

Patient Experience in NHS Urgent and Emergency Care Services

25th July 2022


PEP Health
Patient Experience Platform

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What are people's expectations and experience of UEC

Executive Summary



Executive summary of overall Urgent and Emergency Care trends

This social media analysis and report has investigated the experience of patients for the different components of urgent and emergency care (UEC) across England, using the project hypotheses as a guide to focus the analysis.

Overall, UEC patient experience scores are below the average patient experience scores for England, having decreased due to the COVID-19 pandemic but with a recovery underway.

Those areas with higher patient experience scores have higher 'Effective Treatment' and 'Emotional Support' scores, which are strongly correlated to positive patient experience. Low 'Fast Access' scores are also strongly correlated with low overall patient experience scores, but high 'Fast Access' scores are less strongly correlated with high overall scores.

What this means in practice is that patients expect and reward polite, professional and friendly staff who are efficient and effective in the care they give to patients and support them compassionately. In addition, when waiting times grow too long, lowering 'Fast Access' scores, overall patient experience also declines.

This is true for all components of UEC.

Executive summary of overall Urgent and Emergency Care trends

The key findings for each of the six hypotheses under investigation in this report are:

Are there regional variations?

Clear and significant regional variations exist, both between and within regions, and these are continuing to increase. The South West scores highest overall, despite a recent decline in 'Fast Access' which has been offset by high 'Effective Treatment' and 'Emotional Support' scores, and London, particularly North London, scores lowest (four out of the bottom five hospitals for overall score are in the London NHS region).

What are people's expectations of UEC? Is timeliness & face-to-face important? How long are people prepared to wait?

UEC patient experience scores are below the average patient experience scores for England, having decreased due to the COVID-19 pandemic but with a recovery underway.

Timeliness is important to patients; however, whilst low scoring 'Fast Access' comments were associated with lower scores overall, higher 'Fast Access' scores were less strongly associated with higher scores overall. Manual sampling of the data suggests that being kept informed and reassured and being in a suitable environment may alleviate concerns over waiting times.

The 'Effective Treatment' and 'Emotional Support' domains are more strongly correlated with positive patient experience than 'Fast Access'.

There is limited discussion of the merits of 'face-to-face' in UEC comments. In the wider data available there is a preference towards 'face-to-face' but there are strong individual preferences either way, with a subset of patients enjoying the convenience of virtual care for non-emergency situations.

Executive summary of overall Urgent and Emergency Care trends

Has COVID-19 changed people's expectations / behaviours?

COVID-19 has had a bigger impact on UEC than other types of care, with a larger decrease in patient experience score observed.

However, after each lockdown there was a temporary increase in patient experience across all domains as patients expressed their gratitude and appreciation for the efforts of care staff.

Based on a subset of manually-coded comments, there are impressions that patients faced reduced waiting times and less-crowded hospitals during lockdowns that also contributed to the improvement in scores seen. These increases peaked roughly 3 months after the lockdowns, before patient experience scores decreased, possibly as goodwill towards the NHS faded over time and more patients started using the service again.

It is unclear if patients are now reverting to previous pre-COVID-19 behaviours or not (e.g., seeking face-to-face appointments rather than telephone consultations), and this could be an area for further investigation in the survey and focus groups.

Executive summary of overall Urgent and Emergency Care trends

Where is UEC access working well? Why?

Across all regions for the last year, a majority of 'Fast Access' scores are below 3 (out of 5), suggesting that UEC access is not working well in any region of the country. Average scores range from 2.12 for London to 2.73 for the South West.

There has been decreases in 'Fast Access' scores for nearly all A&Es in the past year. London Trusts make up seven out the bottom ten Trusts for 'Fast Access' performance.

Ambulances have consistently higher 'Fast Access' scores compared to the rest of UEC average, despite a drop in the last 6 months that has seen urgent treatment centres (UTC) briefly perform better. GPs are consistently the lowest scoring organisation type for UEC-related 'Fast Access'.

Do people see the 'front door' to urgent care as NHS 111?

Patient's motivations for not using services is not frequently mentioned in their reviews.

Comments mentioning NHS 111 increased from 2.4% in 2018 to 10.4% in 2021; however, dissatisfaction with the service jumped significantly in 2021 and mentions of the service have since fallen.

The literature review, survey and focus groups should be able to provide more clarity on whether patients see NHS 111 as the 'front door' to urgent care.

Executive summary of overall Urgent and Emergency Care trends

Do people want a seamless patient journey where information is shared across channels? i.e., ‘omni channel’

‘Continuity of Care’ is the lowest scoring domain. This is partly explained by the inherent bias of people not mentioning examples where they experience smooth, continuous care – it is expected – but actively highlighting cases when their patient journey is not seamless.

Based on the sampling of manually coded comments, an area of improvement seems to be the sharing of information between NHS 111 and the next stage of a patient’s treatment.

The literature review, survey and focus groups should be able to provide more clarity for this hypothesis.

What are people's expectations and experience of UEC

Introduction to the social media analysis

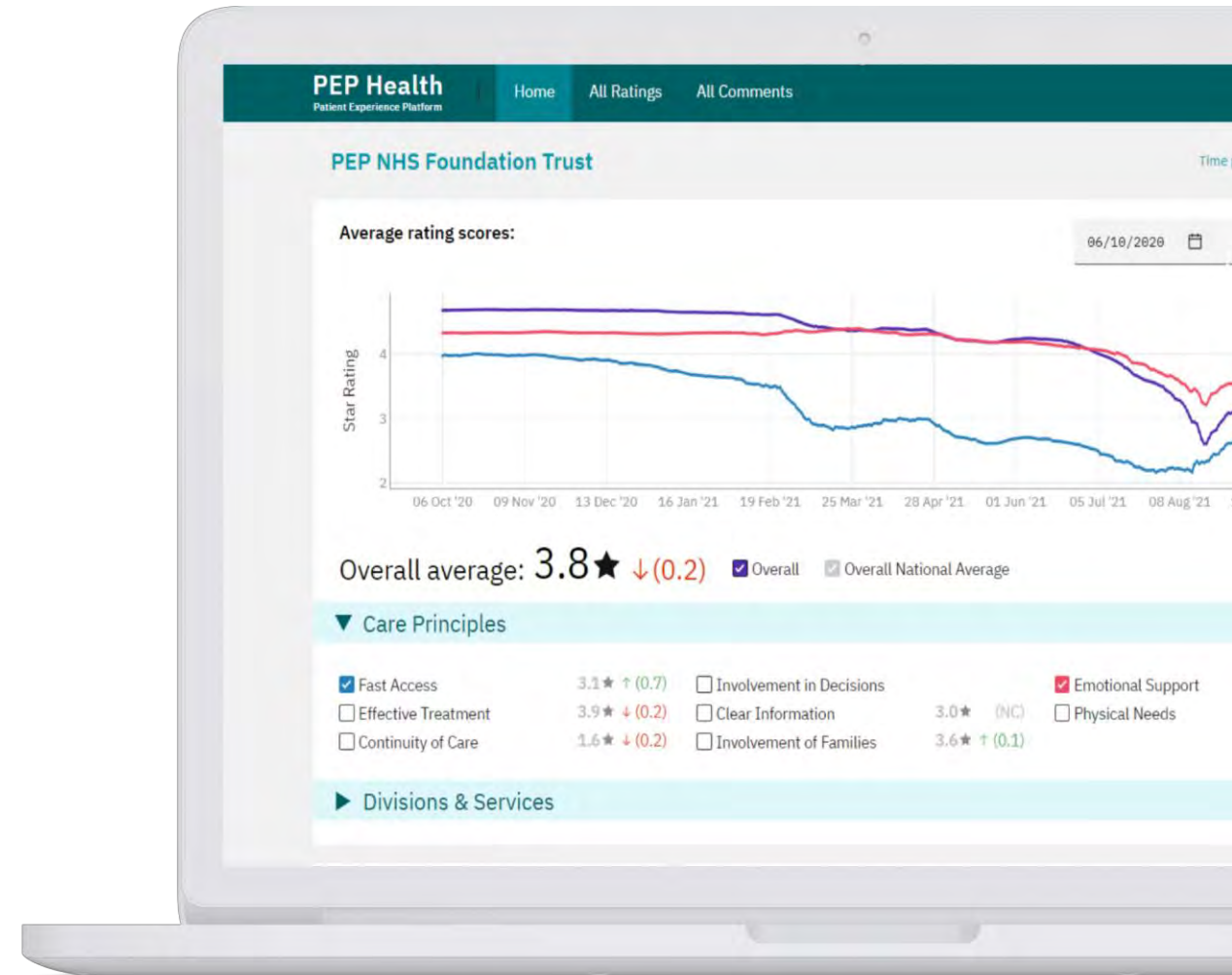
Understanding a key problem

The Problem

NHS England has partnered with PEP Health, EAHSN, PEL, Traverse and Ethnic Opinions to understand the changes in experience for patients accessing urgent and emergency care (UEC) in England over the last four years. The aim of this collaboration is to identify actionable insights to help improve UEC across the country and give patients the best experience possible when they access those services.

The Solution

PEP Health gathers hundreds of thousands of patient comments, across multiple platforms for all hospitals and GP practices in England. This data set will be narrowed to focus on patients accessing UEC and analysed using natural language processing (NLP). Actionable insights will be delivered in this report to help guide future survey and focus groups and help identify areas to improve the experience of patients in UEC.



To fully understand our research question, the project has identified 14 sub-hypotheses that will be investigated

The high-level research question this project is attempting to answer is:

“What are the positive and negative patient experiences of urgent and emergency care (UEC) in England, over the past 4 years?”

The question has 3 themes associated with it, broken down into 14 sub-research hypothesis questions (see below).

Drivers of UEC decision making	What are people’s expectations and experience of UEC	The impact of digital on UEC access and experience
What drives people’s decision making / how are people making decisions to access urgent and emergency care?	What are people’s expectations of UEC? i.e. Is timeliness and face-to-face important? How long are people prepared to wait?	Are people not using the digital offers in urgent and emergency care? If not, why not?
To what extent is people’s behaviour influenced by what other people (friends and family) have done? Are they directed by other services e.g., GP	Has COVID-19 changed people’s expectations / behaviours?	Is digital access / literacy / language adversely affecting certain groups?
Does previous personal experience, positive and negative influence behaviour?	Where is UEC access working well? Why?	What types of people are more willing / able to use digital entry points?
What are people’s understanding of UEC options? What do people know is on offer?	Do people see the ‘front door’ to urgent care as 111?	What do people think the digital offer is there for? Information? Reassurance? Assessment? A route to a clinician? Resolving the problem?
	Do people want a seamless patient journey where information is shared across channels? i.e. ‘omni channel’	
	Are there regional variations?	

The PEP Health social media listening exercise focuses on patients' expectations and experience of UEC

In order to answer the research hypothesis and sub-hypotheses, a multi-factored approach has been adopted to gather the necessary data. This includes a literature review, a patient experience survey, a series of focus groups and a social media listening exercise for patient comments posted online.

This report outlines the findings of the social media analysis, which help answer the research domain 'What are people's expectations and experience of UEC' and the associated sub-hypotheses:

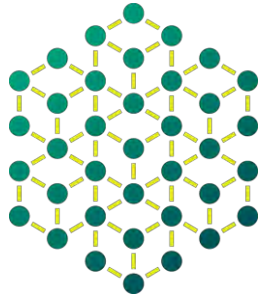
Drivers of UEC decision making	What are people's expectations and experience of UEC	The impact of digital on UEC access and experience
What drives people's decision making / how are people making decisions to access urgent and emergency care?	What are people's expectations of UEC? i.e. Is timeliness and face-to-face important? How long are people prepared to wait?	Are people not using the digital offers in urgent and emergency care? If not, why not?
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	Are there regional variations?	

What are people's expectations and experience of UEC

Methodology



This is how 'listening at scale' works:



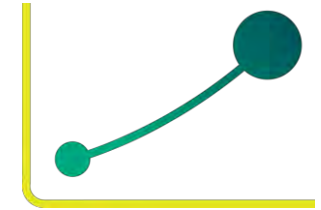
Map the landscape:
providers, insurers, drugs,
diseases and locally,
regionally, nationally



Advanced ML algorithms
collect and prepare public
comments from 1000's
sites



Analyse & organise data
across key quality
themes, locations &
diseases

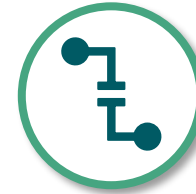


Dashboard & reports provide
RT benchmarking vs. peers
locally regionally & nationally

Our proprietary models classify and score comments against six quality domains, and by department



Fast access to reliable health advice



Continuity of care and smooth transitions



Communication and involvement, to support patients and families



Emotional support, empathy and respect



Effective treatment delivered by trusted professionals



Attention to **physical and environmental needs**

A few words about scoring...

Comments are gathered from review sites, social media, and other sites where users publicly comment on the quality of care they have received. Where necessary, our custom models identify:

- whether each comment is relevant to the quality of care;
- the organisation in question;
- the relevant department (e.g., surgery, critical care, radiology etc.).

The models do so by considering both the source and the content of each comment.

The 'Overall' score for a review is usually given by the user alongside their comment. Where that's not the case, for example with tweets, we use our bespoke model trained on the hundreds of thousands of user-scored, healthcare-specific comments to generate the overall score with a high degree of accuracy.

The six care domains are again automatically scored based on a custom-built model. This model has been trained on hundreds of thousands of expert manually-coded comments. Broadly speaking, a score of 1 or 5 will relate to a strongly negative, or strongly positive response, with a score of 2 or 4 being negative or positive, and 3 being neutral.

A few words about the data...

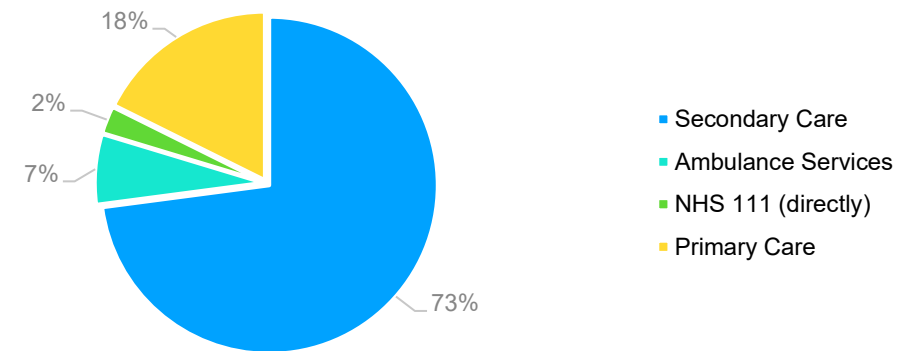
We collected data describing the patient experience of UEC in primary and secondary care for the past 4.5 years (Jan 2018 – Jun 2022). The sources used in the analysis included:



- Over **900,000** comments potentially concerning primary and secondary care in England were analysed
- Over **500,000** comments were deemed relevant to the quality of care
- Over **50,000** comments relate to Urgent and Emergency Care

- The average feedback for UEC over the past year was neutral (2.92 out of 5) but more positive for non-UEC (3.24 out of 5).

Proportion of UEC Comments by Organisation Type



A few words about data privacy...

PEP Health gathers online, public feedback concerning healthcare providers to monitor their performance. This public information is gathered from online review sites and social media.

We only collect data that is publicly available that is strictly necessary to identify the relevance of a comment and the organisation it relates to. We do not collect individual characteristics such as the age or gender of posters, nor do we seek to derive it.

The public information we gather is stored in a secure database hosted on a UK-based server. Although all the information we collect is wholly public, we are committed to deleting any information we hold on an individual should they request it.

PEP Health is CyberEssentials accredited by the NCSC in the UK. Stored client data is encrypted at rest and in transit, and access is restricted to relevant employees only. Data is stored in compliance with all GDPR regulations.



