

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on patient experience in England

(produced by the Department of Health)

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. 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.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment Reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, Reports may point to such questions if the Authority believes that further research would be desirable.

Assessment Reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment Reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment Report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

Contents

Section 1: Summary of findings

Section 2: Subject of the assessment

Section 3: Assessment findings

Annex 1: Suggestions for improvement

Annex 2: Summary of the assessment process and user views

1 Summary of findings

1.1 Introduction

- 1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the Code of Practice for Official Statistics³. The report covers the set of statistics reported in *Overall Patient Experience Scores*⁴, produced by the Department of Health (DH).
- 1.1.2 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

- 1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics published in *Overall Patient Experience Scores* are designated as National Statistics, subject to the Department of Health implementing the enhancements listed in section 1.5 and reporting them to the Authority by May 2011.

1.3 Summary of strengths and weaknesses

- 1.3.1 DH does not provide sufficient information to users about how the patient experience scoring system was developed nor about the methods used to produce the scores. There is also a lack of information about the quality of these statistics, for example the accuracy of the scores.
- 1.3.2 DH has good user engagement with DH users of the *Overall Patient Experience Scores* and links to NHS users but has little engagement with other external users of *Overall Patient Experience Scores*. However, it has tried to increase contact with users during the course of this Assessment.
- 1.3.3 The publication does not contain any commentary that would enable users to interpret the scores. The main known use of the patient experience scores is by NHS trusts, Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs), which primarily access results for individual trusts through the associated diagnostic tool; trust level data is not presented at all in the publication.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_115996

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that DH could strengthen its compliance with the Code. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

Requirement 1	Build on existing activities to increase understanding of the users of <i>Overall Patient Experience Scores</i> and document the uses made of the statistics (para 3.2).
Requirement 2	Publish information about users' experience of patient experience statistics (para 3.3).
Requirement 3	Publish full details of the methods adopted, along with the rationale for the methods adopted (para 3.7).
Requirement 4	Publish information about the quality, including strengths and limitations, of patient experience scores (para 3.8).
Requirement 5	Demonstrate effective stewardship of resources allocated to <i>Overall Patient Experience Scores</i> , taking into account user need (para 3.17).
Requirement 6	Include commentary, analysis and charts within <i>Overall Patient Experience Scores</i> to aid interpretation. This should cover some key points from NHS trust level results as well as results for England (para 3.18).
Requirement 7	Produce a timetable of releases for twelve months in advance (para 3.25).
Requirement 8	Review the pre-release access list to ensure that it is restricted to those people who genuinely require it (para 3.26).

2 Subject of the assessment

2.1 The publication covered by this Assessment, *Overall Patient Experience Scores*, presents overall patient experience measures for England covering five domains of care which reflect areas that patients have identified as key to their experience of the NHS services. These are:

- Improving access and waiting.
- Safe, high quality co-ordinated care.
- Better information, more choice.
- Building closer relationships.
- A clean, comfortable, friendly environment.

The overall patient experience measure was designed jointly by DH and the Healthcare Commission, the predecessor of the Care Quality Commission⁵ (CQC), which is the independent regulator of health and adult social care in England.

2.2 These measures are produced for five different settings; inpatients, outpatients, Accident and Emergency, primary care and mental health. The measure is produced by combining questions which have been selected from the National Patient Survey Programme⁶. The responses to these questions are scored using an existing scoring system⁷ to give an overall measure for each domain of care within each setting. DH has published a note, *Measuring Patient Experience*⁸, which shows the questions used to produce a measure of the patient experience for each of the five domains of care.

2.3 DH presents patient experience scores for each NHS trust including the overall patient experience score, domain scores and question level scores through a 'diagnostic tool'⁹. This tool presents the trust scores along with the national and SHA scores and provides scores for comparator trusts.

2.4 The National Patient Survey Programme consists of various surveys which cover different areas of healthcare provision. It is coordinated by CQC, in collaboration with Picker Institute Europe¹⁰ and the National Centre for Social Research¹¹ (NatCen). Although the survey programme is coordinated by CQC, each NHS trust pays for the surveys to be undertaken and administers them, usually via a contractor. CQC publishes detailed results of the survey programme at question level for each NHS trust and at national level¹², and

⁵ <http://www.cqc.org.uk/>

⁶ <http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm>

⁷ The scoring system is used by the Care Quality Commission in producing summary scores for trusts from the National Survey Programme

⁸ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118917.pdf

⁹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118920.xls

¹⁰ <http://www.pickereurope.org/>

¹¹ <http://www.natcen.ac.uk/>

¹² CQC national and NHS trust level reports can be found for each survey separately by clicking on the survey name at the following link:

<http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm>

CQC supplies DH with the patient experience scores which are used in this release.

