The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing. This report provides information about the indicators updated in this release.

**Key findings**

- There are 14 indicators with new national data points in this release. Updated demographic and geographic breakdowns are also available.
- The indicators cover a range of topics including patient experience of hospital stays and GP services, employment rates of people with long-term conditions and prevalence of bacterial infections.
- The chart below shows indicators 4a.i and 4a.iii – Patient experience of GP and NHS dental services. Both indicators saw a significant increase in people reporting a good experience of services in 2015/16; both national indicator values increased to 85.2 per cent:

![Chart showing percentage of people reporting a good experience of GP and NHS dental services by year, 2011/12 to 2015/16](chart.png)
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This is a National Statistics publication

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All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.


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This product is used by the Department of Health and NHS England. It may also be of interest to members of the public, provider managers, commissioning managers, clinicians and patients to support the understanding of health-related outcomes at national and local level across the health and care system.
Introduction

The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing. Further information about the background to the framework and the people who use the framework can be found at the below links.

Background information link

Users and uses link

This report provides information about the indicators updated in this release. A summary table of all updated indicators and progress over time is included in the Main findings section. More detailed analysis on a selection of the indicators can be found in the Commentary section and a list of the updated time periods, breakdowns and data sources are listed in Appendix 1.

The latest data and background information for all indicators can be found on our Indicator Portal, using the left hand panel at the below link. For data files, quality statements and specification documents please select the domain and indicator of interest. For a dashboard of all the latest indicator values and a schedule of future updates, select the NHS OF summary dashboard page.

Indicator portal link
# Main findings

The following table shows the main findings for indicators with new national data points in this release. Descriptions of the change categories used in the table can be found in Appendix 2. Indicator 4a.ii, Patient experience of GP Out-of-hours services, was due to be published in this release, however, due to changes in the provision of services when GP surgeries are closed, there have been some changes to the source data which mean this indicator can no longer be generated.

**Figure 2a: Main findings**

<table>
<thead>
<tr>
<th>Indicator title</th>
<th>Latest data available</th>
<th>Indicator value</th>
<th>Unit</th>
<th>Change over latest time period</th>
<th>Change over last five years</th>
<th>Latest findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Health-related quality of life for people with long-term conditions</td>
<td>Jul15-Mar16</td>
<td>0.741</td>
<td>mean EQ-5D score</td>
<td>Not Tested - Similar</td>
<td>Not Tested - Similar</td>
<td>Indicator value has been stable since it was first published in 2011-12, falling by only 0.3 per cent over the last five years.</td>
</tr>
<tr>
<td>2.1 Proportion of people feeling supported to manage their condition</td>
<td>Jul15-Mar16</td>
<td>64.3</td>
<td>%</td>
<td>Not Tested - Similar</td>
<td>Not Tested - Deteriorated</td>
<td>Small decreases each year, from 66.7 in 2011-12. Latest value is very similar to the previous year.</td>
</tr>
<tr>
<td>2.2 Employment of people with long-term conditions</td>
<td>Jan-Mar 16</td>
<td>13.3</td>
<td>% gap</td>
<td>Not Tested - Improved</td>
<td>Not Tested - Deteriorated</td>
<td>The gap has generally increased since 2010, although the last two quarters have seen small decreases. The lowest indicator value was 11.2 in Q1 2010.</td>
</tr>
<tr>
<td>2.4 Health-related quality of life for carers</td>
<td>Jul15-Mar16</td>
<td>0.800</td>
<td>mean EQ-5D score</td>
<td>Not Tested - Similar</td>
<td>Not Tested - Similar</td>
<td>Indicator value has deteriorated slightly since it was first published, from 0.815 in 2011-12. This represents a fall of 1.8 per cent over a five year period.</td>
</tr>
<tr>
<td>2.5.i Employment of people with mental illness</td>
<td>Jan-Mar 16</td>
<td>34.2</td>
<td>% gap</td>
<td>Not Tested - Similar</td>
<td>Not Tested - Improved</td>
<td>The gap has been generally decreasing since Q2 2011 when the indicator was at 43.1 per cent.</td>
</tr>
<tr>
<td>2.7 Health-related quality of life for people with three or more long-term conditions</td>
<td>Jul15-Mar16</td>
<td>0.463</td>
<td>mean EQ-5D score</td>
<td>Not Tested - Similar</td>
<td>Not Tested - Similar</td>
<td>Improvement between 11/12 and 12/13 and mean score has fallen slightly since then but remains higher than 11/12 indicator value.</td>
</tr>
<tr>
<td>4a.i Patient experience of primary care - GP services</td>
<td>Jul15-Mar16</td>
<td>85.2</td>
<td>% scoring very or fairly good</td>
<td>Significantly Improved</td>
<td>Significantly Deteriorated</td>
<td>Significant increase in the most recent year after significant decreases in all previous years. Indicator value has fallen from 88.3 in 2011/12.</td>
</tr>
<tr>
<td>4a.iii - NHS dental services</td>
<td>Jul15-Mar16</td>
<td>85.2</td>
<td>% scoring very or fairly good</td>
<td>Significantly Improved</td>
<td>Significantly Improved</td>
<td>Time series started in 2011/12 with an indicator value of 83.4. Small but significant increase of 1.8 percentage points over the five year period.</td>
</tr>
<tr>
<td>4b Patient experience of hospital care</td>
<td>2015-16</td>
<td>77.3</td>
<td>score out of 100</td>
<td>Not Tested - Improved</td>
<td>Not Tested - Similar</td>
<td>Value has fluctuated throughout the time series which started in 2003-04. Very little overall change from score of 75.7 in 2003-04.</td>
</tr>
<tr>
<td>4.2 Responsiveness to inpatients’ personal needs</td>
<td>2015-16</td>
<td>69.6</td>
<td>score out of 100</td>
<td>Not Tested - Improved</td>
<td>Not Tested - Improved</td>
<td>Mixed results at the start of the time series between 2003-04 and 2009-10. Indicator has trended very slowly upwards since 2010-11, an increase of 3.3 per cent over the last five years.</td>
</tr>
</tbody>
</table>
### Figure 2b: Main findings, continued