What are people's expectations and experience of UEC

National overview



Summary of the National level trends

To investigate national level UEC trends across England, the patient experience scores for UEC and all other types of care for the whole country were analysed to understand the key trends over the last 4 years.

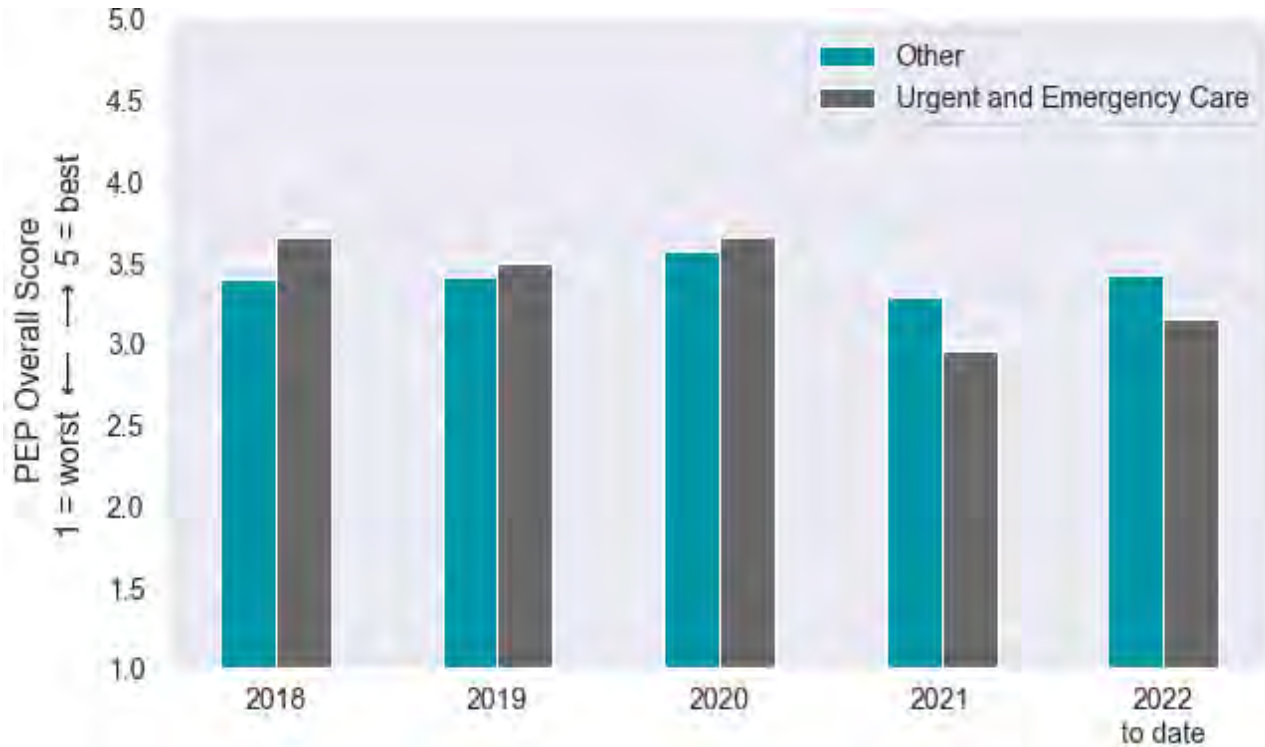
The underlying care domains that drive patient experience were also investigated and analysed over time.

The key findings for ‘National Level Trends’ are below:

1. Average overall patient experience scores for UEC are below those of non-EUC across England. Average overall patient experience scores for UEC decreased significantly following the COVID-19 pandemic but are now recovering
2. For every care domain, UEC scores are lower than non-UEC scores. ‘Continuity of Care’, ‘Communication and Involvement’ and ‘Fast Access’ being the lowest scoring domains for UEC
3. ‘Effective Treatment’ and the ‘Emotional Support’ provided to patients are strongly correlated to positive patient experience for UEC
4. Poor ‘Fast Access’ scores strongly correlate with negative overall UEC scores, but good ‘Fast Access’ scores are less well correlated to positive overall UEC scores

On average, other types of care score more highly than UEC, over the last two years

Year on Year Overall Score: UEC vs Other Care



The graph shows the mean annual patient experience score for both UEC (excluding comments related to NHS 111) and non-UEC for the whole of England since 2018.

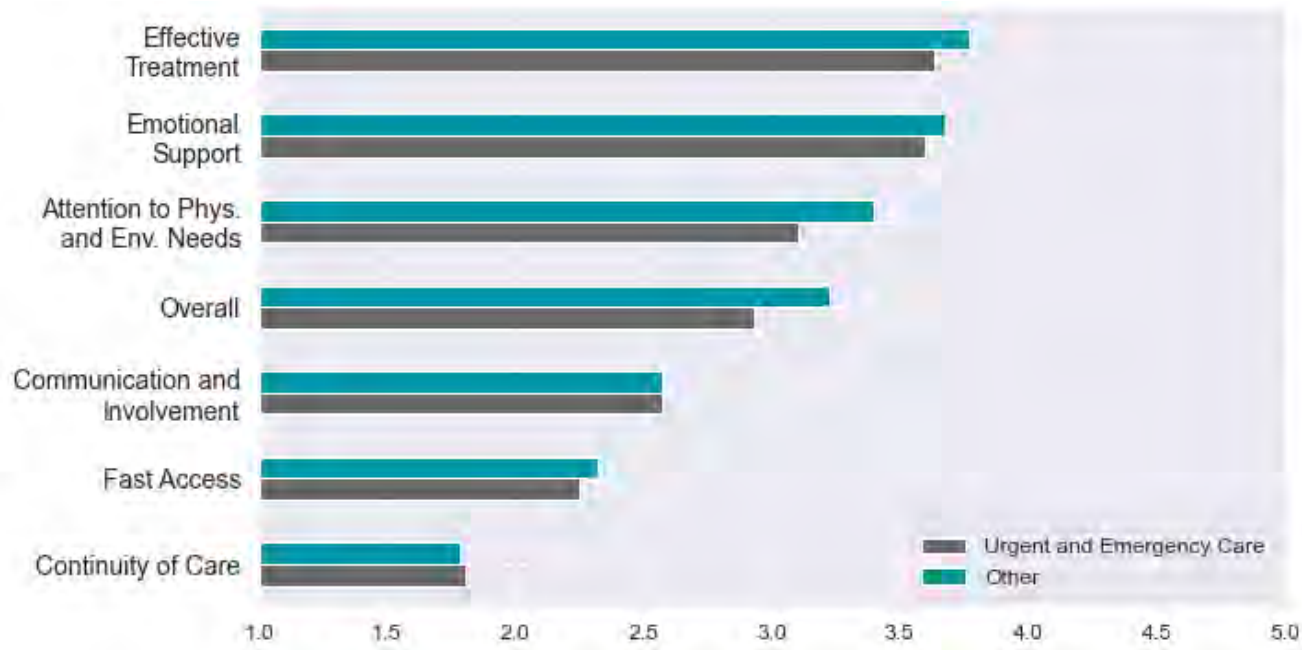
UEC patient experience has scored lower than the other types of care in 2021 and 2022 to date.

Pre-COVID, UEC patient experience was rated more highly than non-UEC patient experience, but a significant absolute decrease is observed since COVID.

UEC patient experience scores are beginning to recover in 2022 but remain lower than those of non-UEC patient experience.

Across the 6 domains of patient experience, scores for UEC remain lower than for non-UEC in 2021-22

UEC vs non-UEC for all domains



The graph shows a bar chart for each care domain, as well as the overall PEP recommend score, for average UEC scores against all non-UEC since 1st July 2021.

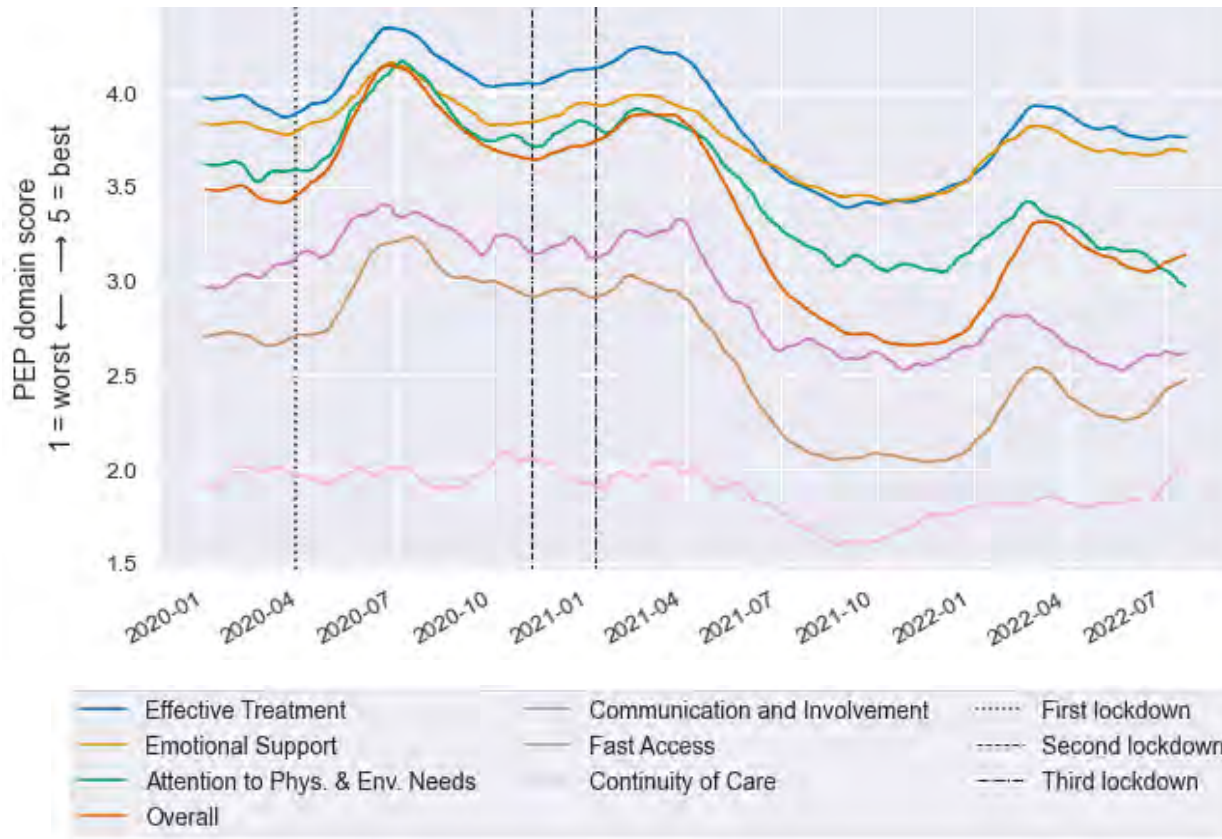
Across most individual domains, UEC scores are consistently lower than non-UEC, with the biggest variation being 'Attention to Physical and Environmental Needs'.

The only exceptions are 'Continuity of Care and Communication and Involvement'.

For both UEC and non-UEC, 'Continuity of Care', 'Communication and Involvement' and 'Fast Access' are the lowest-scoring domains.

Patient satisfaction is highest in April 2021 followed by a decrease until December 2021, across all domains

UEC 90-day smoothed moving average for 6 domains



The graph shows rolling average plots of the PEP domain scores for UEC across England since 2020.

‘Continuity of Care’ has consistently been the lowest rated domain, with ‘Effective Treatment’ and ‘Emotional Support’ highest. These domains correlate strongly to positive patient experience in UEC.

A similar pattern in the moving average is seen across all domains, particularly with large decreases in scores between April 2021 and December 2021.

Patient experience peaked in July 2020 and April 2021 after COVID lockdowns.

The three lowest scoring domains over the last 4 years have been ‘Fast Access’, ‘Communication and Involvement’ and ‘Continuity of Care’

UEC 90-day smoothed moving average for 3 domains



The graph shows rolling average plots of the PEP domain scores for the ‘Fast Access’, ‘Continuity of Care’ and ‘Communication and Involvement’ domains for UEC across England.

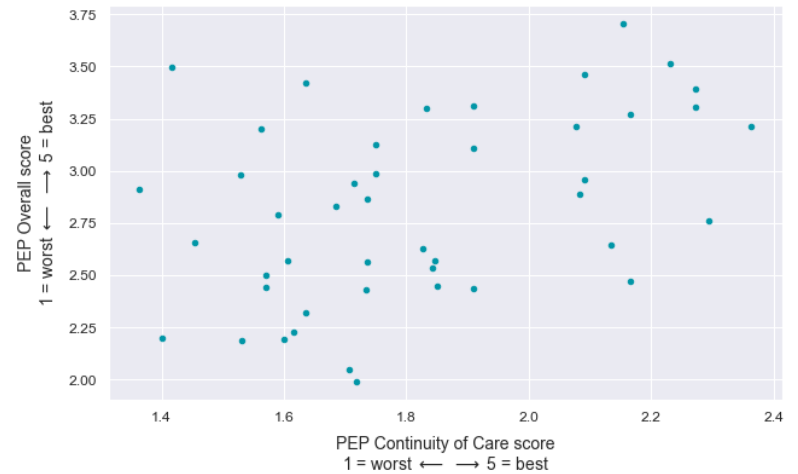
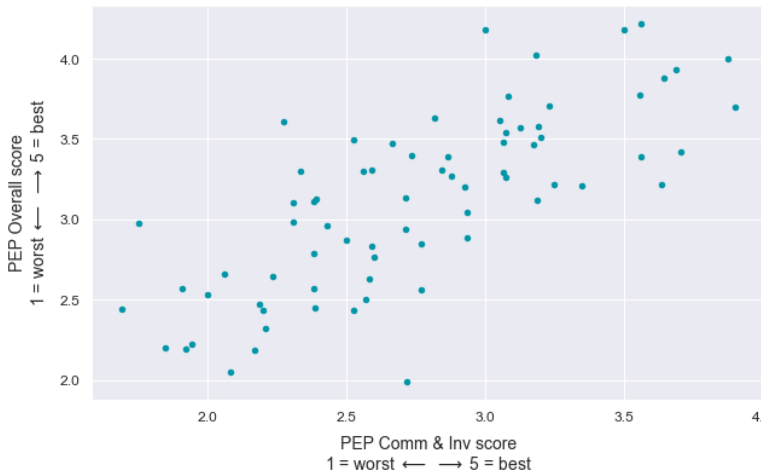
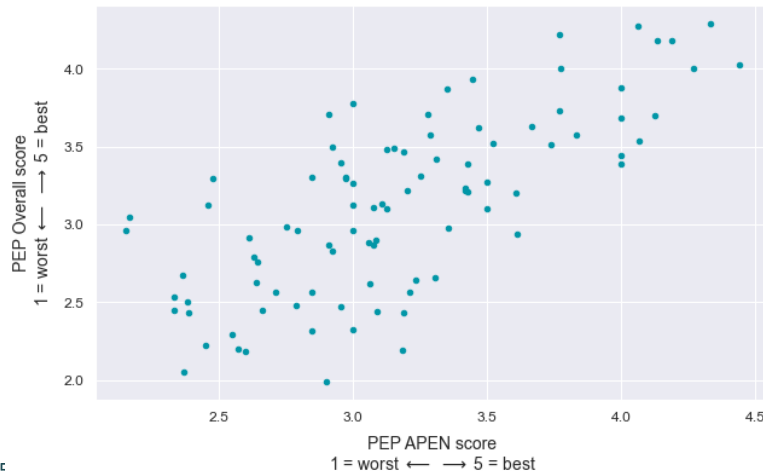
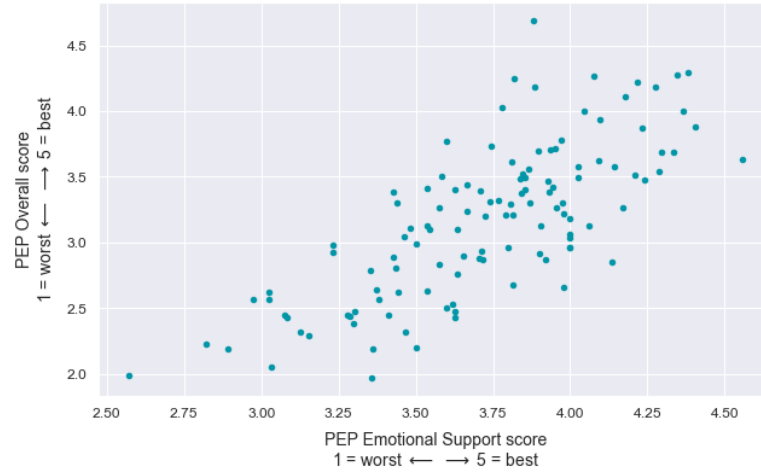
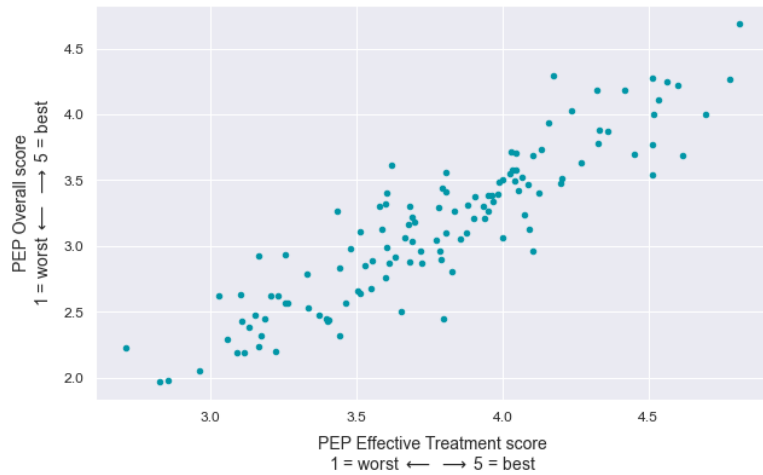
‘Fast Access’ decreased sharply following the 3rd lockdown, although is recovering from the low scores seen in the last 6 months of 2021.

