



Inpatient Experience Survey 2018

National Results



Healthier
Scotland

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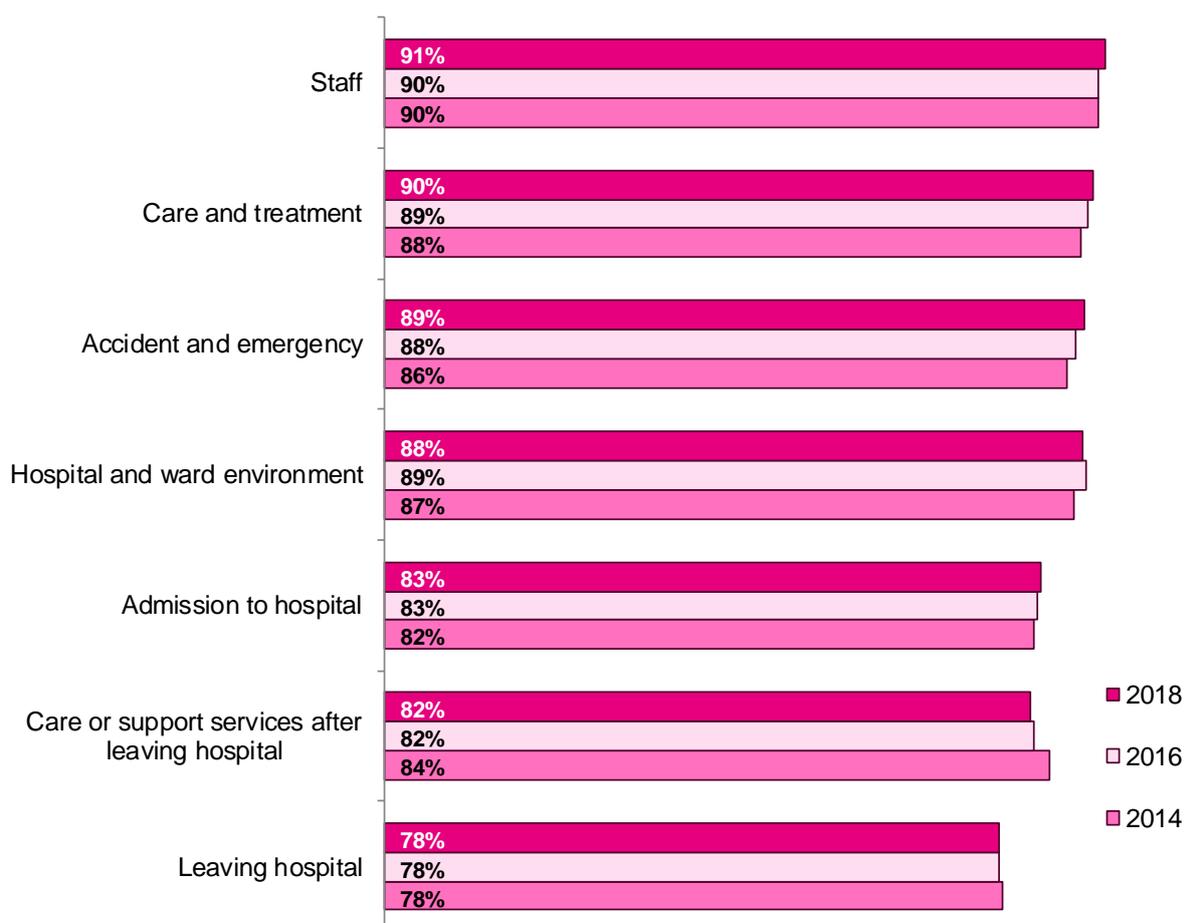
1. Executive Summary

Over 20,000 people took part in the 2018 Inpatient Experience Survey. The survey included a range of questions covering topics such as admission to hospital; the hospital and ward environment; care and treatment; staff; operations and procedures; leaving hospital; and care and support at home. The main results are:

Overall care experiences

- People rated their full inpatient experience very positively, with 86 per cent rating their experience between 7 and 10 on a scale of 0 to 10, where 0 is “very poor” and 10 is “very good”. Thirty-six per cent said that their overall care was “10 out of 10”.
- People reported similarly positive experiences to the previous survey, with “overall” ratings showing no statistically significant differences for all but one section of the survey, as shown in Figure 1.1. The exception was experiences of the staff that people came into contact with, which saw a significant increase (by one percentage point) to 91 per cent positive.

Figure 1.1 : Overall positive experiences of care (%)



Admission to Hospital

- People were generally positive about their admission to hospital, with over four out of five (83 per cent) rating it as “excellent” or “good”.
- People also rated most aspects of care and treatment they received in the Accident and Emergency Department (A&E) positively. Almost nine out of ten (89 per cent) were positive about the overall care and treatment they received in A&E and rated it as “excellent” or “good”.
- People were least positive about being kept informed about how long they would have to wait to be seen in A&E; 44 per cent were kept completely informed and a further 31 per cent said that they were kept informed “to some extent”.

The Hospital and Ward

- People were generally positive about the hospital and ward environment, with 88 per cent rating it as “excellent” or “good”.
- In line with previous surveys, when asked about particular aspects of the hospital and ward environment, responses were mixed. People tended to be most positive about cleanliness (96 per cent said that the main ward or room was clean), and least positive about noise (28 per cent were bothered by noise from other patients).
- There has been a continued increase in the percentage of people who were positive about spending time with people who matter to them. Eighty-seven per cent completely agreed that they were able to spend enough time with people who matter, which is an increase of 8 percentage points from 2014.

Care and Treatment in Hospital

- Nine out of ten people were positive about their overall care and treatment whilst in hospital. This percentage is similar to results from previous surveys.
- People were least positive about receiving enough help with eating and drinking (78 per cent positive) which is a six percentage point decrease from 2016.
- On the other hand, 95 per cent of people agreed that they had enough privacy when being examined or treated, which is a slight increase on the 2016 survey.

Staff

- Overall, people were very positive about their experiences of hospital staff, with a slight increase in the overall positive rating to 91 per cent.
- People also mostly agreed that the care that they received from staff was person-centred, although people were slightly less positive about being in control of their treatment (76 per cent agreed), and being able to involve people that matter to them (77 per cent agreed).

- Seventy-eight per cent of people said that they were always treated with compassion and understanding during their hospital stay, which is an increase of four percentage points from 2016. Three per cent said that they were not.
- People were also generally positive about the co-ordination of care whilst in hospital. When asked if staff worked well together in organising care, 72 per cent said “yes, definitely”. A further 22 per cent said “yes, to some extent”.

Operations and Procedures

- Fifty-nine per cent of people said that they had an operation or procedure during their hospital stay.
- In general, people were very positive about the way that staff communicated with them before and after the operation or procedure. People were most positive about the explanations they received beforehand relating to the risks and benefits; 86 per cent agreed that they were given an explanation they understood, which is four percentage points more than in 2014.
- People were less positive that they had been told how they would feel after the operation or procedure, with 66 per cent agreeing completely that they had. However, the percentage of positive responses to this question has increased five percentage points since the 2014 survey.

Leaving Hospital

- Seventy-eight per cent of people rated the overall arrangements for leaving hospital as “excellent” or “good”.
- Thirty per cent of people said that they experienced a delay on the day that they left hospital, which is nine percentage points less than in 2016. The most common length of wait was between 2 and 4 hours.
- The most common reason given for the delay was “waiting for medicines”.
- Fifty eight per cent of people agreed completely that they, or their carer, was involved in planning their discharge from hospital, with a further 27 per cent agreeing to some extent.

Care and Support Services

- Of the people who needed care or support services after leaving hospital, 82 per cent were positive about the care and support that they received. This percentage has remained broadly steady over time.
- Sixty-seven per cent of people completely agreed that they were confident that arrangements had been made before they left hospital. A further 21 per cent agreed “to some extent”.
- Forty-five percent of people completely agreed that they had a choice in the care or support services arranged for them, with a further 24 per cent agreeing to some extent.

2. Introduction

The Scottish Inpatient Experience Survey is, primarily, a postal survey which was sent out in January 2018 to a random sample of people aged 16 or over who had an overnight stay in hospital between April and September 2017. The survey has been run six times since 2010.

The survey asked about people's experiences of:

- Admission to Hospital;
- The Hospital and Ward environment;
- Care and Treatment;
- Hospital Staff;
- Operations and Procedures;
- Arrangements for Leaving Hospital;
- Care and Support Services after leaving the hospital.

The focus of this report is on the national results of the survey. Comparisons have been made with the previous iterations of this survey where this is possible.

In addition to this national report, there are local results for Regions, NHS Boards and hospitals available via an interactive dashboard at www.careexperience.scot.nhs.uk/Dashboard2018.html.

Scottish Care Experience Survey Programme

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.

The survey programme supports the three quality ambitions of the *2020 Vision*¹ – Safe, Effective, Person-centred – by providing a basis for the measurement of quality as experienced by service users across Scotland. In particular the surveys support the person-centred quality ambition which is focused on ensuring that care is responsive to people's individual preferences, needs and values.

The Inpatient Experience Survey was carried out in partnership with Information Services Division (ISD Scotland, part of NHS National Services Scotland) whose role included sampling, producing analysis and undertaking local reporting. The administration of the survey fieldwork was undertaken by an approved survey contractor, Quality Health Ltd, who were commissioned via a tendering process.

¹ www.gov.scot/Topics/Health/Policy/2020-Vision

Aims of the Survey

For local improvement

- provide NHS hospitals with feedback on the experiences of their patients, relative to previous surveys and other areas in Scotland;
- provide NHS Boards with information about people's experiences in their respective Board areas and about variation within and between NHS Boards.

National results

- for informing national planning and monitoring performance;
- identify variation within and between local areas and if and how the level of positive and negative experiences have changed over time;
- highlight areas of best practice and areas for improvement.

