Picker

September 2026

Lost in translation: appendices

Picker

Picker is a leading international health and social care charity. We carry out research to understand individuals' needs and their experiences of care. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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Prompt 1 – What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

The national **2024 Adult Inpatient Survey** provides a detailed picture of the experiences of adults who stayed at least one night in an NHS hospital in England during **November 2024.** The survey covered **131 NHS trusts** and received responses from **62,444 patients**, with fieldwork taking place between January and April 2025. NHS England +1

Overall, the findings show **modest improvements compared with 2023**, but many aspects of care remain below pre-pandemic levels, with significant variation between patient groups. Care Quality Co... +1

Key findings

- **Overall experience improved slightly.** More patients reported a positive overall hospital experience than in 2023. Around **70%** rated their stay **8–10 out of 10**, while about **5%** rated it **0–2 out of 10**. Despite the improvement, overall experience remains worse than in 2020. Nuffield Trust +1
- **Staff interactions remained a major strength.** Most patients said they were treated with kindness, respect and compassion, and confidence in doctors and nurses remained high. Communication and involvement in care decisions also improved slightly compared with 2023. For example, **37%** said staff involved them "a great deal" in decisions about their care, up from **35%** the previous year. Picker +1
- **Discharge planning improved but remains inconsistent.** More patients reported discussions about the support they would need after leaving hospital (**79%**, up from **77%** in 2023), although many still experienced poor coordination and uncertainty following discharge. Picker +1
- **Waiting for planned admission remains a concern.** Approximately **two in five elective patients** felt they had waited too long to be admitted for treatment, making access to inpatient care one of the weakest-performing areas. Care Quality Co...
- **Some groups continue to report poorer experiences.** Patients with disabilities, people living with frailty, and those admitted as emergencies generally described worse experiences than patients admitted for planned treatment. Care Quality Co...

Themes from patients' written comments

Qualitative analysis of patients' free-text responses highlighted several recurring themes:

Positive experiences

- Compassionate, caring and professional staff.
- Feeling treated with dignity and respect.
- Appreciation for staff working under considerable pressure.

Areas needing improvement

- Long waits before admission or treatment.
- Poor communication during busy periods.
- Delays in discharge and uncertainty about follow-up care.
- Concerns about staffing levels affecting responsiveness and continuity of care. NHS England +1

Overall conclusion

The 2024 survey suggests that **patient experience is beginning to recover**, particularly regarding communication, involvement in decisions and interactions with hospital staff. However, pressures on NHS hospitals continue to affect access, waiting times, discharge processes and the experiences of more vulnerable patients. The results indicate gradual progress but also show that inpatient experience has not yet returned to the standards reported before or during the early pandemic period. Care Quality Co... +1

Sources

Prompt 2 – What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

The **2024 NHS Adult Inpatient Survey** found that patients' experiences of **leaving hospital** improved slightly compared with 2023, but discharge remains an area where many patients continue to experience problems.

Key findings on discharge

- **More patients discussed their post-discharge needs with staff.** Around **79%** of patients said hospital staff discussed any health or social care support they would need after leaving hospital, an improvement from **77%** in 2023. Picker +1
- **Discharge planning is improving but is still inconsistent.** Nationally, more patients felt they were involved in planning their discharge, but many still reported that arrangements for leaving hospital were not well coordinated, particularly where community or social care support was needed. NHS England +1
- **Communication remains a key issue.** Patients wanted clearer information about:
  - what would happen after discharge,
  - medications and follow-up care,
  - warning signs to look out for,
  - who to contact if problems developed once they were home. Qualitative comments suggested that poor communication often left patients and families feeling anxious or unprepared. NHS England +1
- **Some patients experienced delays.** Although not universal, respondents described waiting for discharge paperwork, medications or transport, resulting in lengthy delays after they had been told they could leave hospital. These delays were often viewed as frustrating and avoidable. NHS England
- **Continuity of care after discharge needs strengthening.** The survey highlighted the importance of better coordination between hospitals, community services and social care to ensure patients receive appropriate support after leaving hospital, particularly older people and those with complex needs. NHS England +1

What patients valued

Patients reported more positive experiences when:

- discharge was planned early;
- they were involved in decisions about when they would leave;
- staff clearly explained medications and follow-up appointments;
- carers or family members were included in planning (where appropriate); and
- they knew who to contact if they needed help after discharge. NHS England +1

Overall conclusion

The 2024 survey indicates **modest progress in discharge planning**, with more patients reporting discussions about their ongoing care needs than in the previous year. However, discharge remains one of the more challenging parts of the inpatient journey. Patients continue to identify delays, inconsistent planning, poor communication and weak coordination between hospital and community services as areas requiring further improvement. Care Quality Co... +2

2/2 Sources

Prompt 3 – What does the 2024 NHS Adult Inpatient Survey show about differences in patient experience between different groups of patients?

The **2024 NHS Adult Inpatient Survey** found that patients' experiences were **not the same across all groups**. Consistent with previous years, certain groups reported significantly poorer experiences of inpatient care, highlighting ongoing inequalities in access, communication and overall quality of care.