‘Communication and Involvement’ has been unstable with a peak after the first lockdown followed by a steep decrease and the same pattern continuing after the 3rd lockdown.

‘Continuity of Care’ scoring has remained relatively stable but low since before COVID and remains a focus area for improvement.

The correlation between domain score and overall score reinforces that ‘Effective Treatment’ and ‘Emotional Support’ drive positive scores

Correlation between UEC domain scores and UEC overall scores for all domains (all England UEC providers)



The correlation between domain score and overall score reinforces that ‘Effective Treatment’ and ‘Emotional Support’ drive positive scores

The graphs on the previous page show the domain scores for all domains against the overall scores for all UEC comments in England over the last year. Only UEC providers with more than 10 comments for that domain in the last year are included in the graphs.

The graphs reinforce that ‘Effective Treatment’ and ‘Emotional Support’ are the domains that most strongly correlate to positive overall UEC scores, and that poor ‘Fast Access’ strongly correlates with negative overall UEC scores, but good ‘Fast Access’ is less well correlated to positive overall UEC scores.

The remaining domains have weaker correlations, showing that whilst they are still important aspects of a patient’s experience, policy makers and decision makers should focus on improving the aspects of care associated with ‘Effective Treatment’, ‘Emotional Support’ and ‘Fast Access’.

What are people's expectations and experience of UEC

Trends by organisation type

Summary of the Organisation Type level trends

To investigate any differences across the different types of organisation involved in UEC, organisations were split into the following categories based on information from the NHS Service Search API:

1. A&E – those with Accident and Emergency services
2. Urgent Treatment Centres (UTC) – those organisations without A&E services but with urgent treatment or care services
3. Ambulance Services
4. GP (including out of hours services)
5. NHS 111 – comments specifically about NHS 111 services

The England-wide scores for each organisation type and domain were plotted, and then further broken down by region.

The key trends for organisation types are below:

1. With the exception of ambulance services, which is the highest scoring organisation type, all other UEC types have seen their overall patient experience scores decrease since April 2021. GPs and NHS 111 remain significantly below ambulance services, A&E and UTC, which track closely together
2. Ambulance services have the highest scores across all domains, with GPs lowest. ‘Fast Access’ scores are particularly low for GPs whilst ‘Effective Treatment’ and ‘Emotional Support’ drive the higher scores for ambulance services, A&E and UTC
3. The best performing organisation type differs by region, showing there is variation across the country

Of the UEC organisations compared, GPs have the lowest patient experience and ambulances the highest

UEC 90-day smoothed moving average by organisation



The graph shows 90-day rolling average plots of the overall patient experience scores for different UEC organisation types since 2020.

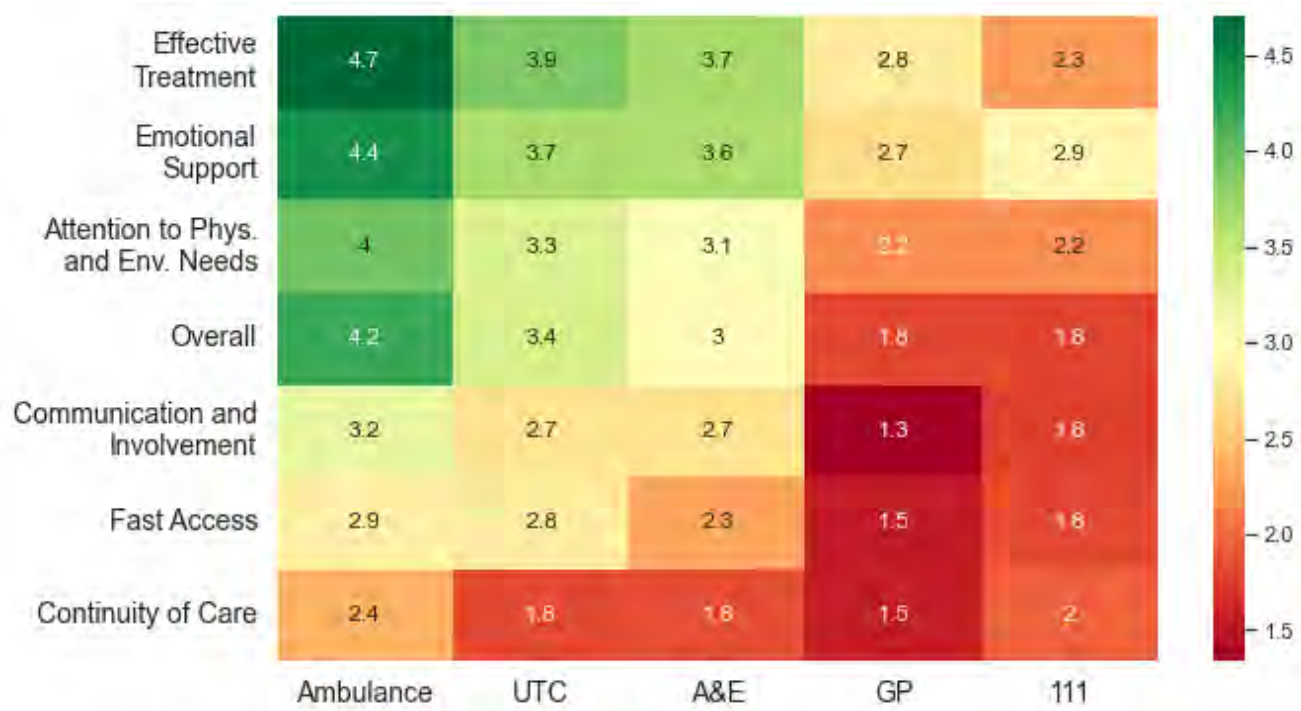
GPs and NHS 111 comments scores are consistently significantly lower than those of other UEC organisations.

Despite the impact of COVID-19, ambulances services have maintained being the highest scoring organisation, and have seen scores remain steady between 4 and 4.5.

However, since April 2021, there has been a decrease in scores for all other organisation types.

Across all domains, ambulances score highest with GPs consistently scoring lowest over the last year

Heatmap of UEC domain scores by organisation type



The heatmap shows the domain scores for all domains for each UEC organisation type over the last year for the whole of England.

‘Effective Treatment’ and ‘Emotional Support’ are consistently the highest scoring domains across all UEC providers, with ‘Fast Access’ and ‘Continuity of Care’ the lowest scoring. This is in line with other findings that these are the domains with the highest correlation to positive and negative patient experience respectively.

Ambulance’s have the highest scores in all domains, with GPs the lowest scoring domain for all domains except for ‘Effective Treatment’, where NHS 111 scores lowest.

When comparing overall scores for GPs, A&Es and UTCs by region, London has the lowest scores and the South West the highest

Heatmap of overall scores by UEC organisation by region



The heatmap shows the overall scores for UEC organisation type for every region in England over the last year.

GPs are consistently the lowest scoring across regions, with ambulance services highest in all regions.

The London region has the lowest scoring UTC and A&E services, whilst the East and North East & Yorkshire regions have the lowest scoring GP services.

The South West region has the highest scoring A&E services, whilst the South East region has the highest scoring GPs services, and the Midlands the highest scoring UTC services.

Regional variation exists for all organisation types, although the pattern of variation is different depending on the UEC organisation type.

What are people's expectations and experience of UEC

Are there regional variations?

Summary of the Regional level trends

To investigate regional level UEC trends across England, the patient experience scores by region were calculated and plotted to understand the key trends over the last 4 years.

The regions with the highest and lowest scores were explored in greater detail, including looking at the care domains to understand the drivers of the scores and the underlying comments to understand specific areas that patients are talking about.

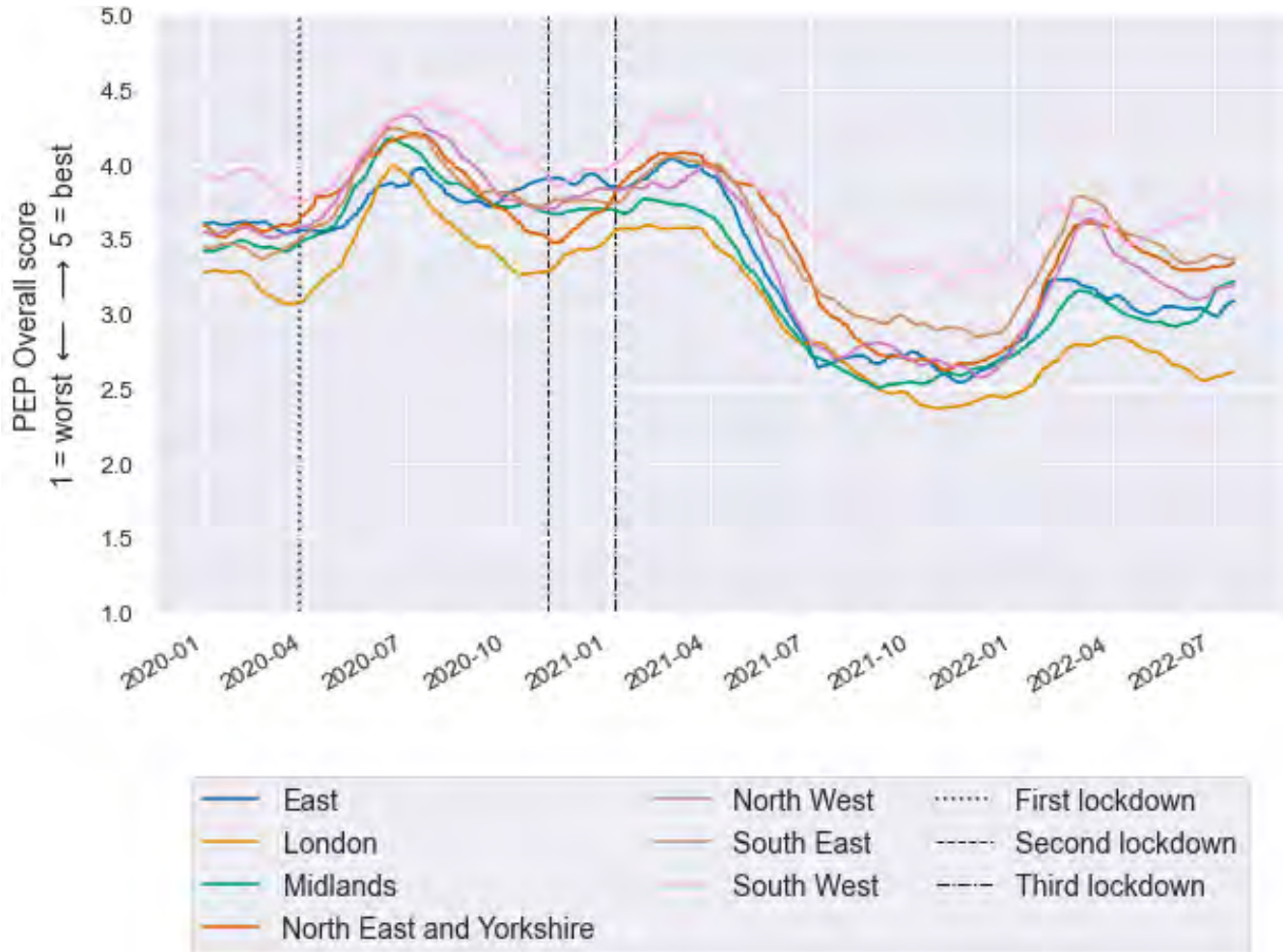
Finally, individual hospitals within regions were analysed to understand any local trends.

The key findings for ‘Are there regional variations?’ are below:

1. Significant regional variations exist, both between and within regions, and these are continuing to increase
2. The South West region currently has the highest patient experience scores (and is generally highest over the last 4 years), with London having the lowest scores. Variation between regions has also increased over 2022
3. ‘Effective Treatment’ and the ‘Emotional Support’ given to patients by staff are the highest scoring domains in the best performing regions, with scores for London significantly lower than the rest of England. This reinforces that these domains have the largest impact on patient experience scores
4. ‘Fast Access’ scores are also driving low overall scores across regions, and are a particular issue in North London, with low scoring comments frequently mentioning waiting times

The South West scored highest in overall patient experience and London scored the lowest

UEC 90-day smoothed moving average by region



The graph shows the 90-day rolling average of the overall patient experience scores for UEC for each region in England over the last two years.

