiences in the country.

Individual trusts, often in neighbouring areas, show considerable variation, again implying that patient experience is more about the actions trusts take, rather than something inherent about local populations. This also gives a message to patients that the biggest factor affecting your healthcare is your postcode.

Executive summary continued...

Maternity provision – sharp falls, with some trusts delivering more poor than good experiences

We see sharp falls in ratings for maternity provision. Historically, maternity departments have outperformed their respective acute trusts. However, that pattern has been reversed this year.

There are still strong performers in maternity, but those at the bottom are seeing more patients report negative experiences compared to positive. This is something we have rarely, if ever, seen before in maternity care across multiple trusts.

Accident and emergency – the canary in the cage for trust and wider system performance

All areas of the country have faced considerable challenges over the past 12 months, with that pressure felt especially strongly in Accident & Emergency departments. However, some have performed considerably better than others.

Given the critical role that A&E departments play in their local communities, acting as a key gateway to healthcare, especially when other local services are under strain, we see evidence that A&E is a leading indicator for trusts as a whole and for their wider health and social care systems.

We also see evidence that mental health patients report poorer experiences at many A&E departments compared to other patients.

Crucially, even though many patients experience long waits, their comments distinguish between services where there is an obvious process supported by clear communications and visible, caring staff, and those services which appear chaotic and where patients feel ignored. Acting on patient insights therefore offers a key mechanism to identify and fix problems early, both within trusts and across Integrated Care Systems.

Insights into domains of healthcare quality

We see evidence that rapid access to care across the entire trusts, i.e. beyond A&E has fallen sharply over recent months, which is especially concerning as we are about to enter the challenging winter period.

Conclusion

Without information, we are unlikely to take action, and even if we do, it is virtually impossible to know whether it has been targeted accurately or been effective.

PEP Health's analysis offers a standardised methodology to gain deep quantitative and qualitative insights into how patients experience their healthcare.

Insights and recommendations

The challenges of managing the ongoing pandemic while also recovering from the backlog arising from 2020 and beyond are immense. Those challenges mean that the health service will have to change in ways that are only just beginning to emerge. If we are to manage those changes effectively and achieve a health service that works for patients, then we must listen and respond to their experiences at every step along that journey.

That is exactly why PEP Health was created – to derive insights from patient experience that can lead to improvements in care. Throughout this report we highlight how the findings could be used by providers and policy makers to identify target areas for improvement:

- The data show conclusively that local variation is the norm, not the exception.
- Over the past year on average, variation has increased while performance has decreased.
- This variation happens over time and across geography. We see considerable differences among regions, among neighbouring trusts within the same ICSs and right down to departments at the same organisation.

- Changes in patient experience occur constantly, and what patients say at the time of their care frequently gives more timely and richer insights than our traditional ways of capturing performance information:
 - One-off snapshot metrics such as annual surveys may miss performance dips delaying issues from coming to light until long after they have become embedded.
 - Continuously listening to patients is essential to make accurate judgements about which improvement initiatives are having noticeable effects.
 - Tracking patients' reported experiences of waiting can reveal important gaps and weaknesses that may be hidden by waiting time standards.

Those traditional metrics and surveys have their place, but they must be complemented by real-time information if we are to achieve genuinely responsive health services.

We therefore recommend that all elements of the system should commit to real-time monitoring of patient experience and acting upon those insights.

1. For **provider leadership**, this should be an essential part of the board assurance process to ensure that:
 - a. Quality aspirations are routinely met and exceeded within their organisations.
 - b. A wider understanding about what is possible is achieved by benchmarking with neighbouring trusts and similar providers further afield.

- c. Providers actively seek to share and learn from excellent practice within and across organisations.

2. Operationally

- a. Real-time patient feedback should be embedded into quality improvement initiatives, focusing managers' and clinicians' attention towards issues as they arise.
- b. Changes in measured patient experience should be routinely used as a key metric to assess the effectiveness of improvement initiatives.

3. Commissioners, regulators and system managers

with oversight across multiple providers should use real-time patient monitoring to inform decisions and direct action, aware that timely information can cover gaps often missed by currently used metrics. This should lead to:

- a. Prioritising resources to address issues that matter to patients.
- b. Informing lines of enquiry to explore areas of concern.
- c. Targeted interventions across geographies to raise care quality and understand the root causes underlying problematic issues.

Historically, we had little choice but to rely on lagging indicators of quality but now we no longer have to drive informed largely by the rear-view mirror. By listening at scale and in real-time to a wide and diverse population of patients, we can act promptly and accurately to address what matters most to patients.

About PEP Health – the Patient Experience Platform

We combine data from publicly available online sources, including social media, and produce real-time insights into what patients think and say about their experience of care. Through our rigorous application of data science and healthcare-based natural language processing, we show you how your departments and services are perceived, and what patients value based on millions of comments.

The way we analyse the views of patients is unlike any other. The Patient Experience Platform (or PEP for short) delivers comprehensive real-time reporting of what patients really think about their care and provides actionable insights to inform decisions. These insights empower you to provide a safer, better patient experience by helping prioritise resources, improve services, reduce complaints and boost staff morale.

We share insights into safety, predicting areas of concern and flagging where urgent changes are needed. We compare your organisation with others and monitor the progress of subsequent actions. It defines a new approach in how patients' views are used as a force for good, to not only enable positive change but allow organisations to fix issues before they take hold. We can even predict the outcome of your next regulatory inspection.

Our algorithms, specially created for the world of healthcare, reveal national trends and accurately categorise comments according to theme, region, provider and individual department, giving a comprehensive understanding of the variations in patient experience and safe care provision across settings.

We provide an 'overall experience' measure as well as categorising comments into one or more of the eight commonly used quality assessment areas of effective care; fast access; emotional support; continuity of care; involvement and support for family and carers; clear information, communication and support; involvement in decisions in respect of preferences; and appropriate environment addressing physical and environmental needs.

Our software is developed by experts who care deeply about our health service. The platform was conceived by people with a vast experience in healthcare. From entrepreneurs and medical doctors to data scientists and psychologists, our management team has an exceptional track record in achieving results.

PEP Health is the only patient experience innovation ever selected to join the award-winning NHS Innovation Accelerator. In 2021, PEP Health was invited to showcase its technology at the G7 and has won the European Patient Digital Health award, as well as the global Health Tech Award from the International Trade Council.

In addition to hospital care we are now preparing to understand what patients think of their primary care as well as care received for specific diseases and conditions. Our first empirical evidence has just been [published by the Lancet](#), describing the variation in patient experience of those living with obesity or who are overweight across different regions in England.

PEP Health – awards and accolades

- The only patient experience innovation ever selected to join the award-winning NHS Innovation Accelerator
- Winner of the User-led Innovation category at the HTN Health Tech Awards in October 2020
- Merck Silver Award winner 2021 Patient Experience Data Challenge
- G7 Cornwall 2021 chosen as one of four technologies to showcase leading innovations in the UK
- Go Global Awards, gold winner Health-Tech category 2021 sponsored by the International Trade Council
- European Patient Digital Health Awards (PDHA sponsored by MSD), Winner for Returning to Care (in the context of COVID-19)
- Among the top 100 Digital Health companies from Department for International Trade
- Among the top 50 CEOs nominated by Tech Innovators magazine

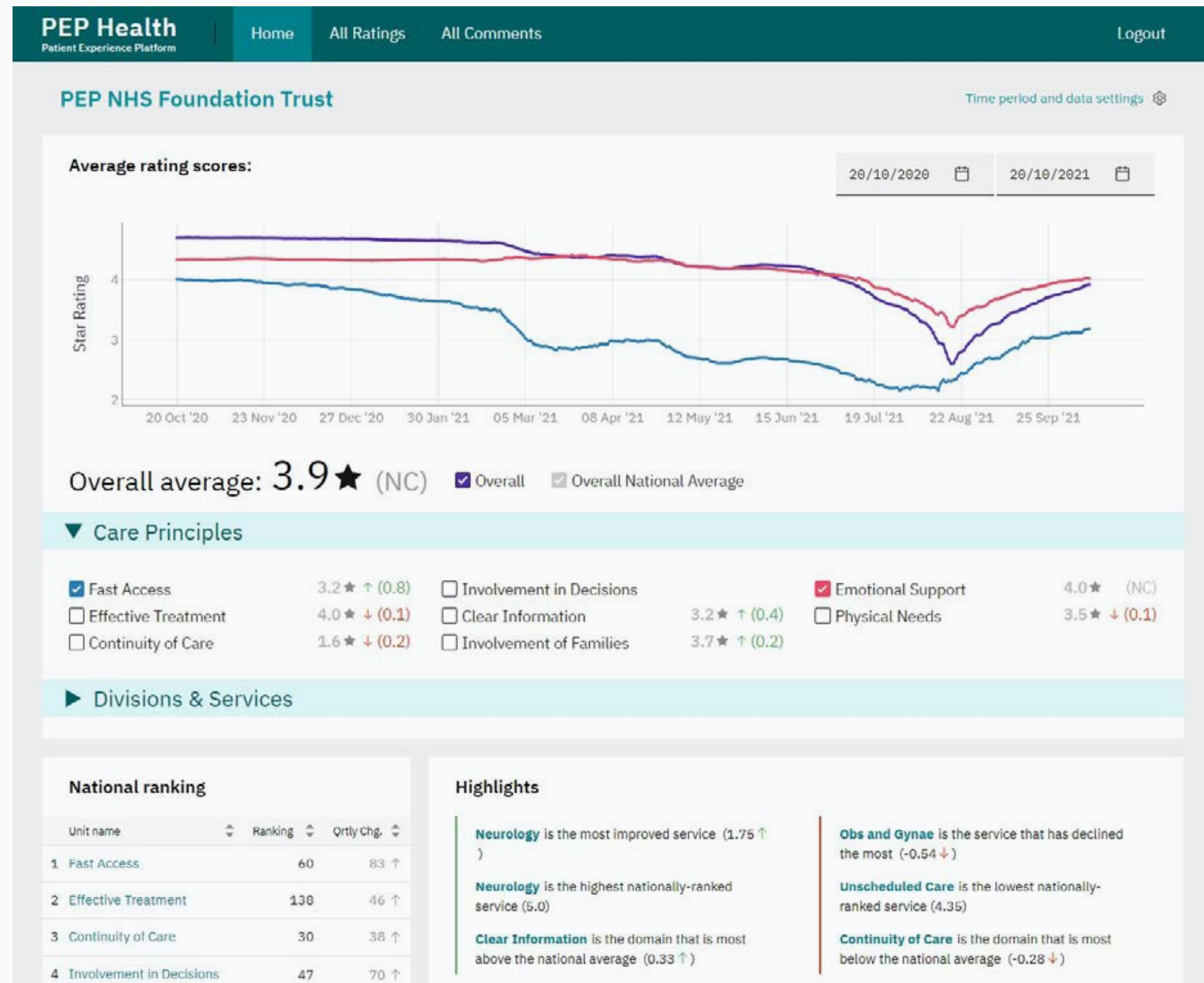


Fig 1. The PEP Health dashboard summary view

Immediate intuitive insight – the PEP Health dashboard

PEP Health's dashboard provides an easy-to-use real-time overview of patient experience across your organisation, and how it has changed in recent months.

Users can drill down at the click of a button to explore specific quality domains, or specific departments, right down to individual users' comments. As well as insights into your organisation, all patient experience ratings are put into the context of the national picture.