Age

- **Older patients** (particularly those aged 65 years and over) generally reported **more positive experiences** than younger adults.
- **Younger patients**, especially those aged **16–35 years**, were more likely to report poorer experiences across many aspects of care, including communication, involvement in decisions and overall satisfaction.

Sex

- Differences between men and women were generally **small**.
- Where differences existed, women were sometimes slightly less positive about aspects of communication and involvement in care, although these differences were not as marked as those associated with age or disability.

Long-term conditions and disability

One of the strongest findings was the poorer experience reported by patients with long-term health conditions or disabilities.

Patients who reported a **mental health condition, learning disability, autism or another long-term condition** were more likely to:

- rate their overall care less positively;
- report poorer communication with staff;
- feel less involved in decisions about their care;
- experience poorer discharge planning; and
- report that staff did not always meet their individual needs.

These differences were evident across multiple survey questions, suggesting that patients with additional needs continue to experience barriers within inpatient care.

Frailty

Patients living with **frailty** consistently reported poorer experiences than those who were not living with frailty.

They were less likely to report:

- being involved in decisions;
- receiving coordinated care;
- having a smooth discharge; and
- having confidence that support would be available after leaving hospital.

This reflects the greater complexity of caring for patients with multiple health and social care needs.

Emergency versus planned admissions

Patients admitted as **emergencies** generally reported worse experiences than those admitted for **planned (elective) care**.

Emergency patients were more likely to report:

- delays in receiving care;
- poorer communication;
- less involvement in decisions;
- greater uncertainty during admission; and
- less satisfactory discharge arrangements.

Elective patients typically reported better coordination and preparation throughout their hospital stay.

Ethnicity

The survey also identified differences between ethnic groups, although these were generally smaller than differences associated with disability or age.

Patients from some minority ethnic backgrounds were less likely to report positive experiences in areas such as communication, involvement in care and confidence in staff, suggesting ongoing inequalities that warrant further investigation.

Overall pattern

The 2024 survey shows that while overall patient experience has improved slightly since 2023, **inequalities remain persistent**. The groups most likely to report poorer experiences include:

- younger adults;
- people with disabilities or long-term conditions;
- patients living with frailty;
- emergency admissions; and
- some ethnic minority groups.

These findings suggest that improving patient experience will require targeted action to ensure care is equitable and responsive to the needs of patients who are at greater risk of poorer experiences.

Appendix 2 – Claude responses

Prompt 1 – What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

Searched the web

The 2024 NHS Adult Inpatient Survey, coordinated by Picker for the CQC, gathered feedback from 62,444 service users across 131 NHS trusts in England who'd stayed at least one night in hospital during November 2024, out of 162,308 patients invited to participate. NHS England Picker

Overall picture

The headline finding is one of modest, gradual improvement rather than transformation. Of the 36 questions also asked in 2023, 17 showed statistically significant improvement, 17 remained stable, and only 2 showed statistically significant decline. Results are still poor in many areas of care and remain worse than 2020 levels, but the survey points to early signs of improvement in acute adult inpatient experience. 52.1% of respondents rated their overall experience as 9 or 10 out of 10, up from 50.8% in 2023. Care Quality Commission + 2

Where things improved

Staff interactions and patient involvement showed the clearest gains. Improvement was seen in areas relating to interactions with hospital staff and patients feeling involved in their own care. Specifically, patients were more likely to say they were "always" involved in conversations when doctors or nurses discussed their care in front of them — up from 75% in 2023 to 76% for doctors and 77% for nurses in 2024. Care Quality Commission Picker

Persistent problem areas

Despite these gains, significant friction points remain at both ends of the hospital journey:

Getting into hospital: Two in five people (42%) with a planned admission said they would have liked to be admitted sooner, and 43% said their health got "a bit" or "much worse" while on the waiting list. Picker

Leaving hospital: Discharge remains weak. Only half (49%) said they were "definitely" given enough notice about when they would leave, and 40% said staff involved their family or carers in discharge discussions "not very much" or "not at all". Picker

Qualitative themes

A companion qualitative report (the first of its kind for this survey) analyzed free-text responses from a representative sample of the 62,444 respondents. It found patients tend to focus their reflections on interactions with staff and on hospital facilities and environment, with particular attention to the waiting experience early in their journey and to discharge and aftercare — reflecting the parts of the journey where patients feel least confident. The analysis suggests a "gold standard" for patient experience involves transparency throughout the journey about waiting times and next steps, paired with responsive care. NHS England + 2

Context

This survey is the longest-running component of the NHS Patient Survey Programme, run annually since 2002, and its results feed into CQC regulatory oversight as well as individual trusts' quality improvement efforts. The broader policy backdrop is the NHS's 10 Year Plan, which aims to shift more care from hospitals into community and home settings via virtual wards and remote monitoring — making the discharge and virtual ward findings particularly relevant to current reform efforts. Picker Picker

In short: 2024 marked a year of incremental progress, especially in how staff communicate with and involve patients, but waiting-list deterioration before admission and weak discharge planning remain the most consistent sources of patient dissatisfaction.