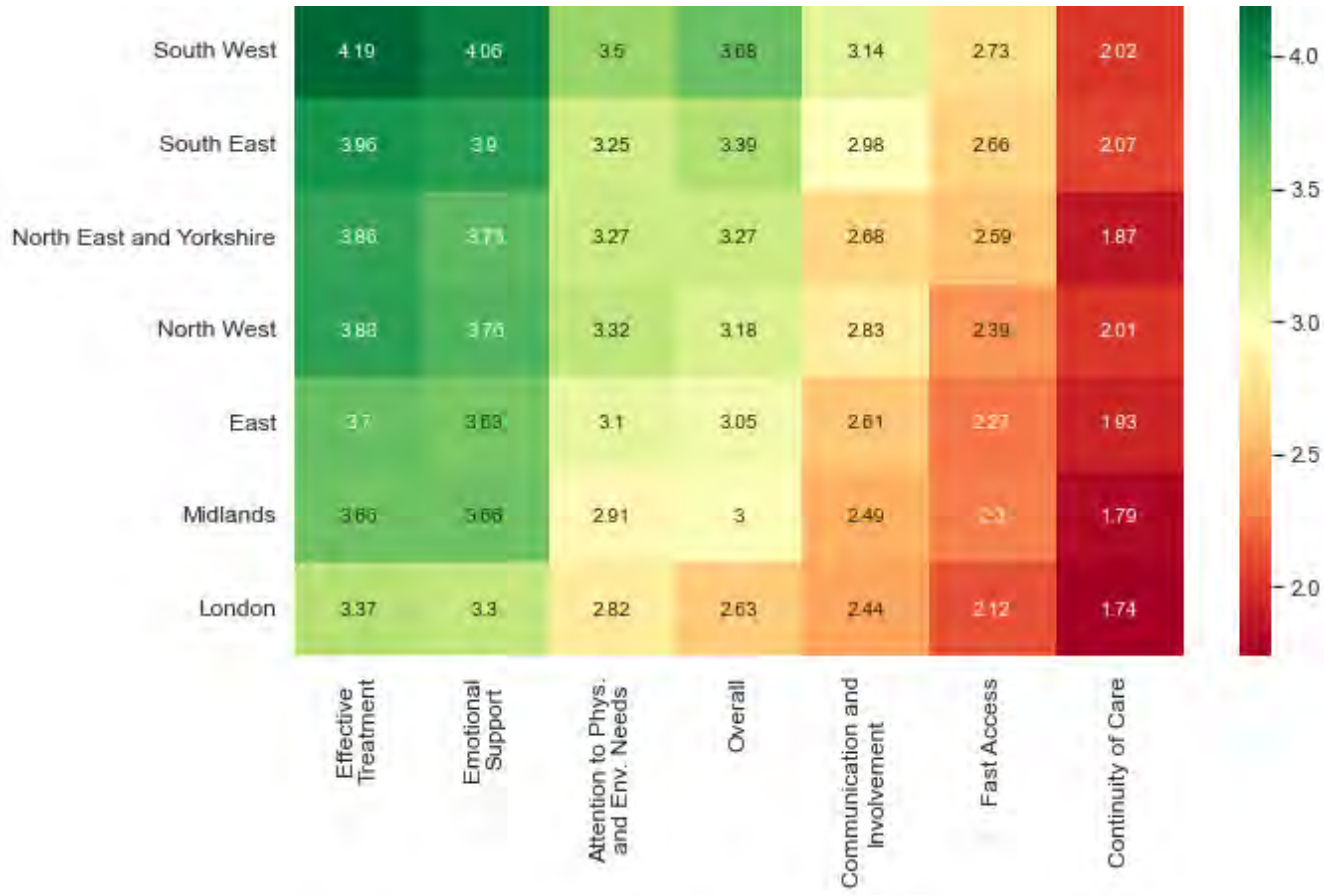
The South West currently has the highest overall patient experience and has been the highest scoring for most of the last 2 years.

London currently - and consistently - has the lowest patient experience scores, although like other regions it is starting to show a small improvement in patient experience.

All regions see a similar trend in scores, with a significant drop seen between April 2021 and December 2021.

When comparing domain scores for UEC by region, London has the lowest scores and the South West the highest

Heatmap of domain scores by region



The heatmap shows the domain scores for UEC for every region in England over the last year.

London is lowest for all domains and is significantly below the overall average.

The South West is highest for all domains except for 'Continuity of Care' and is particularly high for 'Effective Treatment' and 'Emotional Support'.

This shows regional variation exists at the domain level, but also that the overall score is more correlated with positive 'Effective Treatment' and 'Emotional Support' than negative 'Fast Access' or 'Continuity of Care'.

Effective treatment is the highest scored domain and Fast Access the lowest in South West

South West UEC 90-day smoothed moving average



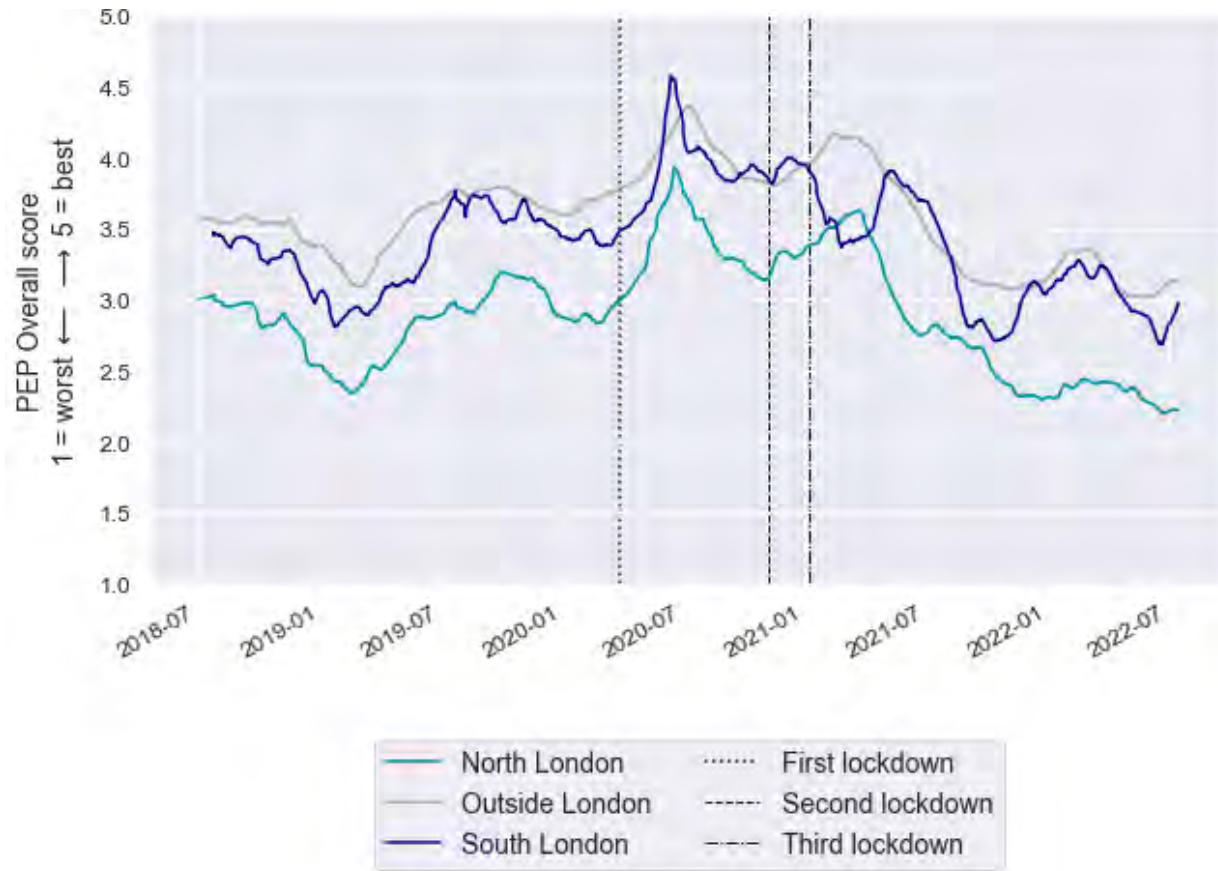
The graph shows 90-day rolling average plots of the domain scores for UEC for the South West region over the last 2 years.

The ‘Effective Treatment’ and ‘Emotional Support’ domains consistently scored highest of the domains, pushing up the overall score for the region.

‘Continuity of Care’ is consistently the lowest scoring domain and has remained relatively stable over the last 2 years, although a recovery in the score appears to be underway.

The overall score of South London is higher compared to North London, and this trend is consistent over time

London UEC 90-day smoothed moving average



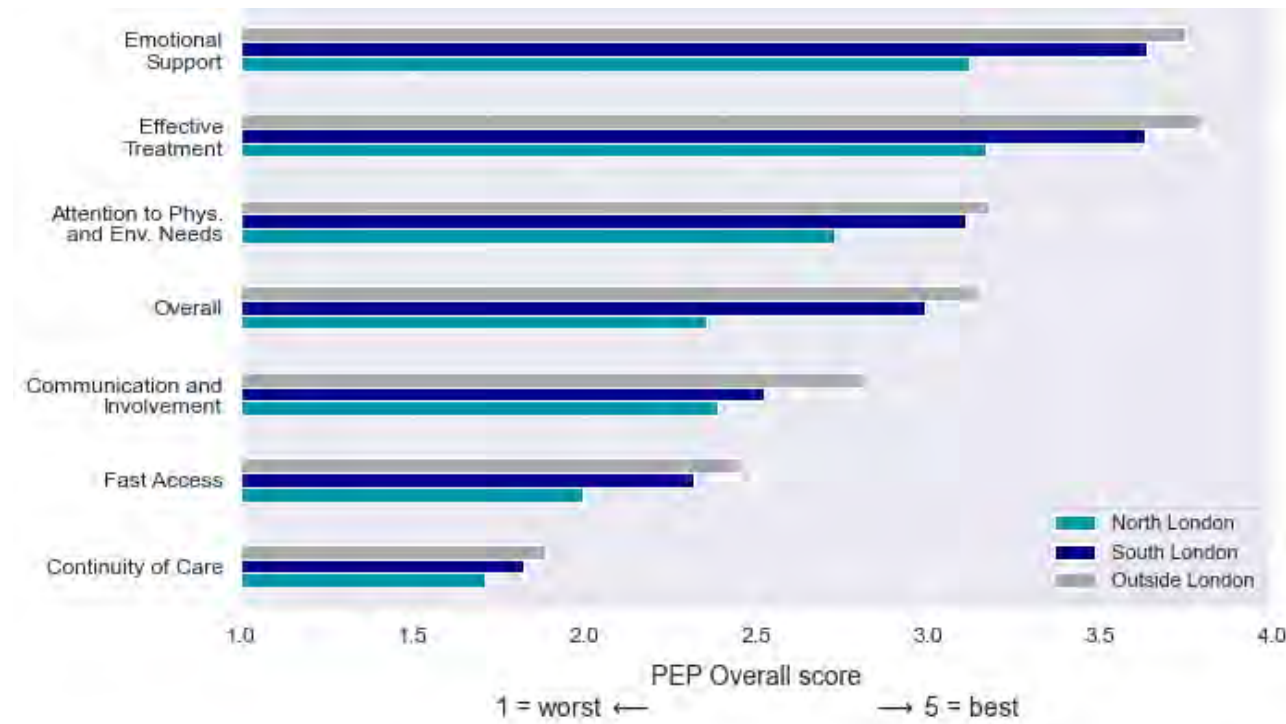
The graph shows the 90-day rolling averages for overall patient experience scores for UEC in London, broken down by North and South London, against the rest of England (outside London) over the last 4 years.

London has the lowest regional UEC scores. Within London, North London has lower overall patient experience scores than South London, with this trend being consistent over time.

The highest scores for both North and South London occurred after the first lockdown, which is consistent with the rest of England. However, patient experience has deteriorated in the last two years, with South London continuing to outperform North London.

Each domain scored highest for South London compared to North London

London UEC domain scores comparison



The bar chart shows mean domain scores for all care domains for North London, South London and the rest of England (outside London) over the last year

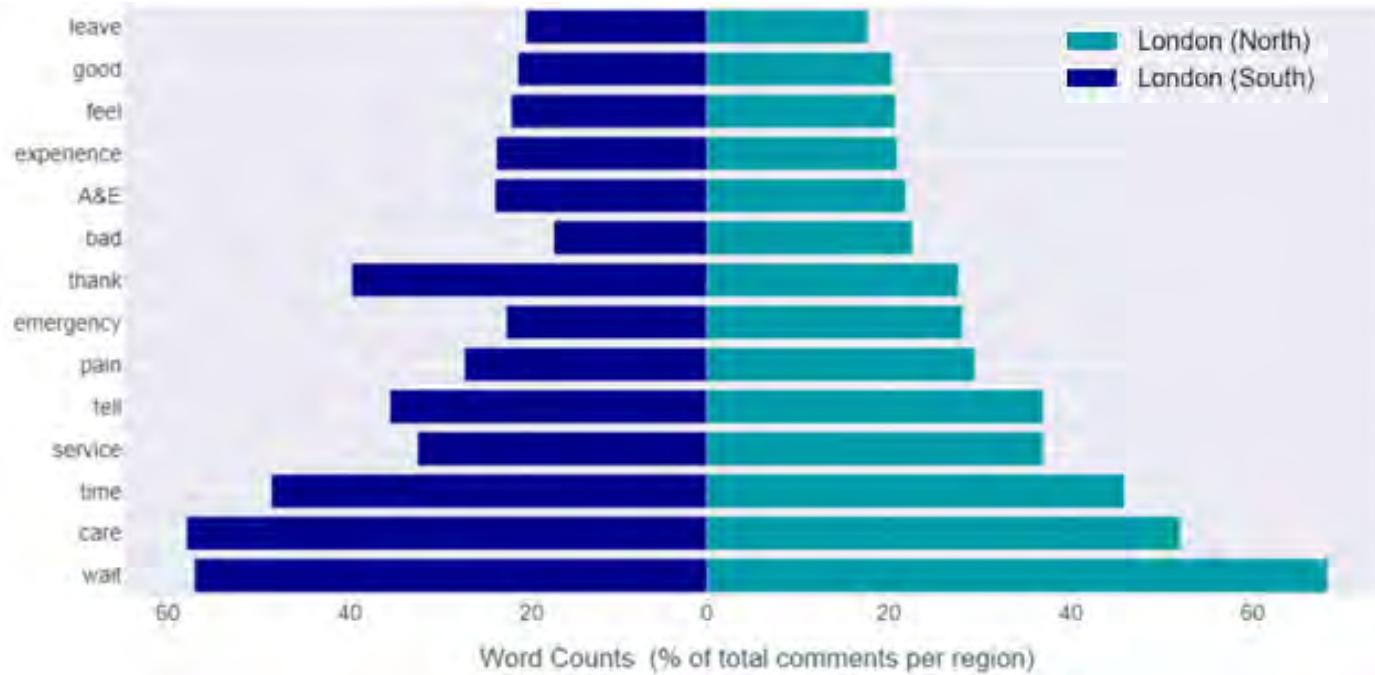
Both North and South London mirror the domain trends seen in the rest of England.

For all domains, North London is the lowest scoring region, with South London also scoring below the rest of England average.

The North London domains with the largest gap to the rest of England are 'Effective Treatment' and 'Emotional Support' and are the primary drivers behind the lower overall scores. This reinforces the trend seen with the South West that these domains are pivotal to good patient experience in UEC.

When comparing the most common words used in North and South London, waiting times and are mentioned more in North London

Most Common words in North vs South London comments



The bar chart shows the most used words in UEC comments by patients in both North and South London for the last year.

