

Patient surveys in England: past, present, and future

Chris Graham

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Influence **Inspire** Empower



The highest quality person centred care for all, always

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; and

Empower those working in health and social care to improve experiences by effectively measuring and acting upon people's feedback.

Influence Inspire Empower



Picker Principles of Person Centred Care

An internationally recognised quality framework for understanding what matters most to service users, their families, and staff.



Fast access to reliable health service



Effective treatment delivered by trusted professionals



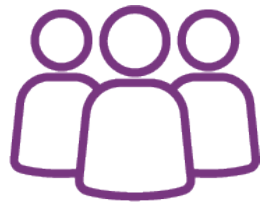
Continuity of care and smooth transitions



Involvement in decisions and respect for preferences



Clear information, communication, and support for self-care



Involvement and support for family and carers



Emotional support, empathy and respect



Attention to physical and environmental needs

Key messages

England has one of the world's longest established national patient experience survey programmes.

Feedback is now widely sought and reported through a range of channels.

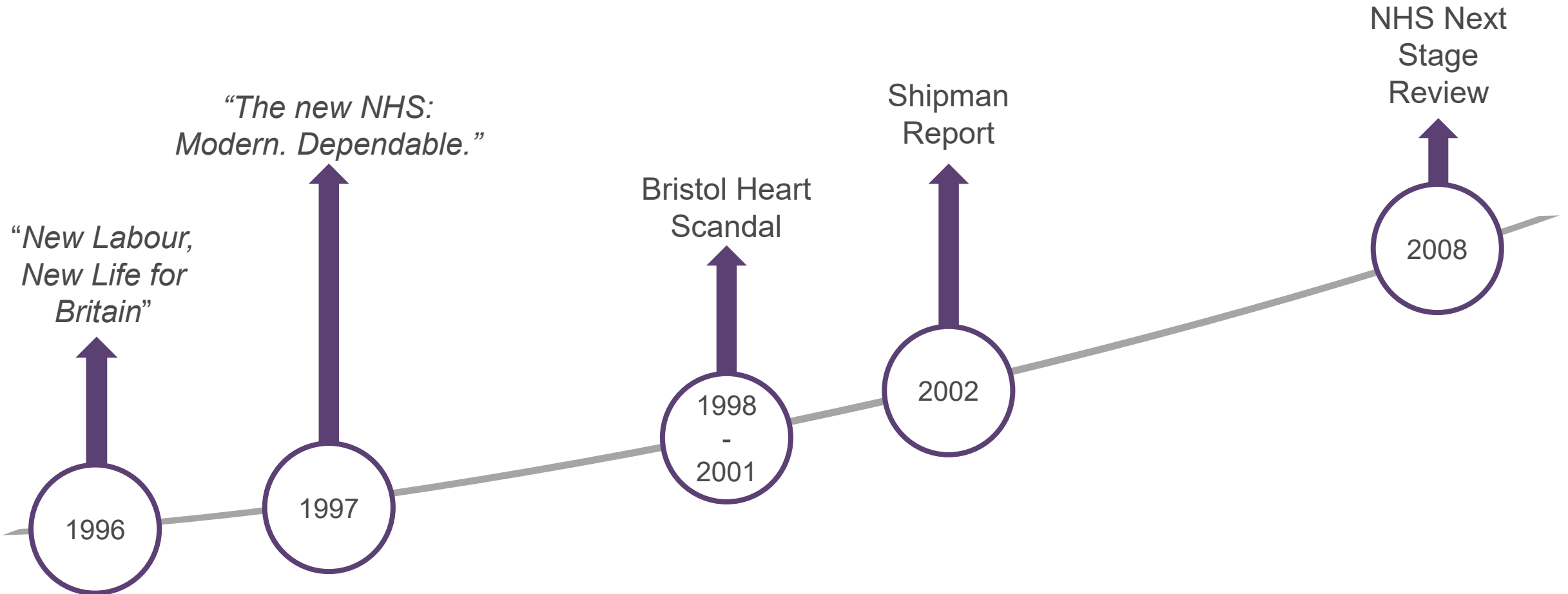
However, there are problems to be overcome.

Future developments will seek to address these problems.