Prompt 2 – What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

Searched the web

The 2024 survey points to discharge as one of the weakest parts of the patient journey, despite improvements elsewhere in the survey overall.

Notice and timing of discharge

Only half of patients felt properly informed about when they'd be leaving. At the end of their hospital stay, only half (49%) said that they were "definitely" given enough notice about when they would leave. Picker

Family and carer involvement

Communication with families around discharge was also patchy: 40% said that hospital staff involved their family or carers in discussions about their discharge "not very much" or "not at all." Picker

Medicines information

A particularly stark gap was around medication explanations. Just under half (41%) of patients said that they were given an explanation of the purpose of the medicine they were to take at home when they were discharged from hospital. This matters for safety: the Pharmaceutical Journal notes that the NHS Discharge Medicines Service, which refers patients to community pharmacies for medication support after discharge, is designed to help prevent the kind of confusion and readmission risk these figures suggest is widespread, though its rollout reportedly varies significantly between areas ("a well-known postcode lottery"). The Pharmaceutical Journal

Virtual wards / step-down care

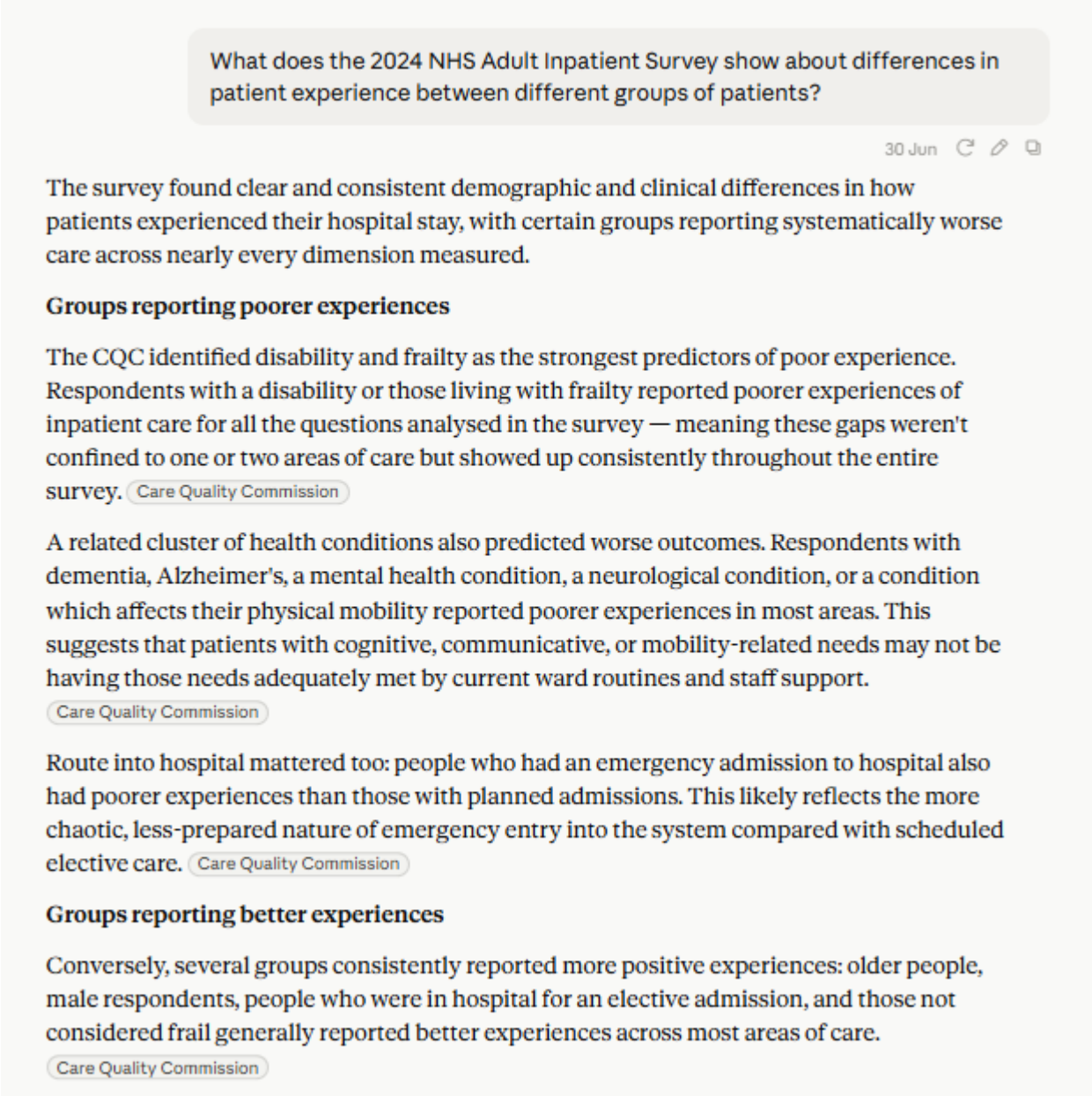
For the growing number of patients discharged onto virtual wards as a "step-down" from inpatient care, information about that transition was also incomplete: 55% of patients said hospital staff "definitely" gave them information about the risks and benefits of continuing treatment on a virtual ward, while 19% said they were not informed of the risks and benefits at all. Picker