Survey Methods

The survey was designed to provide results for:

- 114 individual hospitals;
- 14 Territorial NHS Boards;
- Golden Jubilee Foundation;
- And at Regional and Scotland level.

The survey was sent to a sample of people, aged 16 years old or above at the date of discharge, who had an NHS inpatient hospital stay (at least one overnight stay) between April and September 2017. A total of 51,440 survey packs were sent out and 20,809 were returned giving a response rate of 40 per cent.

Throughout this report, with the exception of the data in Chapter 3, analysis is presented as weighted average percentages. Weighting provides results which are more representative of the population of Scotland as a whole. A review of the weighting methodology was undertaken in advance of the 2018 survey, leading to some changes in the weights applied. Details of the review, the full methodology applied to the 2017/18 results and the impacts of the change are available at www.gov.scot/Resource/0053/00538713.pdf

Results from the 2014 and 2016 surveys have been backdated where appropriate to ensure comparability over time. The impact of these methodological changes has been a change of at most three percentage points in the results at a National level, but usually less. It was not possible to backdate the results from earlier surveys.

All changes over time that are discussed in the report are statistically significant at the five per cent level. Due to the large sample size, even small changes of one per cent in the national results may be statistically significant. Percentages quoted within this report have been rounded to the nearest whole number. They may not, therefore, sum to 100 in the tables and charts shown.

More information about the survey design, response rates and methodology can be found in the Technical Report, available at www.gov.scot/ISBN/9781787811423.

3. Demographic & Health Information from Survey Respondents

We asked respondents a number of questions about themselves, and derived the age group of respondents from their CHI number². This chapter provides a summary of this demographic information. Unlike the rest of the survey results in this report, this analysis is based on unweighted data.

Age and Gender

Women were slightly over represented in the survey compared to the total eligible inpatient population for the survey period. Overall, 54 per cent of the eligible inpatient population aged 16 and over were female, however 56 per cent of respondents to the survey described themselves as female.

Similarly, older people are over represented in the survey. Sixty two per cent of respondents were aged 65 or more, compared with 47 per cent of the adult eligible inpatient population as a whole.

The new weighting methodology³ introduced in this survey attempts to adjust for these differences between the survey and population demographics.

Health Information

Respondents were asked to rate their health in general. Fifty per cent rated their health as excellent or good, 35 per cent rated it as fair and 15 per cent rated it as poor or very poor.

Around two thirds of respondents said that they had one or more long-term health conditions. The most commonly reported conditions were physical disability (reported by 23 per cent of respondents), chronic pain lasting at least 3 months (reported by 22 per cent of respondents) and deafness or a severe hearing impairment (reported by 19 per cent of respondents).

² Recorded on the SMR01 record at the time of data extraction (15 January 2018). More information is available in the Technical Report for this survey.

³ www.gov.scot/Resource/0053/00538713.pdf

4. Admission to Hospital

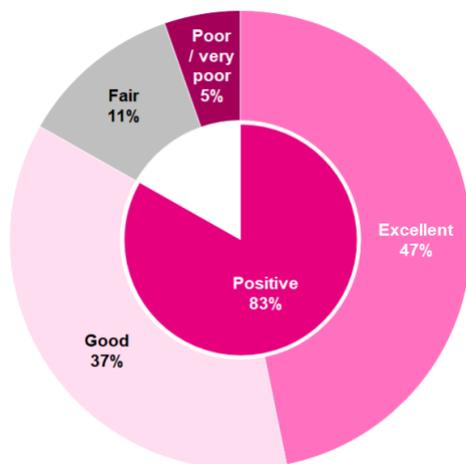
Summary

- People were generally positive about their admission to hospital, with over four out of five (83 per cent) rating it as “excellent” or “good”.
- They also rated most aspects of care and treatment they received in the Accident and Emergency Department (A&E) positively. Almost nine out of ten (89 per cent) were positive about the overall care and treatment they received in A&E and rated it as “excellent” or “good”.
- People were least positive about being kept informed about how long they would have to wait to be seen in A&E; 44 per cent were kept completely informed and a further 31 per cent said that they were kept informed “to some extent”.

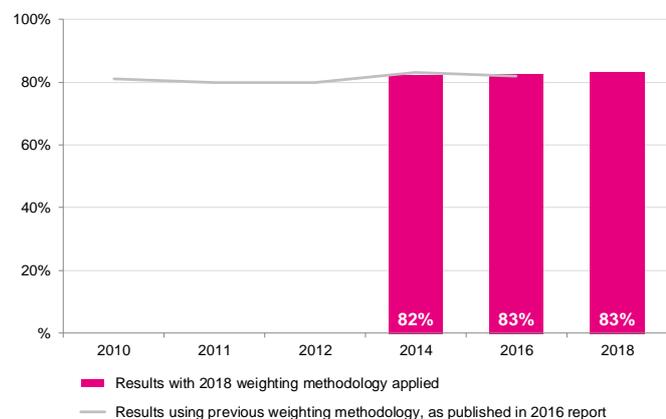
Overall

When asked to rate their admission to hospital – that is the time taken to get a bed on the ward after arrival at hospital – 83 per cent were positive about it (Figure 4.1). This is broadly similar to the results from previous surveys (Figure 4.2).

Figure 4.1: Overall rating of admission to hospital, 2018



Figures 4.2 : Overall positive rating of admission to hospital



NOTE: Data for the 2010 to 2012 surveys have not been weighted to account for non-response and so are not directly comparable to the 2014 to 2018 surveys.

Emergency or Planned in Advance

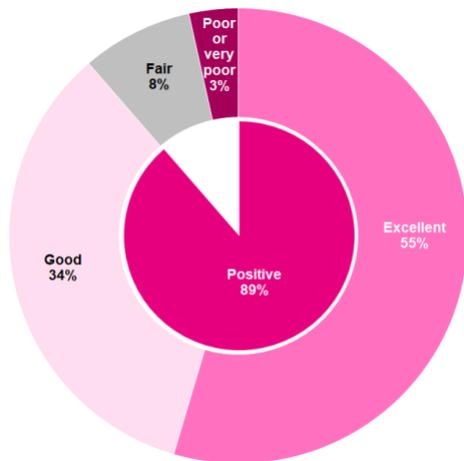
People who attended hospital were either admitted as:

- an emergency/urgent case in 62 per cent of cases; or
- had their attendance planned in advance in 38 per cent of cases.

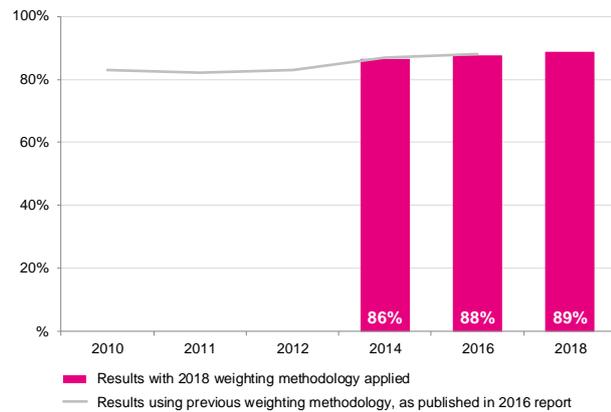
Accident and Emergency

Forty-six per cent of people went to A&E when they arrived at hospital. People who went to A&E were asked about various aspects of their care and treatment while they were there. Around nine out of ten (89 per cent) of people were positive about the overall care and treatment that they received in A&E (Figures 4.3 and 4.4).

Figure 4.3: Overall rating of care and treatment in A&E, 2018



Figures 4.4 : Overall positive rating of care and treatment in A&E



NOTE: Data for the 2010 to 2012 surveys have not been weighted to account for non-response and so are not directly comparable to the 2014 to 2018 surveys.

Figure 4.5 shows people’s responses to particular aspects of their care in A&E in 2018, and Figure 4.6 provides trends over time for the same questions.

Eighty-five per cent of people felt completely safe while they were in A&E, which is lower than the equivalent figure in 2016 of 88 per cent.