2.5 The patient experience scores published by DH are used to provide an overall assessment of how well the NHS is performing from the patients' point of view. The scores are used in the following ways:

- by the Department of Health to monitor policy and provide feedback on policy implementation used to measure progress against the NHS Operating Framework¹³;
- by NHS trusts and PCTs to track their performance over time, benchmark their results against similar organisations, and inform local activity to improve services;
- by patients and local populations when provided information on organisational performance.

2.6 The original purpose of the Patient Experience scores was to deliver improvements in patient experience across the NHS. The measure has been used by the previous Government to assess progress against specific Public Service Agreement (PSA) indicators to improve patient experience. Although PSA targets have been scrapped, there continues to be interest amongst DH and NHS users of measuring how the NHS is performing in terms of patient experience (at national and trust level). The trust-level statistics continue to be of use to trusts to monitor their patient experience performance.

2.7 In 2009 HM Treasury reviewed the DH indicators of performance for PSA 19, which included the overall patient experience scores. DH received a rating of 'green' for 'programmes and governance'. Also in 2009 the National Audit Office reviewed the data systems used for PSA 19 and the self-reported experience of patients and users was awarded 'GREEN (disclosure)' – meaning that the data system is 'appropriate for the indicator and the department has explained fully the implications of limitations that cannot be cost-effectively controlled'.

2.8 DH has told us that the only cost of producing the publication is a small proportion of DH analytical team's time leading up to the publication date. DH's monetary estimate of this time is approximately £5000 annually.

¹³ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107

3 Assessment findings

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

- 3.1 DH has had little engagement with users outside DH about either *Overall Patient Experience Scores* or the diagnostic tool, although it has taken steps to improve this. DH informed us that it found it difficult to identify users, particularly of the publication. DH told us that it had received little communication from users of the publication. Responses received via the user consultation conducted as part of this Assessment mostly referred to the diagnostic tool.
- 3.2 DH is currently working to increase awareness of the patient experience scores. It has published a Patient Experience User Engagement Strategy¹⁴ and has recently included contact details on the patient experience scores web pages to encourage feedback from users. In addition, statisticians within DH have been building links with relevant networks, for example by giving a presentation at the Health Statistics User Group and building on existing policy links by contacting Strategic Health Authorities to encourage them to comment specifically on the scores and how they use them. As part of the designation as National Statistics, DH should build on existing activities to increase its understanding of the users of *Overall Patient Experience Scores* and document the uses made of the statistics¹⁵ (Requirement 1).
- 3.3 DH told the Assessment team that it has recently started collecting and recording information about users' experiences of the statistics. As part of the designation as National Statistics, DH should publish information about users' experience of patient experience statistics¹⁶ (Requirement 2).

¹⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_115996

¹⁵ In relation to Principle 1 Practice 2 of the Code of Practice.

¹⁶ In relation to Principle 1 Practice 5 of the Code of Practice.

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

- 3.4 In the past, CQC has changed the surveys that form the National Patient Survey Programme. Where this has affected the *Overall Patient Experience Scores* publication, statistical tables are clearly marked to highlight the resulting lack of comparability. All such changes occurred before the overall scores publication existed. DH has told us it is committed to pre-announcing any changes in these statistics that occur in the future.
- 3.5 DH has published a Revisions Policy¹⁷. There is also a revisions policy for *Overall Patient Experience Scores* which is consistent with the organisational policy. This latter policy is currently being reviewed and updated. We suggest that DH publishes the overall patient experience scores revisions policy.

¹⁷ <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/CodeOfPractice/index.htm>

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

- 3.6 No incidents of political pressure, abuses of trust or complaints relating to professional integrity, quality or standards were reported or identified by the Assessment team.

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

- 3.7 DH's *Measuring Patient Experience*¹⁸ provides some information about the methods and questions used to calculate the measure; the document *A Joint review of methodological issues in the national patient survey programme*¹⁹ summarises the methodology. Neither document includes information about how the domains were selected or validated, how the scoring system was developed, the method of selecting the survey questions to be used to reflect each domain, the data collection process, or the decisions behind the weighting and standardisation methods chosen. As part of the designation as National Statistics, DH should publish full details of the methods adopted, along with the rationale for the methods adopted²⁰ (Requirement 3).
- 3.8 Whilst some quality information is provided in *Measuring Patient Experience*, no information is given about accuracy and comparability. In particular, confidence intervals are not provided for the estimates, no information is provided about the main sources of bias or error in the national scores, and no information is provided about the sensitivity of the measures to changes in the health system. As a result, users cannot readily interpret changes in the scores. As part of the designation as National Statistics, DH should publish information about the quality, including strengths and limitations, of patient experience scores²¹ (Requirement 4).
- 3.9 DH statisticians check NHS trust level scores for internal consistency and investigate anomalies when data are received from CQC. There is an agreed documented methodology between CQC and DH about how scores are calculated and derived from the individual data; we were told that this ensures a consistent approach by CQC. The quality assurance procedures do not describe how DH liaises with CQC in relation to data quality issues discovered as part of CQC's quality assurance checks. We suggest DH work with CQC to improve its understanding of the data quality issues discovered as part of CQC's quality assurance checks, and where appropriate include information in published documentation about quality.
- 3.10 In 2010 the Scottish Government carried out a Scottish Inpatient Patient Experience Survey. There are similarities between the Scottish questionnaire and the inpatient survey questionnaire used in England as part of the National Patient Survey Programme, but they are not directly comparable due to differences in wording and structure of the questionnaire. The Scottish