How this fits the bigger picture

Picker, who coordinated the survey for the CQC, frames discharge as a symptom of a broader coordination problem. While modest improvements in things like staff involvement were welcome, far too many people still reported problems in their care, and being fully involved in one's own care remains the exception rather than the rule — with the coordination of care across and between services, such as when people are discharged home, too often lacking. They flag this as a key challenge for the NHS's ten-year plan, which aims for more collaborative, joined-up care. Picker

So across the metrics that exist, the discharge stage looks notably weaker than other parts of the survey: roughly half of patients lack clear notice of when they're leaving, around 40% feel families/carers are insufficiently involved, and a similar share don't get clear explanations of their take-home medication.

Prompt 3 – What does the 2024 NHS Adult Inpatient Survey show about differences in patient experience between different groups of patients?



What does the 2024 NHS Adult Inpatient Survey show about differences in patient experience between different groups of patients?

30 Jun

The survey found clear and consistent demographic and clinical differences in how patients experienced their hospital stay, with certain groups reporting systematically worse care across nearly every dimension measured.

Groups reporting poorer experiences

The CQC identified disability and frailty as the strongest predictors of poor experience. Respondents with a disability or those living with frailty reported poorer experiences of inpatient care for all the questions analysed in the survey — meaning these gaps weren't confined to one or two areas of care but showed up consistently throughout the entire survey. Care Quality Commission

A related cluster of health conditions also predicted worse outcomes. Respondents with dementia, Alzheimer's, a mental health condition, a neurological condition, or a condition which affects their physical mobility reported poorer experiences in most areas. This suggests that patients with cognitive, communicative, or mobility-related needs may not be having those needs adequately met by current ward routines and staff support. Care Quality Commission

Route into hospital mattered too: people who had an emergency admission to hospital also had poorer experiences than those with planned admissions. This likely reflects the more chaotic, less-prepared nature of emergency entry into the system compared with scheduled elective care. Care Quality Commission

Groups reporting better experiences

Conversely, several groups consistently reported more positive experiences: older people, male respondents, people who were in hospital for an elective admission, and those not considered frail generally reported better experiences across most areas of care. Care Quality Commission

What this pattern suggests

Put together, these findings sketch a fairly clear divide: patients who are younger (but not necessarily very old), female, frail, disabled, living with dementia or a mental health/neurological condition, or who arrived via an emergency rather than planned route, tend to have a harder time navigating and experiencing inpatient care. Meanwhile those with more "straightforward" hospital encounters — older but not frail, male, and admitted electively — tend to rate their care more favorably.

This kind of inequality is significant for the CQC's regulatory purposes, since survey results are used to build an understanding of risk and quality of services, and where they show evidence of a change to risk or quality, are used alongside other data sources to inform targeted assessment activities at individual trusts. It also points to a practical priority for the NHS: ensuring that ward environments, communication styles, and discharge planning are adapted for patients with cognitive impairment, mobility limitations, or frailty, rather than assuming a one-size-fits-all model of care delivery works equally well for everyone.

Care Quality Commission

Appendix 3 – Copilot responses

Prompt 1 – What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

Adults receiving **NHS acute inpatient care in England in 2024** reported a mixed but cautiously improving experience. The most authoritative insights come from the **Adult Inpatient Survey 2024**, which captured feedback from **62,444 adults** who stayed at least one night in hospital during **November 2024**. GOV.UK +1

⭐ Core takeaway

Experiences in 2024 show **early signs of improvement**—especially around staff interactions, respect, dignity, and involvement in care—while **major challenges remain** in waiting times, discharge support, and consistency of basic care.

🧭 What adults experienced in NHS acute inpatient care (2024)

🌟 Positive experiences

- **Respect, dignity, and compassion**
  - **82.2%** felt they were *always* treated with respect and dignity.
  - **79.9%** felt they were *always* treated with kindness and compassion.

  Care Quality Com...
- **Communication and involvement in care**
  - Around **76%** felt *always* included in conversations about their care by doctors and nurses.
  - Most felt able to talk to staff about worries or fears.

  Care Quality Com...
- **Confidence and trust in staff**
  - **80.1%** had *always* high confidence in doctors; **78.3%** in nurses.

  Care Quality Com...