Figure 4.5: Summary of responses to care and treatment in A&E, 2018

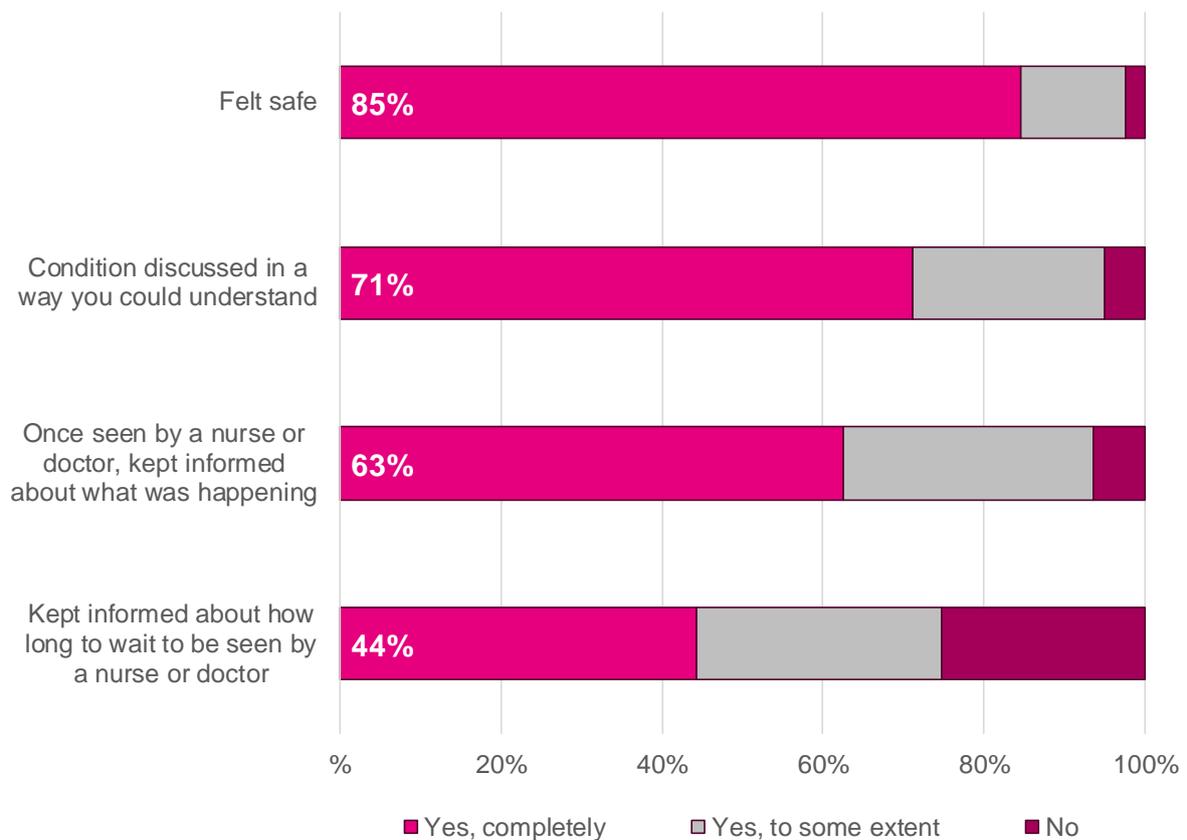
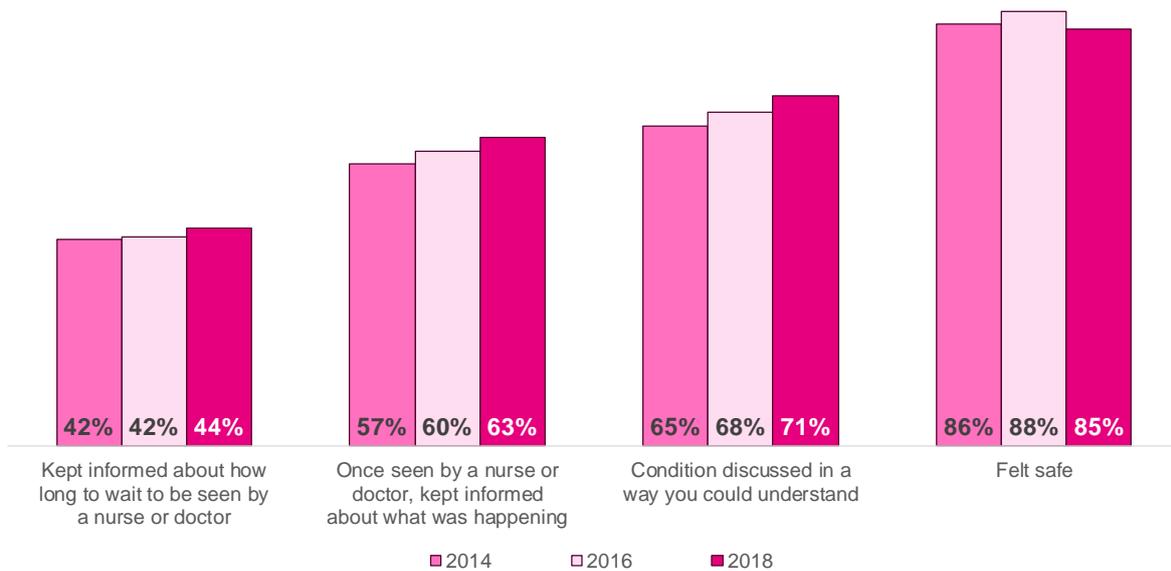


Figure 4.6: Care and treatment in A&E, percent positive trends over time



People were least positive about being kept informed about how long they would have to wait to be seen; 44 per cent were kept completely informed and a further 31 per cent said that they were kept informed “to some extent”.

However, once seen by a doctor or nurse, 63 per cent of people said that they were kept completely informed about what was happening, and 71 per cent said that the doctor or nurse discussed their condition in a way that they could completely understand. People were more positive about these two aspects of their care than they were in 2016.

Attendance Planned in Advance

People whose attendance in hospital was planned in advance were asked if they were kept informed about how long they would have to wait to be admitted after being referred. Sixty-two percent said that they were kept completely informed, with a further 30 per cent feeling that they were kept informed to some extent.

5. The Hospital and Ward

Summary

- People were generally positive about the hospital and ward environment, with 88 per cent rating it as “excellent” or “good”.
- In line with previous surveys, when asked about particular aspects of the hospital and ward environment, responses were mixed. People tended to be most positive about cleanliness (96 per cent said that the main ward or room was clean), and least positive about noise (28 per cent were bothered by noise from other patients).
- There has been a continued increase in the percentage of people who were positive about spending time with people who matter to them. Eighty-seven per cent completely agreed that they were able to spend enough time with people who matter, which is an increase of 8 percentage points from 2014.

Overall

Overall, people were positive about the hospital and ward environment; 88 per cent rated it positively in 2018. This is broadly in line with the result from the 2016 survey (Figures 5.1 and 5.2).

Figure 5.1 : Overall rating of hospital & ward environment, 2018

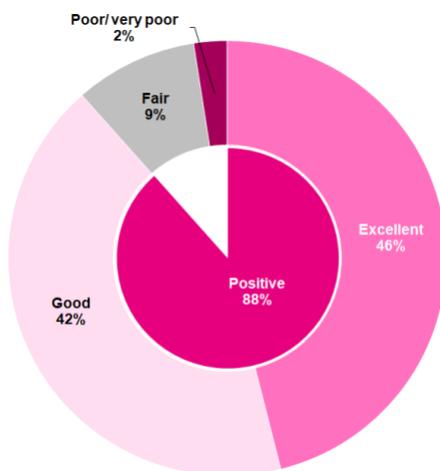
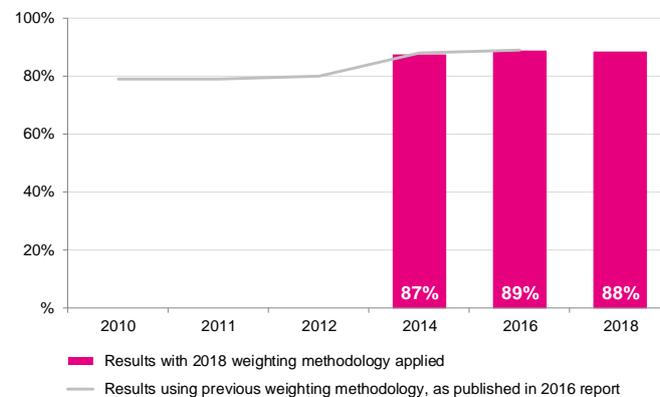


Figure 5.2 : Overall positive rating of hospital and ward environment

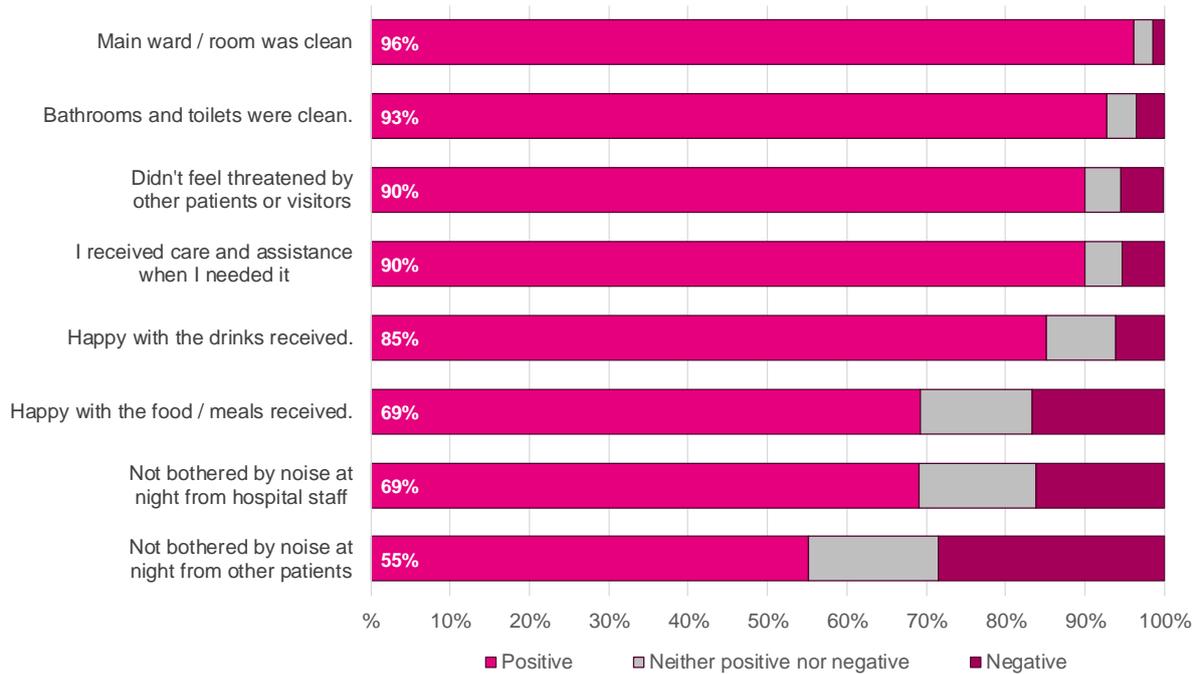


NOTE: Data for the 2010 to 2012 surveys have not been weighted to account for non-response and so are not directly comparable to the 2014 to 2018 surveys.