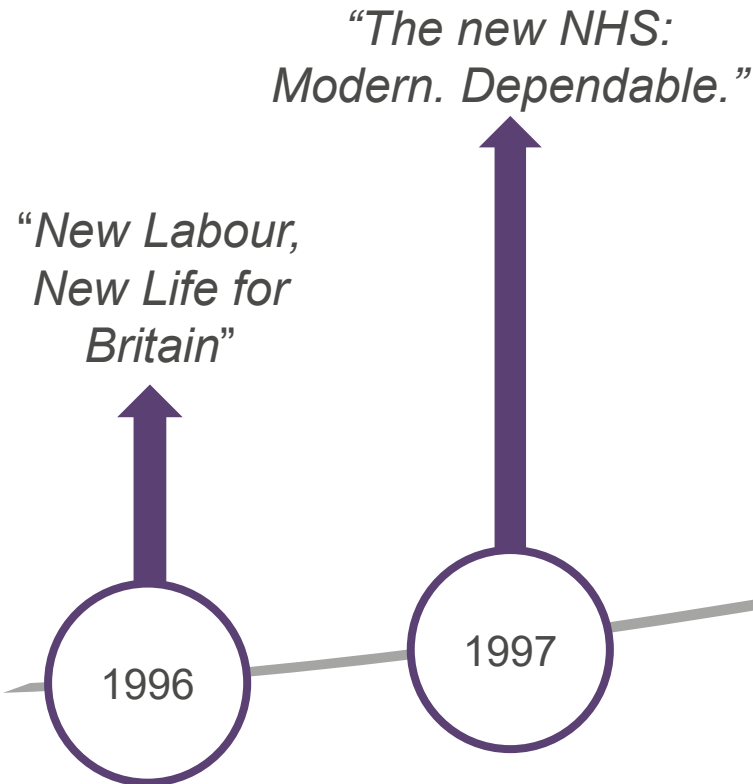
The past

Establishing the importance of the patient perspective
in measuring and improving health and care

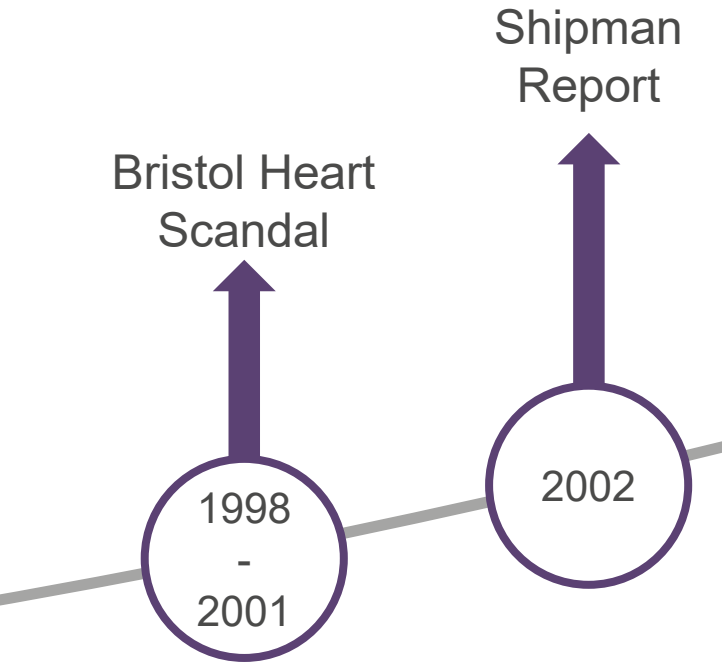
Patient experience measurement in the UK: policy background



New Labour manifesto and white paper committed to:



- Create an *“annual national survey to allow systematic comparisons of the experiences of patients and carers over time, and between different parts of the country”*
- Create a ‘Patients’ Charter’ on the quality of treatments
- Measure outcomes instead of counting episodes



Series of high-profile incidents involving avoidable harm:

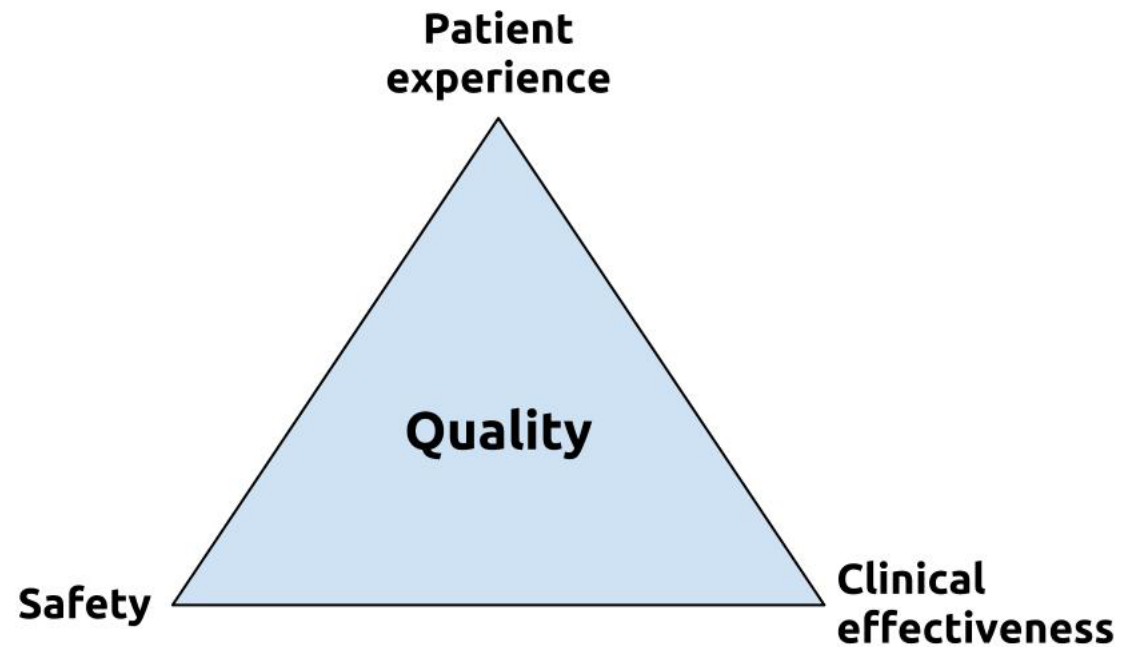
- Created significant focus on patient safety
- Prompted demand for transparent public reporting of quality data
- “The trust that patients place in their doctors... will never be the same again, but that will be a good thing if we move to an active rather than a passive trust”* – Richard Smith, 1998
- “The end of the age of ‘the doctor knows best’”* – Trevor Smith, 1998