- **Qualitative feedback themes**
  Patients praised:
  - Warm, attentive staff
  - Clear explanations
  - Feeling safe
  - Good teamwork between staff
    These themes emerged from analysis of over **2,000** written comments. NHS England

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⚠️ Areas where patients struggled

- **Waiting times before admission**
  - Although many elective patients were positive, **two in five** felt they waited too long.
  - A similar proportion said their health worsened while waiting.
    Care Quality Com...
- **Discharge and post-hospital support**
  - **23.1%** did *not* receive enough support from health or social care services after leaving hospital.
    Care Quality Com...
- **Basic needs and staffing levels**
  - Only **57.9%** felt there were *always* enough nurses.
  - Some reported issues with food, noise, cleanliness, and call-bell response times.
    Care Quality Com...
- **Variation in care quality**
  Qualitative analysis highlighted:
  - Inconsistent communication
  - Delays in pain relief
  - Limited emotional support
  - Feeling rushed or overlooked during busy periods
    NHS England

📈 Overall trend compared with previous years

- Out of **36 comparable questions**, results showed:
  - **17 improvements**
  - **17 stable areas**
  - **2 declines**

  Care Quality Com...
- Experiences remain **worse than pre-pandemic levels (2020)**, but 2024 marks a **turn toward recovery** in patient experience.

🧩 Key themes from qualitative patient comments

These themes come from the national qualitative report (2024 survey): NHS England

- **Particularly good aspects**
  - Staff kindness
  - Feeling listened to
  - Clean wards
  - Efficient tests and procedures
- **Areas needing improvement**
  - Long waits for tests, results, and discharge
  - Poor coordination between departments
  - Lack of updates during delays
  - Insufficient help with mobility or personal care
- **Other comments**
  - Praise for individual staff members
  - Frustration with systemic pressures
  - Mixed experiences depending on time of day and staffing levels

📊 Summary table

Aspect	Experience in 2024
Respect & dignity	Strong improvement; >80% positive
Kindness & compassion	High, nearly 80% "always" positive
Communication	Improved; ~76% felt included
Waiting times	Significant concern; 40% waited too long
Discharge support	23% lacked adequate post-hospital support
Staffing levels	Mixed; only 58% felt nurses were always sufficient
Overall trend	Early signs of improvement vs 2023, still below 2020

🔎 If you want to explore specific aspects further

You can dive deeper into:

- patient involvement
- waiting times
- discharge support
- staffing levels

Would you like a **trust-level breakdown**, a **comparison with 2023**, or a **thematic summary** tailored to a specific type of patient (e.g., older adults, elective vs emergency)?

Prompt 2 – What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

The **2024 NHS Adult Inpatient Survey** paints a very clear—and often sobering—picture of what adults in England experience when they are **discharged from hospital**. In short: **communication and kindness from staff are improving, but the practical reality of leaving hospital remains one of the weakest parts of the inpatient journey**.

Below is a structured, detailed breakdown of what the survey shows, grounded in the official 2024 results.

⭐ Core takeaway

Patients increasingly feel **involved and respected** during discharge discussions, but **too many leave hospital without enough information, support, or coordination**, especially when multiple services are involved.

🧭 What the 2024 survey reveals about discharge experiences

🌟 Improvements in communication and involvement

Patients reported better experiences in several key areas:

- **Being involved in decisions about discharge**
  More patients felt they had a say in when they were discharged and understood the reasons behind it.
- **Clear explanations from staff**
  Communication about discharge plans improved compared with 2023, with more patients saying staff explained things in a way they could understand.
- **Respect and dignity maintained**
  Staff were consistently described as kind and respectful during the discharge process.

These improvements reflect a broader trend in 2024: **staff interactions are recovering strongly post-pandemic**.

⚠️ Persistent problems that continue to affect patients

Despite better communication, the practical aspects of discharge remain challenging:

- **Insufficient support after leaving hospital**
  23.1% of patients said they *did not receive enough support* from health or social care services once they were home.
  This is one of the lowest-scoring areas in the entire survey.
- **Poor coordination between services**
  Patients frequently described:
  - Confusion about who was responsible for follow-up care
  - Delays in community services
  - Difficulty accessing GP appointments or district nursing
  - Lack of clarity about medication changes
- **Information gaps**
  Many patients said they were discharged without:
  - Clear instructions about symptoms to watch for
  - Written information about medications
  - Contact details for who to call if something went wrong
- **Feeling rushed**
  Qualitative comments repeatedly mention:
  - Being discharged suddenly
  - Not having time to ask questions
  - Feeling pressured to leave due to bed shortages
- **Delays on the day of discharge**
  Patients often waited hours for:
  - Transport
  - Paperwork
  - Medications
  - Final checks
    These delays were described as frustrating and poorly communicated.

📈 Trend compared with previous years

- **Some improvement** in communication and involvement
- **Little change** in practical support after discharge
- **Still worse than pre-2020 levels** in several areas
- **Discharge remains one of the weakest domains** of inpatient experience nationally

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🧩 What patients said in their own words (qualitative themes)

Across more than 2,000 written comments, several themes emerged:

👍 Positive

- Staff were kind and tried their best
- Some wards provided excellent written discharge packs
- Patients appreciated when staff took time to explain medications

👎 Negative

- "No one told me what to expect once I got home"
- "I didn't know who to contact when I had problems"
- "My medication wasn't ready for hours"
- "The discharge felt chaotic"
- "Community services didn't know I'd been discharged"

These comments highlight the gap between **good interpersonal care** and **poor system coordination**.