The Hospital and Ward environment

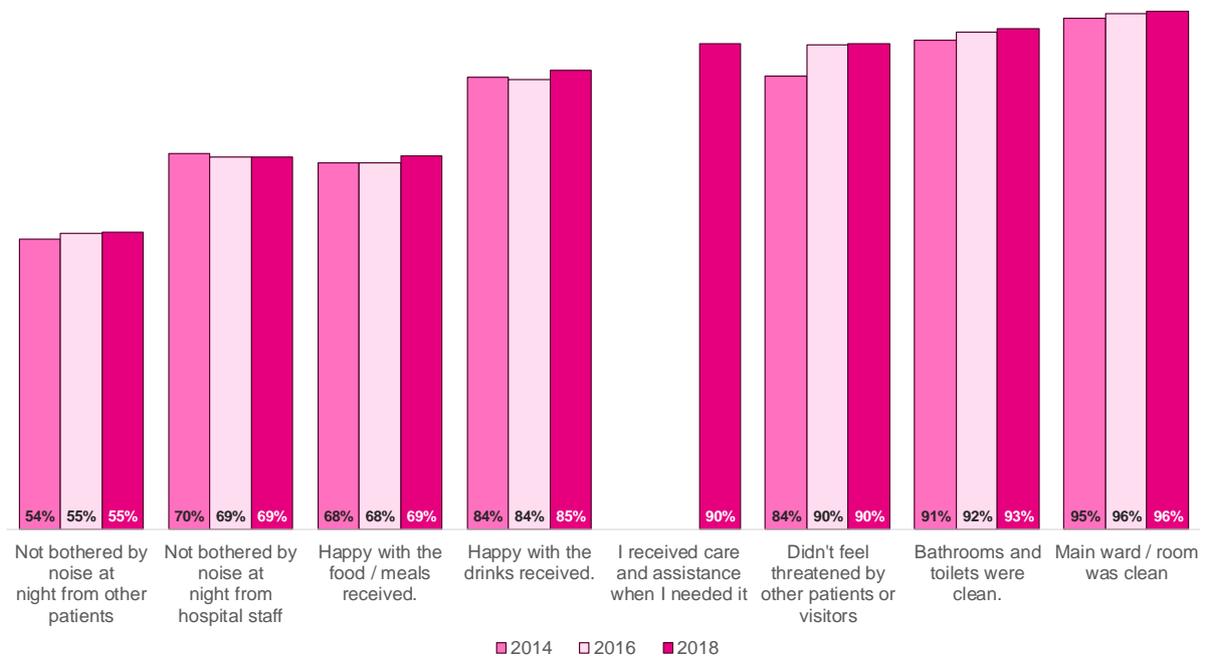
When asked about particular aspects of the ward and hospital, people were most positive about the cleanliness of the main ward / room (96 per cent positive) and the bathrooms / toilets (93 per cent positive). They were least positive about noise at night from other patients, with 28 per cent saying that they had been bothered by such noise (Figure 5.3).

Figure 5.3 : Summary of responses to hospital and ward environment, 2018



In general responses to these questions were in line with those in the 2016 survey (Figure 5.4). An exception is satisfaction with drinks, which sees a slight, but statistically significant, increase in the percentage of positive responses (now at 85 per cent).

Figure 5.4 : Hospital and ward environment, percent positive trends over time



Spending time with people who matter

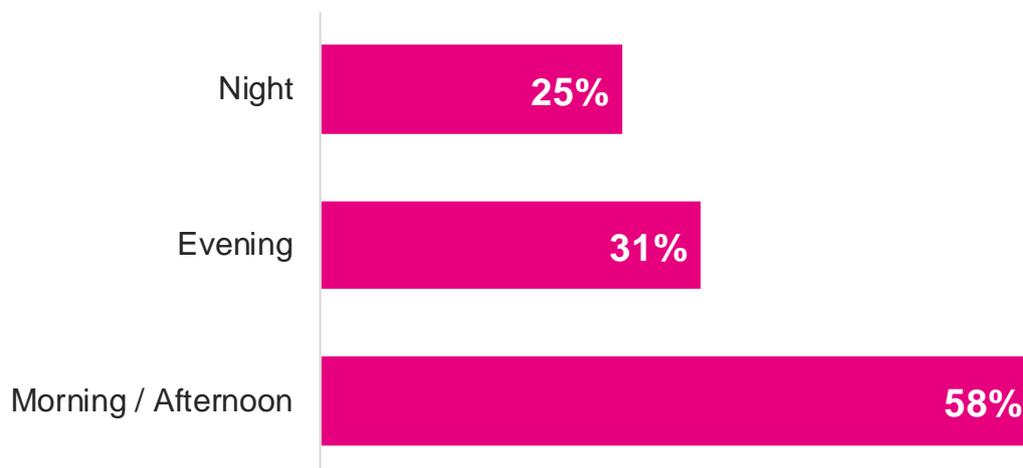
When asked if they were able to spend time with people who matter, 87 per cent agreed completely that they could. This is an increase of 5 percentage points from 2016 and 8 percentage points from 2014.

Moving wards

Moving wards can be disruptive to patients and can also increase the risk of infections spreading. Effective management of patient flows through hospital is a key priority for NHS Boards to minimise the need for moves.

We asked people to indicate whether they moved wards during their stay and, if so, the time of day. Thirty-nine per cent of people said that they had moved wards at least once during their hospital stay. Of those that moved, over half (58 per cent) were moved during the morning or afternoon and a quarter were moved during the night (i.e. after 10 pm). See Figure 5.5; note that respondents were able to select more than one response to this question, so the totals do not sum to 100%.

Figure 5.5 : Time of day patients were moved between wards, 2018



6. Care and Treatment in Hospital

Summary

- Nine out of ten people were positive about their overall care and treatment whilst in hospital. This percentage is similar to results from previous surveys.
- People were least positive about receiving enough help with eating and drinking (78 per cent positive), which is a six percentage point decrease from 2016.
- On the other hand, 95 per cent of people agreed that they had enough privacy when being examined or treated, which is a slight increase on the 2016 survey.

Overall

People were asked to provide an overall rating of the care and treatment that they received. Nine out of ten (90 per cent) of people responded positively, which is similar to the result from the 2016 survey, but a slight improvement on earlier years.

Figure 6.1 : Overall rating of care and treatment in hospital, 2018

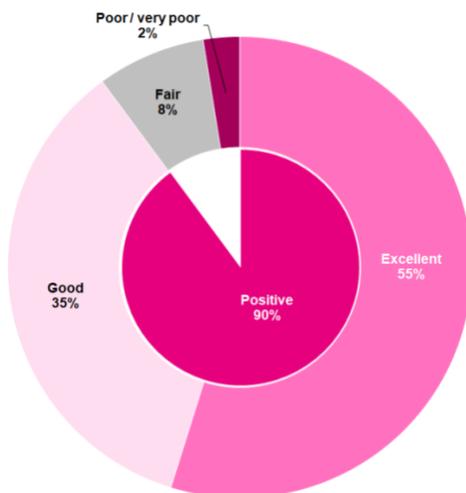
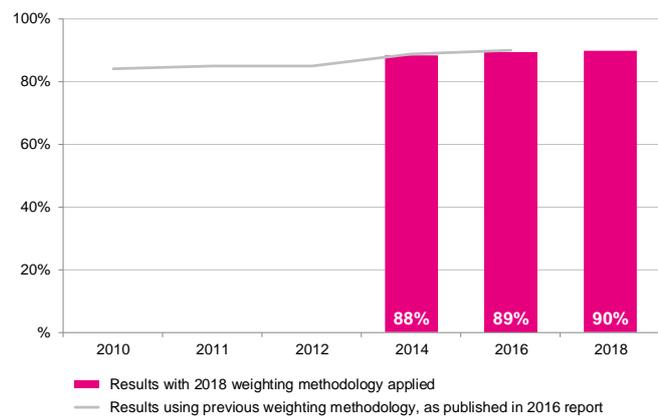


Figure 6.2 : Overall positive rating of care and treatment in hospital



NOTE: Data for the 2010 to 2012 surveys have not been weighted to account for non-response and so are not directly comparable to the 2014 to 2018 surveys.

Care and Treatment

When asked about particular aspects of their care and treatment, people were generally positive, although for most questions less so than in the 2014 and 2016 surveys (Figures 6.3 and 6.4).

