

NHS Patient Survey Programme

Inpatient experience during the COVID-19 pandemic

National report

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Independent data analysis

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1. Summary of findings

The impact of the coronavirus (COVID-19) pandemic has been, and continues to be, profound. The virus has had a huge impact on the delivery of NHS care, with providers and staff having to adapt services at speed and under huge pressure, while ensuring hospitals remain a safe environment for patients and staff.¹

This survey asked patients to tell us about their hospital stay during the peak of the pandemic. Before this, there had been no systematic study of how patients felt about the care they received during this period.

The survey received feedback from 10,336 people who had received inpatient care in an NHS hospital and were discharged between 1 April and 31 May 2020, while the UK was in national lockdown. The unadjusted response rate was 42%. All data was collected between 14 August and 9 September 2020.

The report shows that people's experiences of inpatient care were generally positive. Overall, most patients (83%) said they felt safe from the risk of catching COVID-19 in hospital. However, people diagnosed with the disease while in hospital felt less safe than patients who did not receive a COVID-19 diagnosis (68% and 84% respectively).

Patients with a COVID-19 diagnosis reported consistently poorer experiences than people who did not have the virus. The greatest differences were during discharge and knowing what would happen next with their care after leaving hospital.

Certain groups of patients consistently reported poorer experiences of care. Generally, people with dementia or Alzheimer's, people with a mental health condition, and people with a neurological condition reported poorer experiences of most aspects of inpatient care. In addition, people who had an emergency admission reported more negative experiences, compared with patients who had a planned admission.

Like the annual adult inpatient survey, younger people (aged below 55) reported a more negative experience. Older patients (aged 75+) were more positive, except in relation to receiving information about their care and treatment in A&E or in terms of their involvement in decisions about their care or leaving hospital. These older patients also might have felt more isolated due to restrictions on visitors as they were more likely to say they were unable to keep in touch with family and friends during their stay.

1.1 Person-centred care

Overall, feedback on person-centred care was positive. The majority of patients said they were involved 'a great deal' or 'a fair amount' in decisions made about their care and treatment, as well as in decisions made about their discharge (77% and 73% respectively). Patients were similarly positive about the emotional support that they received from staff during their stay (70% said they 'always' had enough).

Information given about care and treatment, either while in A&E (for those admitted through that route), or during their stay in hospital, was also usually rated highly (71% and 77% respectively said they had the 'right amount'). In addition, most people said they 'always' had confidence and trust in the staff treating them (83%).

However, COVID-19 patients were consistently less positive than people without a COVID-19 diagnosis on all measures of person-centred care.

1.2 Meeting patients' fundamental needs

Patients reported that their fundamental needs were largely met, with most patients saying they got enough to drink while in hospital (92% said 'yes'). Results relating to medicines were slightly less positive; 80% said they were 'always' able to take their own medicines when needed, and patients with COVID-19 were less likely to say this was the case.

1.3 Infection prevention and control

Patients who were in hospital during the pandemic reported high levels of cleanliness; 80% said that their room or ward was very clean. Most also remembered seeing a range of infection control measures, including staff wearing personal protective equipment (PPE), handwashing, provision of waste bins, and cleaning of surfaces. Fewer people remembered seeing social distancing measures such as markers on the floor or signage at the entrance.

While this visible presence of measures reassured most people, a minority of patients were concerned about catching COVID-19 during their inpatient stay (83% said they felt 'safe' and 8% said they did not). These patients, who did not feel 'safe', were consistently less likely to remember seeing any infection control measures in their hospital room or ward.

1.4 Staff and communications

Overall, patients reported feeling positive about communicating with staff during their stay. For example, 77% said they were 'always' able to get attention from staff when they needed it. However, 24% said they were 'sometimes' or 'never' able to understand the information that staff gave them, and 27% said that this information was 'often' contradictory. A further 27% said that they could 'sometimes' or 'never' understand staff when they were talking when they were wearing PPE. Certain groups of patients found communicating with staff who were wearing PPE especially difficult. People aged 85 and over were less likely to always understand what they were being told, as were people with dementia or Alzheimer's, patients who were deaf or hard of hearing, autistic people and those with a learning disability.

While most patients were able to keep in touch with their family and friends during the pandemic (75% said they were 'often' able to do this), 13% said they did not receive the help they needed to do so. Older patients, aged 75+, were less likely to say they were 'often' able to keep in touch with family and friends. In addition, patients with a sensory impairment, including people who were blind or deaf, as well as people with a learning disability, a mental health condition or neurological condition were also less likely to feel they were able to keep in touch 'often'.

1.5 Patient discharge from hospital

Results show that people's experiences of discharge were less positive than other aspects of their stay in hospital. Patients with COVID-19 reported poorer experiences on all measures. For example, patients with a COVID-19 diagnosis were more likely to say their home situation was not taken into account when leaving hospital (19% compared with 15% of patients who did not have the virus). Similarly, 32% with COVID-19 said they were not told who to contact should they become

worried about their care or treatment after leaving hospital (compared with 24% for patients who did not have the virus) and 29% said they did not receive the post-discharge care and support they needed (25% non-COVID).

1.6 Overall experience

Reflecting the positive results across all areas of patient experience above, people were generally positive about their overall experience of adult inpatient services during the first wave of the pandemic. For example, 86% reported that they were 'always' treated with respect and dignity while in hospital, and when asked to provide a score for their overall experience from '0 – I had a very poor experience' to '10 – I had a very good experience', 86% gave a score of seven or above and just 7% rated their experience between 0 and 4.

2. Introduction

In response to the COVID-19 pandemic, CQC commissioned Ipsos MORI to collect information about the experiences of people who were admitted to hospital for inpatient care during March, April and May 2020. This was the height of the first wave of the COVID-19 pandemic in England.^a The results of this survey will support providers to plan for and improve future COVID-19 care. While the focus of the survey was on patients with COVID-19 (on admission or diagnosed during their stay), it also included patients in hospital for non-COVID related reasons.

The survey sits alongside the [NHS Patient Survey Programme](#), which covers a range of topics including adult inpatient services, maternity care, children and young people's inpatient and day-case services, urgent and emergency care and community mental health services. To find out more about the survey programme and to see the results from previous surveys, please see the links in the [further information section](#).

All patients aged 16 years or over at the time of their hospital stay were eligible to take part if they were discharged between 1 April 2020 and 31 May 2020. A sample supplied by [NHS Digital](#) showed that 350,207 patients were discharged between 1 April and 31 May 2020, of which 12.6% had a COVID-19 diagnosis. A random sample of these patients was selected, with the aim of achieving equal spread across Sustainability and Transformation Partnerships/Integrated Care Systems (STPs/ICS). More people with a COVID-19 diagnosis were included to provide sufficient numbers for robust sub-group analysis.

Fieldwork took place between 14 August and 9 September 2020. In total, 10,336 people took part; 5,845 with a COVID-19 diagnosis and 4,491 who did not have the virus during their hospital stay. This represents an unadjusted response rate of 42%. Although a higher number of patients with COVID-19 took part in the survey, throughout this statistical release we have applied weighting to 'all patients' to ensure they reflect their true proportion in the population. More detail on the methodology is available in [Appendix A](#) and in the survey technical report.

The survey collected basic demographic information from all people who took part. This anonymised data is available in the survey [data tables](#) published on CQC's website.

Where possible, the questions used the same wording as the forthcoming adult inpatient survey 2020. [Appendix C](#) looks at comparisons with published inpatient survey data from 2019 and 2018, but as well as some differences in question wording, significant differences in the way these surveys have been conducted mean that these comparisons must be treated with caution.

^a Almost 300 patients (1.2%) were admitted before March 2020, but were discharged in the qualifying period (1 April to 31 May 2020).

This statistical release presents the key results from the 2020 survey of inpatient experience during the COVID-19 pandemic. It highlights statistically significant differences between patients who had COVID-19 and those without. Results for all questions patients were asked are published on the CQC website, <http://cqc.org.uk/inpatient-covid-survey>

2.1 The importance of collecting patient experience data

Patients and healthcare providers benefit when people have positive experiences of using health services.² Good experiences of care have been linked to better health outcomes. At an organisational level, staff and patient experience are linked, as are patient experience and care costs. It is also important to ensure that patients and families are given an opportunity to feed into the system that has been set up to protect and care for them.³

There are a number of factors that contribute to a person's positive experience of care. The [NHS Patient Experience Framework](#) identifies some of these factors as being:

- respect for patient-centred values, preferences and expressed needs, such as shared decision-making and cultural issues
- welcoming the involvement of friends, family and those close to the patient
- emotional support
- access to care, with attention given to waiting times.

The [NHS Constitution](#) commits the NHS to encourage patients to give feedback on their care and experiences, with the view that this feedback should be used for the continuous improvement of services.⁴ The experiences of patients can provide key information about the quality of services provided across England. The Constitution highlights the important role of this information in encouraging improvements, both nationally and locally, among providers and commissioners of services.

The [NHS outcomes framework \(Domain 4\)](#) and the Department of Health and Social Care's [NHS Mandate for 2020/21](#) also recognise the importance of patient experience in delivering a high-quality service.^{5,6}

3. The changing context of NHS care during the pandemic

The launch of the NHS Long Term Plan in 2019 outlined ambitions to move to a new health care model, where patients are more involved in decisions around their care.⁷ A key component of this model is making sure that patients get accessible information about their care and actively provide feedback so that the design and delivery of services can be improved.