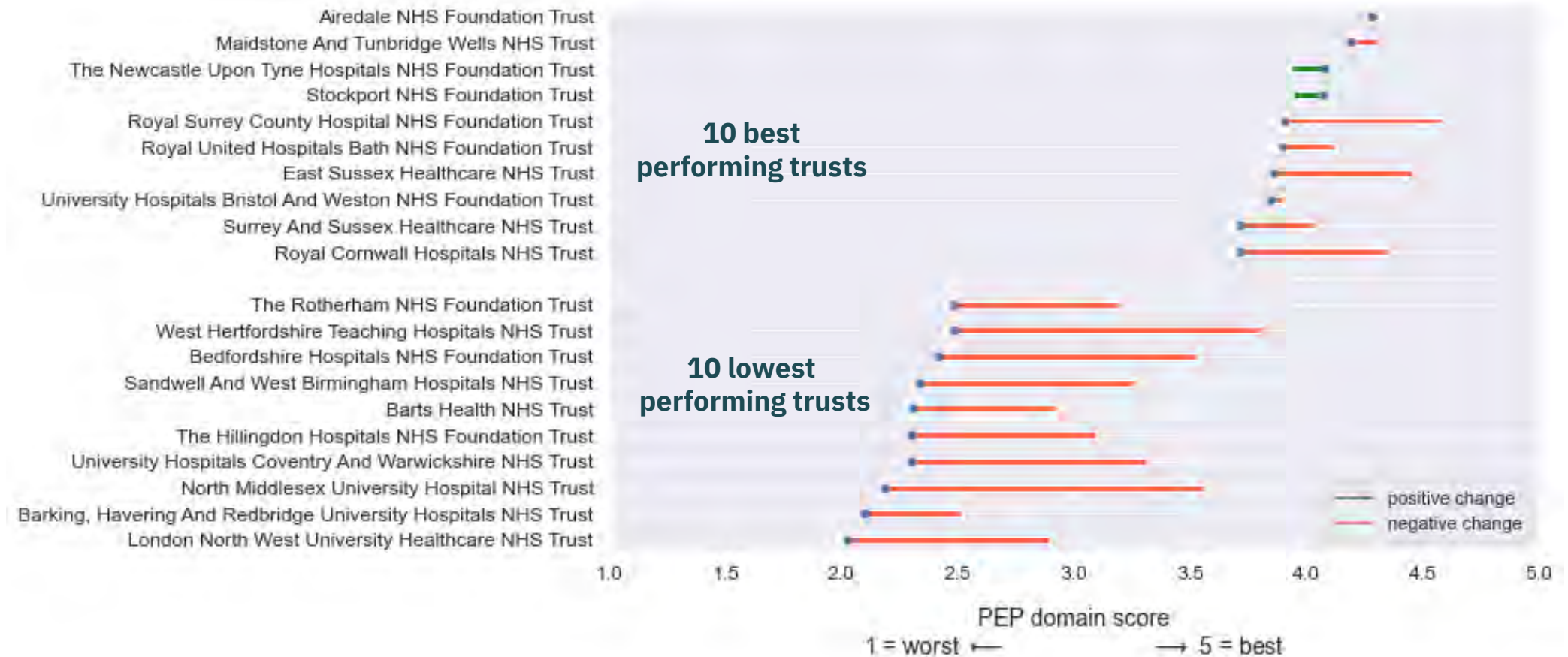
The most common words used in both regions are 'wait', 'care', 'time', with more comments describing waiting times in North London than South London.

The words 'care' and 'thank' appear more frequently in South London comments, suggesting higher patient satisfaction than in North London.

In addition, more comments mention 'bad' in the North London comments. This ties in with other findings that 'Fast Access', 'Emotional Support' and 'Effective Treatment' are the main drivers behind UEC scores.

The 10 highest and lowest scoring A&E hospitals over last 12 months have mostly seen decreases in patient experience

Change in scores over the last 12 months for the 10 highest and lowest scoring A&E hospitals



The 10 highest and lowest scoring A&E hospitals over last 12 months have mostly seen decreases in patient experience

The chart on the previous page shows the overall average patient experience scores for the 10 highest scoring and 10 lowest scoring A&E hospitals in England over the last 12 months.

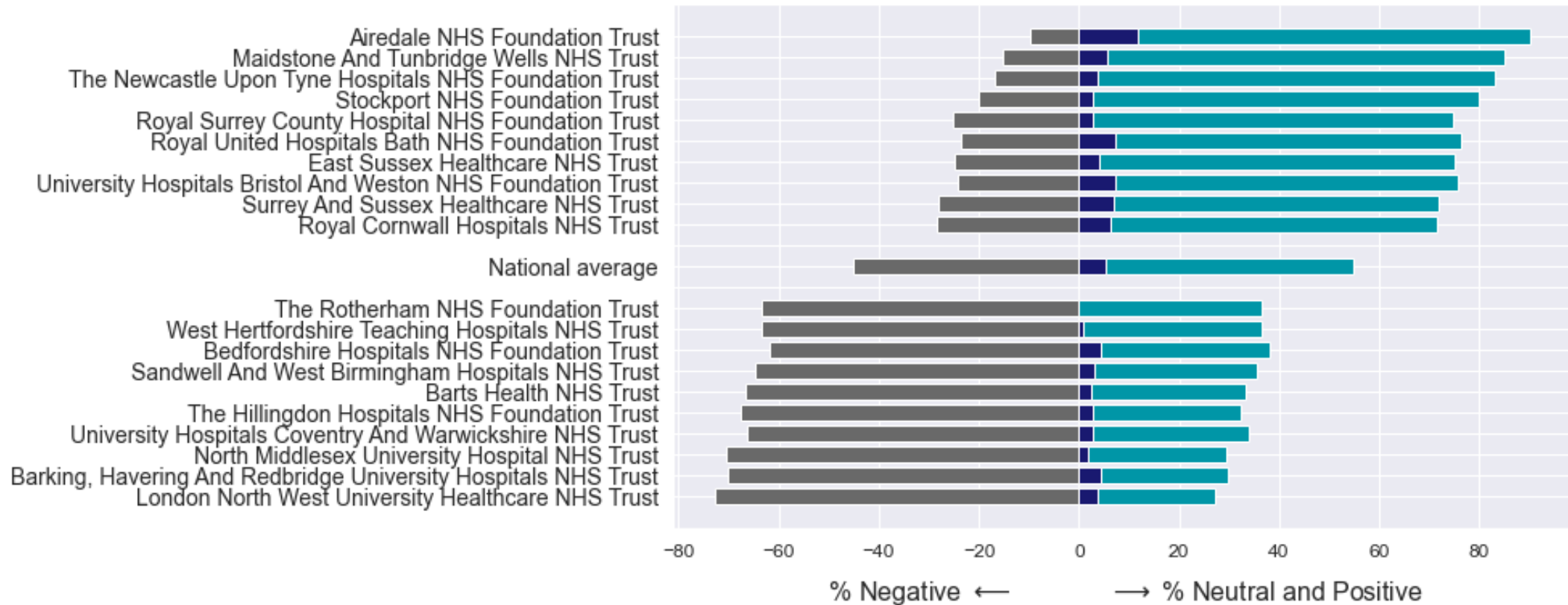
Only 2 hospitals (Stockport NHS Foundation Trust and The Newcastle Upon Tyne Hospitals NHS Foundation Trust) saw increases in patient experience scores.

On average, the hospitals in the lowest 10 scoring hospitals for patient experience saw significant decreases in their scores of between 0.5 and 1, whereas those in the 10 highest scoring saw decreases of below 0.5 on average.

The lowest scoring trusts are based in London, with 4 of the bottom 5 being in the London NHS region.

Using sentiment analysis on the 10 highest and 10 lowest performing trusts, lower performing trusts comments are mostly negative

Percentage of positive, neutral and negative reviews per trust (July 2021 – July 2022)



Using sentiment analysis on the 10 highest and 10 lowest performing trusts, lower performing trusts comments are mostly negative

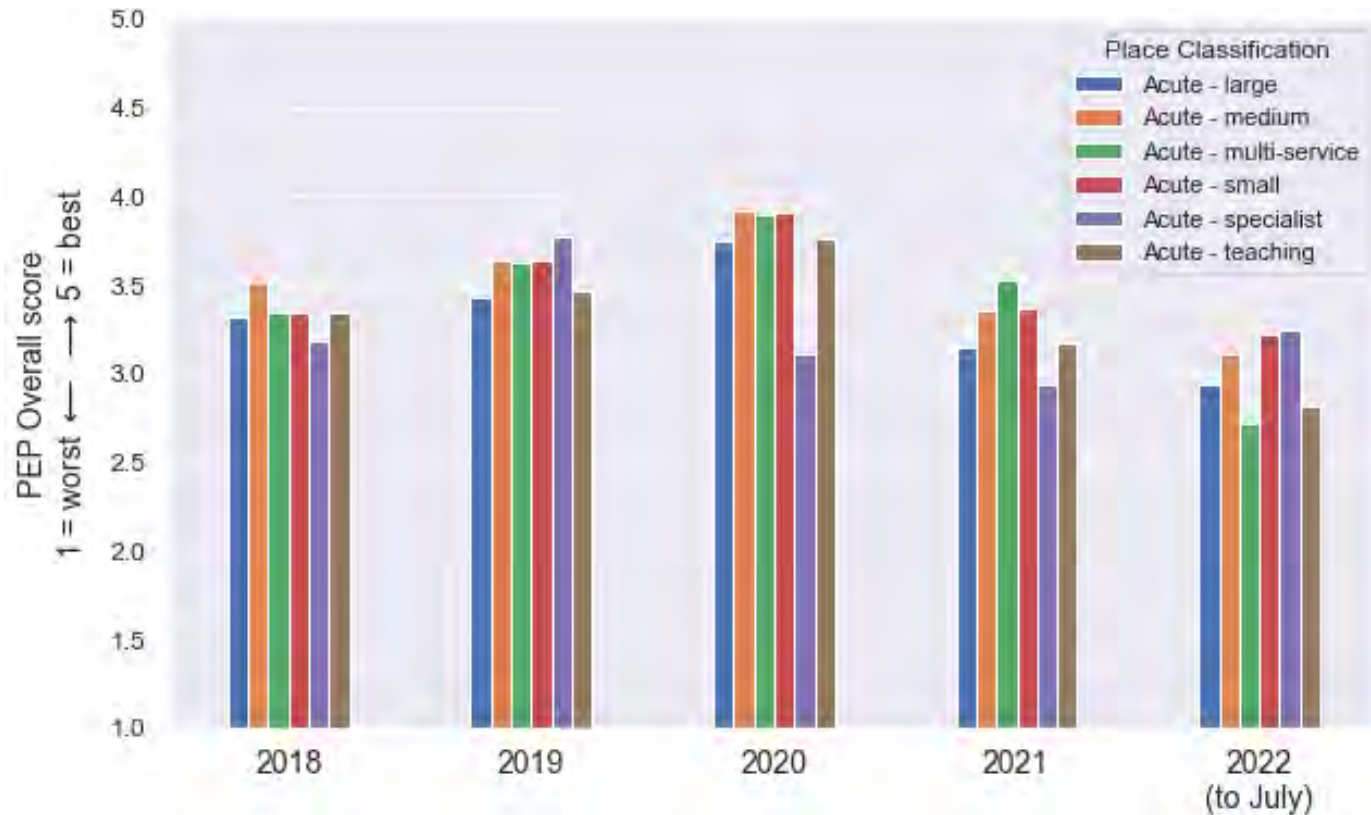
The chart on the previous page shows the sentiment of comments for the 10 highest and 10 lowest scoring trusts. The comments are classified as follows:

- Grey represents negative comments
- Dark blue neutral comments
- Light blue positive comments

The key observation is that the lowest scoring trusts see most of their comments being negative whilst around 70% of the comments of the highest scoring trusts have positive comments.

Comparing overall scores between different trust sizes shows all were impacted by COVID-19, with only specialist trusts improving in 2022

Mean overall score for different trust sizes



The bar chart shows the overall average patient experience scores, per year, for different sized hospitals in England since 2018.

All trusts saw improvements in patient experience before the pandemic, followed by decreases in patient experience in 2021 and 2022.

Multi-service trusts have moved from being the top performing to the bottom performing trusts.

However, specialist trusts are the exception to the overall trend, having had the highest patient experience scores in 2019 to the lowest in 2020 and 2021, and back to the highest scores in 2022. They are also the only trust type to be back above 2020 patient experience levels.

The overall scores for Barking, Haveridge & Redbridge, London Northwest University, and North Middlesex are continuing to decrease

90-day smoothed moving average for 3 London trusts



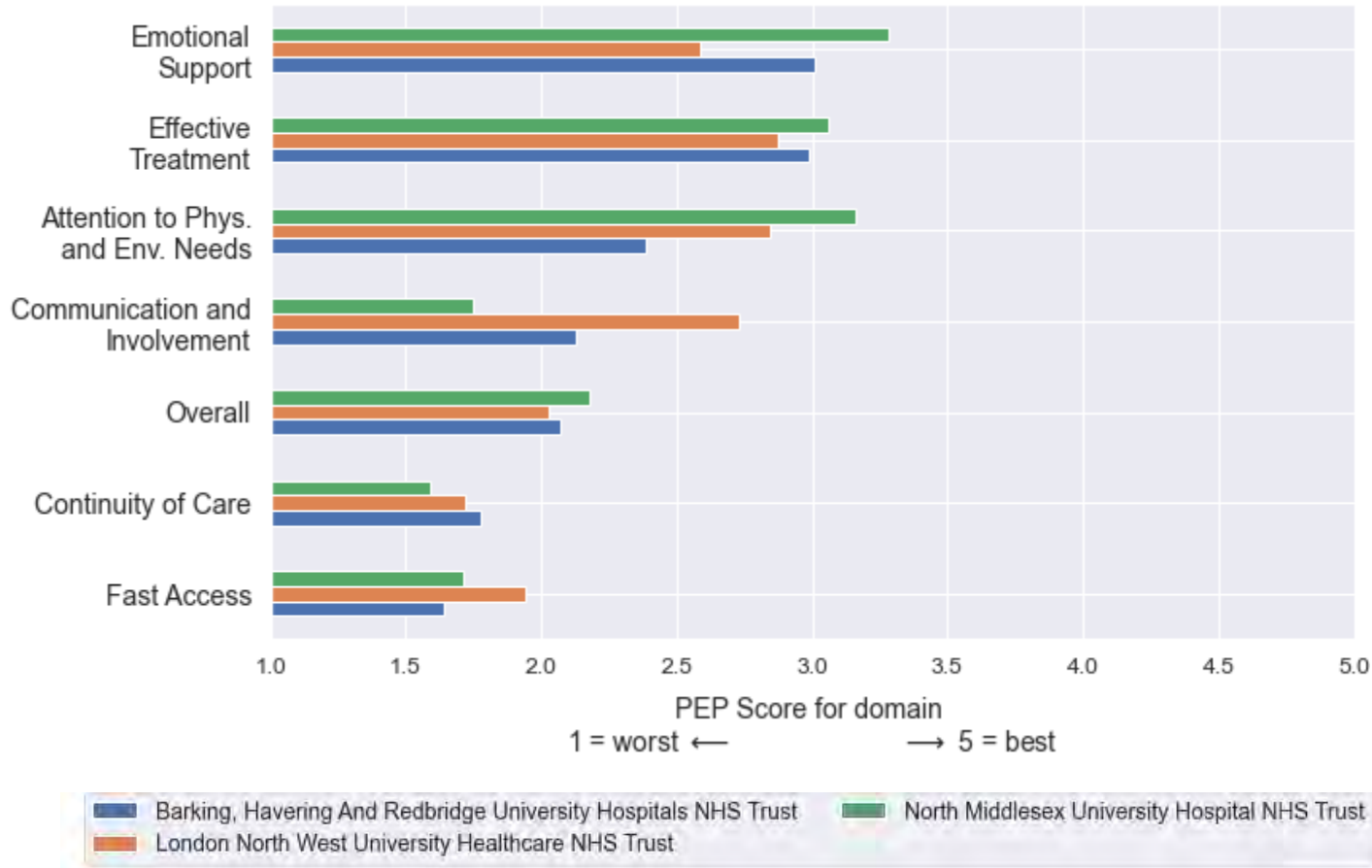
The graph shows the 90-day moving average of the overall patient experience scores for Barking, Haveridge & Redbridge (BHR), London Northwest University (LNU), and North Middlesex University Hospital NHS Trust (NMUH) since 2020.

These hospitals are being focused on as they currently have the lowest patient experience scores in England (see slide 42).

All three hospitals have decreased in a similar trend pattern and are significantly below the national mean.