Figure 6.3 : Summary of responses to care and treatment in hospital, 2018

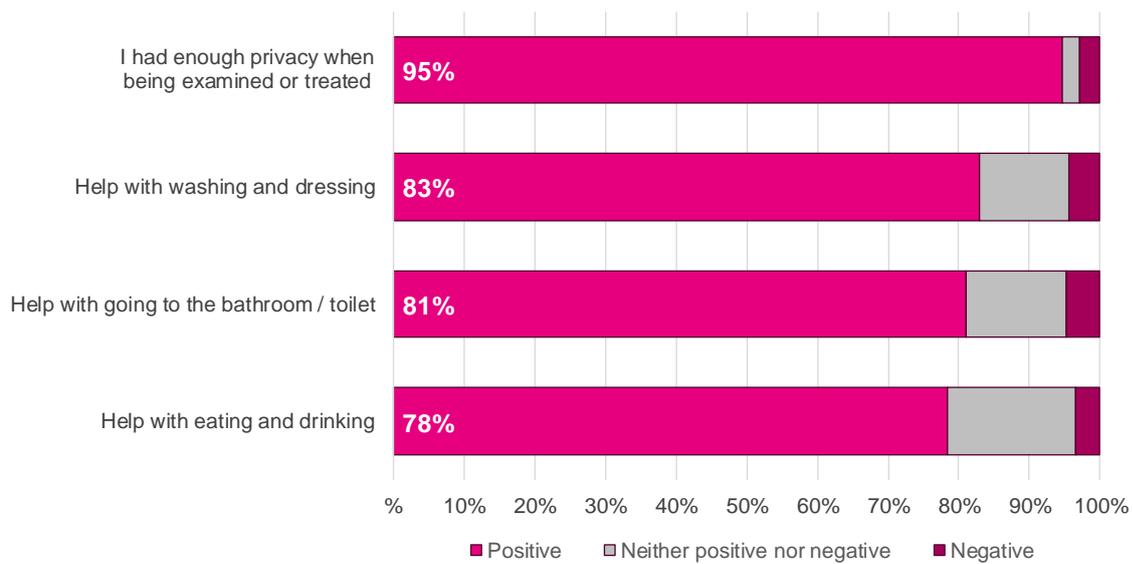
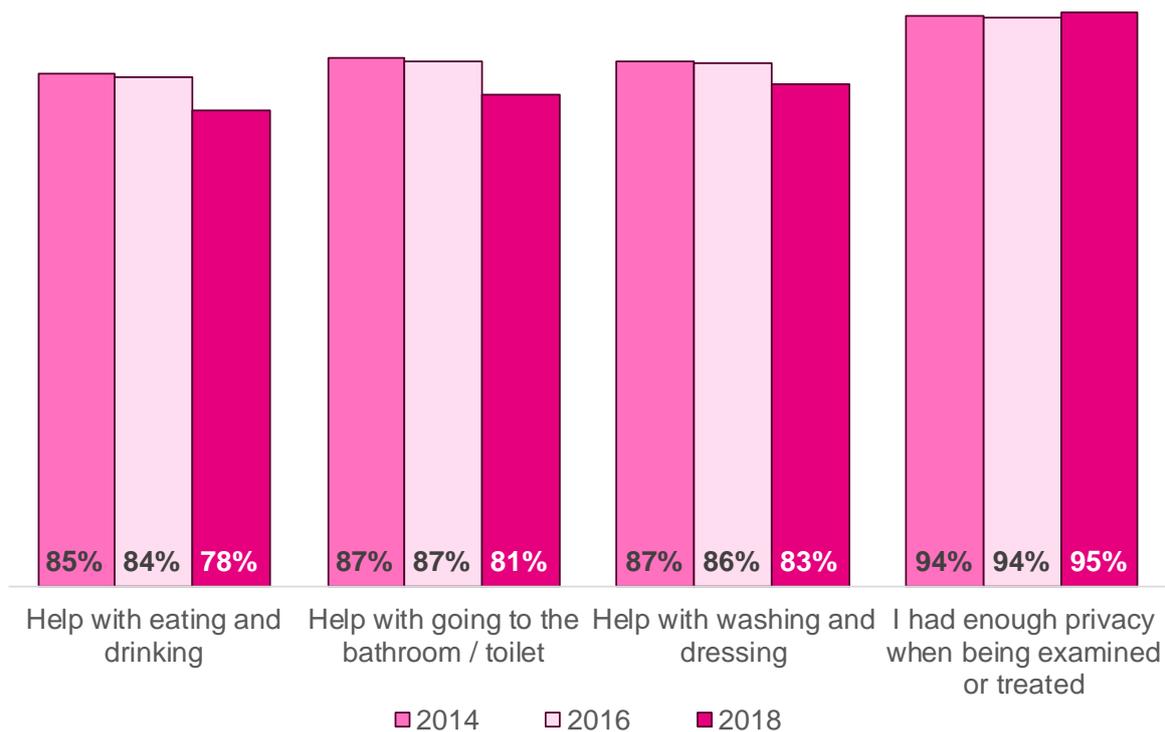


Figure 6.4 : Care and treatment in hospital – percent positive trends over time



People were most positive about having enough privacy when being examined or treated; 95 per cent said that they did, which is a slight improvement on the 2016 result.

On the other hand, 78 per cent of people agreed that they got enough help with eating and drinking, which is a 6 percentage point decrease from 2016.

Involvement with Care and Treatment

When asked about involvement in decisions about care and treatment, 65 per cent of people said that they were definitely involved as much as they wanted to be. This is an increase of 3 percentage points from 2016 and 5 per cent from 2014.

A similar percentage (64 per cent) said that people who mattered to them were definitely involved in decisions as much as the respondent wanted them to be. This is an increase of 7 percentage points from the equivalent figure in 2016.

7. Staff

Summary

- Overall, people were very positive about their experiences of hospital staff, with a slight increase in the overall positive rating to 91 per cent.
- People also mostly agreed that the care that they received from staff was person-centred, although people were slightly less positive about being in control of their treatment (76 per cent agreed), and being able to involve people that matter to them (77 per cent agreed).
- Seventy eight per cent of people said that they were always treated with compassion and understanding during their hospital stay, which is an increase of four percentage points from 2016. Three per cent said that they were not.
- People were also generally positive about the co-ordination of care whilst in hospital. When asked if staff worked well together in organising care, 72 per cent said “yes, definitely”. A further 22 per cent said “yes, to some extent”.

Overall

People continue to be very positive about their overall experiences of hospital staff, with 91 per cent rating staff as “excellent” or “good”. This is a slight increase on the result in the 2016 survey.

Figure 7.1 : Overall rating of staff, 2018

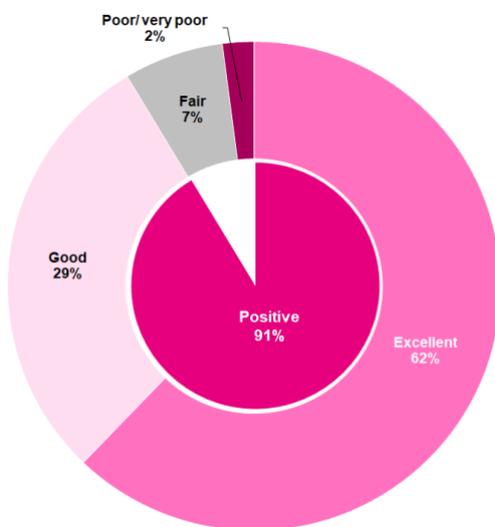
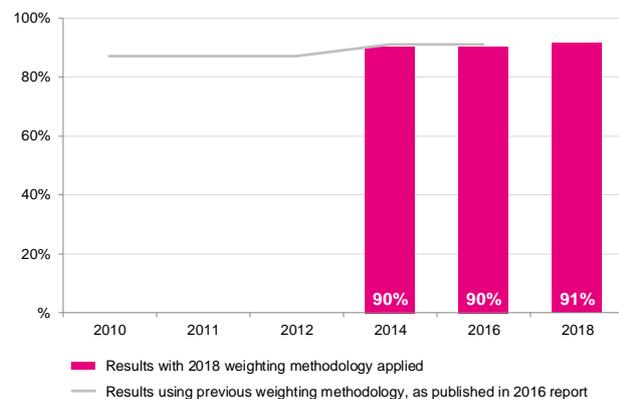


Figure 7.2 : Overall positive rating of staff



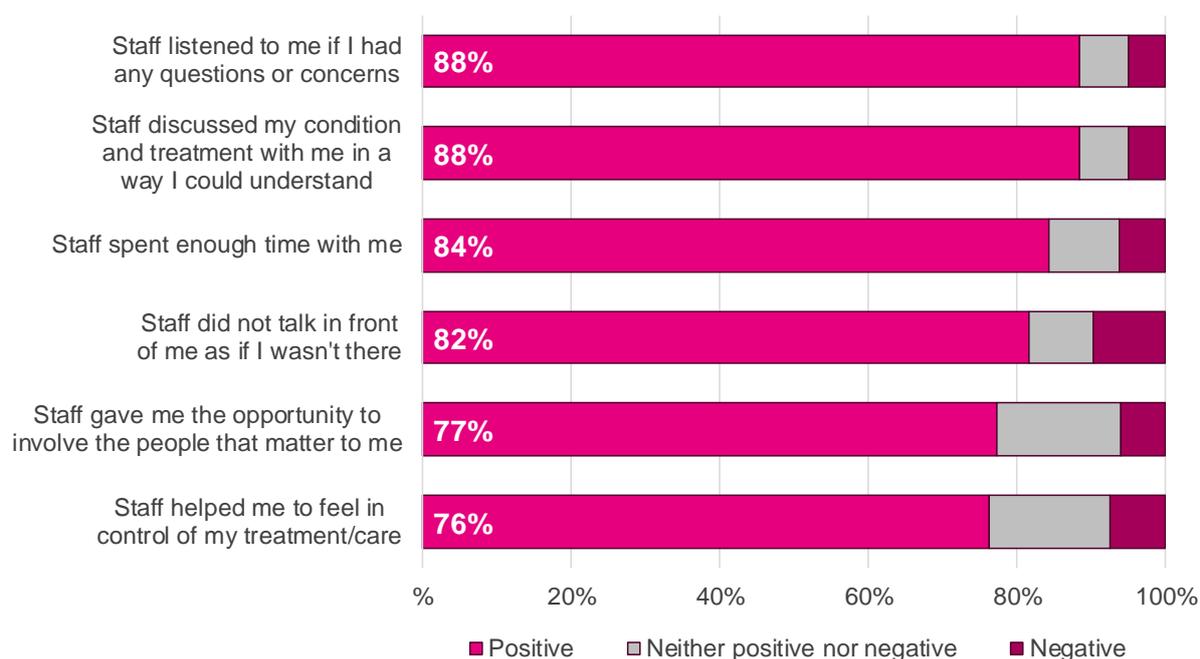
NOTE: Data for the 2010 to 2012 surveys have not been weighted to account for non-response and so are not directly comparable to the 2014 to 2018 surveys.

Person centred care

Respondents were asked whether they agreed or disagreed with various statements related to person-centred behaviours they experienced during their hospital stay. The results are shown in Figure 7.3.

People were most positive about being listened to, with 88 per cent of people saying that staff listened if they had any questions or concerns. They were least positive about staff helping them to feel in control of their treatment and care and staff giving them the opportunity to involve the people that mattered to them (76 per cent and 77 per cent respectively agreed with these statements).

Figure 7.3 : Summary of responses to person-centred care statements, 2018



Seventy-eight per cent of people said that they were always treated with compassion and understanding during their hospital stay, which is an increase of four percentage points from 2016. Nineteen percent said that they were sometimes treated this way, and three per cent said that they were not.

Continuity of care

People were also generally positive about the co-ordination of care whilst in hospital. When asked if staff worked well together in organising care, 72 per cent said “yes, definitely”. A further 22 per cent said “yes, to some extent”.