¹⁸http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118917.pdf

¹⁹http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_064720.pdf

²⁰ In relation to Principle 4 Practice 1 of the Code of Practice.

²¹ In relation to Principle 4 Practice 2 of the Code of Practice.

Government has published the results of its inpatient experience survey²², but this does not include overall patient experience scores.

²² <http://www.scotland.gov.uk/Publications/2010/09/28112720/0>

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

- 3.11 *Overall Patient Experience Scores* presents statistics for England and the diagnostic tool presents statistics in aggregate form for individual NHS trusts. Due to the level of aggregation, the scores are not disclosive.
- 3.12 Data shared with DH by CQC for the purposes of publication are already aggregated to NHS trust level. CQC shares individual level records with DH when DH wishes to carry out additional analysis. These data files are shared only with named individuals within the statistics team as they are owned by CQC. DH documents how it restricts and controls access to the data, minimises the risks involved in handling confidential data, trains its staff in the handling of the data and ensures that data are used appropriately. DH's processes require these arrangements to be reviewed quarterly, as well as a more detailed assessment annually. DH publishes a policy on disclosure and confidentiality on its statistical compliance web page²³.
- 3.13 CQC informs respondents to the National Patient Survey Programme how their confidentiality will be protected in the survey covering letters and questionnaires.

²³ <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/CodeOfPractice/index.htm>

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

- 3.14 *Overall Patient Experience Scores* makes use of survey data collected as part of the National Patient Survey Programme run by CQC. CQC delivers aggregated data, at NHS trust level, which it uses to produce its own trust reports.

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

- 3.15 DH has appropriate recruitment and development policies to ensure that it employs suitably skilled people in the statistical production process.
- 3.16 DH does not have a central statistics division. Statisticians are embedded within the relevant DH directorate, with professional accountability to the statistics Head of Profession. There is no central business plan covering statistical activities; statistical expenditure is included in divisional business plans. The Head of Profession has provided the National Statistician with estimates of the total expenditure for official statistics.
- 3.17 It is not clear whether DH monitors and reviews its expenditure on *Overall Patient Experience Scores*, taking into account user need, to ensure the most efficient use of resources. As part of the designation as National Statistics, DH should demonstrate effective stewardship of resources allocated to *Overall Patient Experience Scores*, taking into account user need²⁴ (Requirement 5).

²⁴ In relation to Principle 7 Practices 2, 4 and 5 of the Code of Practice.

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

3.18 DH releases overall patient experience scores for England in simple tables. There are a number of weaknesses in the publication:

- no explanation is given about what the scores mean;
- no analysis of the results is provided to explain reasons for variation in scores;
- no indication is given of whether an increase or decrease in the score is significant (the absence of confidence intervals is addressed in paragraph 3.8);
- no information is given about variation in scores between trusts, or the number of trusts combined to give the overall score; and
- trust scores are presented only within the diagnostic tool and not within *Overall Patient Experience Scores*.

As part of the designation as National Statistics, DH should include commentary, analysis and charts within *Overall Patient Experience Scores* to aid interpretation. This should cover some key points from NHS trust level results as well as results for England²⁵ (Requirement 6). During the assessment process, DH provided the Assessment team with proposals for commentary which they plan to include in the next release. We encourage DH to continue to develop these plans in light of the findings from this assessment.

3.19 The diagnostic tool presents NHS trust overall and domain scores for several years. It provides individual trust scores alongside national and SHA level scores, the 80th percentile²⁶ of the trust scores (as a potential target level), and the associated question scores. The tool identifies low-scoring questions for each trust and allows comparisons with other trusts.

3.20 For the Inpatient survey May 2010 update, the diagnostic tool was not updated with the NHS trust level scores when *Overall Patient Experience Scores* was released. DH told the Assessment team that the reason for this was that web updates were frozen for non-National and non-official statistics within DH due to restrictions on web updates and additional clearance procedures in place within DH following the recent change in government. This issue has now been resolved and DH has assured us that it has minimised the risk of this occurring again.