NHS Next
Stage
Review

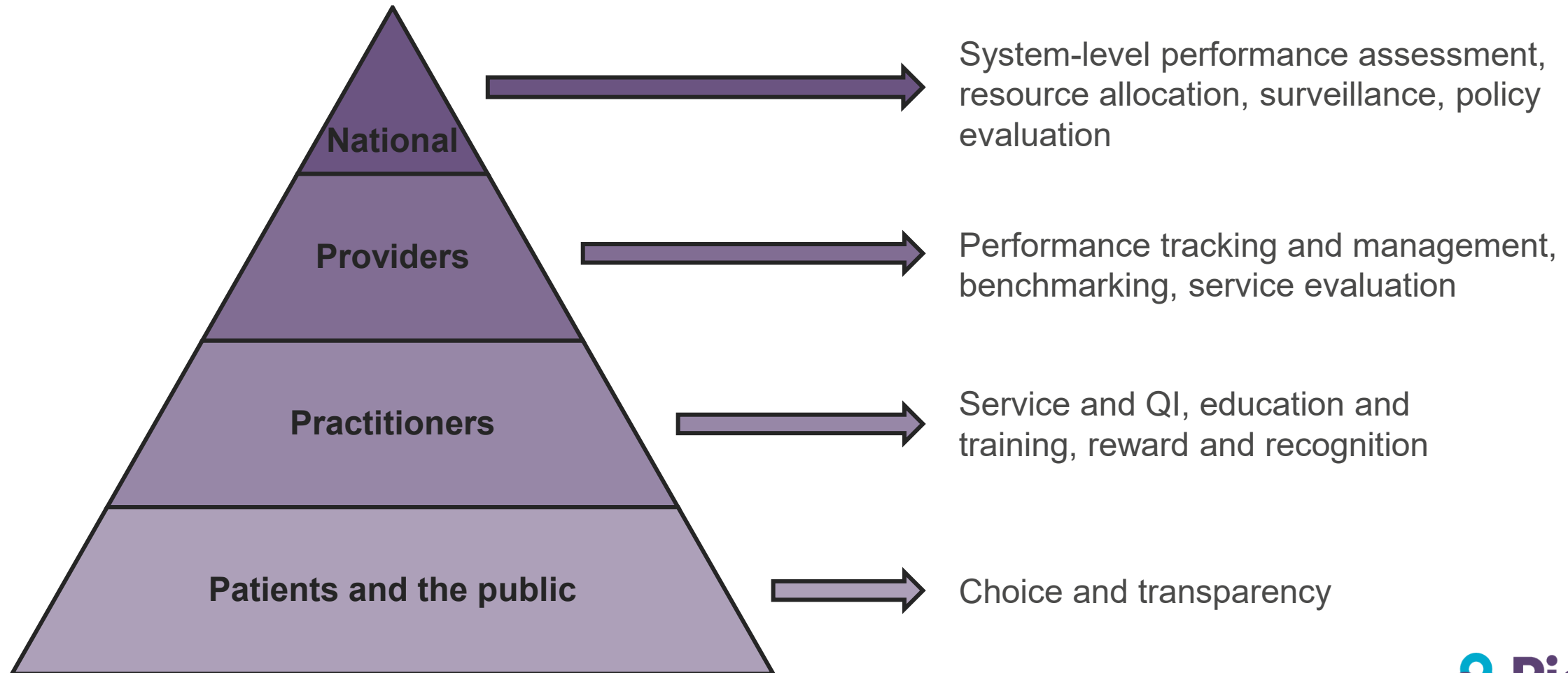
2008

Professor the Lord Darzi leads influential review of NHS:

“If quality is to be at the heart of everything we do, it must be understood from the perspective of patients.”



Aims of measuring patient experience



National surveys cover & have covered a range of topics

Ambulance 999 services, 2004

Ambulance Cat C services - 2011

Ambulance 'hear and treat' services – 2014

Cancer – 1999, 2004, 2010, 2011/12, annual from 2013

Children's cancer care – 2020-present

Children's hospital care – 2004, 2014, 2016, 2018, 2020, 2024

Community mental health – 2004-2008; annual from 2010

Coronary heart disease – 1999, 2004

Diabetes – 2006

General Practice Patient Survey – 1998, then at least annual from 2009

Health Insights Survey – 2024 to present

Hospital inpatients – 2002, annual from 2004-present

Inpatient mental health care – 2009

Integrated Care Experiences Survey (ICES) – 2025

Long-term neurological conditions – 2009 (pilot)

Maternity services – 2007, 2010, 2013, 2015, 2017-19, annual from 2021-present

Outpatients departments – 2003, 2005, 2009, 2011

Primary care trusts – 2003-05, 2008

Stroke – 2004 (plus follow-up in 2005)