We asked people how many times hospital staff asked them for their personal details. Almost half (49 per cent) said “a few times”. Thirty per cent said “A lot of times and this didn’t bother me” and four per cent said “A lot of times and this bothered me”. The remainder said they were never asked (five per cent) or that they didn’t know or couldn’t remember (12 per cent).

8. Operations and Procedures

Summary

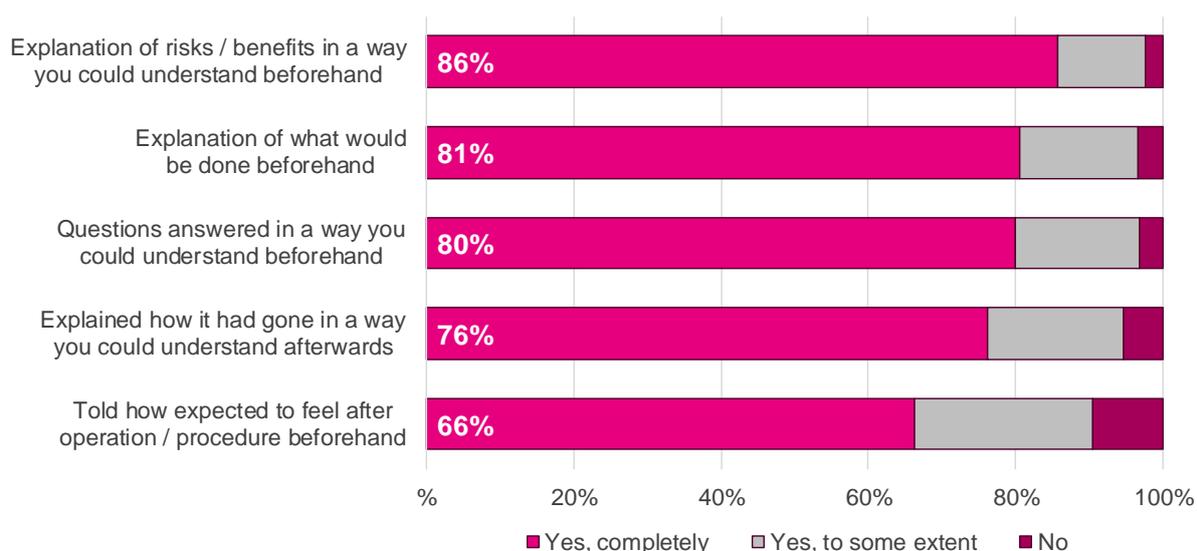
- Fifty-nine per cent of people said that they had an operation or procedure during their hospital stay.
- In general, people were very positive about the way that staff communicated with them before and after the operation or procedure. People were most positive about the explanations they received beforehand relating to the risks and benefits; 86 per cent agreed that they were given an explanation they understood, which is four percentage points more than in 2014.
- People were less positive that they had been told how they would feel after the operation or procedure, with 66 per cent agreeing completely that they had. However, the percentage of positive responses to this question has increased five percentage points since the 2014 survey.

Explanations and asking questions

Good communication before and after surgery is essential. It assists patients in understanding the risks, benefits and possible outcomes of surgery and helps them to make informed decisions about their own care and treatment.

Fifty-nine per cent of people told us that they had an operation or procedure during their most recent stay in hospital. They were asked about the way that staff communicated with them before and after surgery. Their responses are shown in Figure 8.1 and 8.2.

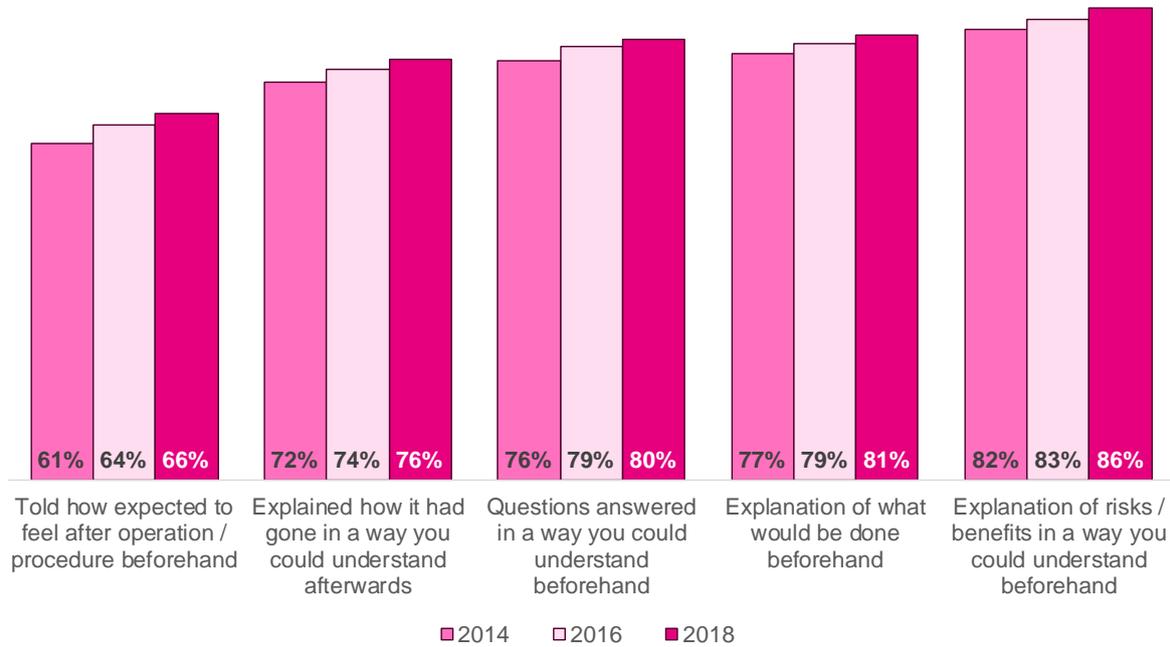
Figure 8.1: Summary of responses to communication prior to and after operations and procedures, 2018



People were most positive about the explanations they received beforehand relating to the risks and benefits, and also what would be done. Eighty-six per cent of people agreed that they were given an explanation they understood about the risks and

benefits of the operation or procedure, which is two percentage points more than in 2016, and four percentage points more than in 2014.

Figure 8.2 : Communication prior to and after operations and procedures, percent positive trends over time



One area where people were less positive was around explanations about how they would feel after the operation or procedure. Sixty-six percent of people responded “yes, completely” to this question in 2018 and a further 24 per cent said “yes, to some extent”. However, the percentage of positive responses to this question has increased in both the 2016 and 2018 surveys.

9. Leaving Hospital

Summary

- Seventy eight per cent of people rated the overall arrangements for leaving hospital as “excellent” or “good”.
- Thirty per cent of people said that they experienced a delay on the day that they left hospital, which is nine percentage points less than in 2016. The most common length of wait was between 2 and 4 hours.
- The most common reason given for the delay was “waiting for medicines”.
- Fifty eight per cent of people agreed completely that they, or their carer, was involved in planning their discharge from hospital, with a further 27 per cent agreeing to some extent.

Overall

People were fairly positive about the arrangements made for leaving hospital; 78 per cent rated these positively, which is the same as previous surveys in 2016 and 2014.

Figure 9.1 : Overall rating of arrangements for leaving hospital, 2018

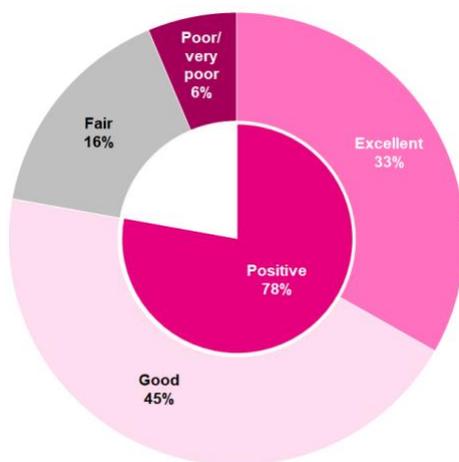
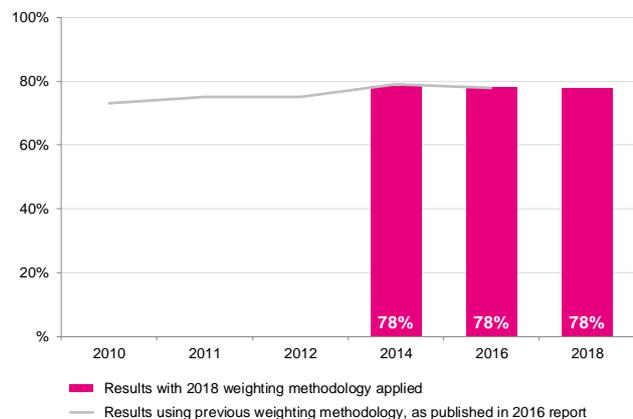


Figure 9.2 : Overall positive rating of arrangements for leaving hospital



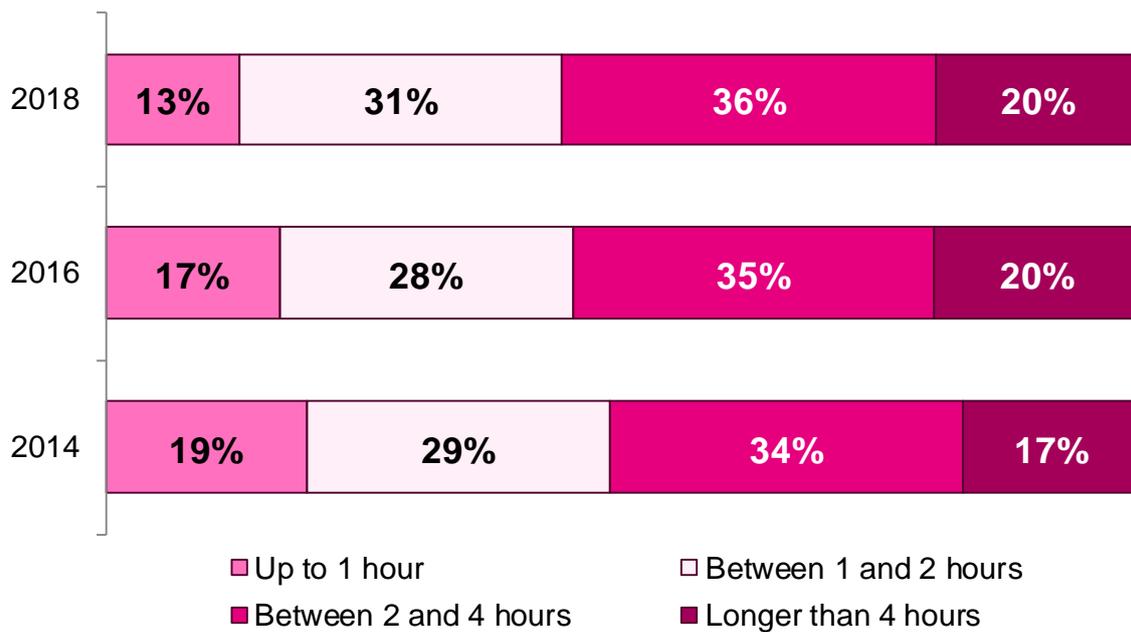
NOTE: Data for the 2010 to 2012 surveys have not been weighted to account for non-response and so are not directly comparable to the 2014 to 2018 surveys.