<table>
<thead>
<tr>
<th>Indicator title</th>
<th>Latest data available</th>
<th>Indicator value</th>
<th>Unit</th>
<th>Change over latest time period</th>
<th>Change over last five years</th>
<th>Latest findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4.i Access to GP services</td>
<td>Jul15-Mar16</td>
<td>73.4</td>
<td>% scoring very or fairly good</td>
<td>Statistically Similar</td>
<td>Significantly Deteriorated</td>
<td>Indicator value has seen a significant decrease in the last five years, falling by 5.7 percentage points since the start of the time series in 2011/12.</td>
</tr>
<tr>
<td>4.4.ii Access to NHS dental services</td>
<td>Jul15-Mar16</td>
<td>94.7</td>
<td>% which gained appointment in</td>
<td>Significantly Deteriorated</td>
<td>Statistically Similar</td>
<td>Indicator value has remained relatively stable over the past five years with no significant difference between latest value and 2011/12 value of 94.5.</td>
</tr>
<tr>
<td>5.2.i Incidence of healthcare-associated infection - MRSA bacteraemia</td>
<td>2015/16</td>
<td>819</td>
<td>number of cases</td>
<td>Not Tested - Deteriorated</td>
<td>Not Tested - Improved</td>
<td>Number of cases increased in the latest year for the first time. Number of cases has fallen by 72.1 per cent from the start of the time series in 2008/09.</td>
</tr>
<tr>
<td>5.2.ii Incidence of healthcare-associated infection - C.difficile</td>
<td>2015/16</td>
<td>14,139</td>
<td>number of cases</td>
<td>Not Tested - Similar</td>
<td>Not Tested - Improved</td>
<td>Number of cases has stayed relatively stable between 2012/13 and 2015/16, having fallen sharply before this period. There were 55,498 cases in the first year of the time series in 2007/08.</td>
</tr>
</tbody>
</table>
Commentary

The following sections provide more detailed commentary on some of the indicators updated in this release. The following indicators are included:

- 2 - Health-related quality of life for people with long-term conditions
- 2.1 - Proportion of people feeling supported to manage their condition
- 2.4 - Health-related quality of life for carers
- 2.7 - Health-related quality of life for people with three or more long-term conditions
- 4a.i - Patient experience of primary care - GP services
- 4a.iii - Patient experience of primary care - NHS dental services
- 4b - Patient experience of hospital care
- 4.2 - Responsiveness to inpatients’ personal needs
- 4.4.i - Access to GP services
- 4.4.ii - Access to NHS dental services
- 5.2.i - Incidence of healthcare associated infection (HCAI) - MRSA
- 5.2.ii - Incidence of healthcare associated infection (HCAI) - C. Difficile

Domain overviews are also included in this section to give further information about the relevance of each domain topic.