Urgent and emergency care – 2003, 2005, 2008, biannual from 2012 to present

VOICES (bereavement) – 2011-2015

NHS Staff Survey – annual since 2004

Common features of (most) national patient surveys

- Centralised design and reporting; devolved administration and collection
- Probability (or pseudo probability) sampling methods with large sample sizes
- Questionnaires designed with input from patients, professionals, and policy makers
- Mostly administered by post, with responses online or by post
- Multiple reporting formats for different audiences

The present

NHS surveys are gradually incorporating innovation

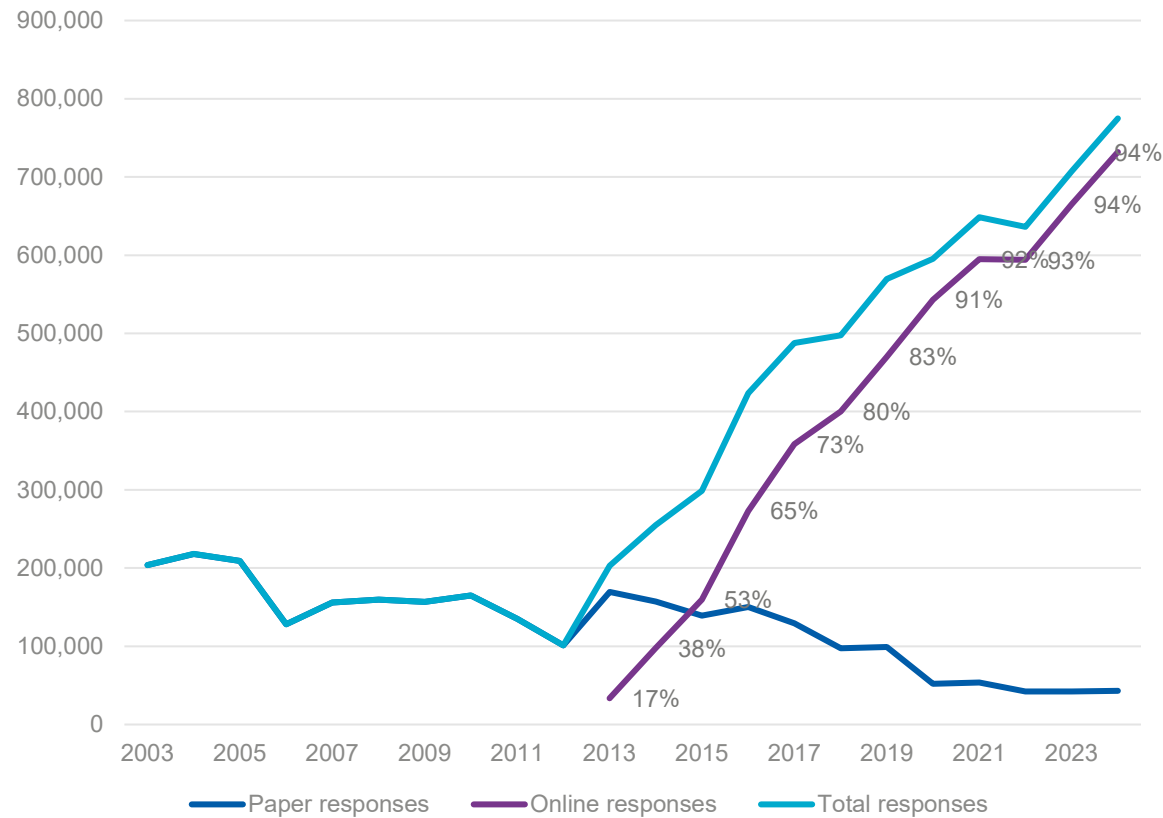
Change is gradual – not least because larger changes disrupt survey trends

Nevertheless, national surveys are incorporating innovation in three main areas:

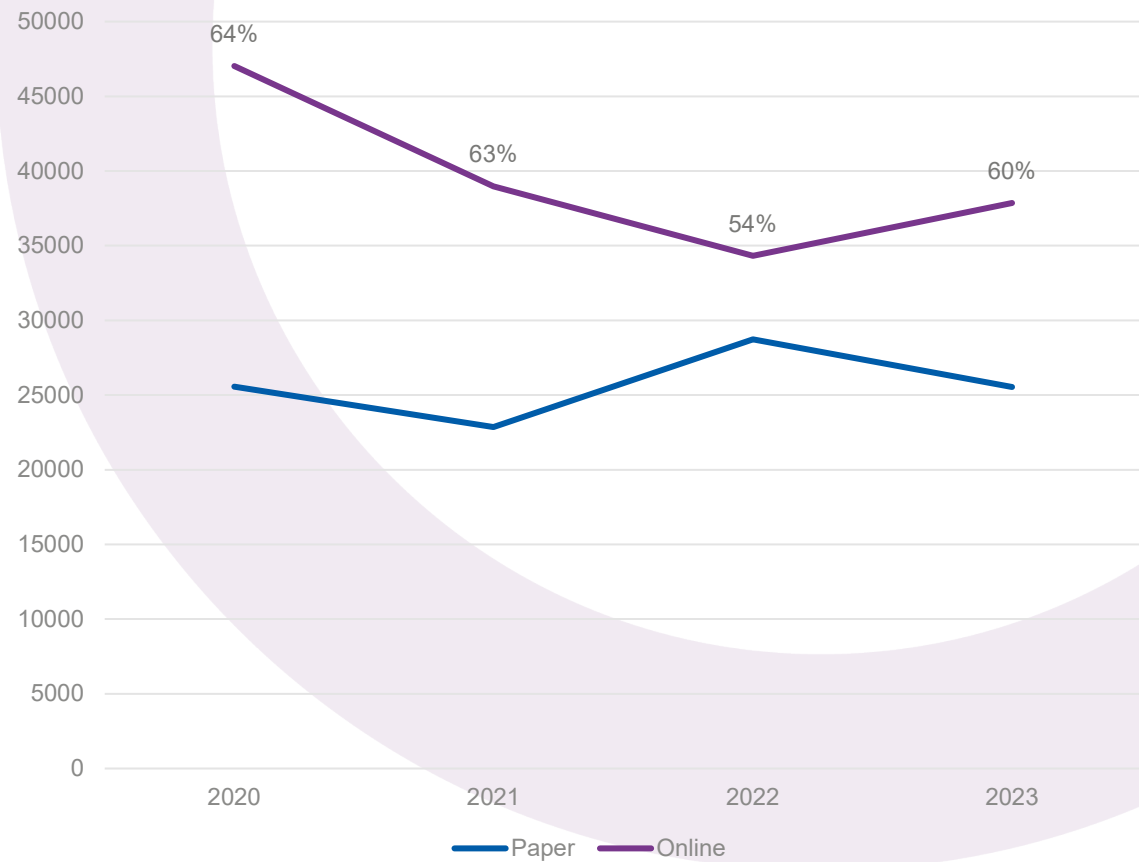
- Online response
- Data linkage
- Text analytics

Online response

NHS Staff Survey: online response introduced gradually



NHS Inpatient Survey: change of methods from 2020

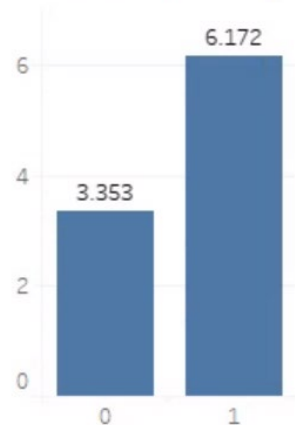


Data linkage

Source: NHS England, Integrated Care Experiences Survey

Outcomes | Dementia Patients

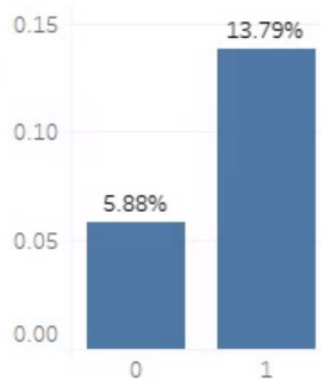
Experience | No Named Coordinator
Utilisation | Emergency ALOS



Above: Dementia patients who don't have a named care coordinator (n=107) have a higher mean length of stay than those who do (n=82)

Outcomes | Dementia Patients

Experience | No Named Coordinator
Utilisation | Emergency Readmissions - Non-Elective (30 days)