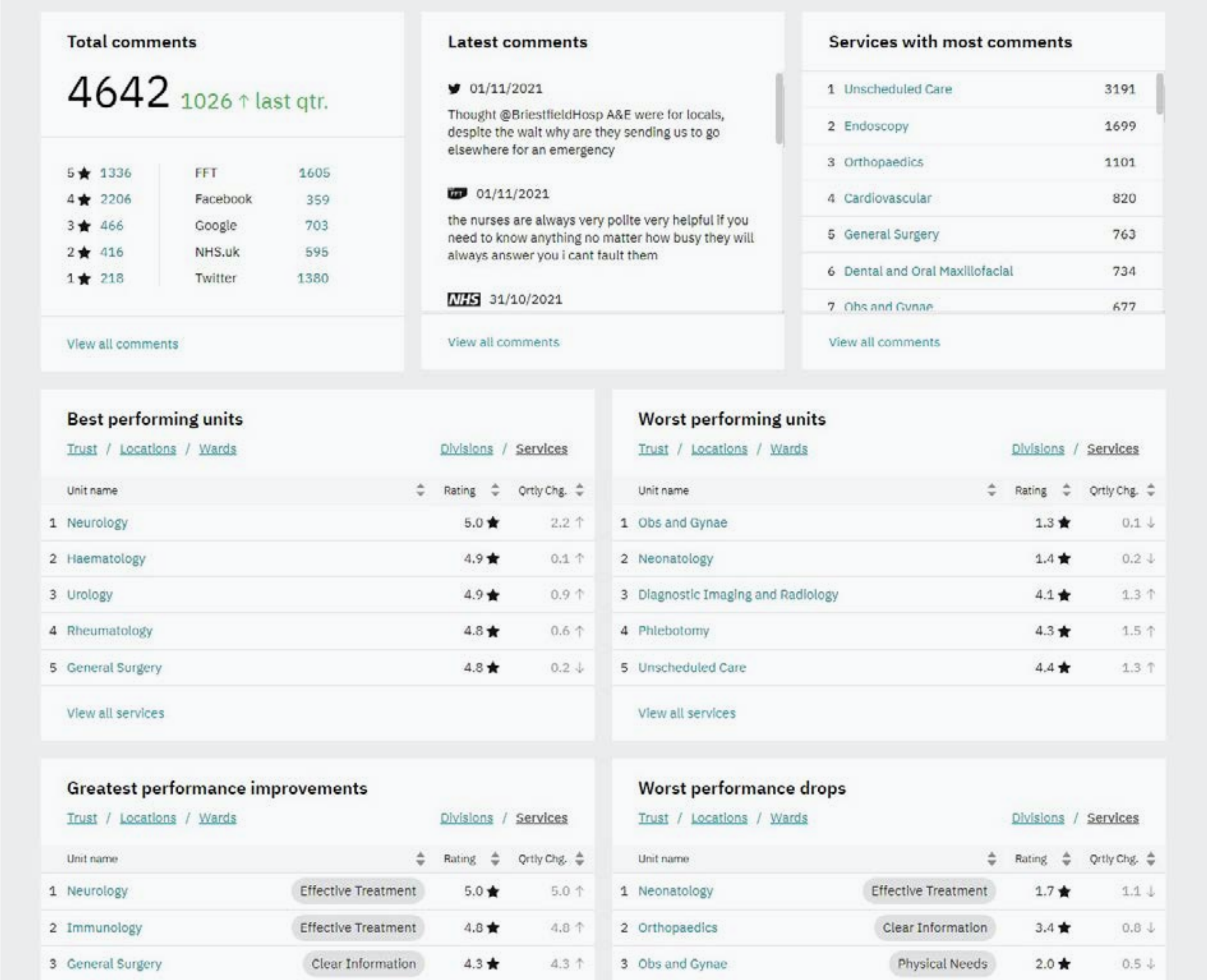


Fig 2. The PEP Health dashboard's view of individual departments

Understanding in real-time how patient experience within different departments is changing is essential to head off emerging problems before they become a major issue and to monitor the success of new initiatives. Users can see all this information straight from the homepage of the PEP Health dashboard, including the best and worst performing units, as well as those which are seeing the most change.

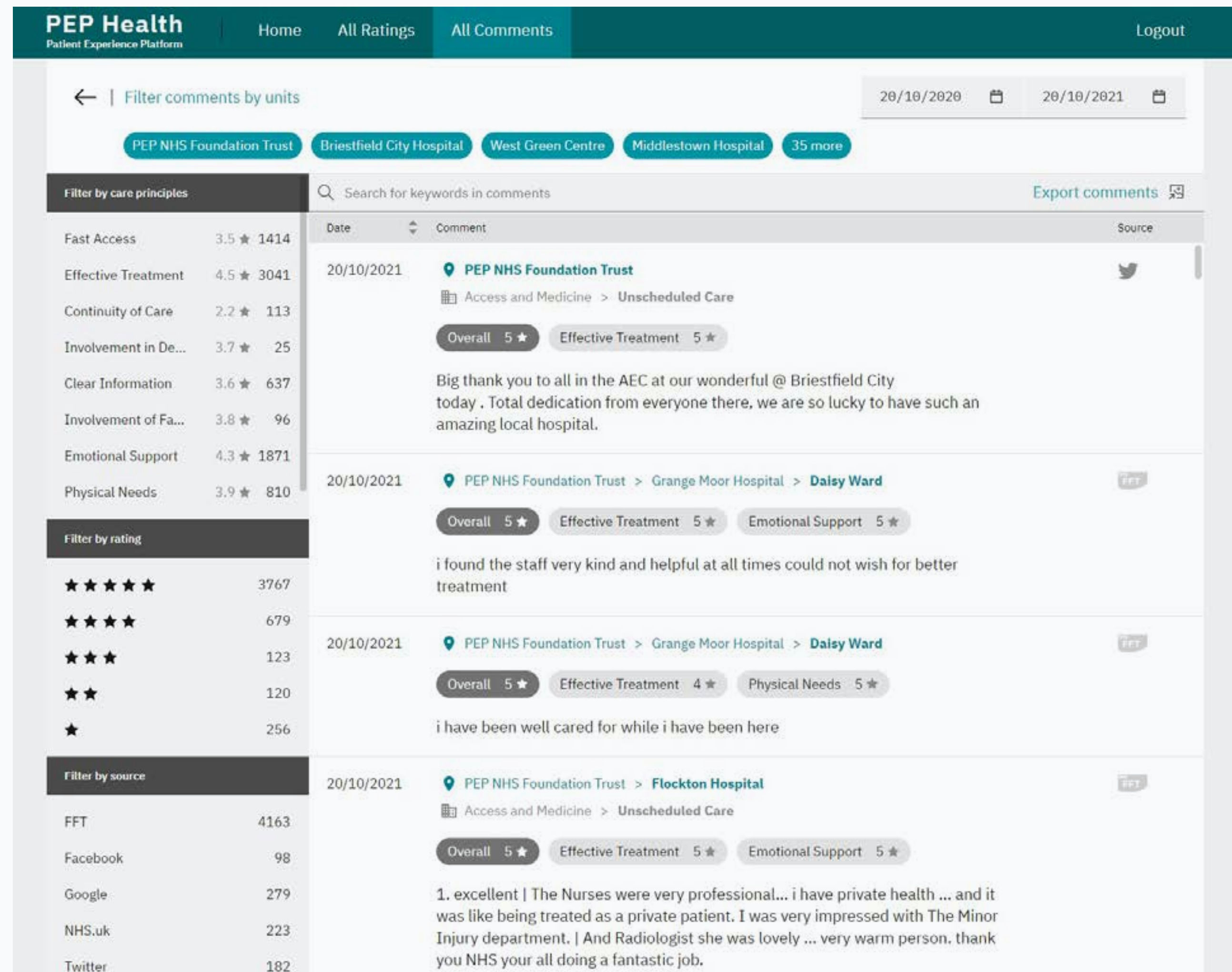


Fig 3. Easy access to all patient comments through PEP Health's dashboard

Monitoring individual comments is another crucial element to understanding specific concerns and what's working well, so **PEP Health's dashboard provides easy access to all comments**, filterable by care principles, rating, source and department.

Understanding the information in this paper

A focused lens on patient experience

PEP's insights are based directly on patients' reported experience of their care.

Our methodology involves capturing around 10 million data points per annum from publicly available forums and social media. We use only those comments that are directly about care episodes and that can be linked to a specific provider. General sentiment about healthcare, such as comments about the 'clap for carers' phenomenon, are not included.

This report focuses on acute trusts, though our approach can be used to provide insights into any type of health-care organisation. For example, we are working with mental health and primary care providers to identify insights into those sectors.

Near real-time insights

In stark contrast to traditional means of collecting patient experience information, we can collect, process and analyse data in near real-time. Instead of waiting months or sometimes even over a year for results, the cut-off point for data in this report is just days before publication – October 2021.

Scoring which tracks patients' views

Because many of these comments are bound to numerical ratings, our algorithms can learn how patients typically score their experiences. Through rigorous testing we have a high degree of confidence that we can predict

how other comments would be evaluated. To avoid distortion through small numbers and outliers, we apply volume thresholds before reporting any figures and the scores are based on a 90-day moving average.

Crucially, these scores are based on patients' judgement of their care. We are not a third-party judge. Our goal is to accurately reflect patient views and the ratings they give to the care they receive.

Throughout this report, a '5' rating represents high quality care while a rating of '1' indicates a poor experience, as perceived and rated by patients. Encouragingly, we find that most care is rated at the high end of the scale. But problems do exist, and poor numerical ratings are almost always accompanied by patient stories that should raise concerns.

As well as scoring comments, our machine learning approaches can accurately categorise comments that relate to specific departments and specialties, as well as to care quality domains

View by care quality domains

Numerous bodies have explored how best to describe different aspects of care quality. Our algorithms accurately identify comments that relate to the three high-level areas of care quality: safety, effectiveness and patient experience.



We often see comments that raise questions about different aspects of care. This allows us to dig deeper and segment by the eight domains used by many healthcare organisations both in the UK and globally. This report explores trends and variations in some of those domains:

- 1 Effective care
- 2 Fast access – a measure of how quickly patients obtain care when they need it across the entire organisation
- 3 Emotional support
- 4 Continuity of care
- 5 Involvement and support for family and carers
- 6 Clear information, communication and support
- 7 Involvement in decisions in respect of preferences
- 8 Appropriate environment, addressing physical and environmental needs.

Departmental and speciality-level insights

As well as care quality domains, we can extract and analyse comments related to specialty or hospital department. This report references maternity, oncology and care delivered in Accident and Emergency departments.

Listening to patients

We do not pretend to be a regulator. We do not pass judgement or seek to direct the scores we present. We simply seek to collate and accurately provide insights into the collective views of the millions of patients who receive acute care every year.

Because we reflect patients' views, it is likely that some judgements made by patients may diverge from clinical evidence. However, if we have learnt anything from the past 20 years of healthcare, we should note that when significant numbers of patients express concerns, the entire health community would be wise to take note.

“

If could rate this hospital 0 I Would. The staff are very rude. They don't care about the patient or the safety of the patient. I was put with a COVID positive patient and they did nothing about it after asking them repetitively of moving me out of the room. I had to self discharge baring in mind I am still very unwell.

“

Incredibly efficient, friendly, competent and hard working. Was so impressed how quickly I was processed. Fabulous hospital, amazing staff.

“

I explained that we had been at the hospital for 8 hours and that my wife was feeling tired and sick. I was told that other people had been waiting longer than us and the unit was short staffed. 30 minutes later my wife got her medication and we left. Unnecessary delays. Why weren't blood & urine tests done at the same time? Why did 3 doctors see my wife? Why so long for medication? Terrible service.



“

14

[illegible]

“

You'd think during a pandemic they'd seem a little stressed or uneasy but they honestly couldn't be any more amazing, masked up, respectful, friendly, just the most incredible experience

Overall experience

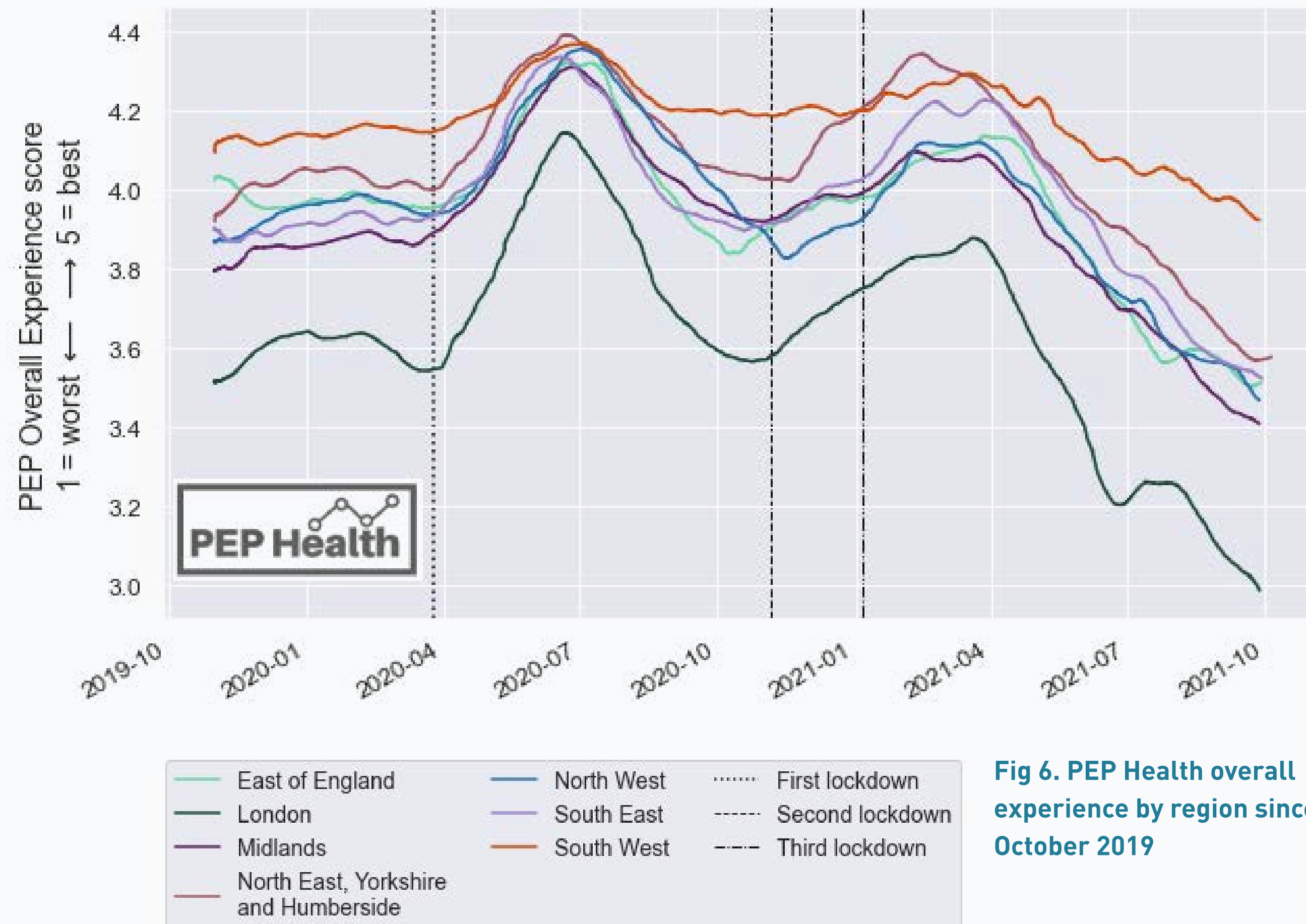


Fig 6. PEP Health overall experience by region since October 2019

¹ This graph includes ratings of all acute NHS providers, i.e. both specialist and non-specialist trusts

Two years of turbulence

Our data and analysis over the past two years tells the story of how patients have experienced the pandemic affecting their health care.