Patient feedback and monitoring is particularly useful during the COVID-19 pandemic, as it provides an opportunity to understand the resilience of the healthcare system when put under unprecedented pressure. While the full impact of COVID-19 on the NHS has yet to be fully understood, there are many ways in which healthcare has rapidly adapted to the pandemic:

- During the first COVID-19 peak, visits from family and friends were heavily restricted to reduce the risk of face-to-face transmission. In response to this, some providers encouraged alternatives to visits, such as communicating through digital devices and laminated messages. Some patients would need help from staff to help them use alternative methods of communication.
- A COVID-secure environment has become paramount for infection prevention and control in health and social care settings. In line with recommendations from the World Health Organization, Public Health England published guidance on protecting healthcare workers and patients. This highlighted the importance of social distancing, optimal hand hygiene, frequent surface decontamination, and appropriate use and disposal of personal protective equipment (PPE) in all hospital settings.⁸ These measures should be communicated with clear, accessible signage that can be understood by patients and visitors.
- Worry about catching COVID-19 has been consistent and prevalent for many people since the pandemic.⁹ A survey by the King's Fund found that people may be avoiding healthcare settings, such as hospitals, due to the perception of increased risk.¹⁰ Since the start of the outbreak, there has been a drop in accident and emergency attendance figures, indicating people are not using these services as they usually were pre-pandemic.¹¹ Not seeking help or delaying treatment can lead to consequences such as less successful medical interventions, the need for more intensive treatments, premature death and an increase in waiting lists.¹² As a result, it is crucial that hospitals not only provide a safe environment, but also ensure people *feel* safe and protected when attending hospital.
- It is now standard procedure for healthcare professionals to wear PPE, face masks and shields in hospital. However, this may be a communication barrier for some people, especially those who are hard of hearing or rely on lip reading. It is important to measure the impact of this on communication

between hospital staff and patients. Good communication is essential for the delivery of patient-centred care for all patients, an approach encompassed by the NHS.¹³ Patients often find staying at a hospital overwhelming and stress-inducing, so it is important that hospital staff can verbally reassure them.¹⁴

- The Department of Health and Social Care (DHSC) has introduced a new discharge policy to facilitate a speedier discharge from hospital.¹⁵ As soon as it is clinically safe to, patients should now be discharged from hospital on the same day, with any further assessment to be carried out in a non-acute setting. Patients who need to be discharged into a care home must be tested for COVID-19 before release from hospital. Aftercare requirements depend on individual need, but range from short-term assisted living support to a recovery support package and follow up visits.

4. Results from the survey

This section presents key results for the 2020 survey of adult inpatient experience during the COVID-19 pandemic. As well as reporting results for all patients admitted to hospital during the first wave of the pandemic, we highlight ‘statistically significant’ differences^b between the results for patients with COVID-19 and those who did not have the virus.

Overall, patients were positive about their experiences of care in hospital during this time. However, people with a COVID-19 diagnosis were generally less positive in response to any of the questions we asked, and were especially more negative about their discharge experience.

Previous adult inpatient surveys show that patients who had an unplanned admission (for example, those admitted after a visit to A&E) report poorer experiences than patients who had an elective (planned) admission. Of note, almost all patients with a COVID-19 diagnosis (either before admission or during their stay) were admitted in response to an emergency or were unplanned (97% with COVID-19 compared with 88% who did not have a COVID-19 diagnosis).

We have compared how different groups of patients rated their inpatient experience, to understand whether health inequalities exist and to allow these to be addressed. There was a great deal of consistency in experience between demographic subgroups and NHS region, and these findings are summarised in section 4.7.

For comparison of results with previous adult inpatient surveys, and a note on the limitations of these comparisons, see [Appendix C](#).

Survey results are discussed under the following key themes:

4.1 Person-centred care

4.2 Meeting patients’ fundamental needs

4.3 Infection prevention and control

4.4 Staff and communications

4.5 Patient discharge from hospital

4.6 Overall experience

4.7 Experience of different groups of patients

Note that responses to questions such as ‘don’t know/can’t remember’ are not shown and are excluded when calculating percentages. ‘Don’t know/can’t remember’ and similar responses are provided to accommodate respondents who cannot remember or may not have an opinion on a particular element of their experience.

^b A result that is ‘statistically significant’ is one that is unlikely to have arisen by chance.

4.1 Person-centred care

National Institute for Health and Care Excellence (NICE) guidance and recommendations identify person-centred care as being central to good quality health services.¹⁶ The [NHS Long Term Plan](#) is committed to giving people greater control over their own health and ensuring they have more personalised care when they need it.

A number of questions in the survey asked patients about their experience of making choices about their care and also the information made available to them to enable them to make well-informed choices.

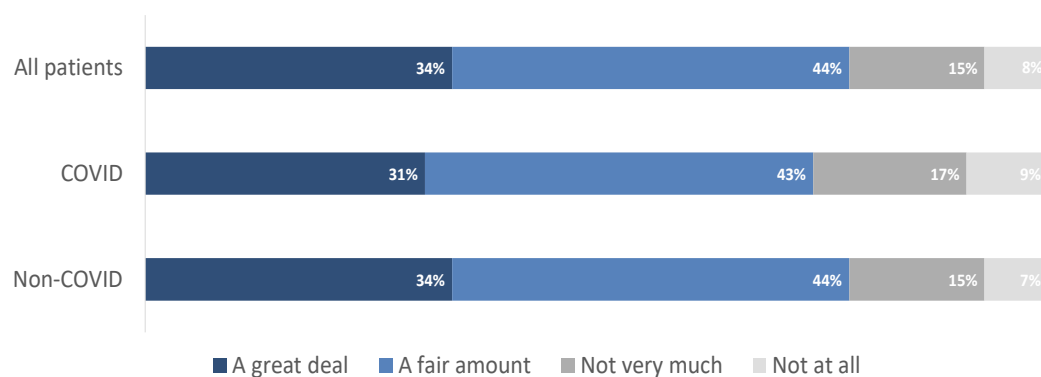
Overall, views on person-centred care during the COVID-19 pandemic were good. The majority of patients in hospital during March, April or May 2020 said they were involved 'a great deal' or 'a fair amount' in decisions made about their care and treatment, as well as in decisions made about their discharge. Patients were similarly positive about the emotional support that they received from staff during their stay. Information given about care and treatment, either while in A&E (for those admitted through that route), or during their stay in hospital, was also rated highly. In addition, most said they 'always' had confidence and trust in the staff treating them. However, COVID-19 patients, were consistently less positive than patients admitted for non-COVID reasons on all measures of person-centred care.

4.1.1 Patients' involvement in decisions

The [NHS Constitution](#) states that patients have the right to be included in decision-making and planning their care along with their care provider. Research has found that, for patients, equal communication and involvement between themselves and treatment teams is important to give the patient a sense of control and responsibility, which in turn helps them to get better.¹⁷

The majority of patients (77%) said that staff looking after them involved them in decisions about their care and treatment 'a great deal' or 'a fair amount'. COVID-19 patients were significantly less positive about involvement in decisions about their care and treatment (73%).

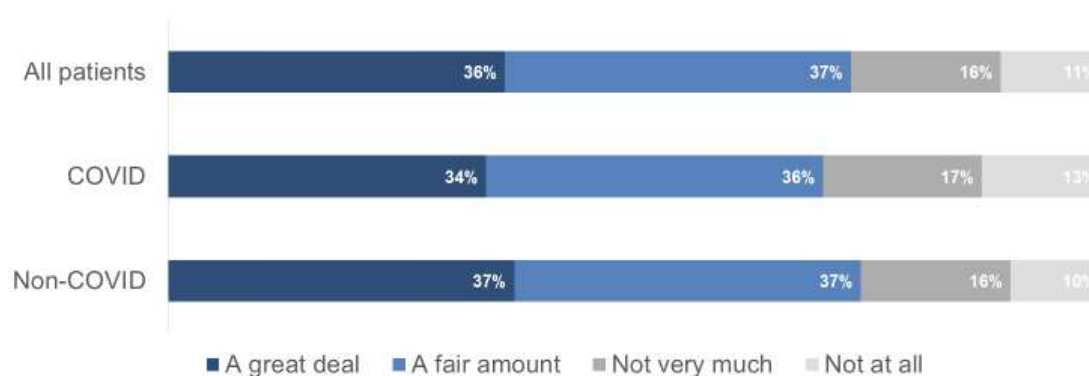
Figure 4.1 To what extent did staff looking after you involve you in decisions about your care and treatment?



Base: All who answered the question, except people not able to be involved or did not want to be involved. All patients (9,243), COVID-19 (5,142), Non-COVID (4,101).

Similarly, 73% of patients who wanted to take part in decisions about leaving hospital said staff involved them ‘a great deal’ or ‘a fair amount’ in these decisions. COVID-19 patients were slightly less likely to say this than patients without a COVID-19 diagnosis (71% vs 74%).

Figure 4.2: To what extent did staff involve you in decisions about you leaving hospital?



Base: All who answered the question, except people who did not want to be involved in decisions. All patients (9,852), COVID-19 (5,585), Non-COVID (4,267).

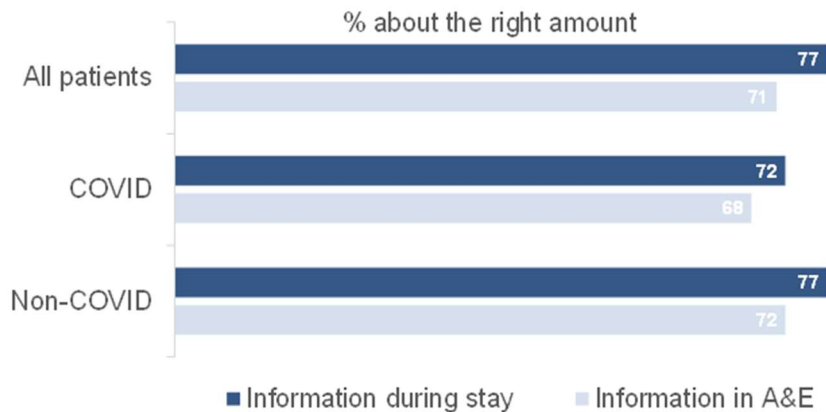
4.1.2 Provision of information about condition or treatment

Good patient information makes sure that patients are ‘prepared and fully aware of the next steps in their pathway so they are able to plan ahead’.¹⁸ NICE guideline CG138, [Patient experience in adult NHS services: improving the experience of care for people using adult NHS services](#), adds that patients should be given information in a way that they can understand. It specifically notes that professionals should avoid using jargon and define unfamiliar words and terminology.

To improve the quality of information made available to patients, the Department of Health and Social Care (DHSC) have published [The Information Standard](#).¹⁹

Patients who were in hospital during the pandemic were positive about the information they were given in relation to their condition and treatment, both while in A&E (for those admitted via this route) and generally during their stay. However, views were slightly less positive about the level of information provided while in A&E. Seven in 10 (71%) said they were given ‘the right amount’ of information about their condition and treatment in A&E, while 77% said the same about the information provided during the rest of their stay. COVID-19 patients were significantly less positive about the information they received either during their time in A&E or during the remainder of their stay.