Scores across domains for Barking, Haveridge & Redbridge, London Northwest University, and North Middlesex

UEC domain scores for BHR, LNU and NMUH



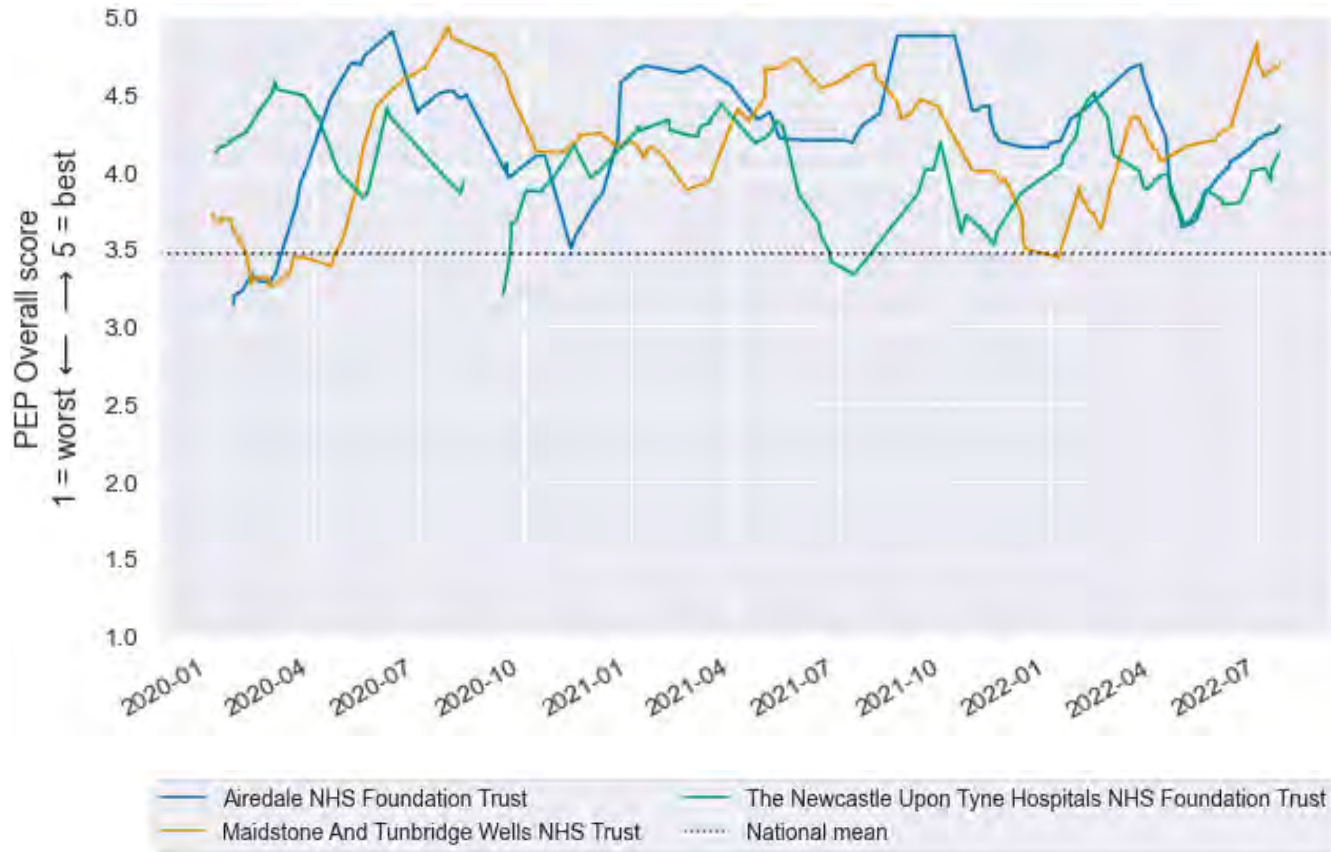
The graph shows the UEC domain scores for Barking, Haveridge & Redbridge (BHR), London Northwest University (LNU), and North Middlesex University Hospital NHS Trust (NMUH) over the last year.

Across the domains, there is significant variation between which trust performs better on each domain.

However, the key drivers of the low scores are the ‘Effective Treatment’ and ‘Emotional Support’ domains, which are between 0.5 to 1 point below the national averages depending on the trust. Improvements in these domains will see significant improvements in overall patient experience.

Airedale, Maidstone and Tunbridge Wells and Newcastle have the highest overall scores and remain above the national average

90-day smoothed moving average for 3 trusts



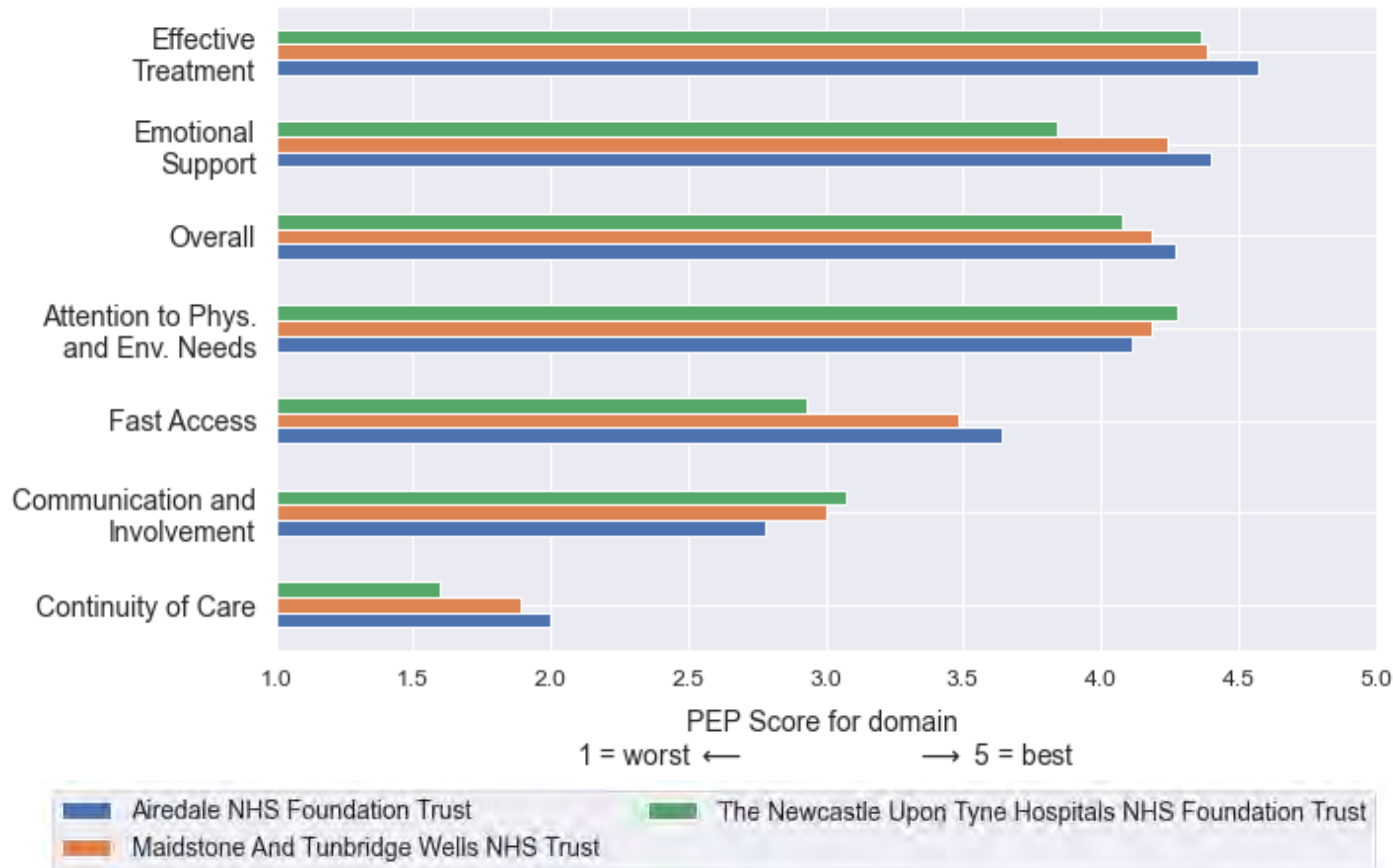
The graph shows the 90-day moving average of the overall patient experience scores for Airedale NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust (MTW) and The Newcastle upon Tyne Hospitals NHS Foundation Trust (NTH) over 2 years.

These hospitals are being focused on as they have had the highest overall scores over the last 2 years.

Despite the pandemic, all three hospitals have remained above the national mean patient experience score.

Domain scores across domains for Airedale, Maidstone and Tunbridge Wells and Newcastle have some variation

UEC domain scores for Airedale, MTW and NTH



The graph shows the UEC domain scores for Airedale NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust (MTW) and The Newcastle upon Tyne Hospitals NHS Foundation Trust (NTH) over the last year.

Airedale scores highest across four for the six domains, including ‘Effective Treatment’ and ‘Emotional Support’.

NTH has significantly lower scores for ‘Emotional Support’, ‘Fast Access’ and ‘Continuity of Care’ which could explain why it is the lowest scoring of the three trusts.

What are people's expectations and experience of UEC

Is timeliness important? How long are people prepared to wait?

Is face-to-face care important?

Summary of ‘Is timeliness important? How long are people prepared to wait? Is face-to-face care important?’

We have already seen in the national trends people expect to be treated effectively and empathetically, and that poor timeliness is correlated with low overall scores in patient feedback, but that timely treatment is less strongly (although still positively) correlated with a high overall score. To further investigate people’s expectations of UEC, particularly on the importance of timeliness and how long patients are willing to wait, we began by exploring the different words used in positive and negative comments overall, and specifically in comments relating to ‘Fast Access’.

To further explore the importance of timeliness and factors affecting how long people are prepared to wait, we identified themes from manually coding a subset of the ‘Fast Access’ data.

The key findings for ‘What are people’s expectations of UEC?’ are below:

1. Positive UEC comments praise ‘Effective Treatment’ and ‘Emotional Support’ themes
2. Poor timeliness is correlated with low overall scores in patient feedback, but that timely treatment is less strongly (although still positively) correlated with a high overall score
3. Reviewing a subsample of comments suggests:
 - The impact of slower treatment may sometimes be mitigated by clear communication (frequent updates of waiting times, where you are in the queue, and that you have not been forgotten)
 - Many patients are understanding of timeliness challenges arising from the COVID-19 pandemic
4. There was limited discussion on the importance of face-to-face important concerning UEC

Common words used in high vs low scoring comments related to UEC for ‘Fast Access’

High scoring comments



For high scoring comments (4 and 5), the most frequently mentioned words are ‘amazing’, ‘thank’, ‘quickly’, ‘professional’, ‘within’. These words are associated with ‘efficient’, ‘reassured’, ‘promptly’ and ‘straight’. These suggest that quick service where patients are seen by friendly staff within a time period as key to high domain scores.

Low scoring comments



For low scoring comments (1 and 2), ‘waiting’, ‘hours’ and ‘time’ are most used. They are associated with ‘doctor’, ‘pain’ and ‘told’ respectively. This suggests long waiting times without being told when they will be seen by staff or being told to come back another day negatively impact ‘Fast Access’ domain scores.

The Impact of Good Communication During Long Waits

Keeping patients informed can help mitigate the negative effects of a long wait, as these example comments below highlight:

“Special thanks to @Moorfields Eye Hospital A&E for the excellent service I received on Saturday. They were so busy but still managed to inform patients of the waiting times etc. 👍😊”

“Accident and emergency services - Sad decline in quality of care - Attended A&E Sunday morning on advice from NHS 111. Made to queue outside in the cold before being sent to different entrance. Basic triage and initial tests reasonably quick, but with the usual need to explain the same info to every member of staff. What do all the uniforms mean? Who (if anyone) is coordinating my care? Then welcome to plastic chair hell. Hung on 7 hours waiting to be seen by a medic Why? Is it serious? Am I being admitted? How long is the wait? Nobody volunteered this information and when I asked I was fobbed off. I told four staff lounging around in the office I was leaving but none of them bothered to update the computer so night shift sister rang me later to find out where I was ... I was told there was no communication between A&E and AMU. Why not? If they know it regularly takes hours to be seen by a medic, then set up a proper queuing system and a civilized waiting area. Offer a practical informed choice about treatment options like a GP follow up....”

“Had to take my mum to a&e @SONHStrust yesterday. Not the quickest service but have to say very thorough great communication from nursing staff to explain what results etc they were waiting for and how long they expected them to be great ward staff on 10 #ourNHS 👍”

An Understanding of Increased Waiting Times

The majority of patients are understanding of waits under current circumstances, but a subset also feel it is being used too readily as an excuse:

“I have been to this A&E multiple times, not by choice but due to my circumstances. And every single time my experience has been terrible. It's understandable how wait times are long, but having receptionists with attitudes and doctors who look like they don't want to treat anyone. I understand it is a difficult job, but if a patient is coming to you for pain and help. You don't leave them emotionally distressed. I was not even examined properly, doctor didn't even look at what was wrong. It was like I was brushed off. For months I have been going through this, in and out of this hospital and not once was there an outcome. Terrible experience.”

“I Visited [the] A and E department with my daughter recently, there was a wait but understandable given the current circumstances. All the staff were friendly and polite regardless of how busy they were they still powered on giving the best care ...”

“The waiting time is ridiculous.. but the doctors and nurses are run off their feet.. so I understand I think they are all amazing.. though I must add one member of the security team was so rude and disrespectful.. totally in the wrong job when your around and dealing with sick and vulnerable people..!!”

“Long waiting times.....covid is a very handy ready-mades excuse! Note that this was my 1 experience at A&E and thankfully I was directed elsewhere. The rest of the hospital functioned really well.”

What are people's expectations and experience of UEC

Has COVID-19 changed people's expectations / behaviours?

Summary of ‘Has COVID-19 changed people’s expectations/behaviours?’

To investigate how people’s expectations of UEC have changed due to COVID-19, a comparison of UEC comments against other comments was done to look at differences caused due to national lockdowns.

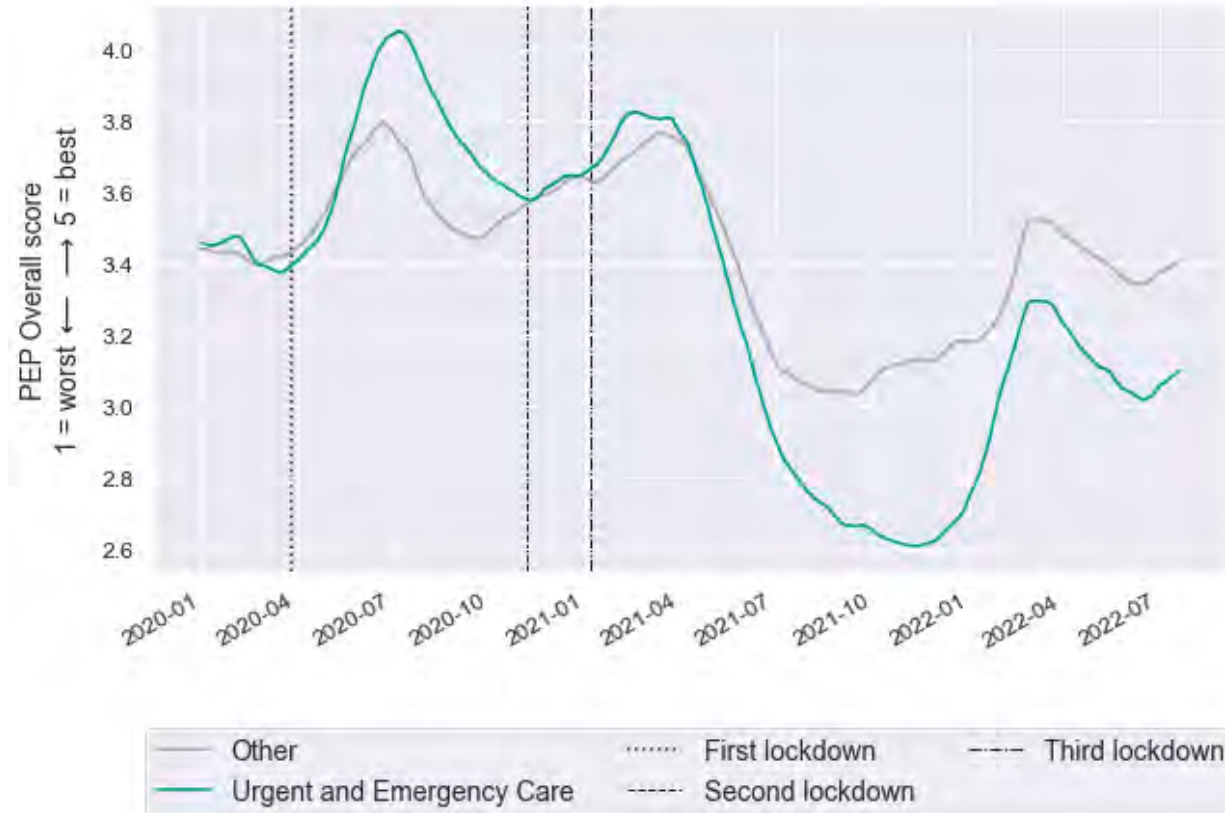
This was supplemented with the manual identification of people’s changed expectations/behaviours due to COVID-19.