Perhaps counter-intuitively, ratings of overall patient experience rose significantly during the first Covid wave.¹ People across all regions of the country reported a far better experience than they expected before seeking care. However, as we came out of lockdown a year ago, we saw the quality of patient experience generally falling as the winter approached. Only the South West, which has historically been among the best performing regions, managed to come close to maintaining its overall score, and even here we saw falls.

The Covid wave at the beginning of 2021 was again met by generally rising patient experience ratings. Some regions, most notably the North East, Yorkshire and Humberside, reached levels of patient experience scores in the spring of 2021 that were similar to the highs of the previous summer. However, patient-reported experiences at the peak of the second wave were generally lower than in 2020.

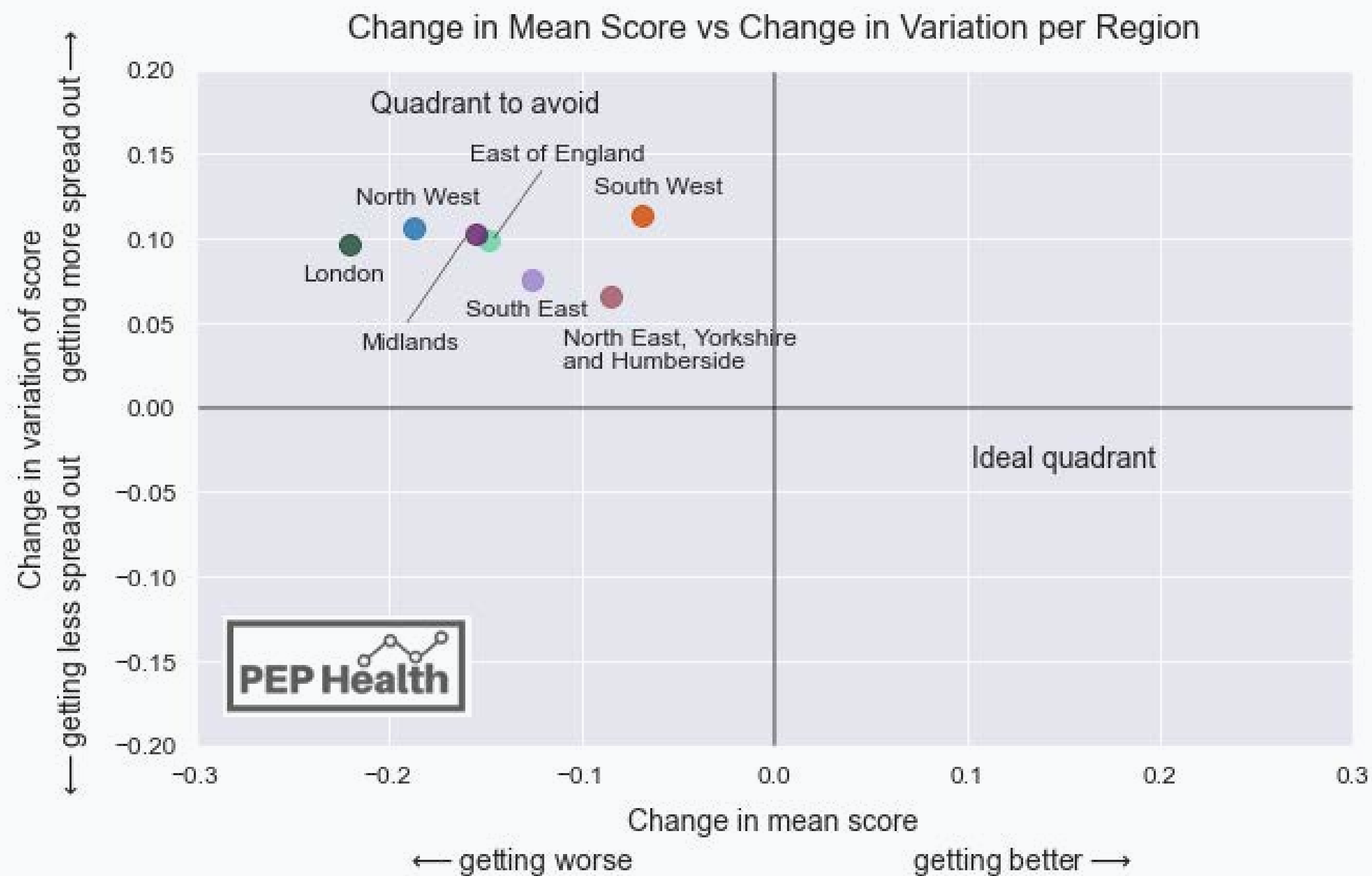


Fig 7. Greater variation and poorer experiences

By April 2021, as we began moving out of lockdown, we saw a slide in patient experience ratings across all regions, most notably in London. It is worth highlighting that the current mean rating of 3 in London implies as many negative as positive ratings. This bucks the historic trend and raises significant questions about the system's ability to deliver a consistently good experience of care. By contrast, patient experience ratings in the South West, although lower than earlier in the year, are still above the national mean for the past two years.

So we see considerable variation both over time and across geographies, but these regional differences mask much starker disparities that exist among different Integrated Care Systems and individual organisations.

Figure 7 plots variation against changes in patients experience ratings. An improving system would have less variation and higher quality, i.e. we would see regions clustering in the bottom right-hand corner of the graph above. Instead, we see all the regions clustering in the quadrant that shows more variation and poorer performance.

“

Everything was very well organised and really couldn't fault them. Excellent thank you so much

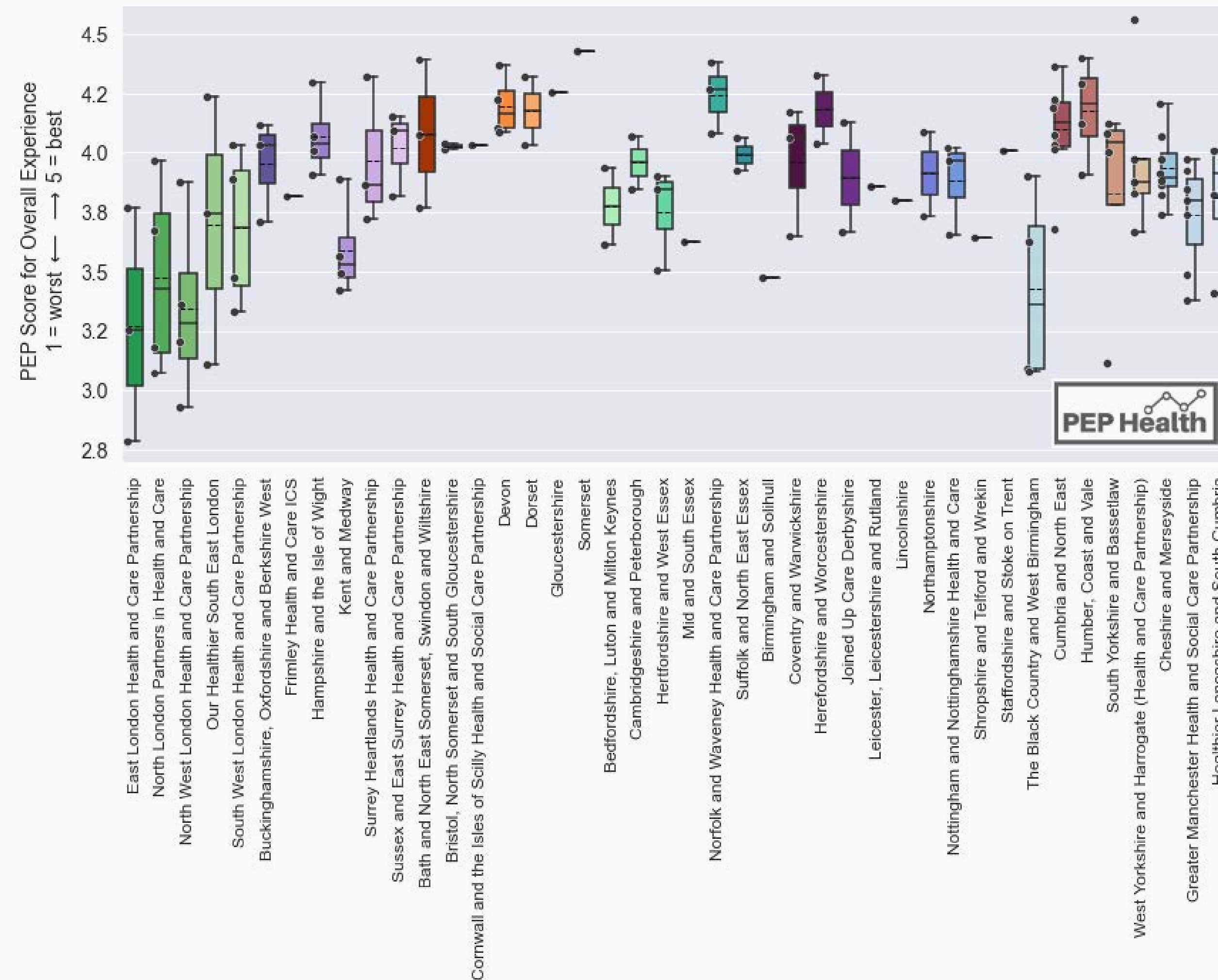


Fig 8. Variation in overall experience across Integrated Care Systems

² Variation is measured by standard deviation in provider mean scores; change in mean is measured between the most recent 12 months and the preceding 12 months

Variation across and within Integrated Care Systems

When we look at individual trusts within the context of their local Integrated Care Systems, we see considerable variation, often in neighbouring areas.

The box plot (figure 8) illustrates how patient experiences in London are notably poorer in the north, but to the south of the Thames ratings generally rise considerably. Beyond the capital, the Midlands is the region with the most variation, especially among trusts in the west – an area which has seen one of the sharpest falls outside of north London.

The message to patients is clear: your postcode is one of the most significant determinants of the quality of care you receive, but if you are able and prepared to travel to nearby trusts, you may be able to choose a provider able to deliver a better patient experience.