Domain 2 - Overview

Domain 2 relates to enhancing the quality of life for people with long-term conditions. NHS England describe the relevance of this domain as follows:

15.4 million people in England (over a quarter of the population) have a long-term condition, and an increasing number of these have multiple conditions. People with long-term conditions use a significant proportion of healthcare services (50 per cent of all GP appointments and 70 per cent of days spent in hospital beds), and their care absorbs 70 per cent of hospital and primary care budgets in England.

The NHS should be supporting people to be as independent and healthy as possible if they live with a long-term condition such as heart disease, asthma or depression, preventing complications and the need to go into hospital. If they do need to be treated in hospital, the NHS should work with social care and other services to ensure that people are supported to leave hospital and recover in the community.

1 https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwk/dom-2/
NHS England has identified six key areas for action which relate to this domain. These are actions which will need to be taken forward in partnership between NHS England, Clinical Commissioning Groups across the whole commissioning system, and other partners such as patient representative groups.

- Helping patients take charge of their care
- Enabling good primary care
- Ensuring continuity of care
- Ensuring a parity of esteem for mental health
- House of Care – a strategic framework for integrated care for people with long-term conditions
- Reducing avoidable emergency admissions

**Indicators 2, 2.4 and 2.7 - Health-related quality of life**

The following indicators have been developed to allow the Department of Health to monitor whether health-related quality of life is improving for three important groups of individuals:

- 2 - Health-related quality of life for people with long-term conditions
- 2.4 - Health-related quality of life for carers
- 2.7 - Health-related quality of life for people with three or more long-term conditions

All of these indicators are derived from the GP Patient Survey (GPPS)², which asks a range of questions about patients' experiences of primary care. Patients are eligible for the survey if they have a valid NHS number, have been registered with a GP in England for at least six months and are at least 18 years old.

The survey is managed by Ipsos MORI on behalf of NHS England. In 2015/16, surveys were sent out to 2.1 million patients and were completed by 836,000 patients. This equates to a response rate of 38.9 per cent.

The GPPS dataset contains person level records and each individual is allocated a weight to adjust for design and non-response. This weight is applied to all NHS OF indicators that use GPPS data.

Health-related quality of life refers to an individual's perception of their day-to-day well-being in relation to five key areas:

² [https://gp-patient.co.uk/](https://gp-patient.co.uk/)
- Ability to walk around
- Ability to perform self-care activities (washing etc.)
- Ability to perform their usual activities (going to work etc.)
- Levels of pain or discomfort
- Levels of anxiety or depression

Individuals provide information about their well-being in relation to these areas through the GPPS and this is used to calculate an EQ-5D™ score\(^3\). These scores range from -0.594 to 1.000, with 1.000 being allocated to patients who report the best possible health state. The weighted average EQ-5D™ score for a selected group is used as the indicator value.

For further details on the calculation of these indicators, please see the Domain 2 specification document on the Indicator Portal.

**National level data**

The following chart shows the national indicator values for each of the three quality of life indicators by year.

**Figure 3: Weighted average EQ-5D™ scores for selected groups of individuals by year (indicators 2, 2.4, 2.7), 2011/12 to 2015/16**

Carers have the highest quality of life scores of the three groups, with an average score of 0.800 in 2015/16. The values have remained similar over time, varying by a maximum of 1.0 per cent year on year.

There is a similar pattern for all people with a long-term condition (LTC - shown in the chart) and for all GPPS respondents (not shown on the chart). The 2015/16 scores for these groups were 0.741 and 0.820

\(^3\) [http://www.euroqol.org/](http://www.euroqol.org/)

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respectively, and these values have remained similar over time, varying by a maximum of 1.0 per cent year on year.

The scores are substantially lower for individuals with three or more LTCs (0.463 in 2015/16) and the trend over time is slightly different to the other groups. The value increased by 7.5 per cent between 2011/12 and 2012/13 but has remained similar since then, varying by a maximum of 1.5 per cent year on year.

There are no confidence intervals available for these indicators and therefore it is not possible to say whether the year on year variations are due to chance or real changes. However, the similar yearly scores suggest that there has been little or no change in the health-related quality of life for these groups in recent years.