Figure 4.3: How much information about your condition or treatment was given to you: while in A&E/ during your stay?



Base for information in A&E: All who went to A&E and answered the question, except don't know and can't remember. All patients (6,079), COVID-19 (3,465), Non-COVID (2,614).

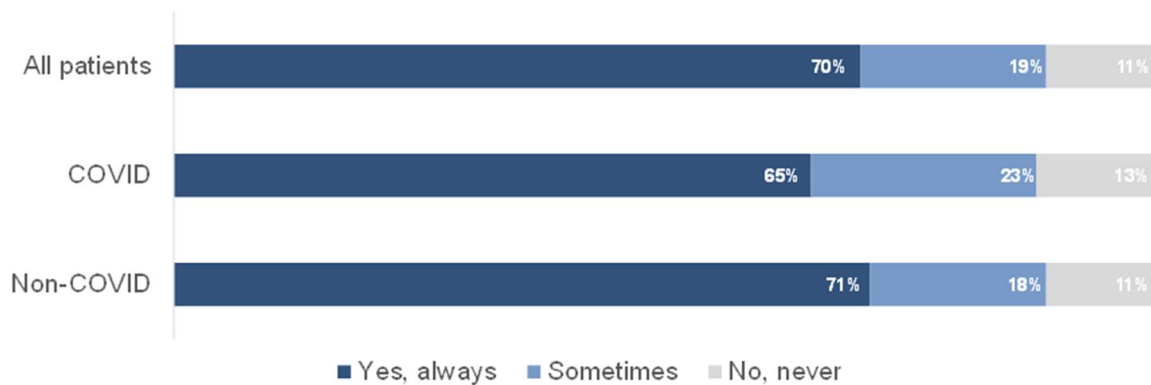
Base for information during the stay: All who answered the question, except don't know/can't remember. All patients (9,769), COVID-19 (5,448), Non-COVID (4,321).

4.1.3 Emotional support

In addition to being provided with information, patients may also need emotional and psychological support during their time in hospital. Guidance from NICE encourages healthcare professionals to discuss concerns and fears with patients in a way that is sensitive and non-judgemental.²⁰

Patients who were in hospital during the pandemic generally reported receiving the support they needed. Seven in 10 (70%) said they 'always' received enough emotional support from hospital staff during their stay, and 19% said they 'sometimes' did. COVID-19 patients were less positive about the emotional support they received (65% said that they 'always' received enough emotional support compared with 71% of patients without a COVID diagnosis).

Figure 4.4: Do you feel you got enough emotional support from hospital staff during your stay?



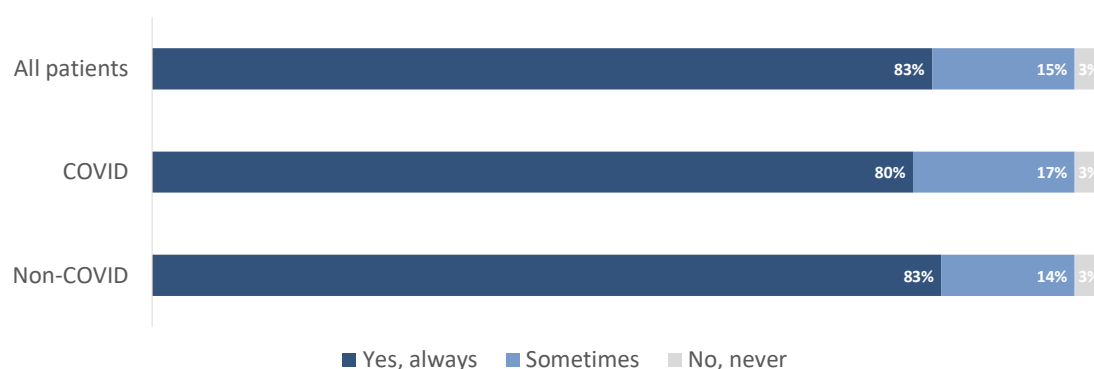
Base: All who answered the question, except people who did not need any emotional support. All patients (8,614), COVID-19 (4,970), Non-COVID (3,644)

4.1.4 Confidence and trust in staff providing care

Research has found that patients who have confidence and trust in their healthcare professionals report having a higher quality of life, better health outcomes and are more satisfied with their treatment.²¹

Most patients (83%) in hospital during the height of the first wave of the pandemic said they 'always' had confidence and trust in the staff treating them. Just 3% answered 'no, never'. Again, however, COVID-19 patients were slightly less positive than those without a COVID-19 diagnosis.

Figure 4.5: Did you have confidence and trust in the staff treating you?



Base: All who answered the question. All patients (10,294), COVID-19 (5,815), Non-COVID (4,479).

4.2 Meeting patients' fundamental needs

Patients have broader needs than only those related to their treatment or condition. For example, [NICE](#) highlights the importance of nutrition and pain management as being essential requirements of good care.

Patients reported that their fundamental needs were largely met during the pandemic, with most patients saying they got enough to drink while in hospital. However, results relating to medicine were slightly less positive, particularly among COVID-19 patients.

4.2.1 Hydration

CQC have addressed the importance of meeting patients' needs [in their regulatory process](#).²² The guidance for providers is that they must include people's nutrition and hydration needs when making an initial assessment of care needs and have a food and drink strategy that addresses people's needs.

CQC also highlights the importance of encouraging patients to eat and drink, particularly older patients, to maintain strength and avoid frailty.

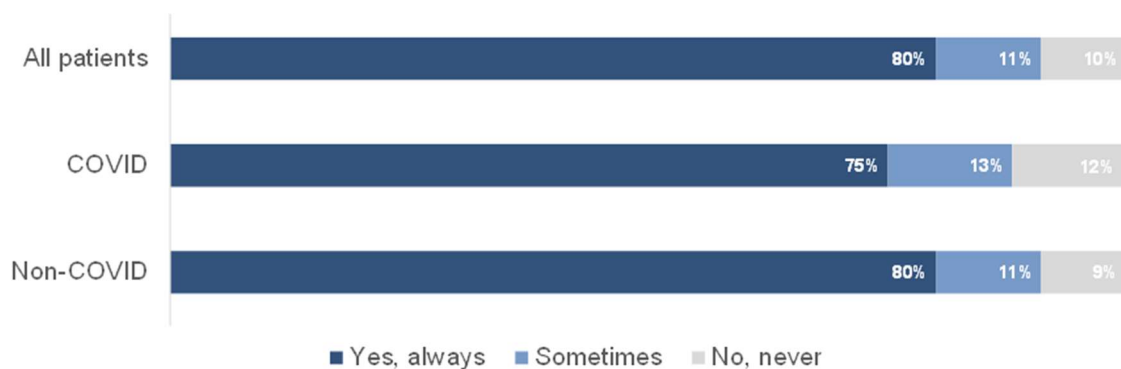
Poor hydration in older patients can lead to other health issues, such as urinary tract infections, increased risk of falls, confusion and pressure ulcers.²³ For patients with dementia or Alzheimer’s disease, there are particular challenges when it comes to hydration, as in the later stages of dementia, people can experience difficulty swallowing. Therefore, it is extremely important that staff ensure patients remain hydrated during their stay in hospital. Almost all patients (92%) responded ‘yes’ when asked if during their time in hospital they had enough to drink. However, 4% said they were ‘not given enough to drink’, 1% said they ‘did not get enough help’ and 3% said ‘no, for another reason’. There were no differences between COVID-19 and non-COVID patients for this question.

4.2.2 Medication while in hospital

The majority of patients needing their own medicine while in hospital were able to take it. Four in five said they were ‘always’ able to take it when needed (80%), though 10% said they were ‘never’ able to take their own medicine in hospital.

COVID-19 patients were less positive; 75% said they could ‘always’ take their medicine compared with 80% of patients without a COVID diagnosis.

Figure 4.6: If you brought medication with you to hospital, were you able to take it when you needed to?



Base: All who answered the question, except people who had to stop taking medication as part of their treatment or did not take medication to hospital. All patients (5,077), COVID-19 (2,834), Non-COVID (2,243).

4.3 Infection prevention and control

Public Health England published guidance on protecting healthcare workers and patients from contracting COVID-19 in hospital. This outlines the benefits of social distancing, optimal hand hygiene, frequent surface decontamination, and appropriate use and disposal of personal protective equipment (PPE) in all hospital settings.²⁴

The survey captured views on general cleanliness in hospital, but also infection control measures and perceived safety from contracting COVID-19 while in hospital.

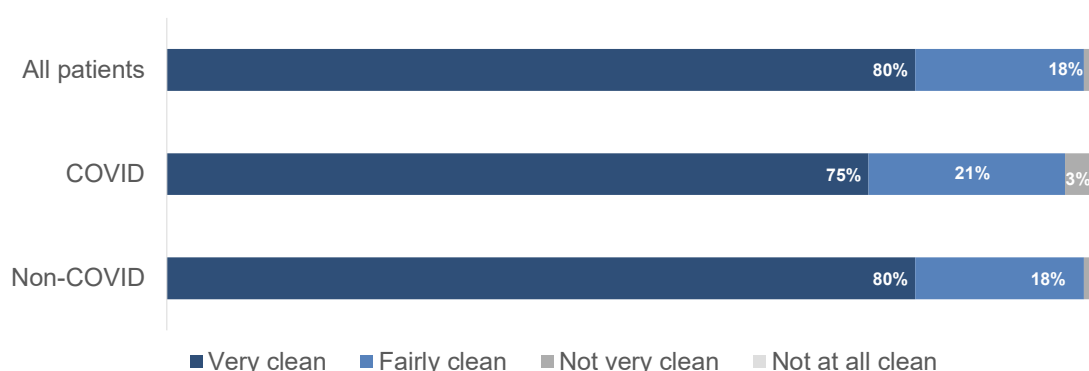
Patients who were in hospital during the pandemic reported high levels of cleanliness and visible infection control measures. Despite this, a minority of patients were concerned about catching COVID-19 during their inpatient stay.

4.3.1 Cleanliness of hospital room or ward

When asked to give their opinion on the cleanliness of the hospital room or ward they were in, four in five patients (80%) rated it as 'very clean'.

COVID-19 patients were slightly less positive, with three quarters rating their room or ward as 'very clean' (75%, as opposed to 80% among those without a COVID-19 diagnosis).

Figure 4.7: How clean was the hospital room or ward that you were in?