3.21 NHS trust scores are standardised by age and sex to allow comparisons of trusts with a different age/sex composition, because patient experience scores vary by age and sex. There is no analysis provided to illustrate how patient experience varies with these or other individual or trust factors. This would be useful to allow trusts to identify factors which are within their control to alter – or to help identify appropriate groups of comparator trusts. We suggest that DH

²⁵ In relation to Principle 8 Practice 2 of the Code of Practice.

²⁶ The score above which the top 20% of trusts lie.

provide links to analyses of variation in patient experience to help users interpret the overall and domain scores.

- 3.22 DH has published a simple user guide²⁷ on its website to help users understand how the scores have been created and how they can be used. DH has published information to aid users in other documents on its website including *Measuring Patient Experience* and as part of the documentation of the diagnostic tool. Users are also directed to detailed information on the Patient Survey Programme. These documents direct users to a wide range of material. We suggest that DH publishes an overview document which leads users through the documentation and provides examples to illustrate the types of uses of the patient experience scores.
- 3.23 Information from the patient experience surveys is also presented at NHS trust level by CQC within local trust benchmark reports²⁸ and as part of a benchmarking tool²⁹. We suggest DH works with CQC to clarify the uses of the different presentations of NHS trust level statistics on patient experience, provide guidance to users on how to use and analyse these sets of statistics and cross-reference the different sources of information.

²⁷ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_116054.pdf

²⁸ <http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/inpatientse rvices.cfm> (example for inpatient survey – see Feedback reports for NHS trusts)

²⁹ http://www.cqc.org.uk/publications.cfm?fde_id=16378

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

3.24 The requirements for this Protocol are covered elsewhere in this report.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

- 3.25 DH does not publish a timetable of releases for the twelve months ahead for *Overall Patient Experience Scores*. DH told the Assessment team that this is because it depends on CQC publication dates since DH publishes patient experience scores at the same time as CQC publishes its survey results, and CQC does not commit to a month of publication twelve months in advance. As part of designation as National Statistics, DH should produce a timetable of releases for twelve months in advance³⁰ (Requirement 7).
- 3.26 *Overall Patient Experience Scores* is available via the National Statistics Publication Hub, with the name and contact details of the responsible statistician, and we were told that they are released as soon as they are available. DH publishes a pre-release access list for these statistics³¹. The list includes 30 people, which the Assessment team considers to be high. As part of the designation as National Statistics, DH should review the pre-release access list to ensure that it is restricted to those people who genuinely require it³² (Requirement 8).

³⁰ In relation to Protocol 2 Practice 2 of the Code of Practice.

³¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_116202.pdf

³² In relation to Protocol 2 Practice 7 of the Code of Practice.

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

3.27 *Overall Patient Experience Scores* uses survey data collected via the National Patient Survey Programme run by CQC.

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the *Overall Patient Experience Scores*, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

- | | |
|---------------------|---|
| Suggestion 1 | As part of documenting the use of these statistics (see Requirement 1), refer to the types of use put forward in the Monitoring Brief: <i>The Use Made of Official Statistics</i> ³³ (para 3.2). |
| Suggestion 2 | Publish the overall patient experience scores revisions policy (para 3.5). |
| Suggestion 3 | Work with CQC to improve understanding of the data quality issues discovered as part of CQC's quality assurance checks, and where appropriate include information in published documentation about quality (para 3.9). |
| Suggestion 4 | Provide links to analyses of variation in patient experience to help users interpret the overall and domain scores (para 3.21). |
| Suggestion 5 | Publish an overview document which leads users through the documentation and provide examples to illustrate the types of uses of the patient experience scores (para 3.22). |
| Suggestion 6 | Work with CQC to clarify the uses of the different presentations of NHS trust level statistics on patient experience, provide guidance to users on how to use and analyse these set of statistics and cross-reference the different sources of information (para 3.23). |

³³ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from July to November 2010.

A2.2 The Assessment team – Emma Bowditch and Cecilia Macintyre – agreed the scope of and timetable for this assessment with representatives of DH in July 2010. The Written Evidence for Assessment was provided on 6 September. The Assessment team subsequently met DH during October to review compliance with the Code of Practice, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A2.4 The Assessment team received 10 responses from the user consultation. The respondents were grouped as follows:

DH	2
NHS	3
Academia	3
Parliament	1
CQC	1

A2.5 Most user responses were focused on NHS trust level data accessed via the diagnostic tool. This tool is considered useful for benchmarking against other trusts and to identify trends. Users highlighted the issue of the lack of commentary and granularity of the data. Users within DH fed back issues with timeliness, frequency and coverage. Other users' feedback included the lack of sensitivity analysis, the need for some explanation of the variation of scores between trusts, and the lack of information about the methods employed to create the scores.

Key documents/links provided

Written Evidence for Assessment document