**Demographic variation of scores**

The following analysis looks at the variation of health-related quality of life scores of people with long-term conditions (indicator 2) by demographic group. In 2015/16, the average EQ-5D™ score for England was 0.741. The following chart shows the demographic categories which had scores more than 10 per cent below the England average.

**Figure 4: Percentage difference in EQ-5D™ scores compared to England average by demographic group (indicator 2), 2015/16**

<table>
<thead>
<tr>
<th>Demographic group</th>
<th>Percentage difference to England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion - Muslim</td>
<td>-10.4</td>
</tr>
<tr>
<td>Religion - Other</td>
<td>-11.2</td>
</tr>
<tr>
<td>Deprivation decile 1 - Most deprived</td>
<td>-12.0</td>
</tr>
<tr>
<td>Age - 85 or over</td>
<td>-24.6</td>
</tr>
<tr>
<td>Ethnicity - Arab</td>
<td>-11.9</td>
</tr>
<tr>
<td>Ethnicity - Gypsy or Irish Traveller</td>
<td>-25.2</td>
</tr>
<tr>
<td>Sexual orientation - Other</td>
<td>-12.0</td>
</tr>
</tbody>
</table>

The chart shows that these groups have substantially lower scores than the England average. The biggest differences were for individuals
from the Gypsy or Irish Traveller group (25.2 per cent lower) and the oldest age group, 85 or over (24.6 per cent lower).

The oldest age group are more likely to have complex and / or multiple long-term conditions; they are amongst the groups most likely to be significantly affected by poor health.

The high variation for the two ethnicity categories "Arab" and "Gypsy or Irish Traveller" needs to be interpreted with caution since relatively small numbers of respondents reported these ethnicities.

For the remaining groups in the chart, there is possibly further work that could be done to support these individuals in managing their long-term conditions.

**Geographic variation of scores**

At region and upper tier local authority level, there are no areas with EQ-5D™ scores more than 10 per cent below the England average, but some variation does exist between local authorities (LAs).

The following chart shows the distribution of the health-related quality of life scores for LAs. Scores have been rounded to two decimal places for the purpose of this chart and the England average has been highlighted in light blue.

**Figure 5: Frequency distribution of rounded EQ-5D™ scores for upper tier local authorities (indicator 2), 2015/16**

In 2015/16, the highest LA score was 0.815 while the lowest was 0.669, giving a range of 0.146.
The local authorities with the two highest scores were Wokingham (0.815) and Kingston upon Thames (0.800). There were four LAs in the 0.67 range, which was the lowest scoring group in 2015/16: Knowsley, Halton, Blackpool and Liverpool. The geographic variation shows some correlation with deprivation, the areas with the highest average EQ-5D™ scores are among the least deprived in the country, while the four lowest scoring LAs were noted in the English Indices of Deprivation 2015 Statistical Release⁴ (table on page 10) for having high proportions of highly deprived neighbourhoods.

The following chart looks at the locations of the highest and lowest scoring local authorities. The lowest scoring areas are all located in the Northern half of the country and London. There is a cluster of high scoring areas around the M4 corridor but some Northern local authorities are also included in the high scoring group.

**Figure 6: Geographic distribution of highest and lowest EQ-5D™ scores for upper tier local authorities (indicator 2), 2015/16**

[Map showing geographic distribution]

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**Indicator 2.1 - Supporting people with long-term conditions**

Indicator 2.1 measures the proportion of people who feel supported to manage their long-term condition. It allows the Department of Health to monitor how well the NHS is supporting people to look after themselves and handle the consequences of their conditions.

The indicator value is calculated using GPPS data which is discussed in more detail in the previous section. The following question is used:

*In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?*

The numerator of the indicator value is weighted depending on the response category chosen. The category "Yes, definitely" is weighted as 1.0, "Yes, to some extent" is weighted as 0.5, and if "No" is selected the weight is 0.0. This is combined with the overall survey weighting to create a proportion of people who feel supported, and this is used as the indicator value.

For further details on the calculation of this indicator, please see the Domain 2 specification document on the Indicator Portal.
National level data

The following chart shows the proportion of people feeling (definitely or to some extent) supported and the proportion not feeling supported in each of the surveys over the last five years.