Base: All who answered the question, except don't know and can't remember. All patients (9,937), COVID-19 (5,565), Non-COVID (4,372).

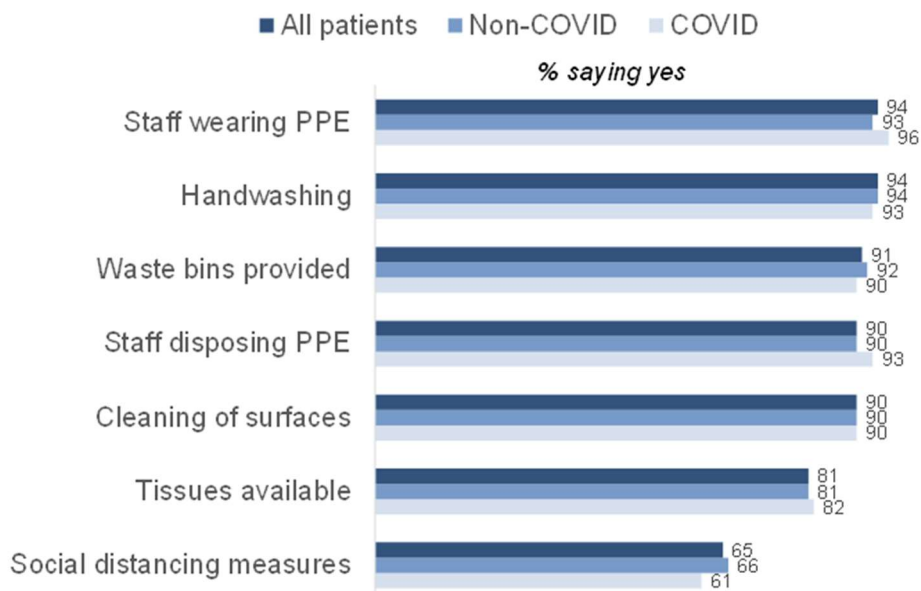
4.3.2 COVID-19 safety measures

The vast majority of patients said that they saw a number of COVID-19 safety measures in place while in hospital, including 'staff wearing personal protective equipment (PPE)' (94%), 'handwashing with hand sanitiser or soap' (94%), and the 'provision of waste bins' (91%).

However, fewer patients recalled seeing 'social distancing measures' (such as markers on the floor or signage at the entrance) in place (65%).

Whether patients remembered seeing these measures in place was mostly consistent between patients who had COVID-19 and those who did not, but COVID-19 patients were significantly less likely to have been aware of social distancing measures (61% versus 66% non-COVID patients) and more likely to have seen staff wearing PPE (96% and 93% respectively).

Figure 4.8: While you were in the hospital room or ward, did you see any of the following? (% saying yes)

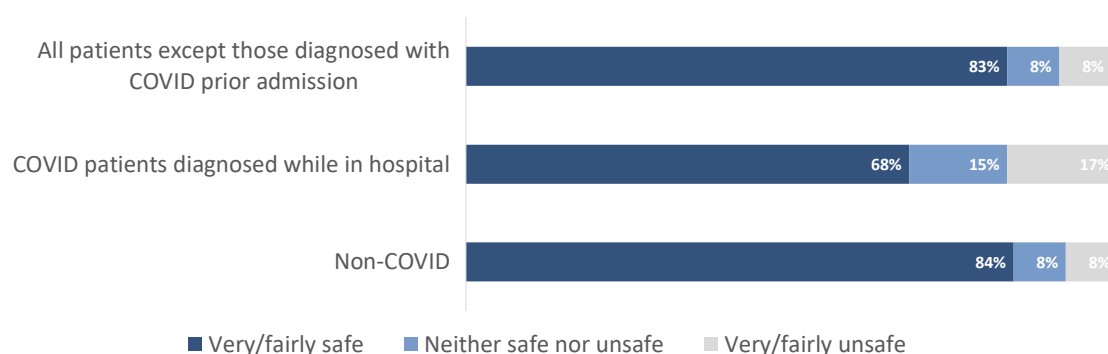


Base: All who answered each question, except don't know and can't remember. Base sizes vary for each measure. All patients (from 8,148 to 10,059), COVID-19 (from 4,429 to 5,709), Non-COVID (from 3,719 to 4,350).

4.3.3 Safety from the risk of catching COVID-19 while in hospital

During the months covered by the survey, hospitals were still admitting patients for reasons other than COVID-19. All patients responding to the survey who did not have a COVID-19 diagnosis on admission were asked about their perceptions of the risk of catching the virus during their stay. This included some patients who were subsequently diagnosed with it while in hospital. Over four in five patients (83%) said they felt 'safe' from the risk of catching COVID-19 while in hospital, including 52% who felt 'very safe'. Eight per cent felt 'unsafe' – this increased to 17% among patients who went on to receive a COVID-19 diagnosis while in hospital.

Figure 4.9: While you were in hospital, how safe or unsafe did you feel from the risk of catching COVID-19?



Base: All who answered the question, except not applicable/already had COVID when admitted, don't know and can't remember. All patients (7,166), COVID-19 diagnosed while in hospital (1,782), Non-COVID (4,332).

4.4 Staff and communications

Questions in this survey looked at whether patients were able to get the attention they needed from staff, as well as focusing on a number of issues with staff communication. More specifically related to the pandemic, we asked about the impact of personal protective equipment (PPE), such as face shields and masks.

Patients were also asked about their experiences of communicating with their family and friends; an area that was impacted by the restrictions put in place to deal with the spread of the virus.

Overall, results show that patients felt able to get attention from staff when needed and reported generally positive experiences of communication during their stay. However, a minority of patients reported not always being able to understand the information provided to them by staff, and said that their ability to understand staff was sometimes hindered by PPE. Further, while most patients were able to keep in touch with their family and friends during the pandemic, a small proportion said they did not receive the help they needed to do so.

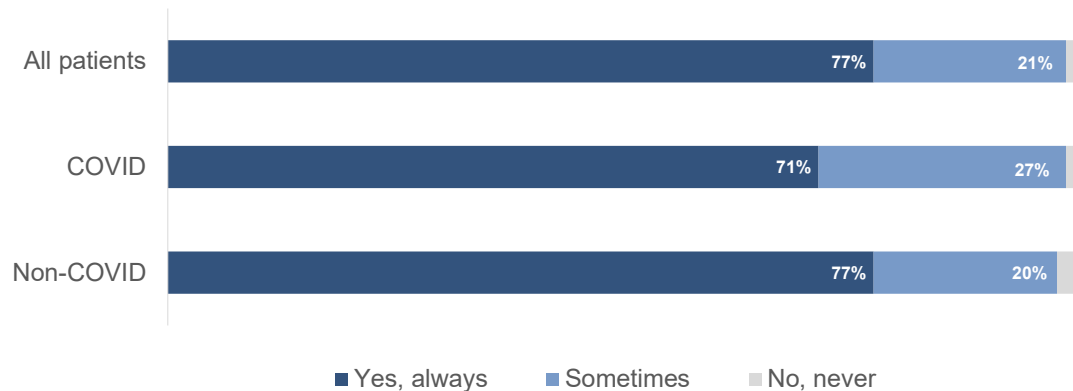
4.4.1 Attention from hospital staff

As discussed in the policy section of this report, workforce challenges in the NHS were a concern before the pandemic. During the pandemic there was enormous support for the NHS with retired health professionals volunteering to return to the frontline.

Survey results show that patients were generally positive about the attention they received from staff during the pandemic. Three-quarters (77%) responded 'yes, always' when asked if they were able to get help from staff when they needed attention.

However, COVID-19 patients were significantly less likely to say they could always get help from a member of staff when needed (71% compared with 77% for patients without a COVID diagnosis).

Figure 4.10: Were you able to get a member of staff to help you when you needed attention?



Base: All who answered the question, except people who did not need attention. All patients (9,869), COVID-19 (5,658), Non-COVID (4,211).

4.4.2 Understanding care and treatment

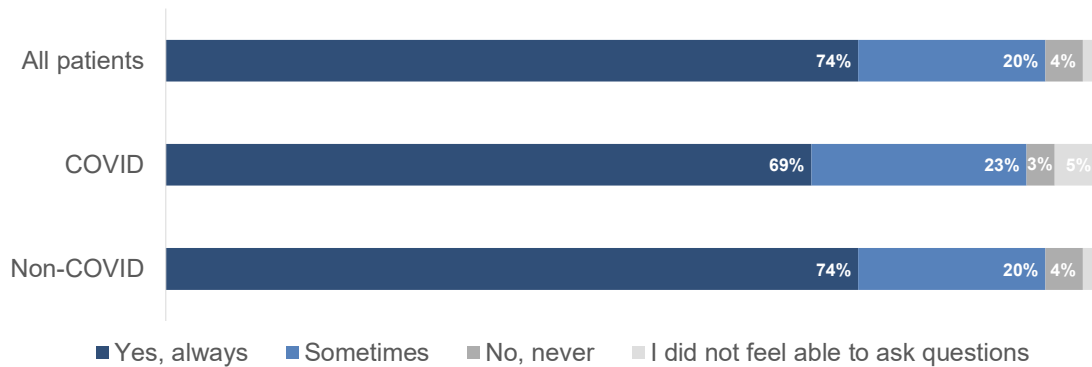
Communication between staff and patients is a key element of the patients' experience, not least to facilitate effective involvement in decisions. As a result, NICE has produced clinical guidelines²⁵ to improve communication with, and the inclusion of, people using NHS adult services.

While the results are generally positive, patients reported some issues with staff communication during the pandemic. For example, while the majority of patients (74%) said they could 'always' understand the answers given to them by staff when they had questions about their care or treatment, 20% said they could only understand them 'sometimes' and 4% could 'never' understand them.

COVID-19 patients were significantly less positive than non-COVID patients (69% said they 'always' understood answers given to them compared with 74%).

Similarly, 19% of patients said they were 'sometimes' given contradictory information about their care and treatment by hospital staff during their stay and 8% said this happened 'often'.

Figure 4.11: When you asked staff questions about your care or treatment, did you get answers you could understand?