Delays on the day that people left hospital

Thirty per cent of people said that they experienced a delay on the day they left hospital, which is nine percentage points less than in 2016.

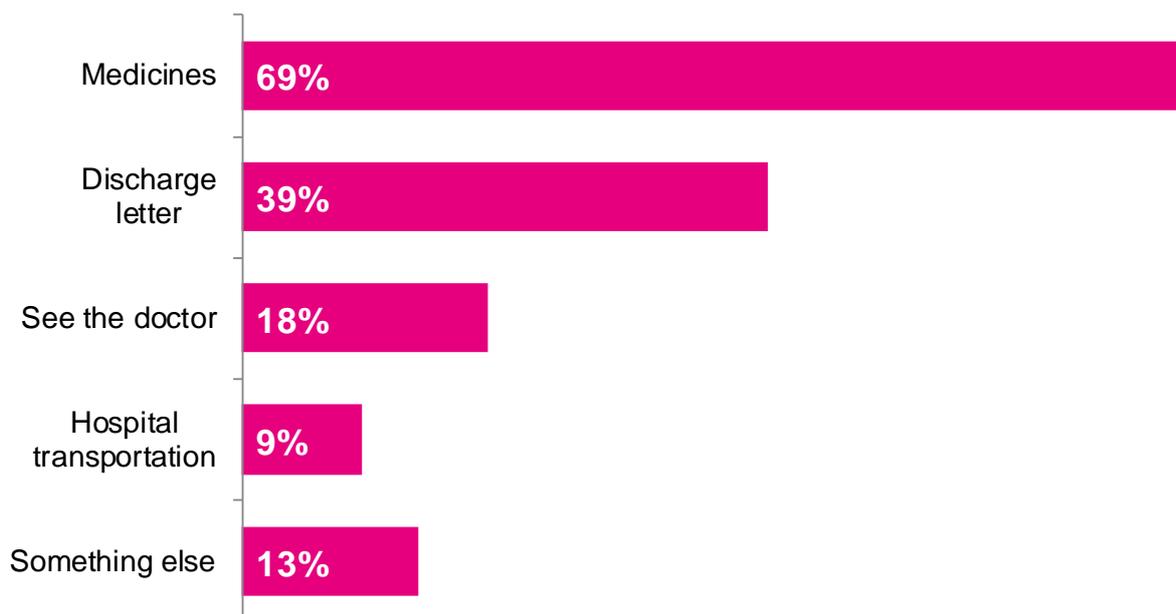
Figure 9.3 shows that, in 2018, 44 per cent of those who said that they were delayed waited up to 2 hours. Thirty-six per cent waited between 2 and 4 hours and 20 per cent waited more than 4 hours.

Figure 9.3 : Length of delay on the day of leaving hospital



When asked about the reason for this delay, the most common reason given was because of a wait for medicines. Sixty-nine per cent of people who were delayed said that this was one of the reasons for the delay, as shown in Figure 9.4. Note that respondents were able to select more than one response to this question, so the totals do not sum to 100 per cent.

Figure 9.4 : Reasons for delay on leaving hospital, 2018



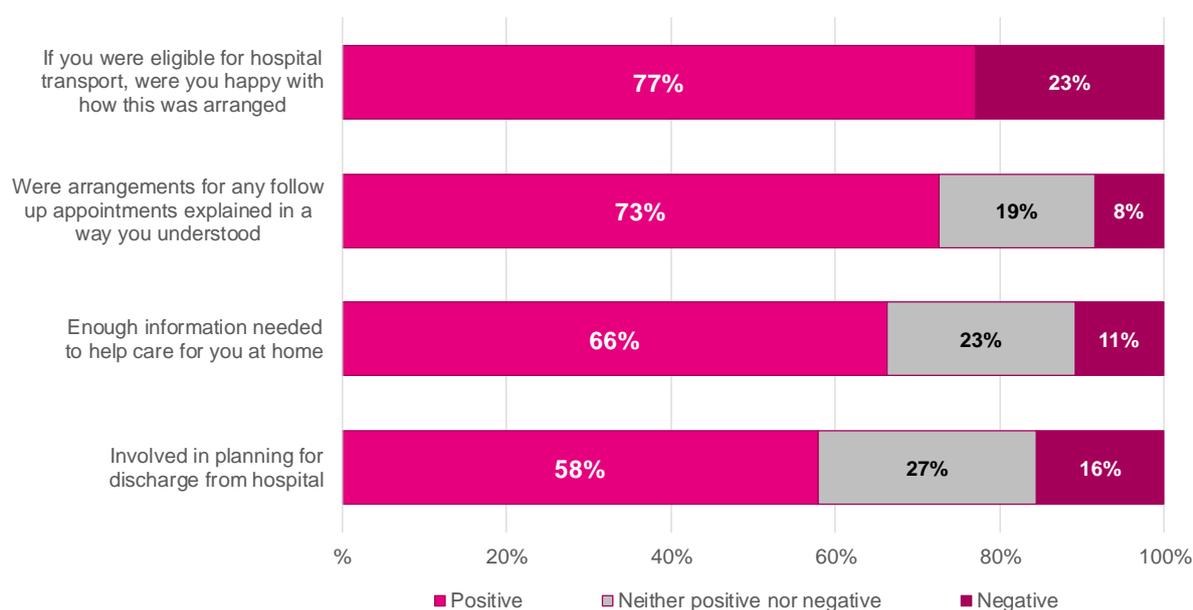
The most common place that people waited was on the ward, with 74 per cent of people who were delayed saying that they waited there for at least some of the time.

Arrangements for leaving hospital

Fifty-eight per cent of people agreed completely that they, or their carer, were involved in planning their discharge from hospital, with a further 27 per cent agreeing to some extent (shown as 'neither positive or negative' in the chart). Sixty-six per cent of people said that they (or their carer or someone else close to them) had all of the information needed to help care for them at home after leaving hospital; and 73 per cent said that arrangements for follow up appointments were explained in a way that they completely understood.

Of those people who were eligible for hospital transport, 77 per cent were happy with how this was arranged. This is a similar percentage to that in the 2016 survey, but lower than the 83 per cent reported for 2014.

Figure 9.5 : Summary of responses to arrangements for leaving hospital, 2018



10. Care and Support Services

Summary

- Of the people who needed care or support services after leaving hospital, 82 per cent were positive about the care and support that they received. This percentage has remained broadly steady over time.
- Sixty seven per cent of people completely agreed that they were confident that arrangements had been made before they left hospital. A further 21 per cent agreed “to some extent”.
- Forty five per cent of people completely agreed that they had a choice in the care or support services arranged for them, with a further 24 per cent agreeing to some extent.

Overall

Among those people who responded to the survey, 42 per cent needed care or support services to be arranged for them when they got out of hospital. When asked about the types of care or support needed, the most common response was “equipment or home adaptations”; 40 per cent of people said that they needed these. Thirty per cent said that they needed home care support, and 25 per cent said that they needed personal care. Three per cent said that they needed a place in a care or nursing home.

Of the people who needed care or support services, 82 per cent were positive about the care and support that they received. This percentage has remained broadly steady over time, see Figures 10.1 and 10.2.