Figure 7: Weighted proportion of people with long-term conditions feeling supported (indicator 2.1) and not feeling supported by year, 2011/12 to 2015/16

The chart shows that the proportion of people feeling supported has fallen slightly each year, and has fallen by 3.6 per cent over the time series. There are no confidence intervals to test the statistical significance of this change, however the trend suggests that a smaller proportion of people were feeling supported in 2015/16 than in 2011/12.

The proportion of people feeling supported has decreased by 3.6% between 2011/12 and 2015/16.

Source: GP Patient Survey from Ipsos MORI
Age and gender level data

Figure 8 looks at which demographic groups are driving this downward trend. The chart shows the percentage change in the indicator value for each group over the five-year time series.

Figure 8: Percentage change in the proportion of people feeling supported to manage their long-term condition (indicator 2.1) by age and gender, between 2011/12 and 2015/16

The chart shows that all of the groups shown are contributing to the decline in the overall indicator value.

However, some groups have seen bigger declines than others. The 35 to 44 and 55 to 64 year age groups have seen the biggest decline in the proportion of people feeling supported with their long-term condition, with decreases of 5.5 and 5.0 per cent respectively.

The indicator values for female respondents declined more than male respondents over the period, showing decreases of 4.1 and 3.1 per cent respectively.
Domain 4 - Overview

Domain 4 relates to ensuring that people have a positive experience of care. NHS England describe the relevance of domain 4 as follows:\n
Positive patient experience is common in the NHS. However, care is inconsistent, as seen in recent examples of wholly unacceptable care documented in the Francis and Winterbourne View reports. The poorest care is often received by those least likely to make complaints, exercise choice or have family to speak up for them, and there is evidence of unequal access to care.

Patient experience is everybody’s business, yet evidence suggests the NHS does not consistently deliver patient-centred care, and that there are particular challenges in co-ordinating services around the needs of the patient (rather than passing the patient between services). Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that good staff experience is fundamental for ensuring good patient experience.

Care and treatment in the NHS should consistently include: compassion and respect for patient’s preferences and expressed needs; equal access to services; good communication and information; physical comfort; emotional support; welcoming the involvement of family and friends. The NHS should seek out, listen to and act on patient feedback, ensuring the patient and carer voice is heard and directly influences improvements in NHS services.

NHS England has identified four key areas for action which relate to this domain. These are actions which will need to be taken forward in partnership between NHS England, Clinical Commissioning Groups across the whole commissioning system, and other partners such as patient representative groups.

• Improving the experience of the most vulnerable and reducing inequality
• Commissioning for good patient experience
• Measuring patient experience for improvement
• Systematic approaches to seeking out, listening to and acting on patient feedback

5 https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-4/
Indicators 4a.i and 4a.iii – Patient experience of primary care

Indicators 4a.i and 4a.iii are overarching indicators in domain 4 of the framework, which focusses on ensuring that people have a positive experience of care. These indicators measure patient experience of GP services and NHS dental services respectively, by measuring the percentage of GP Patient Survey respondents who rated the service as “Very good” or “Fairly good”. These indicators help the NHS monitor and improve patient experience in these areas.

National level data

Figure 9 shows the percentage for both services over the five years of the time series so far:

Figure 9: Percentage of people reporting a “Very good” or “Fairly good” experience of GP and NHS dental services (indicators 4a.i and 4a.iii) by year, 2011/12 to 2015/16

![Graph showing percentage of people reporting a “Very good” or “Fairly good” experience of GP and NHS dental services](image)

Patient experience of GP services saw a significant increase between 2014/15 and 2015/16 although this followed significant decreases in all previous years. Over the whole time series, the percentage of survey respondents reporting a “Very good” or “Fairly good” experience has fallen from 88.3 per cent in 2011/12 to 85.2 per cent which is a statistically significant deterioration against a 95 per cent confidence interval.

The Five Year Forward View⁶ published in October 2014 recognises the pressures that GPs are under through increased demand and budgetary pressures and it is possible this could be effecting patient

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experience of GP services. In this report, the NHS pledged to increase funding for primary care over the next five years in an effort to combat these pressures and this could be driving the significant increase seen in 2015/16.

Since the start of the time series in 2011/12 there has been a small but significant increase in patient experience of NHS dental services. The percentage of survey respondents reporting a “Very good” or “Fairly good” experience has risen from 83.4 per cent in 2011/12 to 85.2 per cent in 2015/16.