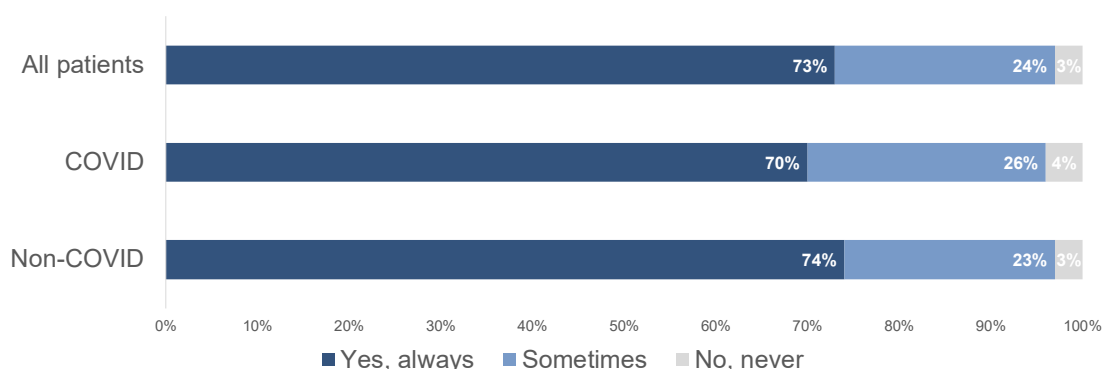
Base: All patients who answered the question, except people who did not have any questions. All patients (9,741), COVID-19 (5,499), Non-COVID (4,242).

4.4.3 The impact of PPE on communication

Due to the COVID-19 pandemic, staff were required to wear PPE while in hospital, which included face masks and shields. The results show that this did have some impact on effective communication between patients and staff. However, the majority of patients (73%) said that they were ‘always’ able to understand staff when they were talking to them wearing PPE.

COVID-19 patients reported a greater impact. Seventy per cent of COVID-19 patients said they were ‘always’ able to understand staff wearing PPE, compared with 74% of non-COVID patients.

Figure 4.12: Due to the COVID-19 pandemic staff are required to wear personal protective equipment (PPE) while in hospital, which includes face masks and shields. Were you able to understand staff when they were talking to you wearing face masks and shields?



Base: All who answered the question (10,120), COVID-19 (5,743), Non-COVID (4,377).

Certain groups of patients found communicating with staff who were wearing PPE especially difficult. People aged 85 and over were less likely to always understand

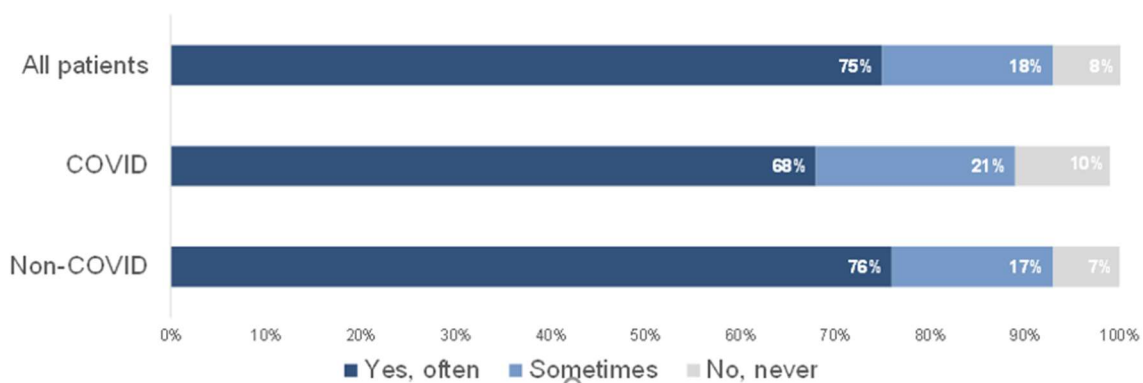
what they were being told, as were people with dementia or Alzheimer’s, patients who were deaf or hard of hearing, and autistic people or those with a learning disability.

4.4.4 Keeping in touch with family and friends

During the pandemic, there were restrictions on visitors in hospital, prompting concerns that patients may have been negatively affected by a lack of contact with their loved ones. When asked if they were able to keep in touch with family and friends as much as they wanted to, three-quarters (75%) said ‘yes, often’, while 18% said ‘sometimes’ and 8% said ‘no, never’.

COVID-19 patients were significantly less likely to say they were able to do so (68% saying ‘yes, often’ compared with 76% non-COVID patients).

Figure 4.13: There were restrictions on visitors in hospital during the pandemic. Were you able to keep in touch with your family and friends during your stay?

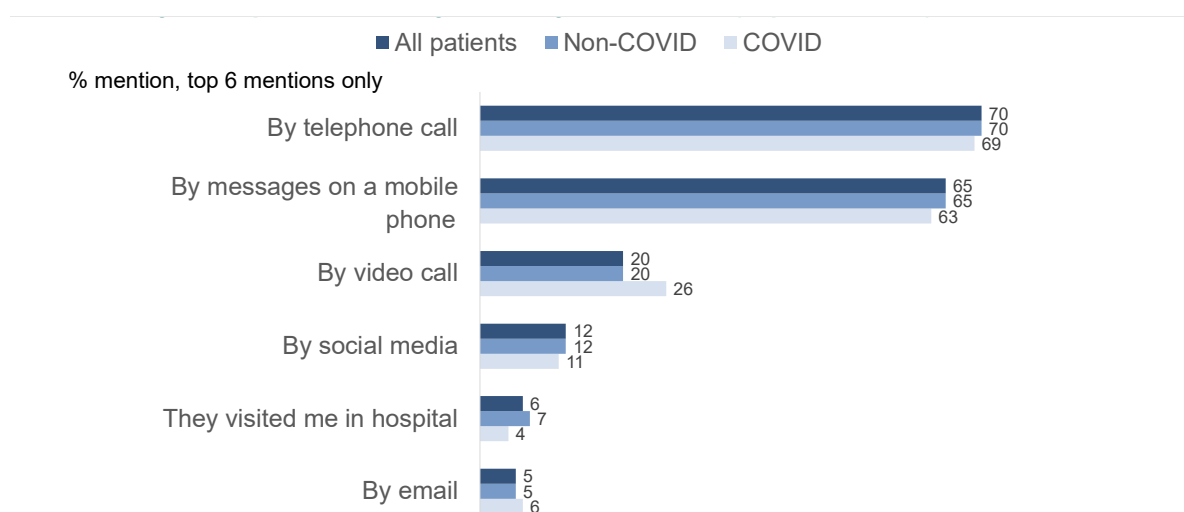


Base: All who answered the question, except people who did not need to keep in touch or don't know/can't remember. All patients (9,772), COVID-19 (5,603), Non-COVID (4,169).

Most patients who needed help to keep in touch with family and friends while in hospital said that they received that help, ‘often’ (61%) or ‘sometimes’ (25%). However, 13% said they didn’t receive support but would have liked this. This picture was similar for both COVID-19 and non-COVID patients.

Patients who were able to keep in touch with family and friends most commonly did this by phone call (70%) or by messages on a mobile phone (65%). While 20% overall said they kept in touch by video call, such as using FaceTime, Skype, Zoom or Teams, this increased to 26% of patients with COVID-19. Six per cent of people reported having visitors in hospital.

Figure 4.14: How did you keep in touch with your family and friends? Top 6 mentions



Base: All who were able to keep in touch with family and friends from staff and answered the question. All patients (8,991), COVID-19 (5,119), Non-COVID (3,872).

Notably, older patients were more likely to say they were not able to keep in touch with family and friends (10% aged 75 to 84 said they were ‘never’ able to do this, rising to 16% for people aged 85+). This may be partly a result of the fact that they were more likely to be reliant on phone calls to keep in touch, compared with younger patients who more frequently used mobile messaging, video calls and social media. However, there was no difference by age in terms of those reporting they had help from staff to keep in touch.

Patients with a sensory impairment, including people who were blind or deaf, as well as people with a learning disability, a mental health condition or neurological condition were also less likely to feel they were able to keep in touch ‘often’.

4.5 Patient discharge from hospital

In an integrated health and care system that is working effectively, patient transition between acute hospital-based care and community or primary care is smooth and well-coordinated. The system would ensure that patients are discharged from hospital in a timely fashion and the appropriate primary or community services are in place, so care is uninterrupted.²⁶ The survey included a number of questions on the discharge process and the information provided, as well as the support received after leaving hospital.

Results show that experiences of discharge were less positive than other aspects of patients’ stay in hospital. Significant minorities reported that their home situation was not taken into account when leaving hospital, they were not given information on who to contact should they become worried, and they were not given information on the medicine they needed to take. Similarly, around one in four said that they did not receive the post-discharge care and support they felt would have been useful. Across every one of these measures, COVID-19 patients reported poorer experiences.

A report by Healthwatch England and The British Red Cross, looked at hospital discharge experiences during the pandemic. They concluded that while patients expressed gratitude for staff, one in five felt unprepared to leave hospital. The report found 82% of patients did not receive a follow-up visit and assessment at home.

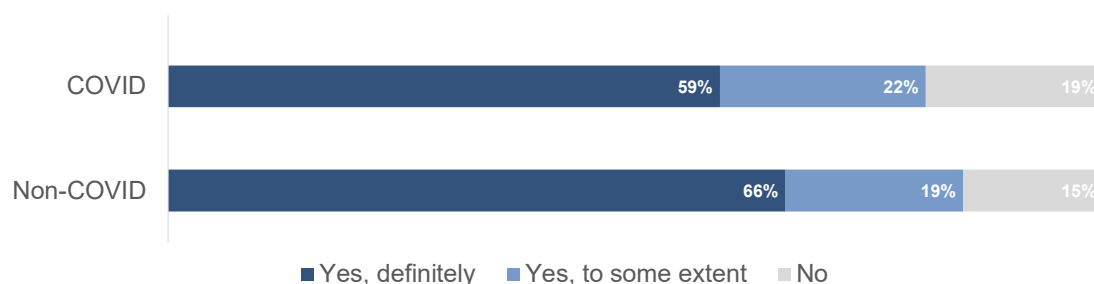
27

4.5.1 Coordination of care at hospital discharge

Discharge should be included as part of a patient’s treatment plan, in full agreement with the medical team and should be planned as early as possible.²⁸ NICE recommends that medical teams start planning a patient’s discharge at the time of admission.²⁹

Results show that 59% of patients diagnosed with COVID-19 felt their family or home situation, including the risks that COVID-19 could pose to the people they live with, were ‘definitely’ taken into consideration when planning their discharge and 22% said this happened ‘to some extent’. This leaves one in five people (19%) saying their situation was not taken into account. Findings were more positive for non-COVID patients, 66% of whom said that their situation was ‘definitely’ taken into account when planning for them to leave hospital.