Figure 10.1 : Overall rating of care and support after leaving hospital, 2018

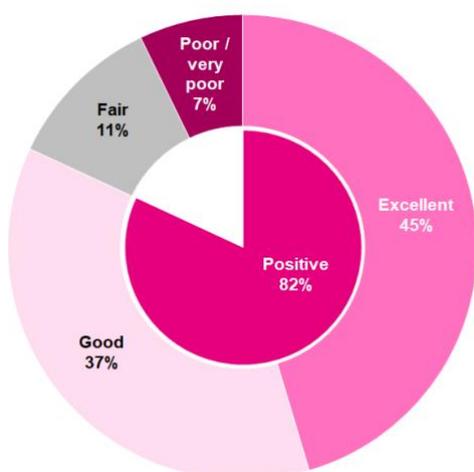
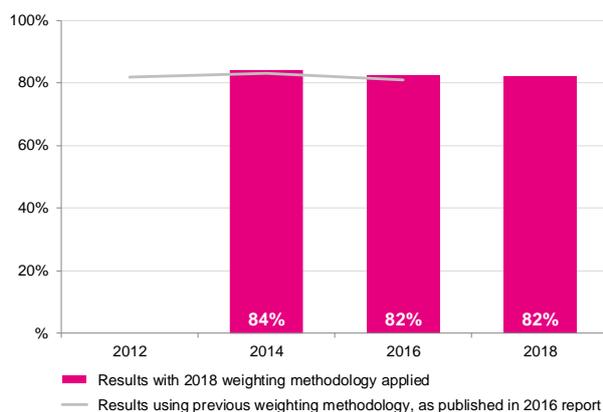


Figure 10.2 : Overall positive rating of care and support after leaving hospital



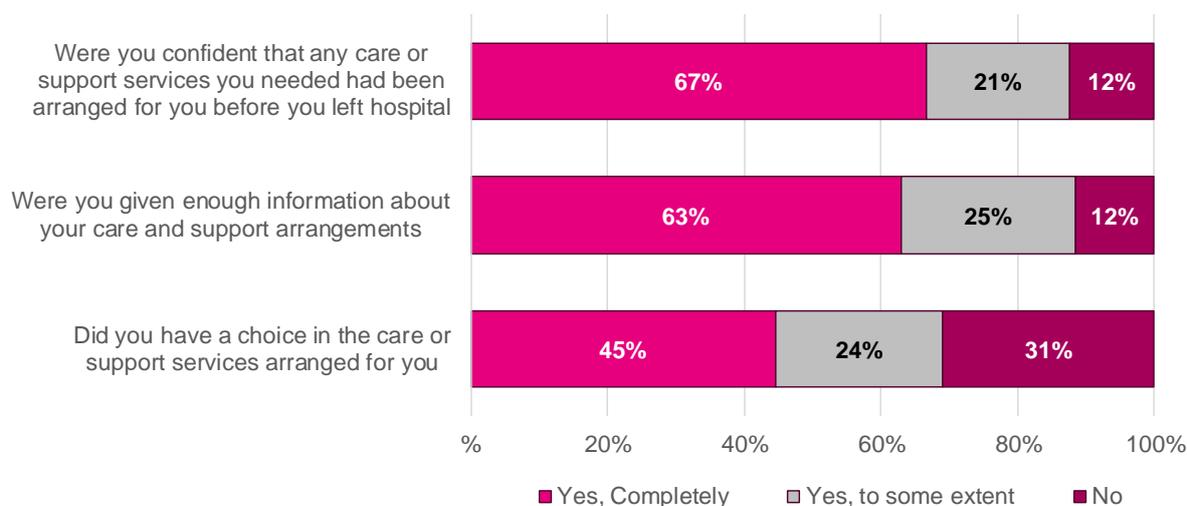
NOTE: Data for the 2012 survey have not been weighted to account for non-response and so is not directly comparable to the 2014 to 2018 surveys.

Care and support arrangements

When asked about their care and support arrangements, Figure 10.3 shows that 67 per cent of people completely agreed that they were confident that arrangements had been made before they left hospital. A further 21 per cent agreed “to some extent”. Similar percentages agreed that they were given enough information about these care and support arrangements.

Forty-five percent of people completely agreed that they had a choice in the care or support services arranged for them, with a further 24 per cent agreeing to some extent.

Figure 10.3 Summary of responses to care and support arrangements, 2018



11. Overall Experience and providing feedback

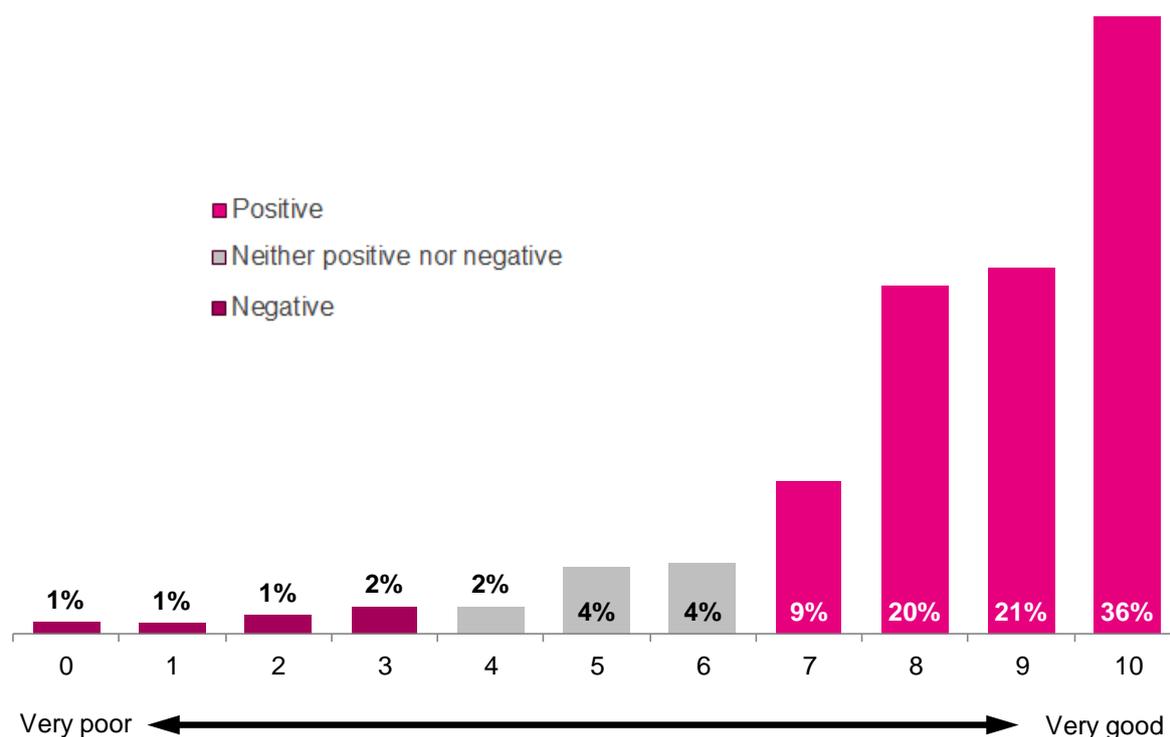
Summary

- Overall, people rated their full inpatient experience very positively, with 86 per cent rating their experience between 7 and 10 on a scale of 0 to 10, where 0 is “very poor” and 10 is “very good”. Thirty six per cent said that their care overall was “10 out of 10”.
- Around a third of people said that they spoke to staff about the standard of their care. Of those who were dissatisfied with their care, treatment or services, 40 per cent were able to find out how to provide feedback or complain.

Overall

When asked to rate their overall inpatient experience, most people responded positively. On a scale of 0 to 10, where 0 is “very poor” and 10 is “very good”, 86 per cent of people rated their experience between 7 and 10, and 36 per cent rated it as 10 out of 10.

Figure 11.1 : Summary of overall hospital experience, 2018



Giving feedback

NHS Scotland and the Scottish Government are jointly committed to developing a culture of openness and transparency that actively welcomes feedback as a vital source of information on what is and is not working well, and is a powerful tool for improvement.

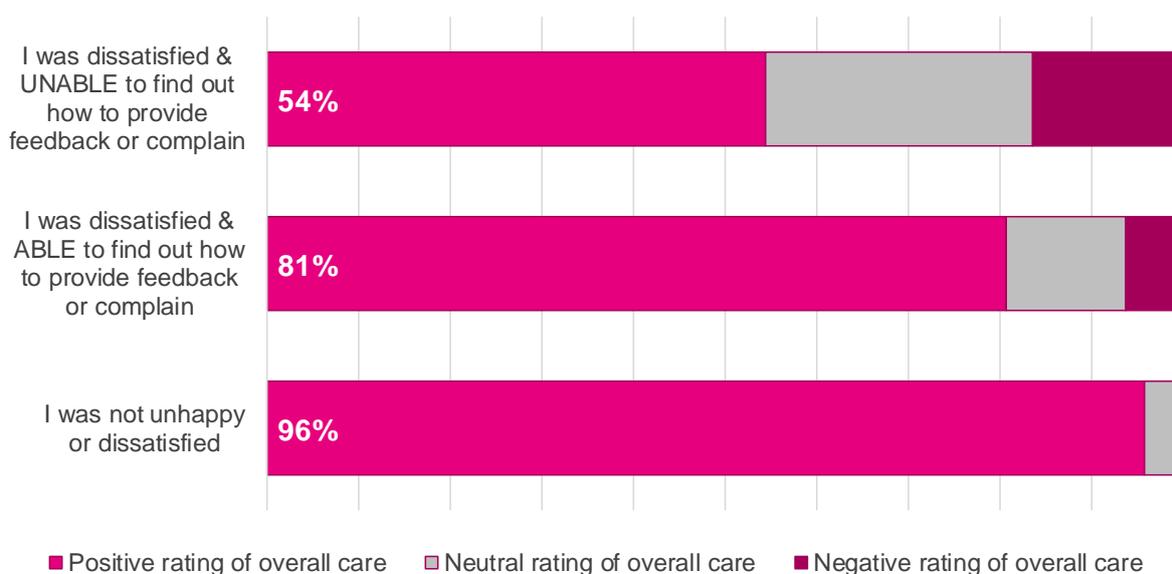
Thirty-two per cent of people said that they spoke to staff about the standard of their care and treatment, or the services provided.

A further question asked people “If you were unhappy or dissatisfied with care, treatment or services, were you able to find out how to provide feedback or complain?” Responses were as follows:

Response option	Percentage of responses
Yes	12%
No	19%
I was not unhappy or dissatisfied	69%

These results indicate that 31 per cent of people were in some way unhappy or dissatisfied with some aspect of the care that they received and of these 40 per cent knew how to feedback or complain. However, it is worth noting that a substantial number of these people also rated their overall care very positively, as shown in Figure 11.2. For example, of those who said that they were dissatisfied and unable to find out how to provide feedback or complain, 54 per cent also said that they were satisfied with their care experience overall.

Figure 11.2 : Ability to feedback or complain, by rating of overall hospital experience, 2018



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Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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How to Access Background or Source Data

The data collected for this statistical publication are available in more detail through www.gov.scot/inpatientsurvey

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ISBN 978-1-78781-141-6

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ISBN: 978-1-78781-141-6 (web only)

Published by the Scottish Government, August 2018

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS453466 (08/18)