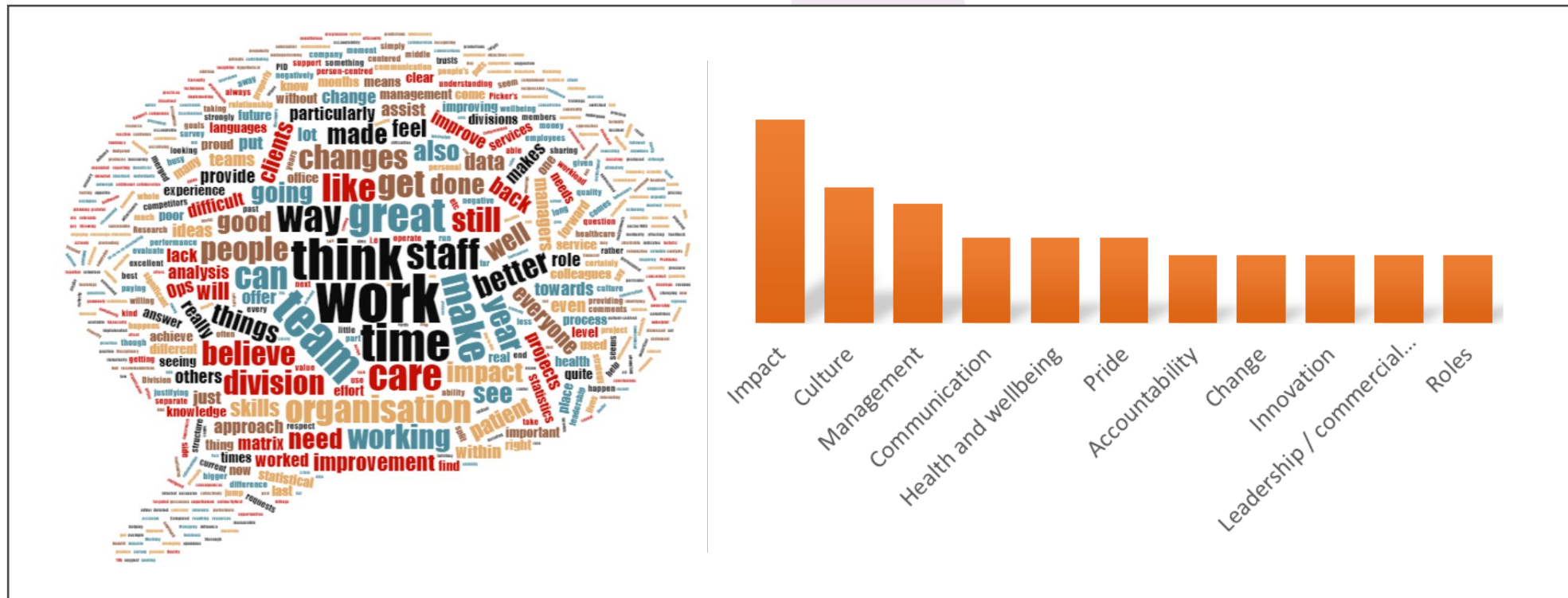


Above: Dementia patients who no named care coordinator had a higher rate of emergency re-admissions within 30 days following an emergency discharge.

Text analytics

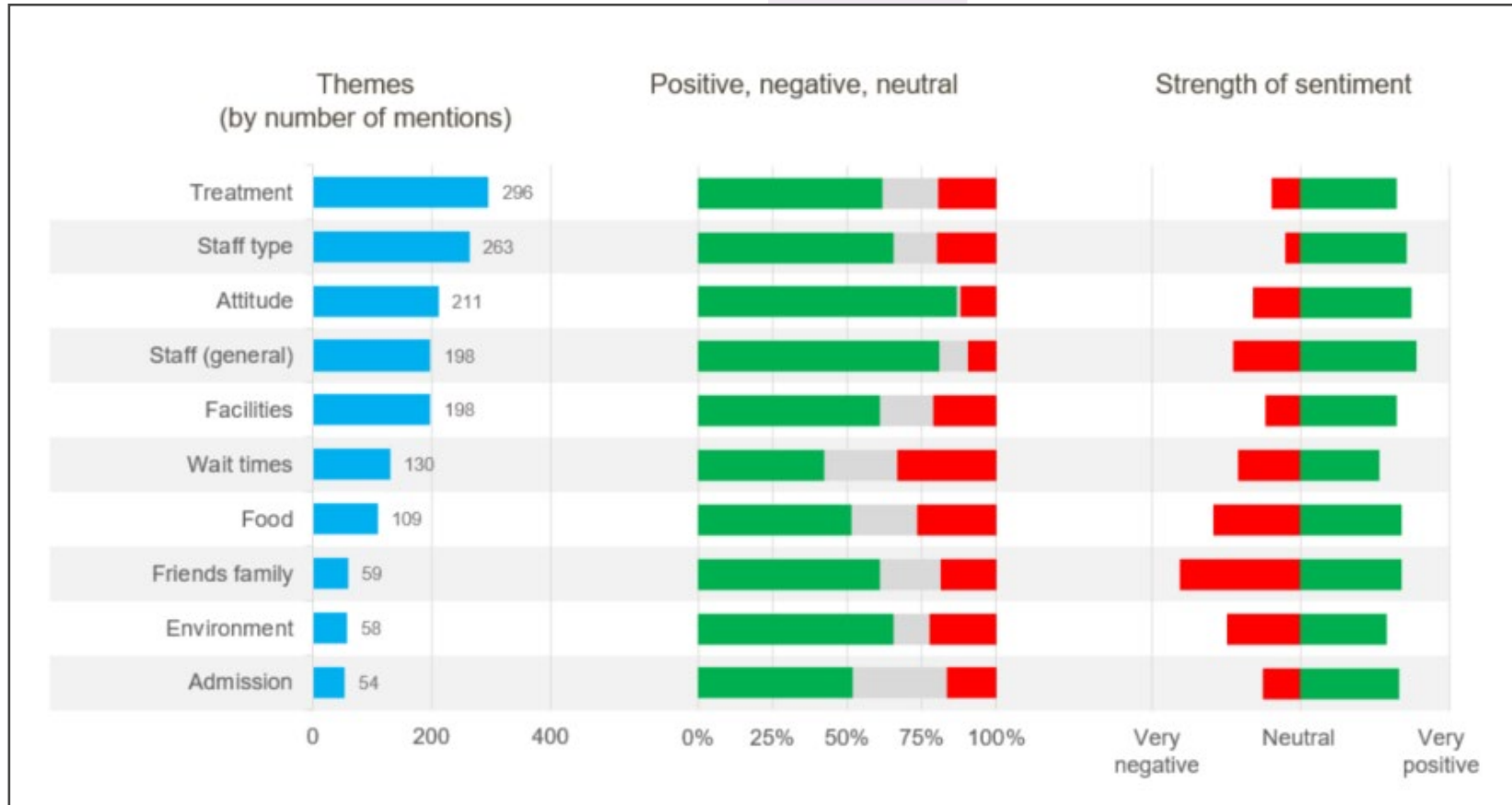
Large surveys can collect tens of thousands of qualitative comments: sheer volume is a barrier to use

Simple methods like word clouds can be misleading



Text analytics

AI offers attractive solutions for theming qualitative data – at the cost of losing some of its subtleties



The future

Twenty-five years of measuring patient experience in England...