Figure 4.15: Did hospital staff take your family or home situation into account when planning for you to leave hospital?*

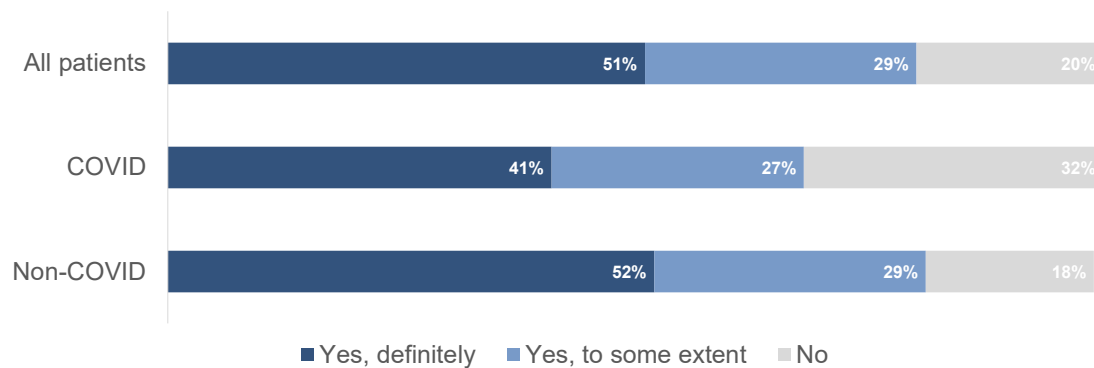


*Additional question text for patients with COVID-19: including the risks that COVID-19 could pose to the people living with you?

Base: All who answered the question, except people who did not want to be involved in decisions. COVID-19 (4,342), Non-COVID (3,386).

A lack of understanding of what might happen next can be particularly concerning for patients leaving hospital. Half of all patients (51%) said they ‘definitely’ knew what would happen next with their care after they left hospital. One in five patients (20%) felt they did not know what would happen next after leaving hospital. The problem was particularly pronounced among COVID-19 patients, where one in three patients (32%) said they did not know what would happen next with their care.

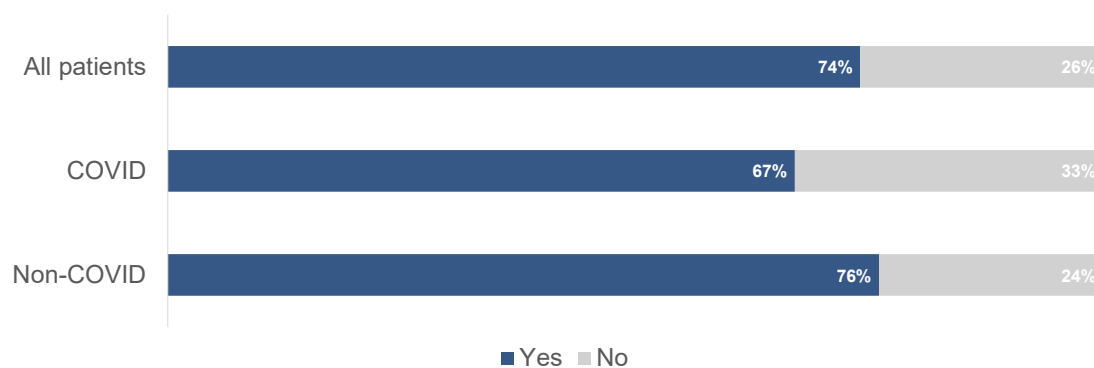
Figure 4.16: When you left hospital, did you know what would happen next with your care?



Base: All who answered the question, except people who did not need further care. All patients (9,485), COVID-19 (5,359), Non-COVID (4,126).

The majority of patients (74%) said they were told who to contact if they were worried about their condition or treatment after they left hospital. However, COVID-19 patients were less likely to say they were given this information than non-COVID patients (67% compared with 76%).

Figure 4.17: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?



Base: All who answered the question, except don't know and can't remember. All patients (9,390), COVID-19 (5,420), Non-COVID (4,150).

4.5.2 Information about medicines when leaving the hospital

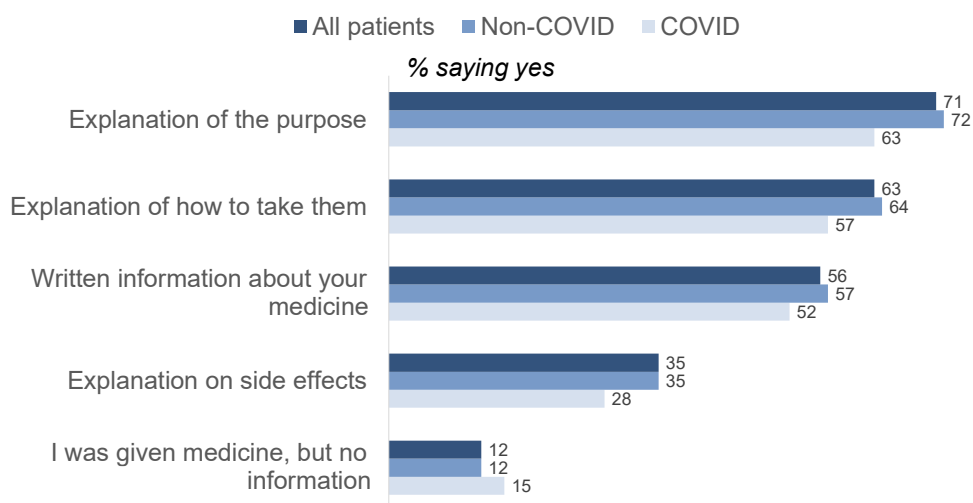
Research has shown that poor provision of information around the benefits and risks of prescribed medicines can lead to non-adherence and medicines-related harm, resulting in negative health outcomes. However, when medical professionals share information about medicines in a way that patients understand, improving their knowledge on medicines as well as how to manage their own medicines when they leave hospital, adherence is improved.³⁰

Most patients were given information about any medicines they needed to take home. Seven in 10 (71%) were told what the medicine was for, and nearly two-thirds

(63%) were told how to take it. However, a much lower proportion were given explanations about the side effects (35%). One in 10 (12%) said they were 'given medicine, but no information' at all.

COVID-19 patients were less likely than patients without a COVID-19 diagnosis to say they were given any explanation (about the purpose, administering and side effects) or written information about any medicine they were to take home.

Figure 4.18: Thinking about any medicine you were to take at home, were you given any of the following? Please tick all the boxes that apply to you.



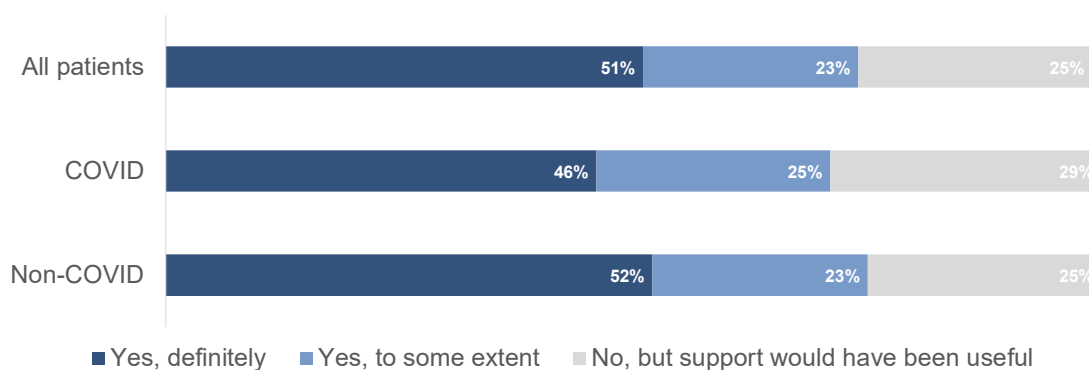
Base: All who answered the question, except people who said they were not given any medicine to take home. All patients (7,868), COVID-19 (4,376), Non-COVID (3,492).

4.5.3 Care and support after discharge

Having integrated health and social care systems helps ensure that primary and community services are in place for patients that need them after discharge. The majority of people returned home after their stay in hospital (88%) or went to stay with family or friends (7%). Of these people, half (51%) 'definitely' received enough support from health or social care professionals to help them recover and manage their condition after leaving hospital. A quarter (25%) did not receive this support but said it 'would have been useful'.

Again, COVID-19 patients were less positive. Three in 10 (29%) reported that support from health and social care services would have been useful but that they did not get any.

Figure 4.19: After leaving hospital, did you get enough support from health or social care services to help you recover and manage your condition?



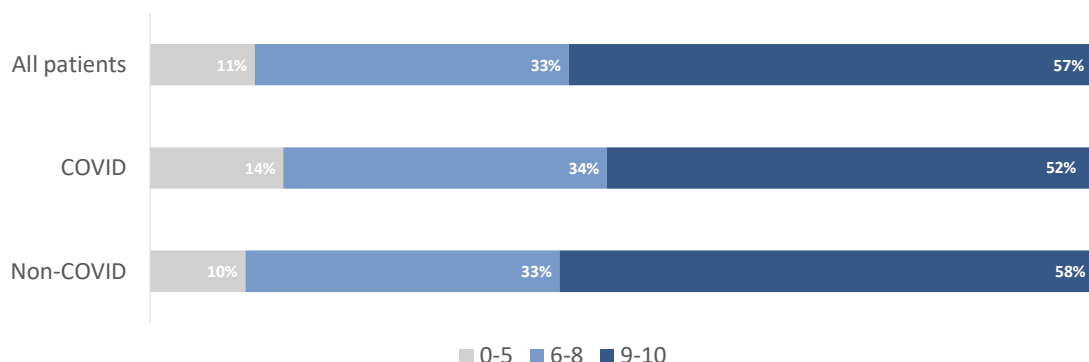
Base: All who went home and answered the question, except people who did not need any support. All patients (6,413), COVID-19 (3,736), Non-COVID (2,677).