The key findings for ‘Has COVID-19 changed people’s expectations/behaviours?’ are below:

1. COVID-19 has had a bigger impact on UEC than the average of other types of care, with a larger decrease in score and greater variation between the two
2. Based on a subset of manually-coded comments, there are impressions that patients faced reduced waiting times and less-crowded hospitals during lockdowns that also contributed to the improvement in scores seen. These increases peaked roughly 3 months after the lockdowns (slide 23), before patient experience scores decreased, possibly as goodwill towards the NHS faded over time and more patients started using the service again
3. Patients were sympathetic with, and more forgiving of, overworked staff given the COVID-19 pandemic

During 2020 and 2021 UEC tracked the scores of other care relatively closely, but the variation has widened significantly in 2022

90-day moving average for UEC vs other care



The graph shows the 90-day moving averages for UEC comments and all other care comments, for the whole of England since 2020.

COVID increased the scores of both UEC and other care shortly after lockdowns, with a particular boost for UEC. Since April 2021, scores have declined significantly – particularly for UEC. This shows how COVID initially had a positive impact on patient experience, followed by a steep decline as the urgency of the pandemic faded.

UEC has scored consistently lower than the other types of care in the last year, and despite some improvement in early 2022, remains below that of other care.

Changing Expectations/Behaviours Due to COVID-19

Patients sometimes experienced less busy UEC – leading to shorter waiting times – and were generally understanding of the change in circumstances arises from COVID-19 pandemic, with sympathy for the staff and their new ways of working:

“Accident and emergency services - Very efficient and caring - In these COVID-19 environment, I was very impressed with the way I was dealt with and treated. I did not have to wait long, staff and doctors were caring and efficient - not easy with wiping equipment every time, etc. Social distancing was very well managed and I felt safe. Thank you 🙌”

“A big thank you to the staff of @StGeorgesTrust paediatric A&E for a swift triage, x-ray and diagnosis of broken finger. It was great for us it was so empty but I worry about those who are staying away unnecessarily”

“I was admitted due to a health emergency, to ward B6 for a week, following a very long wait in A and E, which is understandable in the circumstances. Both the doctors and nurses provided first rate care, and went the extra mile to get me well. The ancillary staff were friendly,, and helpful. I am very grateful for the great treatment I received. THANK YOU!”

“... I appreciate that there was a lack of staff available and the department were doing their best to cope but it has left me very nervous about my whole experience and my faith within the hospital. I also have no idea where to go today to get my eye checked it's appalling, the poor staff are tired, overworked and underpaid . While I appreciate it was busy it would have been courteous to be kept updated of waiting times.”

What are people's expectations and experience of UEC

Where is UEC access working well? Why?

Summary of ‘Where is UEC access working well? Why?’

To investigate where UEC access is working well, we analysed the ‘Fast Access’ scores across UEC organisation types to understand the overall national trend.

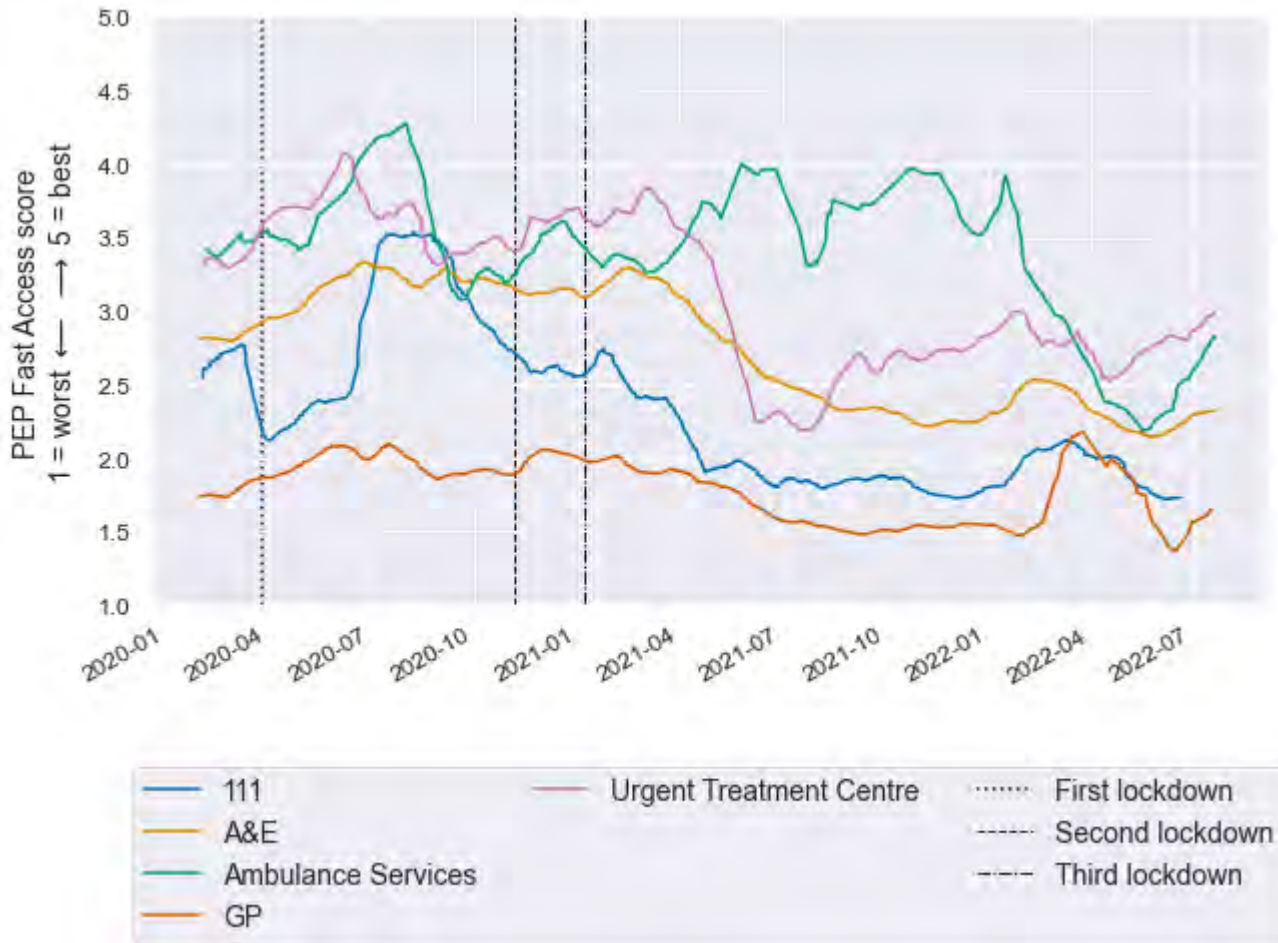
A deep dive into A&E departments was then performed, where the top 10 highest and lowest scoring trusts for ‘Fast Access’ were plotted.

The key findings for ‘Where is UEC access working well? Why?’ are below:

1. Across all regions for the last year, a majority of ‘Fast Access’ scores are below 3, suggesting that UEC access is not working well in any region of the country. Average scores range from 2.12 for London to 2.73 for the South West (slide 38)
2. Ambulances have consistently higher ‘Fast Access’ scores compared to the rest of UEC average, despite a drop in the last 6 months that has seen UTC briefly have the highest scores
3. GPs are consistently the lowest scoring UEC organisation for ‘Fast Access’
4. The majority of the 10 highest and lowest scoring hospitals with A&E departments for ‘Fast Access’ have seen their scores decrease over the last year, with larger decreases seen for the 10 lowest scoring trusts
5. London hospitals are overrepresented in the 10 lowest scoring A&E hospitals, with seven of the bottom ten being in the London NHS region

Comparing the 'Fast Access' scores of UEC organisations shows ambulances are typically highest scoring and GPs lowest scoring

UTC vs Other UEC providers 'Fast Access' scores



The graph shows the 'Fast Access' scores for all UEC providers for the whole of England over the last 2 years.

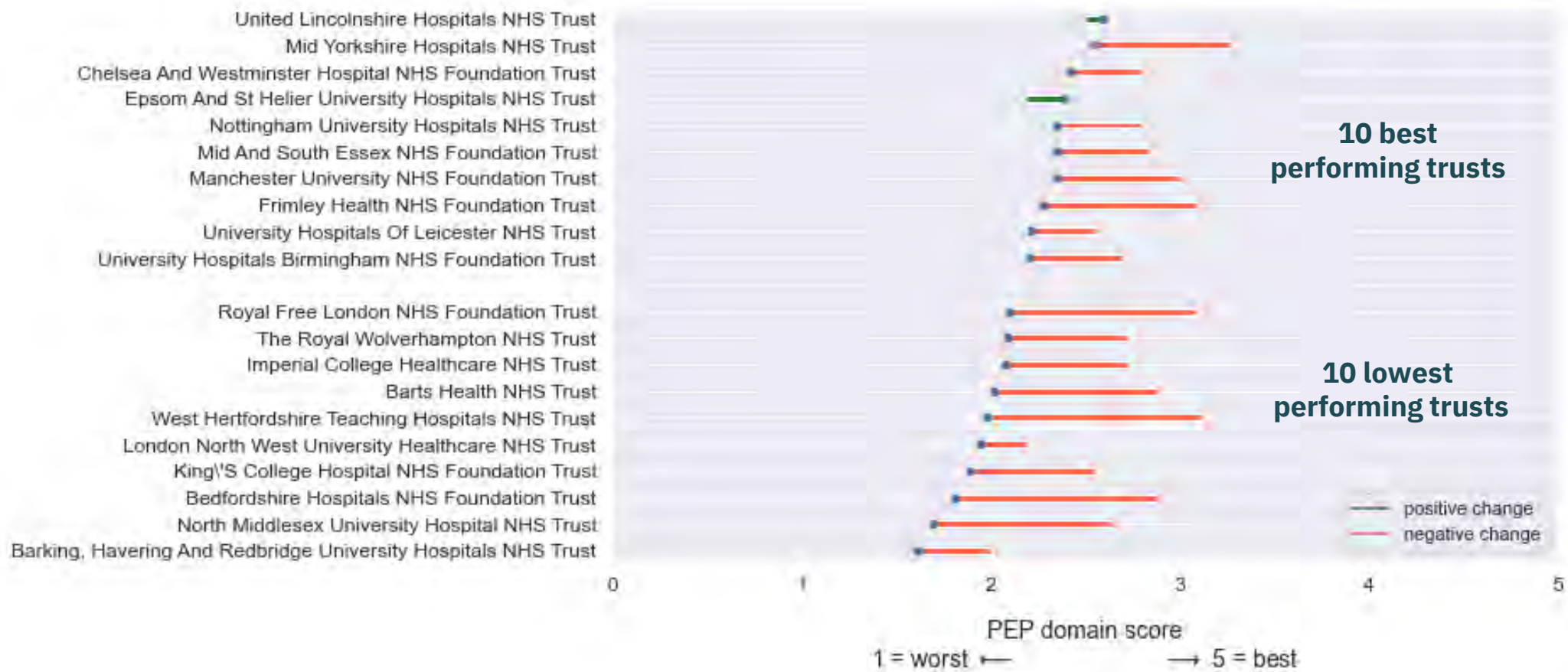
Ambulance scores have decreased sharply in 2022, but are recovering to the point where ambulance services will once again have the highest 'Fast Access scores'.

GPs have consistently had the lowest 'Fast Access' scores.

The variation between UEC organisations has decreased in the last year and there are signs of improvement in scores across the services in the last 3 months.

When comparing the 10 highest scoring and 10 lowest scoring trusts for 'Fast Access', only 2 trusts had positive change in the last year

Change in scores over the last 12 months for the 10 highest and lowest scoring A&E hospitals for 'Fast Access'



When comparing the 10 highest scoring and 10 lowest scoring trusts for ‘Fast Access’, only 2 trusts had positive change in the last year

The chart shows the overall average patient experience scores for the 10 highest scoring and 10 lowest scoring A&E hospitals for ‘Fast Access’ in England over the last 12 months.

Only 2 hospitals (United Lincolnshire Hospitals NHS Trust and Epsom and St Helier University Hospitals NHS Trust) saw increases in ‘Fast Access’ scores.

On average, the hospitals in the lowest 10 scoring hospitals for patient experience saw significant decreases in their scores of between 0.5 and 1, similar to the trends seen for overall patient experience scores. However, the 10 highest scoring saw decreases of around 0.5 on average, which is higher than the decreases seen for the overall patient experience scores of the 10 highest scoring hospitals.

Seven of the 10 bottom scoring hospitals for ‘Fast Access’ are in the London NHS region.

What are people's expectations and experience of UEC

Do people see the 'front door' to urgent care as NHS 111?

Summary of ‘Do people see the ‘front door’ to urgent care as NHS 111?’

We performed three analyses to investigate whether people see the ‘front door’ to urgent care as NHS 111.

First, we examined the prevalence of UEC comments that directly mentioned the NHS 111 service by year.

Second, we examined the distribution of overall patient experience scores for the comments that mention the NHS 111 service, again broken down by year.

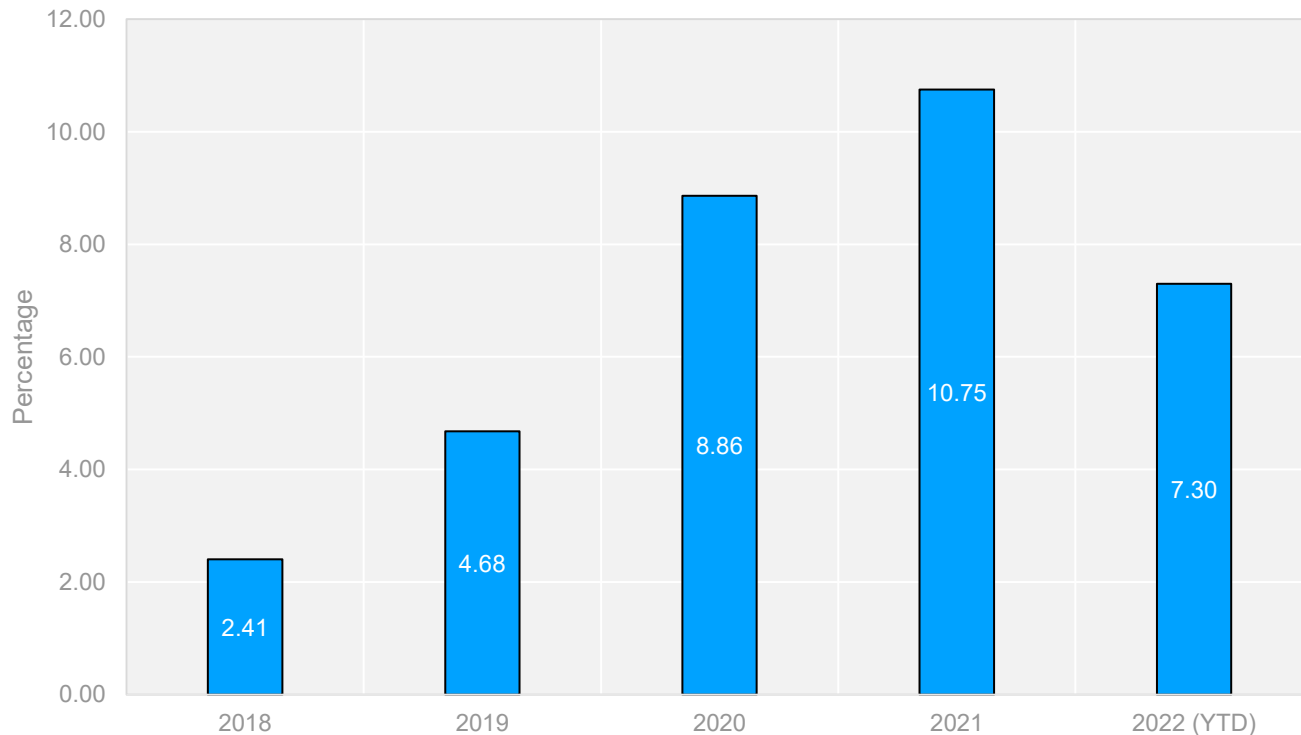
Third, we examined the domain-level scores for UEC-related patient experience comments mentioning the NHS 111 service over the past two years.