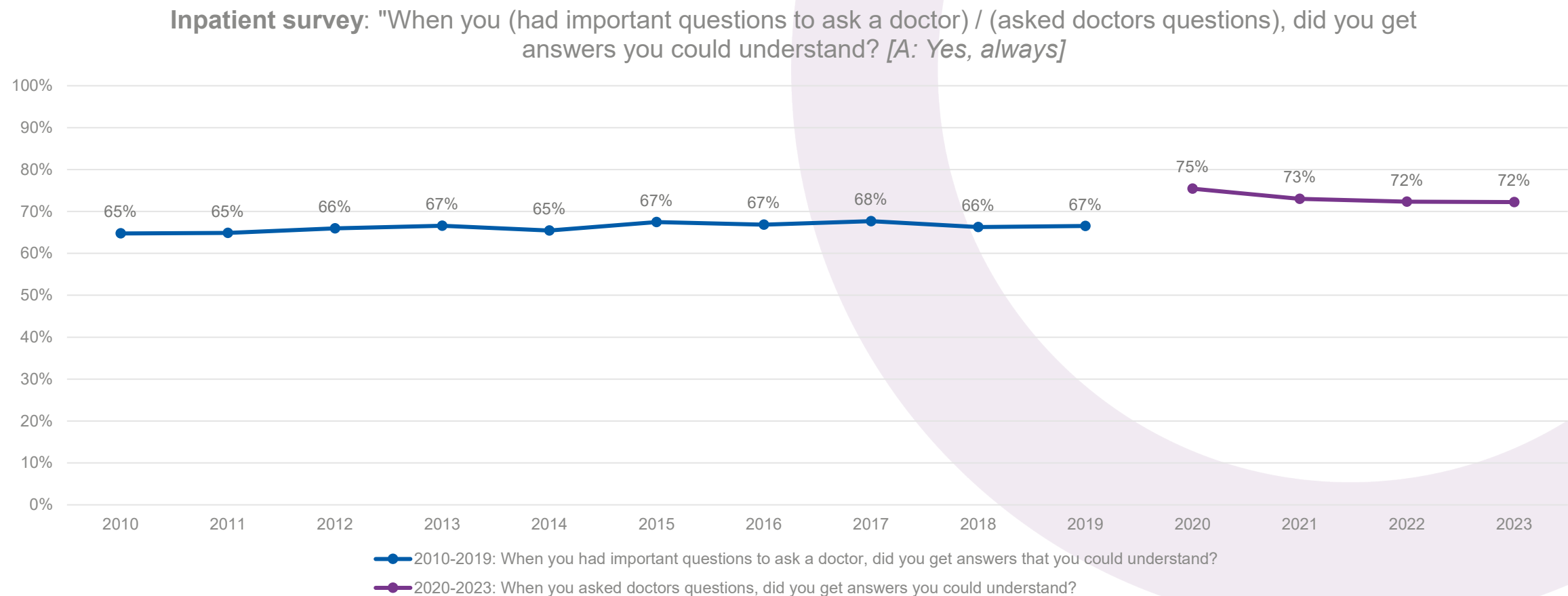
What has changed?

- Every provider has access to various types of feedback – rapid/robust; quantitative/qualitative; etc
- No one ever questions whether it's right to ask patients for their feedback
- Policy and political interest has varied with changing governments & leadership