4.6 Overall experience

Results from this survey show some positive results across many areas, but with points of concern in others such as discharge. Therefore, it is important to ask patients how they found their experience of adult inpatients services overall. When asked to provide a score for their overall experience from ‘0 – I had a very poor experience’ to ‘10 – I had a very good experience’, almost 6 in 10 (57%) gave a score of 9 or 10.

As seen in many areas of the survey, patients in hospital with a COVID-19 diagnosis were more negative than those admitted for other reasons.

Figure 4.20: Overall, how was your experience while you were in hospital? Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

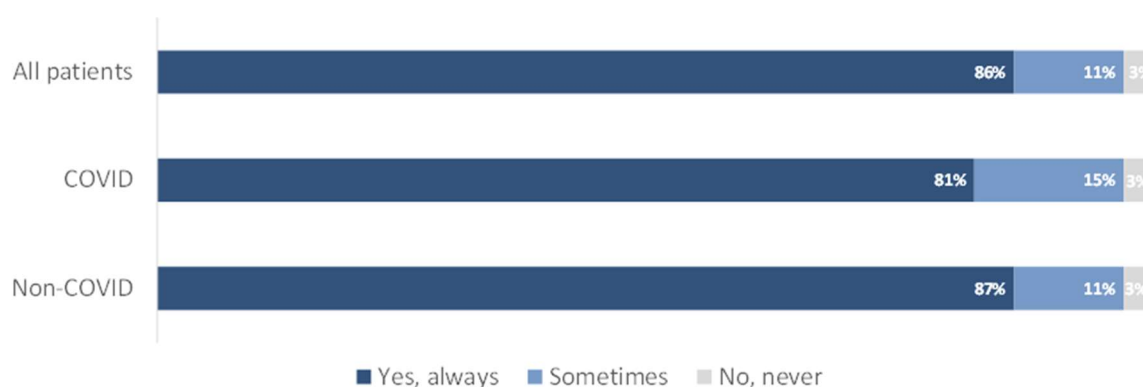


Base: All who answered the question. All patients (10,279), COVID-19 (5,810), Non-COVID (4,469).

Treating people with dignity and respect is a statutory requirement of the [Health and Social Care Act 2008](#), with the [Care Quality Commission](#) taking regulatory action against providers who are in breach of this regulation.^{31,32} Dignity and respect is also highlighted as a fundamental component of care in [NICE quality statement 15](#) and the [NHS Constitution](#), which emphasises how important it is in all NHS activity.³³ The majority of patients (86%) reported that they were ‘always’ treated with dignity and respect while in hospital, with a further 11% saying ‘sometimes’.

COVID-19 patients were less likely to report a positive experience, with 81% saying they were ‘always’ treated with dignity and respect (compared with 87% non-COVID patients).

Figure 4.21: Overall, did you feel you were treated with respect and dignity while you were in the hospital?



Base: All who answered the question. All patients (10,307), COVID-19 (5,826), Non-COVID (4,481).

4.7 Experiences of different groups of patients

This section of the report compares how different groups of patients rated their experiences of being a hospital inpatient during the pandemic, using significance testing (t-tests). Differences are only highlighted where they are statistically significant.

In terms of patient demographics, across all areas of the survey, the same groups consistently reported poorer experiences of care: younger patients, women, people with dementia or Alzheimer's, mental health or neurological conditions, patients who had COVID-19 and people who were admitted via A&E.

4.7.1 Age

Younger patients (under 55 years) reported more negative experiences across four of the six themes: person-centred care; meeting fundamental needs; staff and communications; overall experience. For example, younger patients were more likely to say they did not get enough support from health and social care services to help them recover and manage their condition but felt that this ‘support would have been useful’. In terms of infection control, younger patients were also more likely to feel ‘unsafe’ from the risk of catching COVID-19 while they were in hospital.

Older patients tended to be more positive across all themes, for example, the proportion saying they 'always' had confidence and trust in the staff treating them increased steadily across all age groups. However, there is some evidence that older patients had a less positive experience of information sharing and involvement in decisions. For example, they were more likely to say they did not receive any information about their condition or treatment while in A&E, and less likely to say they had been involved in decisions either about their care or leaving hospital.

Older patients also felt more isolated due to restrictions on visitors during the pandemic, and were more likely to say they were not able to keep in touch with family and friends. This may be partly a result of the fact that they were more likely to be reliant on phone calls to keep in touch, compared with younger patients who more frequently used mobile messaging, video calls and social media.

4.7.2 Gender

Women reported poorer experiences than men, particularly in relation to person-centred care, staff and communications, and discharge from hospital. This was reflected in their overall experience, with women less likely than men to say they were treated with respect and dignity or to rate their experience very highly (as nine or 10).

4.7.3 Ethnicity

There was no consistent trend in results according to a patients' ethnicity. However, in terms of staff and communications, Asian and Black patients were more likely to say they were told something by a member of staff that was different to what they were told by someone else. Black patients were also more likely to say they would have liked support keeping in touch with family and friends during their stay.

On infection prevention and control Black and Asian patients were less likely to say they felt safe from the risk of catching COVID-19 while in hospital.

In addition, Black patients and those of mixed ethnicity were less likely to report a very positive experience overall.

4.7.4 Long-term conditions

Patients with dementia or Alzheimer's, as well as people with mental health or a neurological condition, reported a poorer experience for five of the six themes: person-centred care; meeting fundamental needs; staff and communications; discharge from hospital; and overall experience.

In addition, patients with these conditions were also more likely to report feeling unsafe from the risk of catching COVID-19 while in hospital.

There was also some evidence that patients with a sensory impairment, including those who were deaf or blind, had a poorer experience on some aspects. Deaf patients were less likely to say they were able to understand staff wearing face masks or shields, and both deaf and blind patients were less likely to say that they were able to keep in touch with family and friends during their stay. In addition, blind patients reported a poorer experience in relation to communications generally. For example, they were less likely to say they had enough information about their condition and treatment in A&E or that they got answers they could understand. They were also less likely to say they were involved in the decisions being made

about their discharge or that they knew who to contact if they were worried about their condition or treatment after leaving hospital.

4.7.5 COVID-19 diagnosis

Patients who had a COVID-19 diagnosis, either before they were admitted or during their stay, reported less positive experiences. This is true across the full range of experience, but particularly in relation to their experience of the discharge process and when thinking about their care after leaving hospital.

4.7.6 Route of admission

Notably the majority of patients with a COVID-19 diagnosis had an emergency admission (admitted after a visit to A&E), and this group also reported consistently poorer experiences than people who had an elective or planned admission, again, particularly in relation to their discharge from hospital.

4.7.7 NHS region

There was some difference in experience by NHS region, with patients in the East and in London generally reporting a poorer experience of their stay in hospital during the pandemic period, and those in the South West or North East and Yorkshire reporting a more positive experience.

4.7.8 Destination after leaving hospital

People who were discharged to a care home after their hospital stay were less positive about the information they received before leaving hospital and their involvement in discharge arrangements, than those who went home or to stay with family and friends. They were least likely to say they knew what would happen next with their care, that they were given sufficient information about new medicines or who they should contact about any concerns after leaving hospital.

Appendix A: Survey methodology

This appendix summarises the survey methodology covering questionnaire design, sampling, fieldwork and analysis. For more detailed information and for information on data limitations, please see the Technical report.

A.1 Methodology

The survey was conducted online and by Computer Assisted Telephone Interviewing (CATI). The survey sample was provided by NHS Digital. Data from Hospital Episode Statistics (HES) and the Personal Demographics Service (PDS) was used to identify people who were inpatients during the relevant period.

The sample was designed to provide a random sample of all inpatients aged 16 or over who were discharged between 1 April and 31 May 2020, across all 42 Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICS) in England. As far as possible, equal numbers of patients were selected in each STP/ICS and, where numbers allowed, more COVID-19 than non-COVID patients were selected.

As with the annual inpatient surveys, a number of exclusions were applied. For example, patients who were known to have died, as well as people admitted to maternity or psychiatry services.

A.2 Questionnaire design

The questionnaire was based on the forthcoming 2020 adult inpatient survey. However, it was reviewed to make sure that it was relevant to people who had used hospital services during the pandemic and other stakeholders who use the survey data in their work.

Ipsos MORI worked in collaboration with CQC and other relevant stakeholders, from NHS England and NHS Improvement as well as patient experience leads from trusts, to determine the key questions to include. It was also tested with inpatients who had experienced COVID-19.

A.3 Fieldwork

All fieldwork (online and telephone) was carried out between 14 August and 9 September 2020.

The contact strategy is shown in figure A.1. All selected patients were sent an invitation letter inviting them to take part in the online survey. For people with a mobile telephone number, this was followed by a reminder text message a few days later. A second letter was sent to all patients one week later, again asking patients to take part online but also indicating that they may receive a telephone call. A final reminder text message was sent, again a few days after this letter. All patients with a telephone number (mobile or landline) were called at least once during the remaining fieldwork period.

Figure A.1 Survey contact strategy



In total, 24,429 patients were sent an invitation letter and 10,336 took part. This represents an overall unadjusted response rate of 42%. The unadjusted response rate was slightly higher for patients who had a COVID-19 diagnosis (figure A.2).

Figure A.2: Unadjusted response rates

| | Issued sample | Total no. interviews | Response rate |
|--------------------|---------------|----------------------|---------------|
| | N | N | % |
| All patients | 24,429 | 10,336 | 42% |
| COVID-19 patients | 13,159 | 5,845 | 44% |
| Non-COVID patients | 11,267 | 4,491 | 40% |

More interviews were completed online than by telephone (58% compared with 42%). This difference was more marked for patients with a COVID-19 diagnosis (figure A.3).

Figure A.3: Mode of completion

| | Total no. interviews | Online interviews | | Telephone interviews | |
|--------------------|----------------------|-------------------|-----|----------------------|-----|
| | | N | % | N | % |
| All patients | 10,336 | 5,976 | 58% | 4,360 | 42% |
| COVID-19 patients | 5,845 | 3,545 | 61% | 2,300 | 39% |
| Non-COVID patients | 4,491 | 2,431 | 54% | 2,060 | 46% |

The survey letter and online survey provided a link to a privacy notice, containing answers to some frequently asked questions about data privacy. Throughout the fieldwork, Ipsos MORI also offered a Freephone helpline for patients who wanted more information about the survey or help to take part.