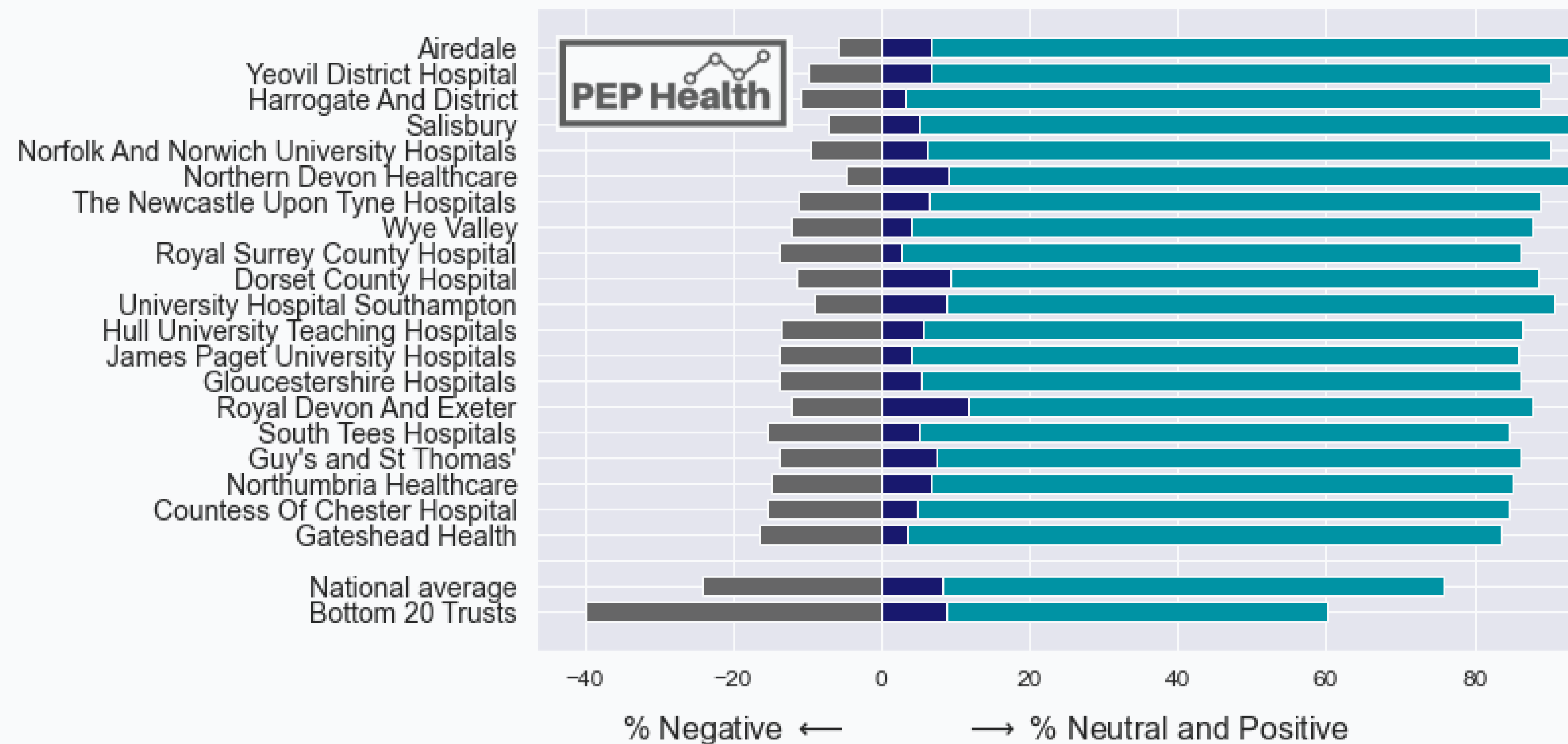


Fig 9. Top and bottom non-specialist acute trusts by overall experience

Insights from the standout performers

By examining the performance of the best and poorest performing organisations we begin to see just how different patients' experiences are depending on where they happen to live.

The bar chart in figure 9 shows how the proportion of positive and negative patient experiences varies among the best and worst providers. It is ranked by mean average ratings³ showing individual ratings for the top 20 organisations, the national average and the average of the lowest 20 trusts. A table showing all trusts' performance is included in the appendix of this paper.

We see that the top 20 providers include organisations from a diverse mix of geographies: some, but by no means all, are from relatively affluent areas away from dense cities. However, we see Newcastle, Hull and Guy's and St Thomas' all featuring in the top providers. These demonstrate it is possible to serve densely populated urban areas with many patients coming from deprived communities and deliver some of the best patient experiences in the country.

All the top providers have at least five times as many positive comments as negative. By contrast, at the other end of the scale we see almost as many negative and neutral comments as there are positive, with the bottom 20 trusts averaging at 40% of negative reported patient experiences.

³ Scores of 4 and 5 are classed as positive, 3 as neutral, and 1 and 2 as negative. Because providers have different proportions of scores within a positive or negative category, it is possible to see a lower mean score with fewer negative ratings. For example, Airedale which has a greater proportion of 5-star ratings (78%) compared to Northern Devon (58%), so Airedale's mean is higher even though Northern Devon has slightly fewer negative reviews.



Insights from the standout performers – continued

Many of the poorer performers are based in London, and while this suggests that many of the providers serving the capital are struggling, the presence of Guys' and St Thomas' in the top performers implies this is not a feature of Londoners' attitudes to reporting their experiences, but rather it is a response to the healthcare they receive.

Improvement among the top performers

Half of this year's top 10 were in last year's top 10, which at first glance shows some consistency relative to the country. But delve deeper and we see a growing post-code-based divide.

Most people experienced varying degrees of decline

Looking at all acute non-specialist trusts, just 28 (23%) for which we have two years' worth of data, improved their overall experience ratings in the past 12 months. Five of these achieved places in the top 10 rankings in the country.

This suggests that despite the incredibly challenging conditions within which all organisations have been working, it has been possible to achieve real improvements, not just manage decline better.

However, when 77% of the acute estate shows a fall in patient ratings, we must recognise that the picture for most of the country – and by extension the majority of patients, has been challenging over the past 12 months.

But it doesn't have to be that way – improvement can be achieved even in turbulent time

All five top ten entrants⁴ increased their ratings in the past 12 months compared to the year before. This means that not only did they improve their rankings compared to others, but in a year where most Trusts saw falls in their scores, these Trusts showed actual improvements despite Covid-related turbulence.

“

Incredibly efficient, friendly, competent and hard working. Was so impressed how quickly I was processed. Fabulous hospital, amazing staff.

“

At one point, we were told our relative was doing well, was sat up, and was eating his lunch, but in fact, he'd actually just died. It was appalling.

⁴ Airedale, Yeovil District Hospital, Norfolk and Norwich University Hospitals, Northern Devon Healthcare and Wye Valley

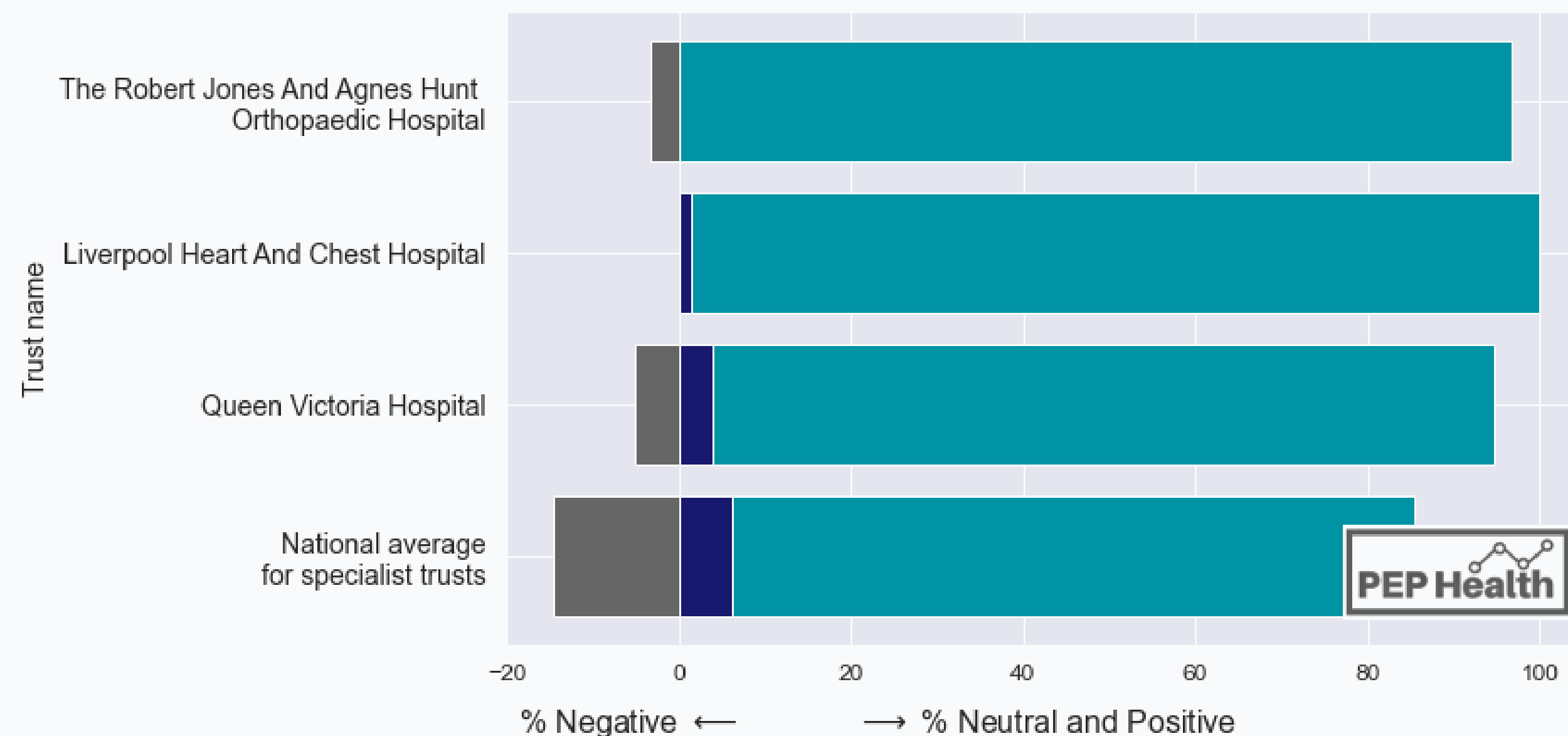


Fig 10. Performance of the leading specialist trusts

⁵ The Robert Jones and Agnes Hunt Orthopaedic Hospital: 4.82 mean; 96.67% positive; 3.33% negative ratings. Liverpool Heart And Chest Hospital: 4.81 mean; 98.51% positive; 0.0% negative ratings. The Robert Jones and Agnes Hunt Orthopaedic Hospital has a higher mean because it had a higher proportion of 5-star reviews compared to Liverpool Heart And Chest Hospital

Specialist trusts

There are considerably fewer specialist trusts and as a group they tend to provide a better experience of patient care compared to their more generalist counterparts.

As the name suggests, specialist trusts tend to focus on a single area of care, e.g. cancer, cardiology, children's care, ophthalmology, etc.

The graph in figure 10 shows how the top specialist trusts achieve consistently positive responses with barely any negative comments recorded. These scores do not happen by accident. They indicate a remarkable degree of consistency and a concerted effort to pay attention to patients' needs.

Individual departments

As well as assessing the performance of entire organisations, PEP Health can provide insight into individual departments such as Oncology, Maternity and Accident & Emergency.

Oncology

Lancashire Teaching Hospitals and Oxford University Hospitals stand out at the top of the list of non-specialist oncology providers with mean patient experience scores of 4.6 and 4.5 respectively.

The Christie, a specialist trust focusing solely on oncology, also scores highly with a mean score of 4.5.

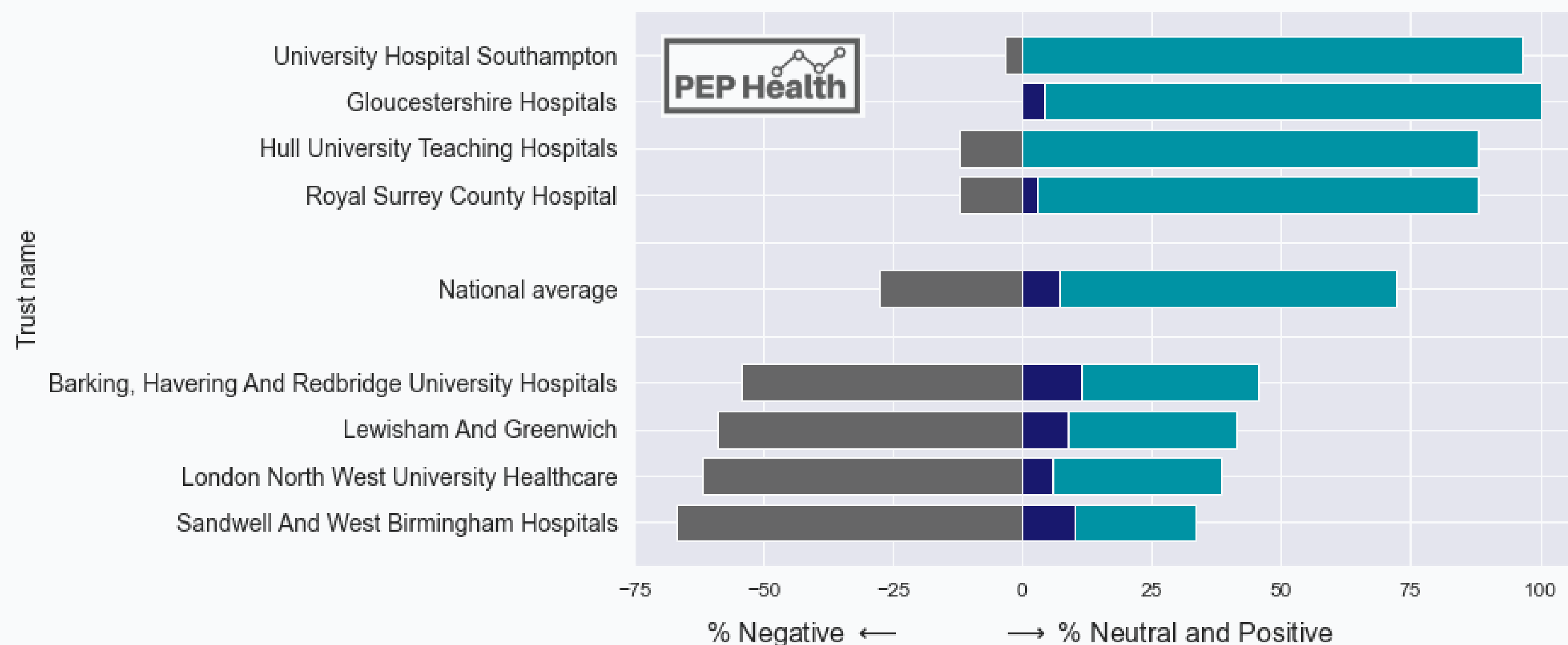


Fig 11. Top and bottom maternity departments in non-specialist acute trusts

“

[The] consultant refused to listen to my concerns... I had to do it alone and wait until my husband was allowed in theatre... apart from a student midwife and a helper who tried to keep me distracted I felt scared throughout this ordeal... hearing staff gossiping, talking down on other staff, having to remind them of pain killers constantly...