📊 Summary table

Discharge aspect	2024 experience
Involvement in decisions	Improved; more patients felt included
Clarity of explanations	Improved; communication stronger
Support after discharge	Weak; **23.1%** lacked adequate support
Coordination with community services	Major concern; frequent failures
Information about medications	Mixed; many gaps
Delays on discharge day	Common and frustrating
Overall trend	Communication improving; practical support stagnant

🔎 If you want to explore specific angles

You can dive deeper into:

- discharge support
- medication information
- coordination with community services
- delays on discharge day

Prompt 3 – What does the 2024 NHS Adult Inpatient Survey show about differences in patient experience between different groups of patients?

The **2024 NHS Adult Inpatient Survey** shows **clear, measurable differences in patient experience between demographic and clinical groups**. Some groups consistently report better experiences, while others face systematic disadvantages across multiple aspects of care.

Below is a structured, detailed breakdown of what the 2024 results reveal.

⭐ Core takeaway

Older patients, White patients, and those with **planned (elective)** admissions generally report **better experiences**, while younger adults, people from minority ethnic groups, and those admitted **via A&E** report **significantly poorer experiences** across communication, involvement, and discharge.

🧭 The major differences between patient groups (2024)

👴 Age differences

Age is one of the strongest predictors of experience.

- **Older adults (65+)** consistently report **better experiences**, including:
  - Feeling respected
  - Clear communication
  - Confidence in staff
  - Better pain management
  - More positive discharge experiences
- **Younger adults (16–35)** report **worse experiences**, especially around:
  - Communication
  - Feeling listened to
  - Emotional support
  - Understanding discharge information
  - Noise, privacy, and ward environment

This pattern has been stable for years and remains pronounced in 2024.

🌍 Ethnicity differences

Patients from **White ethnic backgrounds** report **better overall experiences** than patients from **Asian, Black, Mixed, or other minority ethnic groups**.

Key gaps include:

- Feeling involved in decisions
- Clarity of explanations
- Confidence and trust in staff
- Experiences of discharge
- Perceptions of staff availability

These differences persist even after adjusting for age and admission type.

🚑 Admission route (elective vs emergency)

This is another major dividing line.

- **Elective (planned) patients** report **much better experiences**, including:
  - Shorter waits
  - Better communication
  - More control over care decisions
  - Better discharge preparation
- **Emergency patients (via A&E)** report **poorer experiences**, especially around:
  - Long waits before admission
  - Pain management
  - Information about tests
  - Coordination of care
  - Discharge delays

Emergency admission remains one of the strongest predictors of negative experience.

♿ Long-term conditions and disabilities

Patients with **long-term conditions** or **disabilities** report:

- More difficulty accessing information
- More unmet needs during discharge
- More problems with staff availability
- More negative experiences of ward environment

However, some groups (e.g., those with cancer) report **better communication and coordination** than others.

🧬 Gender

Differences by gender are **smaller** than other demographic factors, but the survey shows:

- Women report slightly worse experiences with:
  - Pain management
  - Emotional support
  - Feeling involved in decisions
- Men report slightly worse experiences with:
  - Discharge information
  - Understanding medication changes

These differences are modest but consistent.

🗣️ Language and communication needs

Patients who **do not speak English as a first language** or who have **communication impairments** report:

- Lower satisfaction with explanations
- More difficulty understanding discharge instructions
- Less involvement in decisions
- More unmet needs for interpreters or communication support

This is one of the most persistent inequalities in the survey.

📊 Summary table

Group	Experience pattern (2024)
Older adults (65+)	More positive across almost all domains
Younger adults (16–35)	Worse communication, involvement, discharge
White ethnic groups	Better overall experience
Minority ethnic groups	Lower scores across communication & discharge
Elective patients	Best experiences overall
Emergency patients	Significantly poorer experiences
Long-term conditions/disabilities	More unmet needs, poorer discharge
Women	Slightly worse emotional support & pain management
Men	Slightly worse discharge information
Non-English speakers	Lower understanding, less involvement

🧩 Why these differences matter

The survey's analysis highlights that **inequalities in patient experience mirror wider NHS inequalities** in access, outcomes, and satisfaction. These differences are not random—they reflect:

- System pressures (e.g., emergency care strain)
- Communication barriers
- Cultural and language mismatches
- Age-related expectations and needs
- Variation in staffing levels and ward environments

Understanding these patterns helps trusts target improvement efforts more precisely.

🔎 If you want to explore specific inequalities

You can dive deeper into:

- age differences
- ethnic inequalities
- emergency_vs_elective
- disability_and_long_term_conditions

Appendix 4 - Gemini responses

Prompt 1 - What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

What are the experiences of adults receiving NHS acute inpatient care in England in 2024?