One-year trends in GP services, age and gender level data

Both males and females reported small but significant increases in the percentage of respondents rating GP services as “Very good” or “Fairly good” between 2014/15 and 2015/16. Males saw the percentage increase by 0.6 per cent to 84.6 per cent and females saw an increase of 0.4 per cent to 85.8 per cent. Figure 10 looks at the one-year percentage changes by age group:

Figure 10: Percentage change in patient experience scores for GP services (indicator 4a.i) by age group, between 2014/15 and 2015/16

Source: GP Patient Survey from Ipsos MORI
The upward trend in 2015/16 was driven by the 18 to 24 and 25 to 34 age groups who reported the biggest percentage increases and were the only two groups to see significant increases. Those aged 65 to 74 were the only group with a decrease in the percentage reporting a “Very good” or “Fairly good” experience of GP services.

Although reporting a significant increase in 2015/16, the 18 to 24 age group still had the lowest percentage reporting a good experience at 78.6 per cent. The 75 to 84 age group had the highest percentage at 94.5 per cent making the gap between the lowest and highest groups 15.9 percentage points. This has decreased from 17.6 percentage points in 2014/15 when the same two age groups had the highest and lowest percentages.

One-year trends in GP services, region level data

Figure 11 shows the one-year percentage changes by region:

**Figure 11: Percentage change in patient experience scores for GP services (indicator 4a.i) by region, between 2014/15 and 2015/16**

The upward trend in 2015/16 was also driven by the North West and London regions, which reported significant increases between 2014/15
and 2015/16. Both regions saw a 0.9 per cent rise in the percentage of people reporting a good experience. Despite the increase, London’s percentage remained the lowest of all regions in 2015/16, at 80.9 per cent.

London often scores poorly in NHS patient surveys and it has been suggested that this could be due to a “London effect” due to factors such as a diverse population and poorer infrastructure, as opposed to poorer quality of care.

Five-year trends for dental services, age and gender level data

Over the five-year time series, the national patient experience score for dental services has significantly improved by 2.2 per cent.

At age and gender level, the majority of groups have reported similar trends to the national rate over this period. The percentage change in scores for females was slightly higher than for males; their scores significantly increased by 2.4 per cent and 1.9 per cent respectively.

Figure 12 shows the percentage change over the time series by age group, with statistically significant differences highlighted in dark blue.

Figure 12: Percentage change in patient experience scores for NHS dental services (indicator 4a.iii) by age group, between 2011/12 and 2015/16

The chart shows that all age groups are contributing to the overall increase in patient experience scores for dental services, although the rate of improvement varies between age groups. The scores for younger individuals have seen bigger improvements than those for the older age groups. The biggest improvements were for the 45 to 54 year group and the 25 to 34 year group, who saw significant increases of 3.0 and 2.4 per cent respectively.

Five-year trends for dental services, region and local authority level data

The five-year picture is also similar at a regional level. The majority of regions reported significant increases but some saw bigger improvements than others. The biggest improvements were seen in the South East and the South West; these regions had significant increases of 3.3 and 2.9 per cent respectively. The following chart shows the percentage changes at LA level.

Figure 13: Change in indicator value (Indicator 4a.iii), by upper tier local authority, between 2011/12 and 2015/16
The trends at local authority level shown in figure 13 show a different pattern of change over time for patient experience scores. The majority of local authorities (137 of 152, 90.1 per cent) saw no significant change between 2011/12 and 2015/16. This is likely to be a result of the lower counts of people in each group which gives wider confidence intervals.

A small number (15) of local authorities did see statistically significant increases and these were concentrated in the southern half of the country. The biggest improvements were for Swindon, Milton Keynes and Reading, who all saw significant score increases of more than 9.0 per cent over the time series.

**Indicator 4b - Patient experience of hospital care**

This indicator is an overarching indicator in domain 4. The overarching indicators allow the Department of Health to monitor how successful the NHS has been at improving the overall patient experience. Indicator 4b looks at the experience of inpatients in hospitals and is based on responses to the National Inpatient Survey, which is managed by the Care Quality Commission (CQC).

To be eligible to complete the survey, a patient must have had at least one overnight hospital stay and be over the age of 16. Patients treated for maternity or psychiatric reasons, patients admitted for planned termination of pregnancy, day-case patients, and non-NHS patients are excluded.