Maternity

Historically, maternity departments have tended to provide better patient experiences than their respective acute trusts. For example, in 2020, 64% of maternity departments were rated more highly than their host trusts.

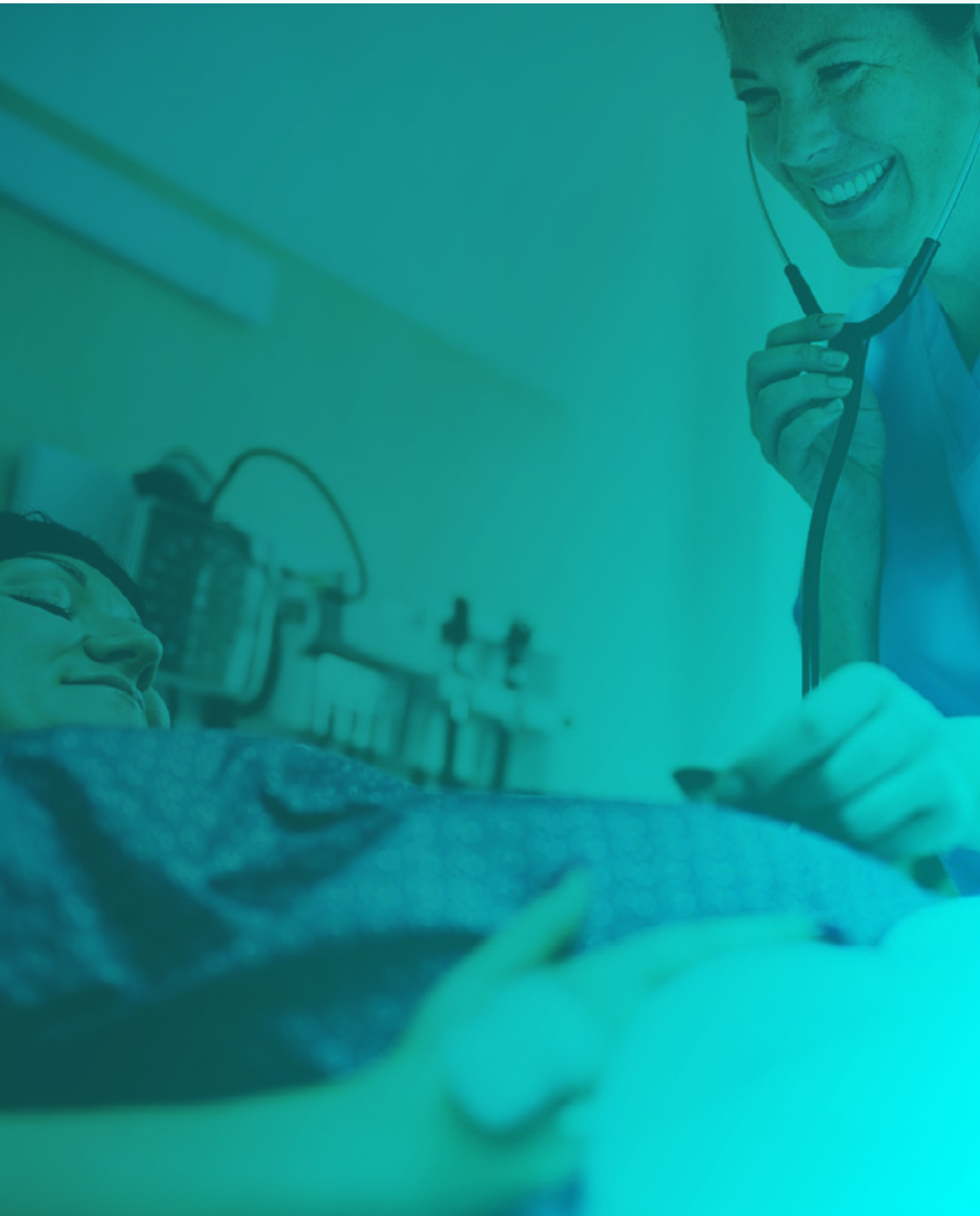
In the past 12 months, we see a reversal of this trend. 69% of maternity departments have seen their ratings slip, so now, just 44% of maternity departments outrank their host trusts. On average, they achieved a mean rating of 3.6 during the past year with variation across the country also increasing.⁶

Although we still see excellent scores among top providers, the ratings for the poorer performers are sources of real concern.

The lowest scoring maternity departments shown above all received more negative than positive ratings, suggesting that more women than not giving birth at these trusts have a poor experience.

While performance has gone down for all these four trusts in the past 12 months, these are not precipitous one-off declines. Rather, these are examples of providers that have historically achieved poor ratings, where problems have grown rather than been addressed.

⁶ Standard deviation of 0.59 in 2021 compared to 0.53 in 2020



Royal Surrey case study

Royal Surrey has worked with PEP Health for two years and more than 100 of our staff have access to the dashboard. The data has been so useful, our Executive team review it together to identify emerging trends.

Amy Stubbs, Deputy Director of Midwifery and Head of Nursing, Women and Children said:

“

These insights have enabled us to make real, positive change. Our Maternity team has used analysis of over 2,500 comments made each month, to find ways to improve the service.

Online feedback showed that our expectant mothers needed more information on the antenatal classes during lockdown so we made sure we provided more information about this on our social media channels.

We have also improved communication around wait times for discharge from the postnatal ward, after feedback from PEP Health. New mothers couldn't understand why this took time, so we developed a bedside folder, explaining the process.

The platform is also beneficial in highlighting positive feedback to motivate our teams. It's important for the midwives to see how much they're valued.”

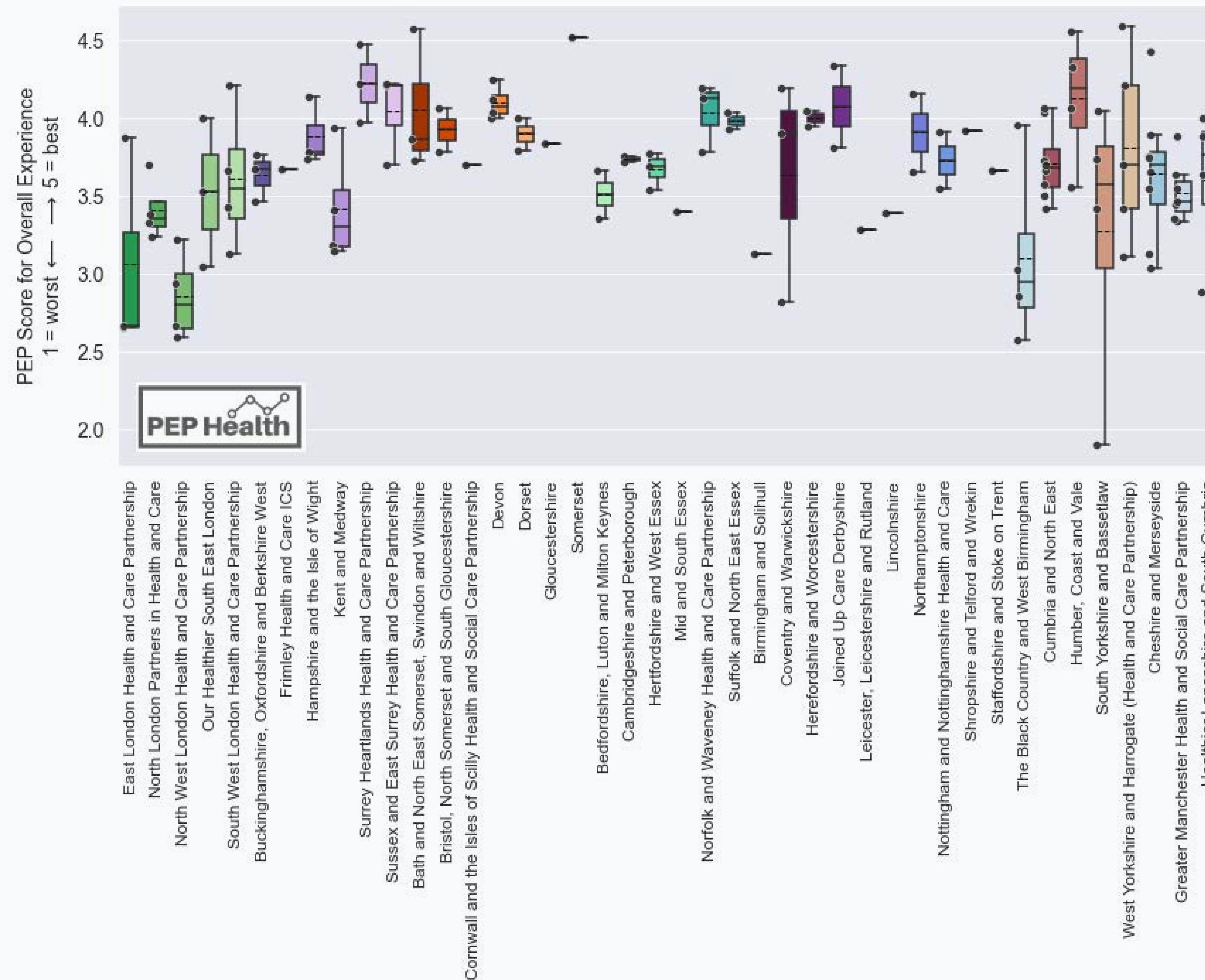


Fig 12. Average Accident and Emergency Department patient experience rankings by ICS

Spotlight on accident and emergency

All areas of the country have faced considerable challenges over the past 12 months, with that pressure felt especially strongly in Accident & Emergency departments.

The box plot in figure 12 reveals considerable variation across the country, with neighbouring trusts often receiving markedly different patient experience ratings. Several trusts have more patients reporting negative than positive experiences, with North and East London, the Midlands and South Yorkshire all showing signs of profound difficulties. Yet we also see examples of A&E departments achieving consistently good ratings across the country.

Long waits are a clear theme among concerns expressed by patients, but crucially, many distinguish between services where there is an obvious process supported by clear communications and visible, caring staff, and those services which appear chaotic and where patients feel ignored.