The experiences of adults receiving NHS acute inpatient care in England in 2024—captured by the Care Quality Commission (CQC) in its comprehensive national survey of over 62,000 patients—showed **early signs of recovery and slight improvements in overall satisfaction** compared to the previous year. NHS Networks

Frontline staff were highly praised for their compassion, and nurse availability saw a modest uptick. However, the data highlights that acute care experiences remain significantly strained compared to pre-pandemic (2020) baselines, heavily weighed down by severe wait times, delays in the admission process, and a lack of post-discharge support. NHS England + 1

1. Overall Experience and Staff Interactions

Patients overwhelmingly praised the culture of care from frontline healthcare workers, noting high levels of dignity, respect, and emotional support. CQC

- **Overall Satisfaction:** 52.1% of patients rated their overall hospital stay a 9 or 10 out of 10 (an improvement from 50.8% in 2023). Only 3.4% rated their stay as very poor (0 or 1). CQC
- **Respect and Compassion:** 80% of patients felt they were "always" treated with kindness and compassion, and 82% felt they were "always" treated with respect and dignity. NHS England
- **Trust in Staff:** 80.1% of respondents "always" had confidence and trust in their doctors, and 78.3% said the same for nurses. CQC
- **Communication:** Roughly 76% of respondents felt fully included in conversations about their care by both doctors and nurses. CQC

2. Staffing and Resource Availability

One of the most encouraging signs in the 2024 data was a statistical improvement in perceived staffing levels, which had hit historic lows in 2022. CQC

- **Nurse Capacity:** 57.9% of inpatients felt there were "always" enough nurses on duty to care for them—a notable step up from 55.7% in 2023 and 51.6% in 2022. CQC
- **Getting Assistance:** 64.5% of respondents stated they could "always" get a member of staff to help them when they needed attention, while 33.1% could "sometimes" get help. CQC

3. Critical Areas for Improvement: Admission and Waiting Times

While the quality of care on the wards was rated highly, getting *into* a hospital bed remained a frustrating, exhausting, and sometimes detrimental experience for patients. CQC

- **Deteriorating Health While Waiting:** For elective (planned) care, over 42% of patients felt they should have been admitted sooner. Crucially, **43% of elective patients stated their health got worse while waiting to be admitted** (with 17.7% saying it got "much worse"). Picker + 1
- **The "Corridor Care" Reality:** For those waiting to be transferred onto a ward after arriving at the hospital, a quarter (25.5%) had to wait between 6 and 12 hours. Another 17.5% waited between 12 and 24 hours, and nearly 10% waited *over 24 hours* for a bed. CQC
- **Temporary Locations:** Of those who experienced delays getting onto a ward, 45.6% waited in a treatment bay, 30.8% in a waiting room, and **18% were held in a corridor or hallway**. CQC
- **Disruptive Night Moves:** For patients who had to change wards during the night, only 20% were given a clear, understandable explanation as to why the move was necessary. CQC

4. Leaving Hospital and Aftercare

The data highlighted a persistent disconnect between hospital discharge and community or social care readiness. CQC

- **Post-Discharge Deficits:** Less than half of respondents (47.5%) felt they "definitely" received enough support from health or social care services to manage their condition after being sent home. CQC
- **Lack of Support:** Nearly a quarter (23.1%) explicitly stated they did not receive enough support after leaving the hospital. CQC

5. Inequalities in Patient Experience

The CQC's analysis showed that a patient's demographic or health baseline heavily influenced their inpatient experience. **Significantly poorer experiences across almost all survey metrics** were reported by: Picker

- People with a disability or those living with physical frailty. Healthwatch Sheffield
- Patients with dementia, Alzheimer's, mental health conditions, or neurological conditions. Healthwatch Sheffield
- Patients admitted via emergency routes rather than planned, elective admissions. Healthwatch Sheffield

Summary: The 2024 inpatient experience in England can be characterized as a tale of two halves. Once patients are actively interacting with doctors and nurses on the ward, they report high-quality, compassionate, and respectful care. However, the systemic bottlenecks—manifested as long delays to secure a bed, declining health while on waiting lists, and fractured support systems at discharge—continue to drag down the overall patient journey. NHS England + 1

Prompt 2 – What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

What does the 2024 NHS Adult Inpatient Survey show about patients' experiences of discharge from hospital?

The **2024 NHS Adult Inpatient Survey** (published by the Care Quality Commission) highlights that the process of leaving the hospital remains one of the most challenging and poorly rated parts of the patient journey. Picker

While the survey showed early signs of improvement regarding how patients are treated *on the ward*, data concerning **hospital discharge and follow-up care** revealed major gaps in communication, medication safety, and social care integration.

1. Post-Discharge Support Deficits Carers UK

A primary finding of the survey was a severe disconnect between patients leaving the hospital ward and receiving adequate care to manage their recovery at home. CQC

- **Insufficient Recovery Support:** Less than half (**47.5%**) of respondents felt they "definitely" received enough support from health or social care services to help them manage their condition after being discharged. CQC
- **Left Without Help:** Nearly a quarter (**23.1%**) of patients explicitly stated that they **did not receive enough support** after leaving the hospital. CQC + 1
- **Home Assessments:** One in five patients (**19.9%**) noted that hospital staff did not discuss whether they would need any additional specialized equipment or adaptations made to their home, despite wanting to have that discussion. CQC

2. Poor Communication Regarding Medications

When patients are discharged with new prescriptions, the survey showed that clear, digestible clinical communication is frequently lacking: The Pharmaceutical Journal