The key findings for ‘Do people see the ‘front door’ to urgent care as NHS 111?’ are below:

1. The proportion of patient comments concerning UEC has quadrupled from 2018 from 2021 to more than 10%; however, this has decreased in the year to date to 7%
2. The proportion of negative UEC-related experiences involving NHS 111 increased dramatically in 2021
3. Scores for all domains decreased significantly throughout the first three quarters of 2021, but are now all improving, with the exception of ‘Attention to Physical and Environmental Needs’

The proportion of patient comments mentioning NHS 111 quadrupled from 2018 – 2021, but has decreased so far in 2022

Percentage of comments mentioning NHS 111 by Year



The bar chart shows the proportion of patient comments mentioning NHS 111 by year since 2018 for the whole of England.

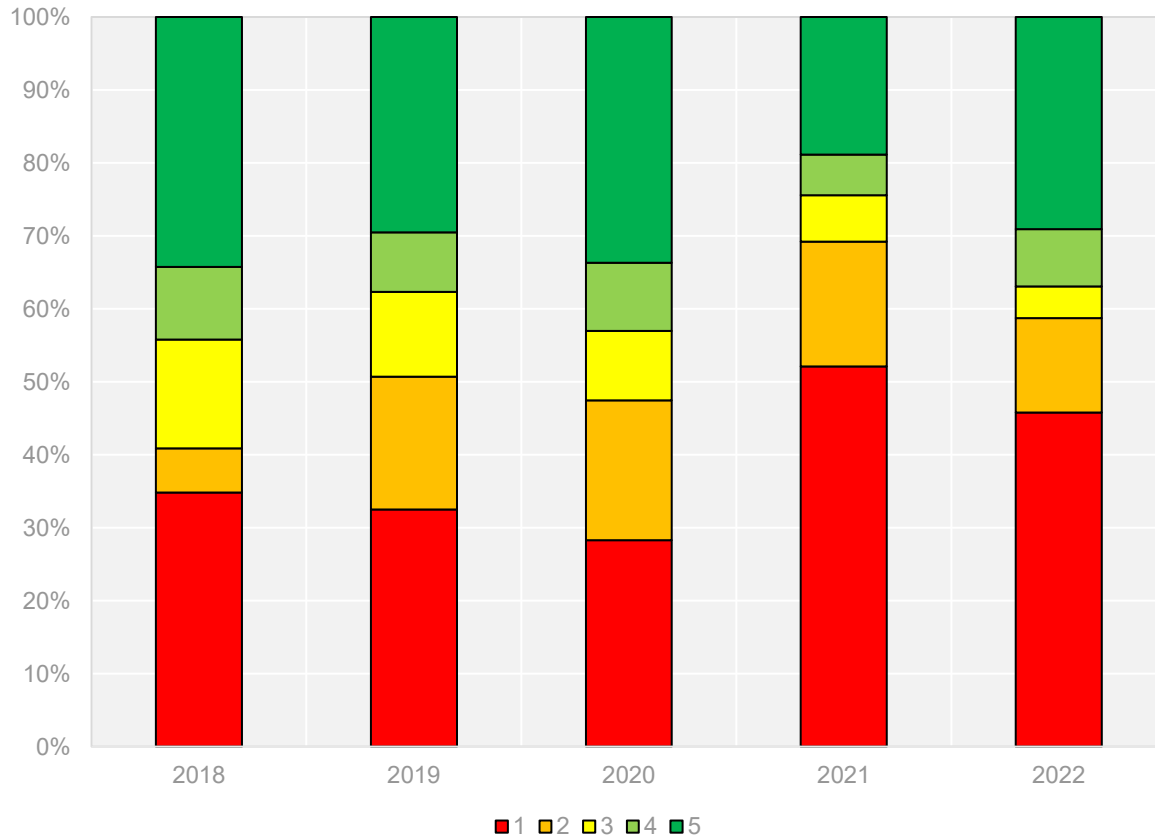
The proportion of patient comments concerning UEC has quadrupled from 2018 from 2021 to more than one in ten. The true figure is likely significantly higher than this as people will not always mention when they use the service but will very rarely mention when they do not.

For the year to date, mentions of the NHS 111 service have decreased.

To better understand why that might be, we next examined the distribution of overall scores for UEC comments which mentioned the service.

The proportion of negative scores for NHS 111 in 2021 increased sharply, although improvement in scores is seen in 2022

Proportion of NHS 111 comments by year and overall score



The bar chart shows the proportion of comments mentioning NHS 111 by year and overall score for the whole of England since 2018.

From 2018 to 2020, the proportion of UEC-related patient comments mentioning the NHS 111 service remained relatively steady, with the proportion of strong negative experiences (1-star reviews) gradually falling.

In 2021 however the proportion of positive experiences decreased significantly, and the proportion of negative experiences grew significantly, surpassing 50% for the first time and almost reaching 70%.

The proportion of positive experiences is improving again so far through 2022, but the fall in absolute numbers of UEC-related comments mentioning NHS 111 (slide 68) may be explained by previous negative experiences putting patients off using the service again.

The overall domain scores for NHS 111 over the last 2 years show ‘Effective Treatment’ and ‘Emotional Support’ to be highest scoring

90-day smoothed average for all domains for NHS 111



The graph shows the 90-day moving average for all domains for NHS 111 comments for the whole of England over the last 2 years.

‘Emotional Support’ and ‘Effective Treatment’ are consistent with the other components of UEC in being the highest scoring domains. In addition, when they decreased in 2020, they brought down the whole average, with decreases in ‘Fast Access’ also contributing to the decline.

‘Continuity of Care’ is consistently the lowest scoring domain.

What are people's expectations and experience of UEC

Do people want a seamless patient journey where information is shared across channels? i.e. 'omni channel'

Summary of ‘Do people want a seamless patient journey where information is shared across channels?’

PEP’s ‘Continuity of Care’ domain relates to the smoothness of a patient’s journey, both between and within providers, and covers both continuity of staff and the sharing of information. Patient feedback concerning continuity of care tends to be more negative than other domains, as patients typically do not mention care transitions when the work as they should, but they do when something goes wrong.

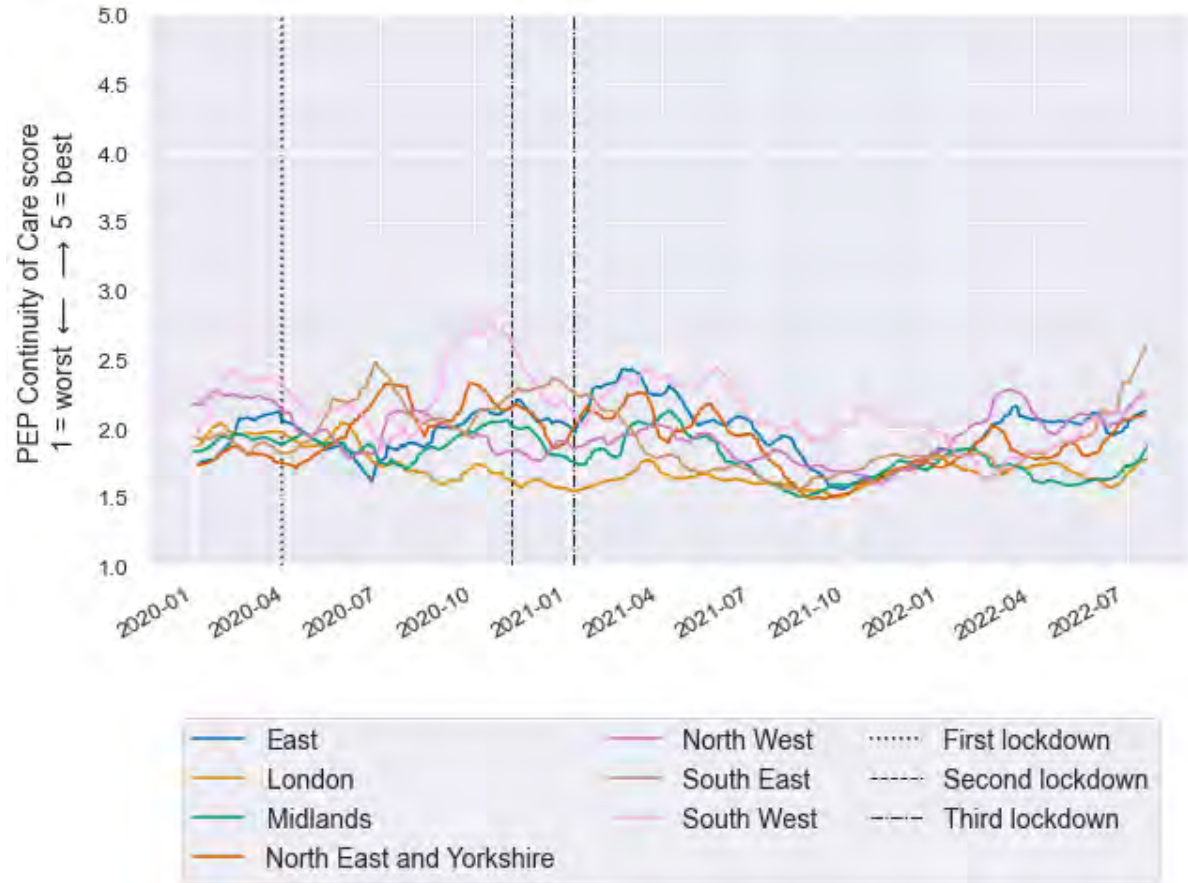
To investigate whether people want a seamless patient journey where information is shared across channels, we investigated the data for ‘Continuity of Care’. People did not frequently express their desire for a seamless patient journey – service demands are communicating less frequently than experiences – so we were unable to comprehensively answer the question. However, it is clear from the comments that poor continuity of care is a significant irritation for patients.

The key findings for ‘Do people want a seamless patient journey where information is shared across channels?’ are:

1. ‘Continuity of Care’ is the lowest scoring domain across all regions, and it has been consistently low scoring. However, an England wide improvement in scores may be beginning.
2. Based on the sampling of manually coded comments, an area for improvement seems to be the sharing of information between NHS 111 and the next stage of a patient’s treatment.

‘Continuity of Care’ is the lowest scoring domain consistently across regions, although signs of improvement can be seen

90-day rolling average ‘Continuity of Care’ scores by region



The graph shows the mean ‘Continuity of Care’ scores for every region in England since 2020.

All regions have consistently low scores for the domain, with COVID-19 not having a major impact on scores other than a small decrease after April 2021.

However, in the last few months signs of improvement in scores across the regions are showing in the data, with the South East seeing a sharp increase to now have the highest scores in the country.

Summary of ‘Do people want a seamless patient journey where information is shared across channels?’

Based on the sampling of manually coded comments, an area for improvement seems to be the sharing of information between NHS 111 and the next stage of a patient’s treatment. However, there are example of seamless care in the data (see comments below):

“Have been on the NHS111 today with my symptoms, not only did they diagnose and reassure me, they even phoned my local chemist to sort out a complicated prescription after our local Boots had cancelled it! (She told them off!) Pamela from NHS111 is my hero!!! #forevergrateful”

“Worse than a waste of time - Worse than a waste of time, with a broken wrist and ribs, I was told an appointment with a&e had been made for me in 4 hours time. A&E had no record of this at the hospital concerned and I was too ill by then to stay to be seen...in pain and in shock. Went back the next day to be told management of my wrist would be much more difficult now. Thanks 111, you are there to block, not advise.”

“Huge thanks to @NHS111 service for their amazing help & speedy service yesterday. From initial online contact at 7:30am, phone consultation, exchange of photos, offer of face to face & thorough discussion of treatment options to meds ready at local pharmacy by 10am. Fantastic!”

“111 system failure ... I called 12.43 regarding my sons symptoms. I went through triage and was told to a clinician would call within 2 hrs. I understood there may be a delay. 5.58 a call back to say we are aware of your call and are still in the queue. Symptoms worsened so I called back 21.30, I was told they had no record of previous call as this was the derby call centre. So triage again and this time told I would get call back within hour as my son had fast breathing now. Then morning I called 8.30 a lady said “oh you must have called the wrong call center there is no log of the previous calls”. Um I do not an option of selecting the call centre I just call 1 number for 111!”

What are people's expectations and experience of UEC

Appendix

Care domain definitions



Attention to physical and environmental needs

Physical care that **comforts** people is one of the most essential services that staff can provide. This ranges from **pain management** to assistance with **activities and daily living needs**. The surroundings and **environment** in which people are being cared for should also be considered, including the ability to provide care in **privacy**, in a **clean and comfortable** setting, and which allows appropriate **accessibility** for **visits** by family and carers.



Effective treatment delivered by trusted professionals

Positive therapeutic **relationships** between patients and staff are at the heart of person centred care. People should receive the most **appropriate and effective care** for their **needs** and be treated in a way that **recognises and respects** the outcomes that matter most to them. **Interactions** with care professionals should inspire a sense of **confidence and trust**.



Communication & Involvement

People using health and care services should receive **reliable, high-quality, and accessible information** at every stage of their journey. How and when **information is communicated** can be as important as the quality of the message. That includes **communicating via telephones, emails, letters**, etc. Active listening and enquiry can be important to elicit people's preferences which should be assumed. **Information about care should be delivered** in a way that **meets the needs and preferences** of the person and their family. This includes providing **support and information to family members and carers** to assist patients during and after care. By meeting all aspects, **people are better placed to understand and make informed decisions about their care**.



Fast access to reliable health advice

Getting **access** to the right services at the right **time** is essential to receiving high quality care and treatment, and reduces the likelihood of people experiencing **unmet** needs. Access can be an issue at various points throughout people's care journeys, including the ease or difficulty of **scheduling appointments**, the time spent **waiting for referrals or admissions**, and the **availability of appropriate clinicians and advice**. **Speed of access** matters in a crisis, too, where delays can lead to deteriorations in people's conditions – and where a rapid response can be of vital importance.



Continuity of care and smooth transitions

Often, people's care journeys will bring them into contact with a range of care providers and health and social care staff. Providing a sense of **continuity** across these is vital to ensuring that people have good overall experiences. Continuity of care is not just influenced by the relationships people have with staff, but by how well **information is shared between** staff and services and by how organisations **interact** with one another.



Emotional support, empathy, and respect

To deliver person-centered care, a caring **holistic** approach that includes the provision of **support and empathy** is needed. For care to be **compassionate** it must be delivered with **respect, dignity, sensitivity** and with an **understanding** about the person.