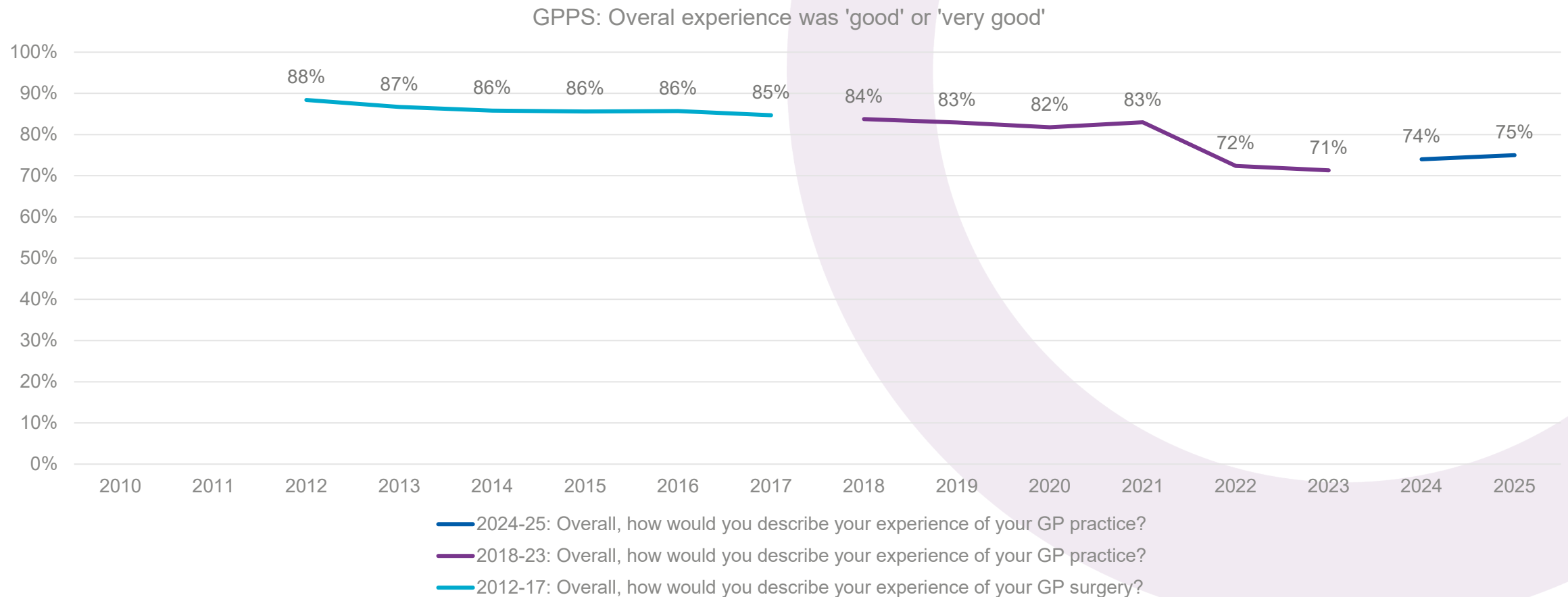
What **hasn't** changed?

- Quality of care hasn't improved in most areas
- Providers still lack expertise in using patient feedback to drive change
- At Board level, the inclusion of patient voice remains tokenistic
- Still a sense that experience is compartmentalised – seen as less important than safety or effectiveness
- Feedback structured around services, not users of services

Progress can be slow



Progress can be slow



- “Simply providing... feedback does not automatically have a positive effect on quality standards”¹

¹ DeCourcy, A., West, E., & Barron, D. (2012). The National Adult Inpatient Survey conducted in the English National Health Service from 2002 to 2009: how have the data been used and what do we know as a result? *BMC Health Services Research*, 12(1), 71. <http://doi.org/10.1186/1472-6963-12-71>

Barriers to improvement

Sheard et al (2018) argue that there are distinct micro and macro level barriers:

- Macro level: “intense focus on the collection of patient experience feedback... is at the expense of pan-organizational learning or improvements”
- *Meso level: patient experience teams are an emerging professional group who tend to lack capacity and capability*
- Micro level: “ward staff struggle to interact with feedback due to its complexity [and question] the value, validity and timeliness of data sources”



“Fit for the Future: 10 Year Health Plan for England”

England’s new plan for the future of the NHS states that:

- PROMs and PREMs will be “universal” by 2029: they will be published as easy-to-understand quality indicators and used to choose providers
- NHS App will be “the front door to the NHS”. Patients will be able to give feedback through the App; results will be analysed (in part?) by AI.
- “Patient Power Payments” will be trialled, initially in maternity care

Much of the detail of how this will work is still be determined – and there are obvious challenges.

- Project to design ‘future of patient feedback’ is planned



Conclusions



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Key messages

England has one of the world's longest established national patient experience survey programmes

- Initial efforts were driven by a desire to give patients a voice in assessing service quality
- Over time, the programme has expanded and become routine
- Traditional surveys: service oriented, designed for regulation, distributed by post

Feedback is now widely sought and reported through a range of channels

- Surveys cover many different care settings
- Mix of a) highly structure / rapid and b) qualitative / quantitative feedback, targeting different goals

Current areas of innovation:

- Online response
- Data linkage
- Text analytics

Key messages

However, there are problems to be overcome

- Focus on measurement has not yet produced the expected improvement in person centred care
- Data does not meet the needs of all different users
- Proliferation of feedback mechanisms has produced a system that is confusing for patients and providers
- Important gaps in coverage remain – especially around coordination of care, patient journeys, and waits

Future developments will aim to address these problems

- Strong focus on digital solutions – including the NHS App – to gather and report feedback
- Aspiration to ‘follow’ patients – both through data linkage, & focus on coordination of care across services
- Overall system of feedback to be reviewed & may be rationalised.

Patient Surveys in England: Past, Present, & Future

Past

Surveys are:

- Postal
- Service-specific
- Focused on regulation

Present

Innovation in:

- Online response
- Data linkage
- Text analytics

Future

Surveys are:

- Omni-channel
- Connected (NHS App)
- Follow patient journeys
- Linked to payments?



The highest quality person centred care for all, always

Picker Institute Europe
Suite 6, Fountain House
1200 Parkway Court
John Smith Drive
Oxford OX4 2JY

Tel: + 44 (0) 1865 208100
info@pickereurope.ac.uk
<https://picker.org>



<https://bsky.app/profile/pickereurope.bsky.social>



[/picker-institute-europe](https://www.linkedin.com/company/picker-institute-europe)



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