- **Purpose of Medication:** Only **41%** of patients stated they were given a clear explanation regarding the purpose of the medicines they were instructed to take home. The Pharmaceutical Journal
- **Side Effects Ignored:** Just **20%** (one in five) were given a proper explanation of the potential side effects of their new medication. The Pharmaceutical Journal
- **Written Information:** Only **34%** of patients received any written information about their prescribed medications upon leaving. The Pharmaceutical Journal
- **No Information Given:** Roughly **12%** of patients left the hospital with medication but were given absolutely no information or guidance on how to use it safely. The Pharmaceutical Journal

3. Discharge Planning and Discussions

The survey noted a stark contrast between hospital staff attempting to start discharge planning and the actual, practical execution of the plan.

- **Initial Planning:** On a positive note, **79%** of patients did have a conversation with hospital staff about their ongoing health or social care needs prior to their departure.
- **Execution Gaps:** Despite these initial conversations, the high percentage of patients who ultimately reported lacking support (23.1%) implies that discharge plans frequently fail to translate into active, real-world care once the patient arrives home. CQC

4. Disparities in Discharge Experiences

The survey highlighted that vulnerable demographics and individuals with complex needs faced far worse discharge experiences than the national average. Poorer experiences across almost all discharge metrics were reported by: CQC

- Patients living with physical frailty or physical mobility limitations.
- Patients with dementia, Alzheimer's disease, or long-term neurological conditions.
- Individuals with underlying mental health conditions.

Summary: While the NHS showed modest overall improvements in ward-based compassion and staffing in 2024, the **discharge pathway remains heavily strained**. A systemic lack of medication communication, coupled with a lack of coordinated social care integration, means that many patients are sent home feeling unsupported and unprepared to manage their recovery. Picker

Prompt 3 - What does the 2024 NHS Adult Inpatient Survey show about differences in patient experience between different groups of patients?

What does the 2024 NHS Adult Inpatient Survey show about differences in patient experience between different groups of patients?

The Care Quality Commission (CQC) utilizes demographic and health analysis within the **2024 NHS Adult Inpatient Survey** to evaluate disparities in care quality across England. The data reveals significant variation, demonstrating that a patient's health baseline, cognitive ability, age, and admission method heavily influence their hospital experience. Picker + 1

The survey identifies distinct differences in how various patient groups experience acute inpatient care: Picker

1. Patients with Cognitive, Mental Health, and Neurological Conditions CQC

Across nearly all surveyed metrics, patients with cognitive impairments or pre-existing mental health conditions consistently reported the poorest experiences. These groups frequently felt that their specialized or emotional needs were overlooked on busy acute wards.

- **Dementia and Alzheimer's:** Patients living with dementia or Alzheimer's reported significantly lower satisfaction regarding communication, involvement in decisions, and feeling safe.
- **Mental Health and Neurological Conditions:** Patients with underlying mental health conditions or long-term neurological illnesses reported poorer experiences in most areas, particularly noting a lack of emotional support from staff and inadequate coordination during the discharge process. Healthwatch Sheffield

2. Patients with Physical Frailty and Mobility Limitations

The physical environment and resource constraints of acute wards created distinct barriers for patients with physical dependencies.

- **Basic Needs and Assistance:** Respondents living with physical frailty or conditions affecting their physical mobility reported worse experiences regarding receiving timely assistance. They reported lower scores for getting help to wash, keep clean, or eat meals.
- **Overall Care:** This group reported a lower overall rating of care across every single question analyzed by the CQC, reflecting a systemic difficulty in acute wards meeting the needs of frail or disabled patients.

3. Admission Route: Emergency vs. Elective (Planned) Care

The path through which a patient enters the hospital remains one of the strongest indicators of their subsequent experience.

- **Emergency Admissions:** Patients admitted via emergency departments reported a much poorer experience overall compared to elective patients. Emergency patients faced the brunt of hospital bottlenecks, including long waits for a bed, sleeping disruption, and being cared for in temporary locations like corridors or treatment bays.
- **Elective Admissions:** Planned patients reported higher satisfaction with ward cleanliness, communication, and overall respect. However, their primary grievance was the negative impact of long waiting lists before arrival.

4. Age and Gender Trends

The 2024 survey continues to reflect historical demographic trends regarding how different generations and genders perceive NHS care.

- **Age Disparities:** Older patients (particularly those aged 65 and over) consistently reported more positive inpatient experiences than younger demographics (aged 16–34). Younger patients reported feeling less involved in their care decisions and expressed lower levels of trust and confidence in clinical staff. CQC
- **Gender Disparities:** Men generally reported more positive hospital experiences than women across several core metrics, including communication with doctors and overall satisfaction with the ward environment.

Summary: The 2024 survey underscores that while NHS acute care is improving broadly, it does not deliver an equal experience for everyone. The system performs best for older, male, and planned elective patients without complex needs. Conversely, it consistently falls short for younger patients, emergency admissions, and individuals navigating hospital stays with physical frailty, disability, dementia, or mental health conditions. Picker + 1

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