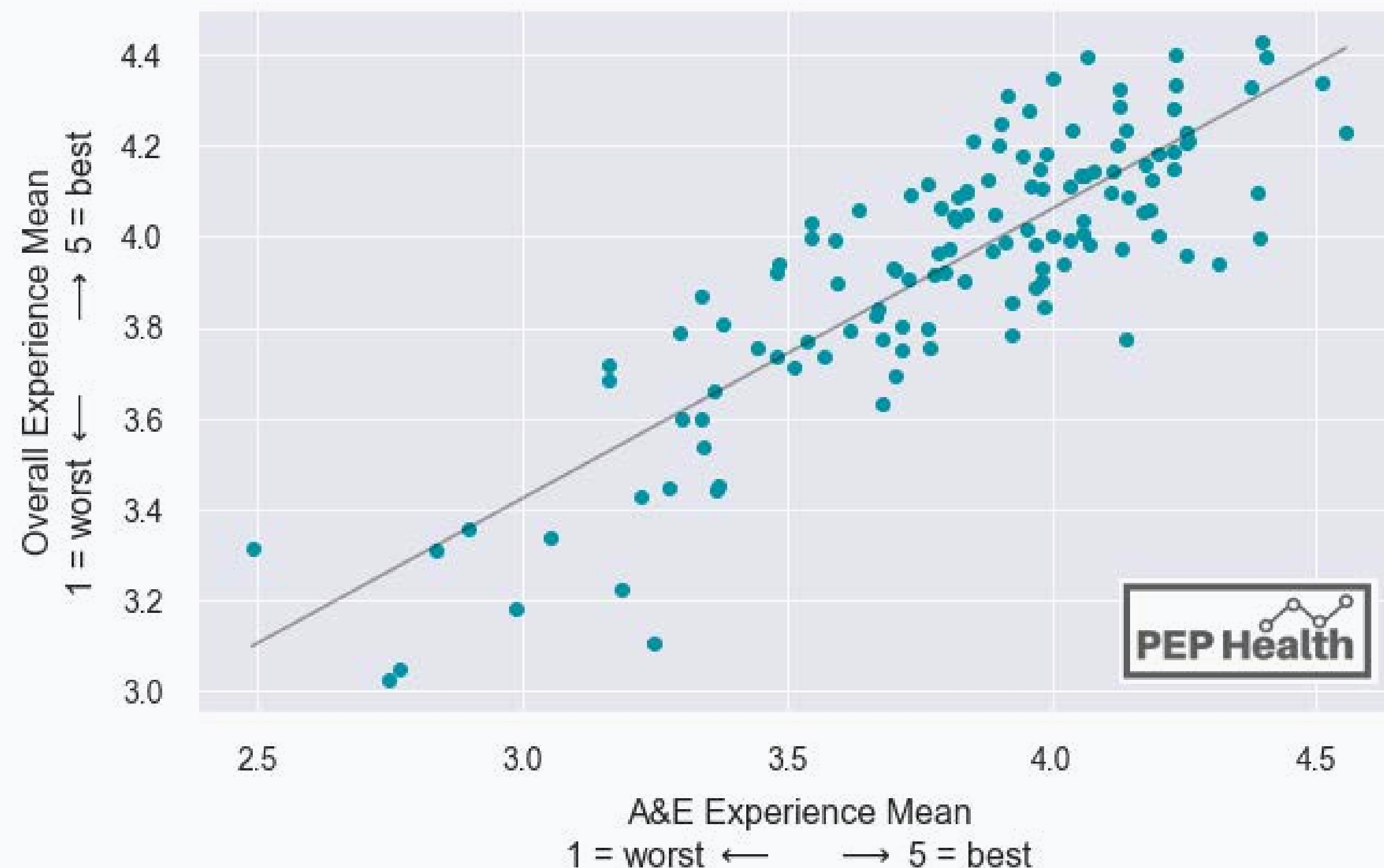


Fig 13. Comparison of A&E and Overall Experience Score per Provider

A&E as a leading indicator of wider system performance

Given the critical role that A&E departments play in their local communities, acting as a key gateway to healthcare, especially when other local services are under strain, we see evidence that A&E is a leading indicator for trusts as a whole and for their wider health and social care systems. This insight is borne out by data that reveal a close relationship between trusts' overall experience scores and patients' accounts of their experiences at A&E departments.

Northumbria Healthcare NHS Foundation Trust, which is the only trust in the country so far to appoint a Chief Experience Officer, makes use of this insight. Its Chief Experience Officer, Annie Laverty, uses PEP Health to understand and improve performance across the trust, commenting that "for us, it [understanding patients' experience at A&E] is an essential element of ensuring we deliver high quality care across the Trust and this insight is very useful".

We believe this link between A&E and wider performance holds true across the entire health service and therefore recommend trusts and Integrated Care Systems pay particular attention to this area to identify how to address emerging problems.

“

There was more security in the reception / triage area than clinicians. Non Clinical staff (security) bumping patients up the queue to be seen. A paramedic triaging patients and transporting them to other areas. Where are the porters?

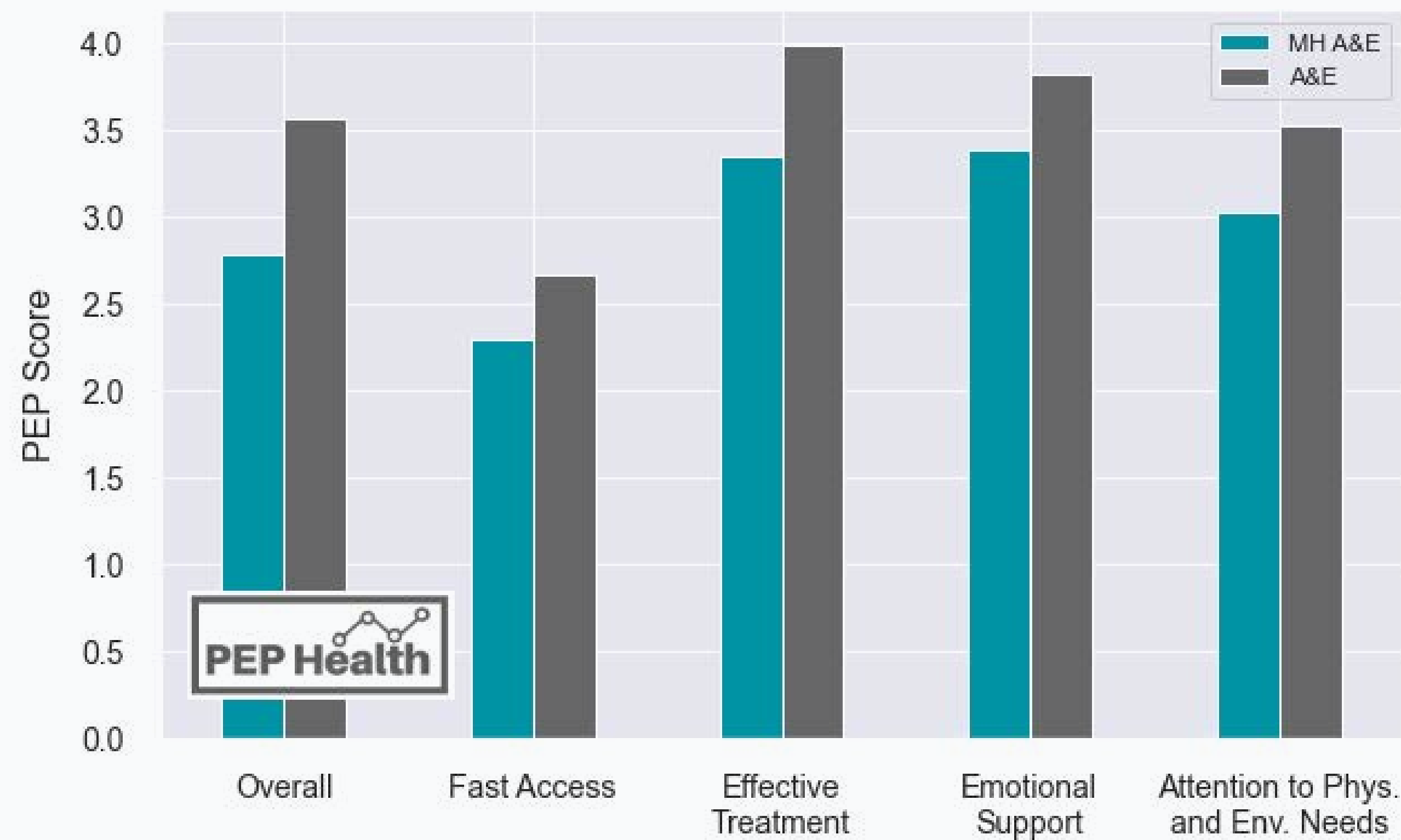


Fig 14. Experiences reported by mental health patients compared with all patients in A&E

Mental health patients in A&E

Just as feedback on patients’ experiences in A&E provide an insight into the functioning of the wider service, so we see that patients with mental health issues tend to fare comparatively poorly both in A&E departments and across all care quality domains.

Although improving care for mental health patients has been a stated priority for many years, the chart above reveals we need to make considerably more progress to come close to achieving that goal.

“

Accident and emergency services - Good experience - All staff very courteous, kind and professional. I didn’t have to wait very long to be seen. All procedures were clearly explained.

“

Absolutely disgusting, doctors don’t look at the patients, just don’t care.

Exploring the different domains of quality

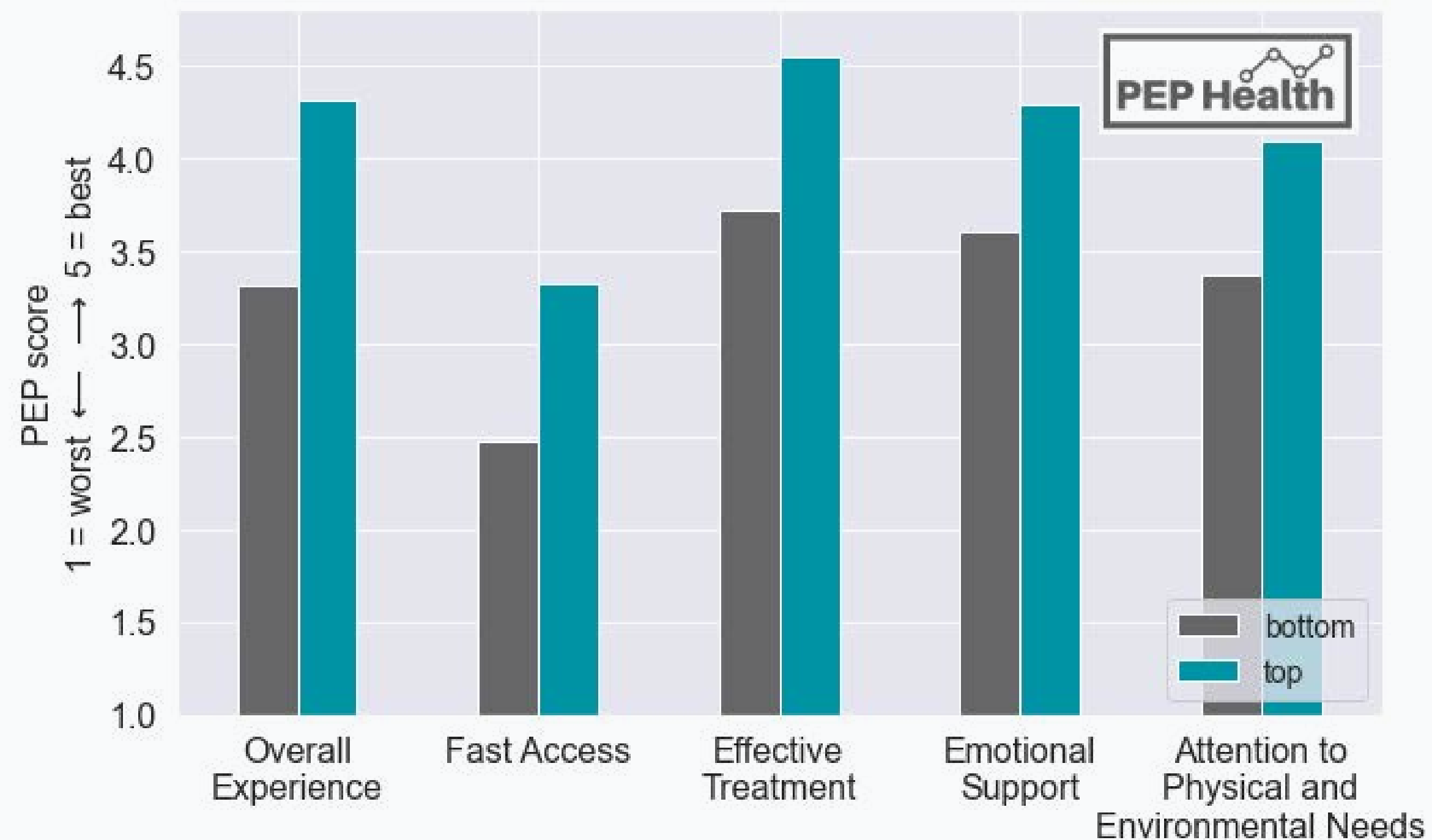


Fig 15. Mean quality domain scores for the top and bottom 15 providers

As well as looking at overall experience and individual departments, PEP Health gives users the ability to drill down into the different domains of care quality, including:

- 1 Effective care
- 2 Fast access – a measure of how quickly patients obtain care when they need it across the entire organisation
- 3 Emotional support
- 4 Continuity of care
- 5 Involvement and support for family and carers
- 6 Clear information, communication and support
- 7 Involvement in decisions in respect of preferences
- 8 Appropriate environment, addressing physical and environmental needs.