All patients were sent a multi-language sheet with the initial survey invitation letter. This contained information in English and 18 additional languages, indicating that help could be provided with taking part or in order to speak to an interpreter. Specific helplines, with a translated recorded message, were made available in Polish, Portuguese, Spanish, Arabic and French.

A.4 Comparability with previous years

While many of the questions used in this survey are similar to the published adult inpatient surveys, there are significant methodological differences which mean that direct comparisons should be treated with caution.

Appendix C shows the findings for this survey (for all patients, those with COVID-19 and those who do not have the virus) compared with 2019 and 2018 adult inpatient survey results, for a limited selection of questions where the question wording and scales are unchanged.

A.5 Analysis

A.5.1 Data editing

A small number of patients in the non-COVID sample (140 in total) reported that they had had COVID-19 before being admitted or had caught it in hospital. There may have been a number of reasons for this, including a subsequent admission to hospital after 31 May or potential underreporting in the Hospital Episode Statistics (HES) dataset, particularly in the initial period around lockdown when testing was first being implemented.

A.5.2 Weighting

The data presented in this report has been weighted. The results for each STP/ICS were weighted by gender and age group to reflect the profile of the population supplied by NHS Digital. This was done separately for the COVID-19 and non-COVID samples.

This weighting has been applied to all questions except for demographic questions. These questions are presented without weights applied, as it is more appropriate to present the real percentages of respondents to describe the profile, rather than adjust figures.

A.5.3 Rounding

The results present percentage figures rounded to the nearest whole number, so the values given for any question will not always add up to 100%. Please note that rounding up or down may make differences between COVID-19 and non-COVID patients appear bigger or smaller than they actually are.

A.5.4 Statistical significance

Statistical tests were carried out on the data to determine whether there were any statistically significant differences between patients with COVID-19 and those who

did not have the virus. This testing was also applied to demographic sub-groups and the NHS regions.

A t-test was used to compare data between sub-groups groups at the 95% confidence level. A statistically significant difference means it is very unlikely that we would have obtained this result by chance alone if there was no real difference.

Generally speaking, the larger the sample size, the more likely that findings will be statistically significant, and we can be more confident in the result. In contrast, the fewer people that answer a question, there has to be a greater difference to be statistically significant. Due to the large number of respondents, small changes in results between patients with COVID-19 and those who do not have the virus may be statistically significant.

A.5.5 Presentation of data in charts

To ensure the bar charts are easy to read, where a figure is 2% or lower it is not shown.

Appendix B: Demographic tables

The tables below show the demographic characteristics of respondents to the 2020 COVID-19 adult inpatient survey. The figures in these tables are unweighted.

| | | All patients | COVID-19 patients | Non-COVID patients |
|-------------------------------|------------------|--------------|-------------------|--------------------|
| Gender | Base | 10,336 | 5,845 | 4,491 |
| | Male | 53% | 56% | 49% |
| | Female | 47% | 44% | 50% |
| Age | 16 to 34 | 6% | 4% | 9% |
| | 35 to 44 | 6% | 7% | 6% |
| | 45 to 54 | 15% | 17% | 11% |
| | 55 to 64 | 21% | 24% | 18% |
| | 65 to 74 | 23% | 22% | 24% |
| | 75 to 84 | 20% | 18% | 23% |
| | 85 and over | 8% | 7% | 9% |
| | Ethnicity | | | |
| White | 86% | 81% | 92% | |
| Asian | 7% | 9% | 3% | |
| Black | 4% | 6% | 2% | |
| Mixed and other ethnic groups | 2% | 2% | 2% | |
| Sexual orientation | | | | |
| Heterosexual or straight | 92% | 92% | 93% | |
| Lesbian, gay and bisexual | 2% | 2% | 2% | |

| | All patients | COVID-19 patients | Non-COVID patients |
|---|--------------|-------------------|--------------------|
| Base | 10,336 | 5,845 | 4,491 |
| Long-term condition | | | |
| Any long-term condition | 77% | 76% | 79% |
| Breathing problem | 27% | 30% | 22% |
| Blindness or partial sight | 6% | 5% | 7% |
| Cancer in the last 5 years | 12% | 8% | 16% |
| Dementia or Alzheimer's disease | 2% | 2% | 2% |
| Deafness or hearing loss | 15% | 14% | 16% |
| Diabetes | 20% | 22% | 17% |
| Heart problem such as angina | 19% | 16% | 23% |
| Joint problem, such as arthritis | 31% | 31% | 31% |
| Kidney or liver disease | 9% | 9% | 9% |
| Learning disability | 2% | 2% | 2% |
| Mental health condition | 10% | 10% | 11% |
| Neurological condition | 7% | 6% | 7% |
| Autism or autism spectrum condition | 0% (n=44) | 0% (n=21) | 1% (n=23) |
| A stroke (which affects your day-to-day life) | 5% | 4% | 6% |

Appendix C: Comparison with previous inpatient surveys

As noted, some questions in this survey were based on the adult inpatient survey 2020 questionnaire, and some of these were also included in previous inpatient surveys. Figure C.1 below presents results for the 2019 and 2018 surveys compared with the survey of inpatients during the pandemic period in 2020, for nine questions where the question wording and response codes were unchanged.

These comparisons should be treated with caution because of differences in how the survey was run, the weighting that has been applied to the data and other aspects of methodology that were different. Differences have also not been tested for significance. However, they suggest that patients who were in hospital during the pandemic were more likely than patients in previous years to rate the level of emotional support and their overall experience positively. There were no differences in relation to information about their treatment and the discharge process.

As further context, a notable difference with previous inpatient surveys is the higher proportion of patients who were admitted in response to an emergency (89% compared with 71% in 2019). Historically, these patients tend to report poorer experiences, but for patients discharged in April and May 2020 this was not the case.

Anecdotally, research focusing on people's experiences of the NHS during such an unprecedented time might be susceptible to a form of 'gratitude bias'. Meaning patients could reflect more positively on experiences by adjusting their expectations about their care. Looking at comparisons of results between years, and between demographic groups of patients, we have not found evidence of such bias on the results in this survey.

C.1 Positive findings

Patients reported better experiences during the pandemic in terms of getting enough emotional support from hospital staff during their stay (70% 'always' got the support needed, compared with 53% in both 2019 and 2018). They were also far more likely to say they were 'always' able to take any medicines they bought with them to hospital when needed (80% compared with 63% in 2019 and 2018).

In addition, overall ratings of care were more positive, with more saying they were treated with respect and dignity while they were in hospital (86% said they were 'always' treated with respect and dignity compared with 81% in 2019 and 80% in 2018) and more rating their overall experience as either nine or 10 (57% compared with 48% in both previous years). In particular, this was largely due to the higher proportion rating their experience as 10 during the pandemic (40% compared with 27% in 2019).

C.2 Consistent levels of care

On the five other measures where questions were the same as in previous surveys, there were no meaningful differences in the experiences of patients during the

pandemic compared with 2019 and 2018. For example, 71% said they had the ‘right amount’ of information while they were in A&E about their condition or treatment (compared with 73% in 2019 and 74% in 2018) and almost all said that during their time in hospital they got enough to drink (92% compared with 93% in 2019 and 2018).

Attitudes towards discharge were also similar, with three quarters (74%) saying they were told who to contact if they were worried about their condition or treatment after leaving hospital compared with 74% in 2019 and 75% in 2018. Half said they ‘definitely’ knew what would happen next with their care (51% compared with 48% in 2019 and 49% in 2018). Half also said that they got enough support from health or social care services to help them recover and manage their condition (51% in all three years).

Figure C.1: Comparisons with previous inpatient surveys

| | Response | 2020 inpatient survey | | | Previous inpatient surveys | |
|--|-----------------|-----------------------|-----------|-----------|----------------------------|------|
| | | Total | COVID -19 | Non-COVID | 2019 | 2018 |
| Q4 While you were in the A&E Department, how much information about your condition or treatment was given to you? | Right amount | 71% | 68% | 72% | 73% | 74% |
| Q8 If you brought medication with you to hospital, were you able to take it when you needed to? | Yes, always | 80% | 75% | 80% | 63% | 63% |
| Q9 During your time in hospital, did you get enough to drink? | Yes | 92% | 91% | 92% | 93% | 93% |
| Q16 Do you feel you got enough emotional support from hospital staff during your stay? | Yes, always | 70% | 65% | 71% | 53% | 53% |
| Q23 When you left hospital, did you know what would happen next with your care? | Yes, definitely | 51% | 41% | 52% | 48% | 49% |
| Q25 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? | Yes | 74% | 67% | 76% | 74% | 75% |

| | 2020 inpatient survey | | | Previous inpatient surveys | | |
|--|-----------------------|-------|----------|----------------------------|------|------|
| | Response | Total | COVID-19 | Non-COVID | 2019 | 2018 |
| Q26 After leaving hospital, did you get enough support from health or social care services to help you recover and manage your condition? | Yes, definitely | 51% | 46% | 52% | 51% | 51% |
| Q27 Overall, did you feel you were treated with respect and dignity while you were in the hospital? | Yes, always | 86% | 81% | 87% | 81% | 80% |
| Q28 Overall, how was your experience while you were in hospital? Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience. | 9-10 | 57% | 52% | 58% | 48% | 48% |

Appendix D: Further information and feedback

D.1 Further information

Full details of the methodology for the survey, including the questionnaire, letters and text messages sent to people who use services, are available at:

<http://cqc.org.uk/inpatient-covid-survey>

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at:

www.cqc.org.uk/surveys.

D.2 Further questions

This summary has been produced by Ipsos MORI and reflects the findings of the 2020 survey of adult inpatient experience during the COVID-19 pandemic. The guidance above should help answer any questions about the programme. If you wish to contact the team directly, please contact Tamatha Webster, Surveys Manager, at patient.survey@cqc.org.uk.

D.3 Feedback

We welcome feedback on the findings of the survey and the way we have reported the results – particularly from people using services, their representatives, and those providing services. If you have any views, comments or suggestions on how we could improve this publication, please contact Tamatha Webster, Surveys Manager at patient.survey@cqc.org.uk.

We will review your feedback and use it as appropriate to improve the statistics that we publish across the NHS Patient Survey Programme.

If you would like to be involved in consultations or receive updates on the NHS Patient Survey Programme, please subscribe [here](#).

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