Although these domains are discrete categories, we nevertheless see relationships between them. For example, overall experience and effective treatment have historically been the two domains that are most strongly correlated.

It is common to find that providers which are strong in one area tend to perform better in others, and conversely weaker organisations tend to have lower patient experience ratings across the board. For example, if we look at the mean domain scores for the top and bottom 15 providers we see a reasonably consistent gap between the two groups as shown in figure 15.

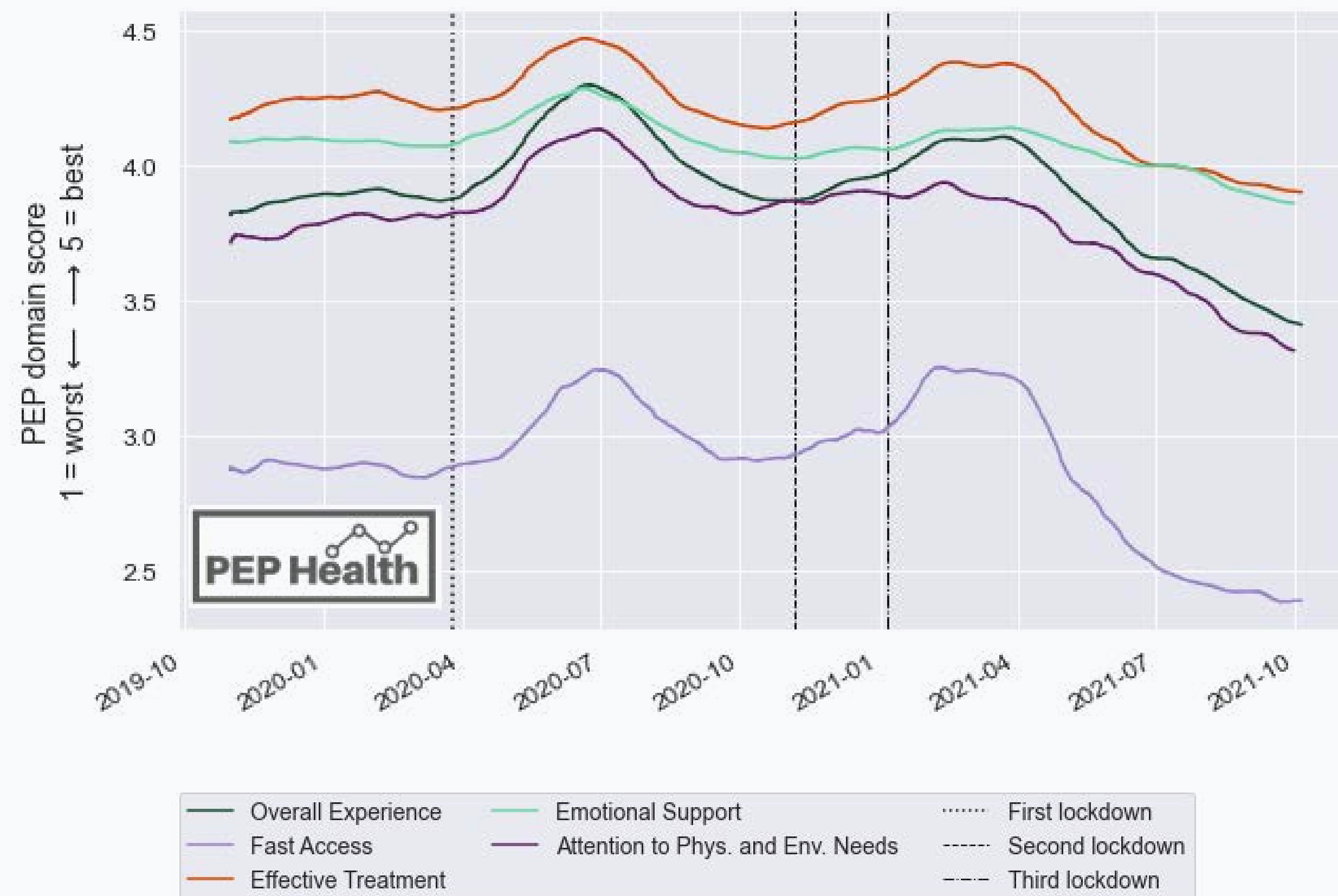


Fig 16. Change in quality domain scores over the past two years

We see similar patterns in the plot above to those discussed in the overall experience section, most notably improvements in patient reported experiences during the two lockdown periods followed by significant falls in the past few months. All quality domains have seen recent falls, but the drop in patient experience related to fast access is particularly noticeable. Conversely, we see that emotional support ratings have remained relatively consistent over this period falling less than other areas over summer 2021.

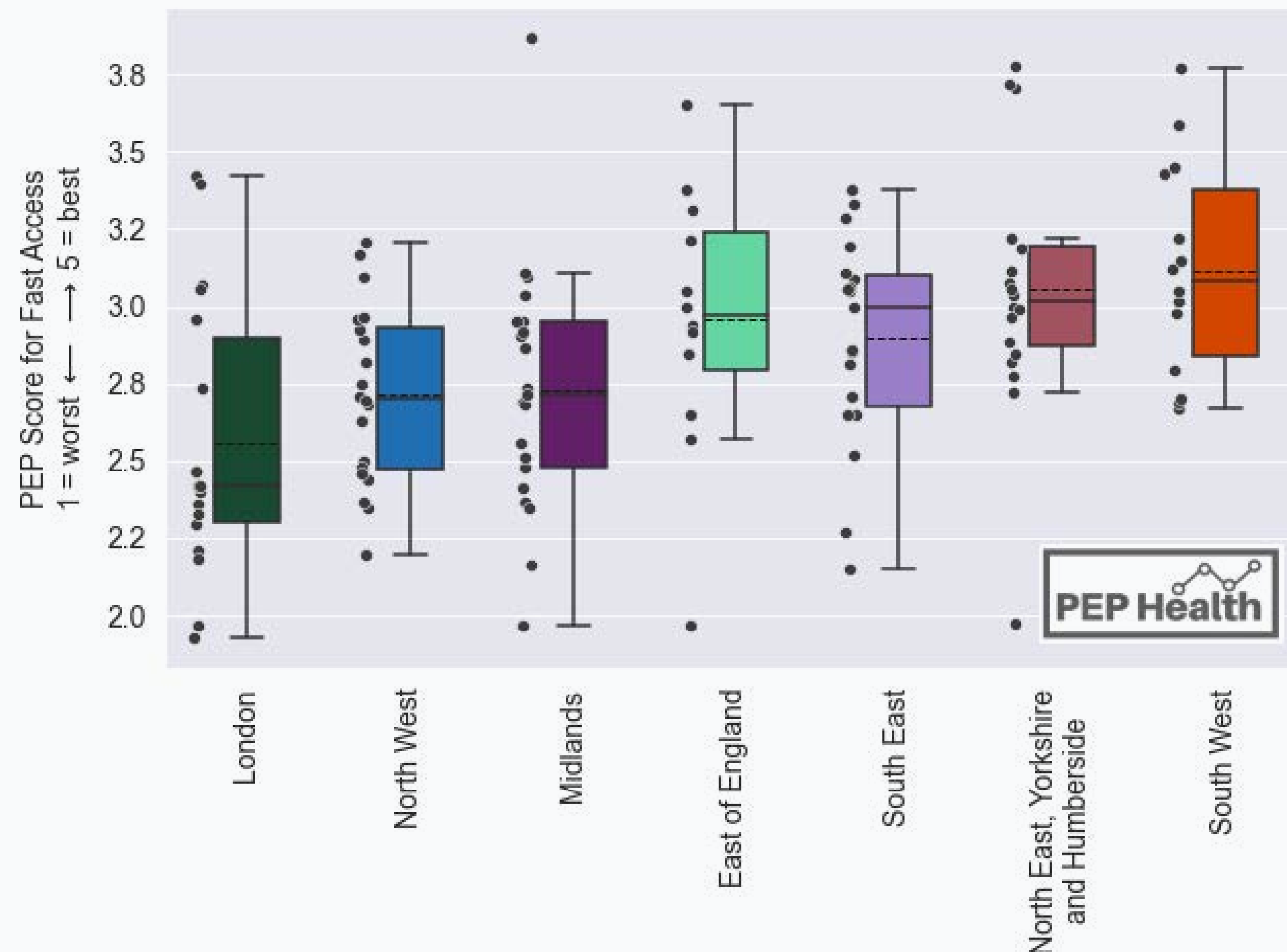


Fig 17. Variation in fast access ratings by region

Fast access

The sharp falls in fast access ratings are stark and concerning, especially as we are about to enter winter, the time when access concerns are usually at their most pressing. When we explore variation by region, we see a bleak picture for most areas in the country.

Figure 17 shows the mean and median rating for most regions is below three, which means that most patients are reporting more negative than positive experiences of care. A mean score as low as two, which we see at several trusts, implies a sizeable majority of comments, and therefore experiences, are negative. While we can see that some trusts are managing to maintain a reasonable balance of comments on the more positive side, these have now become exceptions, rather than the norm.

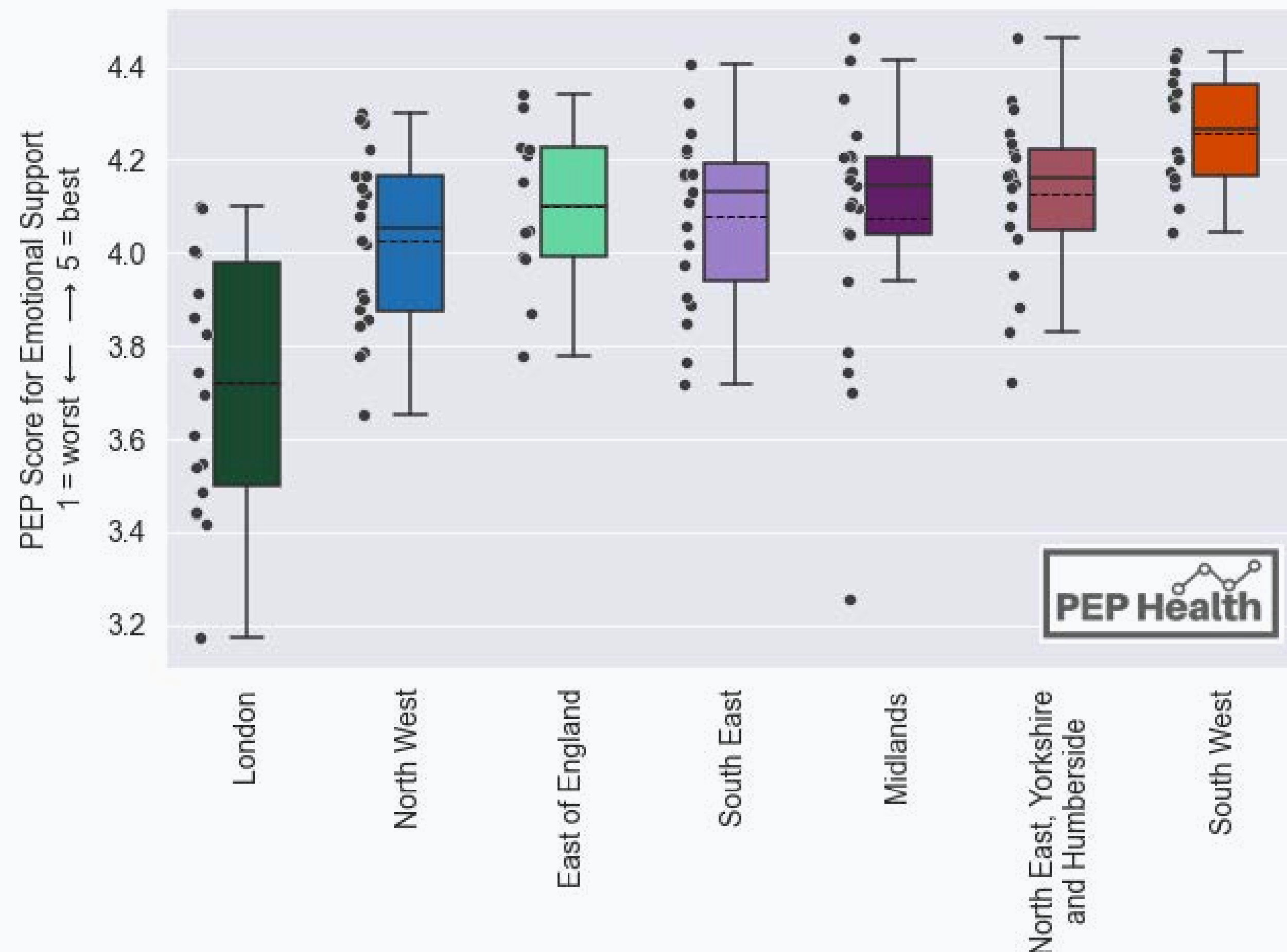


Fig 18. Variation in emotional support ratings by region

Emotional support

Emotional support has the least volatile ratings across the service over the past two years, and although they are below their highs from earlier in the year, it is reassuring that they have not dipped at the same rate as other measures. Despite evidence of pressures mounting across the system, the predominately caring nature of NHS professionals is still felt by patients across the country.

When we look at the variation in trusts' emotional support scores by region, as shown above, we still see marked differences even in this less variable measure. The lower performers, mainly clustered in London, are beginning to creep down to scores approaching 3, which implies only just over half of patient experiences are positive. Yet there are other regions, notably the South West where all providers achieve a mean score above 4.

The Midlands achieves the dubious accolade as the region with the most extremes, with one trust among the lowest in the country, but others right at the top. This variation, though less than in other domains of quality, again illustrates just how much your postcode can affect your likely experience of healthcare.

“

There was little or no compassion from nursing staff

Appendix – The full rankings

Trust	Mean patient experience rating	Organisation type ⁷	Trust	Mean patient experience rating	Organisation type ⁷
1 Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	4.82	Acute - specialist	29 Gateshead Health NHS Foundation Trust	4.19	Acute - small
2 Liverpool Heart and Chest Hospital NHS Foundation Trust	4.81	Acute - specialist	30 South Warwickshire NHS Foundation Trust	4.17	Acute - small
3 Queen Victoria Hospital NHS Foundation Trust	4.66	Acute - specialist	31 East Sussex Healthcare NHS Trust	4.15	Acute - large
4 Airedale NHS Foundation Trust	4.56	Acute - small	32 Moorfields Eye Hospital NHS Foundation Trust	4.13	Acute - specialist
5 Royal Papworth Hospital NHS Foundation Trust	4.50	Acute - specialist	33 University Hospitals of Derby and Burton NHS Foundation Trust	4.13	Acute - teaching
6 The Christie NHS Foundation Trust	4.49	Acute - specialist	34 Barnsley Hospital NHS Foundation Trust	4.12	Acute - small
7 Yeovil District Hospital NHS Foundation Trust	4.43	Acute - small	35 York and Scarborough Teaching Hospitals NHS Foundation Trust	4.12	Acute - teaching
8 Harrogate and District NHS Foundation Trust	4.40	Acute - small	36 Oxford University Hospitals NHS Foundation Trust	4.12	Acute - teaching
9 Salisbury NHS Foundation Trust	4.39	Acute - small	37 University Hospitals Plymouth NHS Trust	4.11	Acute - teaching
10 Norfolk and Norwich University Hospitals NHS Foundation Trust	4.38	Acute - teaching	38 Kettering General Hospital NHS Foundation Trust	4.09	Acute - small
11 Great Ormond Street Hospital for Children NHS Foundation Trust	4.38	Acute - specialist	39 Torbay and South Devon NHS Foundation Trust	4.09	Acute - medium
12 Northern Devon Healthcare NHS Trust	4.37	Acute - small	40 Royal National Orthopaedic Hospital NHS Trust	4.08	Acute - specialist
13 The Newcastle upon Tyne Hospitals NHS Foundation Trust	4.36	Acute - teaching	41 Sheffield Teaching Hospitals NHS Foundation Trust	4.08	Acute - teaching
14 Wye Valley NHS Trust	4.32	Acute - small	42 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	4.08	Acute - small
15 Royal Surrey NHS Foundation Trust	4.32	Acute - medium	43 Royal United Hospitals Bath NHS Foundation Trust	4.08	Acute - medium
16 Dorset County Hospital NHS Foundation Trust	4.32	Acute - small	44 South Tyneside and Sunderland NHS Foundation Trust	4.07	Acute - large
17 University Hospital Southampton NHS Foundation Trust	4.30	Acute - teaching	45 Cambridge University Hospitals NHS Foundation Trust	4.07	Acute - teaching
18 Hull University Teaching Hospitals NHS Trust	4.29	Acute - teaching	46 Mid Cheshire Hospitals NHS Foundation Trust	4.07	Acute - small
19 James Paget University Hospitals NHS Foundation Trust	4.26	Acute - small	47 Isle of Wight NHS Trust	4.07	Acute - multi-service
20 Gloucestershire Hospitals NHS Foundation Trust	4.25	Acute - large	48 George Eliot Hospital NHS Trust	4.06	Acute - small
21 Guy's and St Thomas' NHS Foundation Trust	4.24	Acute - teaching	49 West Suffolk NHS Foundation Trust	4.06	Acute - small
22 The Royal Marsden NHS Foundation Trust	4.23	Acute - specialist	50 University Hospitals Bristol and Weston NHS Foundation Trust	4.04	Acute - teaching
23 Royal Devon and Exeter NHS Foundation Trust	4.22	Acute - large	51 Worcestershire Acute Hospitals NHS Trust	4.04	Acute - large
24 South Tees Hospitals NHS Foundation Trust	4.22	Acute - teaching	52 University Hospitals Dorset NHS Foundation Trust	4.03	Acute - medium
25 The Royal Orthopaedic Hospital NHS Foundation Trust	4.21	Acute - specialist	53 St George's University Hospitals NHS Foundation Trust	4.03	Acute - teaching
26 The Clatterbridge Cancer Centre NHS Foundation Trust	4.21	Acute - specialist	54 Royal Cornwall Hospitals NHS Trust	4.03	Acute - large
27 Northumbria Healthcare NHS Foundation Trust	4.21	Acute - large	55 Royal Berkshire NHS Foundation Trust	4.03	Acute - large
28 Countess of Chester Hospital NHS Foundation Trust	4.21	Acute - small	56 Liverpool Women's NHS Foundation Trust	4.03	Acute - specialist

Trust	Mean patient experience rating	Organisation type ⁷	Trust	Mean patient experience rating	Organisation type ⁷
57 Sherwood Forest Hospitals NHS Foundation Trust	4.02	Acute - medium	90 North West Anglia NHS Foundation Trust	3.85	Acute - large
58 County Durham and Darlington NHS Foundation Trust	4.01	Acute - multi-service	91 The Mid Yorkshire Hospitals NHS Trust	3.83	Acute - large
59 North Bristol NHS Trust	4.01	Acute - large	92 Blackpool Teaching Hospitals NHS Foundation Trust	3.82	Acute - teaching
60 Lancashire Teaching Hospitals NHS Foundation Trust	4.01	Acute - teaching	93 Liverpool University Hospitals NHS Foundation Trust	3.82	Acute - teaching
61 Portsmouth Hospitals University NHS Trust	4.01	Acute - large	94 University Hospitals Sussex NHS Foundation Trust	3.82	Acute - large
62 University Hospitals of North Midlands NHS Trust	4.01	Acute - teaching	95 Frimley Health NHS Foundation Trust	3.82	Acute - medium
63 University Hospitals of Morecambe Bay NHS Foundation Trust	4.01	Acute - medium	96 Manchester University NHS Foundation Trust	3.80	Acute - teaching
64 Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	4.00	Acute - teaching	97 United Lincolnshire Hospitals NHS Trust	3.80	Acute - large
65 Sheffield Children's NHS Foundation Trust	3.99	Acute - specialist	98 Birmingham Women's and Children's NHS Foundation Trust	3.78	Acute - specialist
66 Salford Royal NHS Foundation Trust	3.97	Acute - teaching	99 Homerton University Hospital NHS Foundation Trust	3.77	Acute - medium
67 Warrington and Halton Teaching Hospitals NHS Foundation Trust	3.97	Acute - teaching	100 Great Western Hospitals NHS Foundation Trust	3.77	Acute - medium
68 Leeds Teaching Hospitals NHS Trust	3.97	Acute - teaching	101 King's College Hospital NHS Foundation Trust	3.74	Acute - teaching
69 Nottingham University Hospitals NHS Trust	3.97	Acute - teaching	102 Bolton NHS Foundation Trust	3.74	Acute - medium
70 University College London Hospitals NHS Foundation Trust	3.96	Acute - teaching	103 East Cheshire NHS Trust	3.74	Acute - small
71 Milton Keynes University Hospital NHS Foundation Trust	3.94	Acute - small	104 Northampton General Hospital NHS Trust	3.73	Acute - medium
72 Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	3.92	Acute - medium	105 Ashford and St. Peter's Hospitals NHS Foundation Trust	3.72	Acute - medium
73 East Suffolk and North Essex NHS Foundation Trust	3.92	Acute - medium	106 Buckinghamshire Healthcare NHS Trust	3.71	Acute - multi-service
74 Wirral University Teaching Hospital NHS Foundation Trust	3.91	Acute - teaching	107 North Tees and Hartlepool NHS Foundation Trust	3.68	Acute - medium
75 Hampshire Hospitals NHS Foundation Trust	3.91	Acute - large	108 Whittington Health NHS Trust	3.67	Acute - medium
76 Northern Lincolnshire and Goole NHS Foundation Trust	3.91	Acute - large	109 Bradford Teaching Hospitals NHS Foundation Trust	3.67	Acute - teaching
77 East and North Hertfordshire NHS Trust	3.90	Acute - large	110 Chesterfield Royal Hospital NHS Foundation Trust	3.66	Acute - small
78 The Dudley Group NHS Foundation Trust	3.90	Acute - medium	111 University Hospitals Coventry and Warwickshire NHS Trust	3.65	Acute - teaching
79 Kingston Hospital NHS Foundation Trust	3.89	Acute - small	112 Shrewsbury and Telford Hospital NHS Trust	3.64	Acute - large
80 Maidstone and Tunbridge Wells NHS Trust	3.89	Acute - large	113 Mid and South Essex NHS Foundation Trust	3.62	Acute - medium
81 St Helens and Knowsley Teaching Hospitals NHS Trust	3.88	Acute - medium	114 The Royal Wolverhampton NHS Trust	3.62	Acute - large
82 Imperial College Healthcare NHS Trust	3.88	Acute - teaching	115 Bedfordshire Hospitals NHS Foundation Trust	3.61	Acute - medium
83 Calderdale and Huddersfield NHS Foundation Trust	3.88	Acute - large	116 East Kent Hospitals University NHS Foundation Trust	3.56	Acute - teaching
84 Southport and Ormskirk Hospital NHS Trust	3.87	Acute - small	117 The Walton Centre NHS Foundation Trust	3.52	Acute - specialist
85 Surrey and Sussex Healthcare NHS Trust	3.86	Acute - medium	118 The Princess Alexandra Hospital NHS Trust	3.51	Acute - small
86 University Hospitals of Leicester NHS Trust	3.86	Acute - teaching	119 Medway NHS Foundation Trust	3.49	Acute - medium
87 Alder Hey Children's NHS Foundation Trust	3.85	Acute - specialist	120 The Pennine Acute Hospitals NHS Trust	3.49	Acute - large
88 West Hertfordshire Hospitals NHS Trust	3.85	Acute - medium	121 Epsom and St Helier University Hospitals NHS Trust	3.48	Acute - large
89 Stockport NHS Foundation Trust	3.85	Acute - medium	122 University Hospitals Birmingham NHS Foundation Trust	3.47	Acute - teaching

Trust	Mean patient experience rating	Organisation type ⁷
123 Dartford and Gravesham NHS Trust	3.42	Acute - small
124 East Lancashire Hospitals NHS Trust	3.41	Acute - large
125 Tameside and Glossop Integrated Care NHS Foundation Trust	3.38	Acute - small
126 Chelsea and Westminster Hospital NHS Foundation Trust	3.36	Acute - teaching
127 Croydon Health Services NHS Trust	3.33	Acute - medium
128 Barts Health NHS Trust	3.25	Acute - teaching
129 The Hillingdon Hospitals NHS Foundation Trust	3.20	Acute - small
130 Royal Free London NHS Foundation Trust	3.18	Acute - teaching
131 The Rotherham NHS Foundation Trust	3.12	Acute - medium
132 Lewisham and Greenwich NHS Trust	3.11	Acute - large
133 Sandwell and West Birmingham Hospitals NHS Trust	3.09	Acute - large
134 Walsall Healthcare NHS Trust	3.08	Acute - medium
135 North Middlesex University Hospital NHS Trust	3.08	Acute - small
136 London North West University Healthcare NHS Trust	2.93	Acute - large
137 Barking, Havering and Redbridge University Hospitals NHS Trust	2.78	Acute - large

⁷ Organisations classified using Patient-Led Assessments of the Care Environment (PLACE) categories

Further information

We would be delighted to hear your thoughts on this report and would welcome the opportunity to share some insights with you that relate to your organisation.

If you would like more information about your region, ICS or trust and to ensure your patients' views on their experience are available to help you with planning and operating your services, please visit **pephealth.ai** or email **enquiries@pephealth.ai**