This publication includes new data points from the 2015-16 National Inpatient Survey. This survey was completed by over 83,000 patients who had stayed in hospital during July 2015, generating a response rate of 47 per cent.

Twenty questions from the survey are used to calculate the average score for the indicator value. The indicator takes values between 0 and 100, where 0 is the worst score and 100 is the best score.

For more information on the calculation methodology, please see the Domain 4 specification document on the Indicator Portal.
National level data

Figure 14 shows the indicator values over the last eight years. In 2015-16, the average rating for hospital care was 77.3 out of 100, a similar level to the previous year (76.6).

The chart suggests that there has been a small improvement over the last five years from an average of 75.6 in 2011-12, a 2.2 per cent increase. However, confidence intervals are not currently available to test for statistical significance.

Figure 14: National patient experience scores for hospital care (indicator 4b), 2008-09 to 2015-16

Source: National Inpatient Survey from the Care Quality Commission
Trust level data

At trust level in 2015-16, there were a wide range of scores, between 70.6 and 88.0. Figure 15 looks at how the trust scores changed between the latest surveys.

Figure 15: Change in trust patient experience scores for hospital care (indicator 4b), between 2014-15 and 2015-16

The majority of trusts (55.4 per cent) had similar patient experience scores (between -2.0 and +2.0 per cent difference) compared to the previous year and it is likely that this is contributing to the stability of the national indicator value.

A large proportion of trusts (36.5 per cent) saw improved (greater than 2 per cent difference) scores in 2015-16. Three trusts improved their average score by more than 6.0 per cent: These were the Hinchingbrooke, North Middlesex and North Bristol trusts.

Indicator 4.2 - Responsiveness to inpatients' personal needs

This indicator is an improvement area of domain 4 and was selected for the framework because feedback indicated that personalisation and service responsiveness are important issues for inpatients.

The calculation of this indicator is also based on a selection of questions from the National Inpatient Survey (see previous section for further details on this data source).
Five questions are used to calculate an average score for the indicator, which can range between 0 (worst score) and 100 (best score).

For more information on the calculation methodology, please see the specification document on the Indicator Portal.

**National level data**

Figure 16 shows the indicator values over the last eight years. In 2015-16, the average rating for patient responsiveness was 69.6 out of 100, a similar level to the previous year (68.9).

The chart suggests that there has been a small improvement over the last seven years from an average of 66.7 in 2009-10, a 4.3 per cent increase. However, confidence intervals are not currently available to test for statistical significance.

**Figure 16: National patient responsiveness scores for hospital care (indicator 4.2), 2008-09 to 2015-16**
**Trust level data**

At trust level in 2015-16, the average scores ranged from 58.9 to 86.2. Figure 17 looks at how trust scores changed between the latest surveys.

**Figure 17: Change in trust patient responsiveness scores for hospital care (indicator 4b), between 2014-15 and 2015-16**

48.0 per cent of trusts had similar patient responsiveness scores (between -2.0 and +2.0 per cent difference) compared to the previous year and it is likely that this is contributing to the stability of the national indicator value.

A large proportion of trusts (37.2 per cent) saw improved (greater than 2.0 per cent difference) scores in 2015-16. Hinchingbrooke trust and North Middlesex trust saw the biggest improvements, with 10.5 and 9.4 per cent increases respectively.

**Indicator 4.4.i – Access to GP services**

Indicator 4.4.i is part of the improvement area “Improving access to primary care services” in domain 4 of the framework. This indicator measures access to GP services and by measuring the percentage of GP Patient Survey respondents who rated their experience of making an appointment as “Very good” or “Fairly good”.

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National level data

Figure 18 shows the variation of this percentage nationally, for the five years of the time series so far:

Figure 18: Percentage of people reporting a “Very good” or “Fairly good” experience of making an appointment (Indicator 4.4.i) by year, 2011/12 to 2015/16

![Graph showing percentage of people reporting a good experience of making an appointment from 2011/12 to 2015/16.]

The percentage of respondents reporting a “Very good” or “Fairly good” experience of making an appointment has seen a significant decrease in the last years falling from 79.1 per cent in 2011/12 to 73.4 per cent in 2015/16. Despite this, the most recent year saw no significant difference from 2014/15, which is the first time there has not been a significant fall between years.

Age and gender level data

When comparing the rates by gender there was little difference from the national rate for either gender. Both genders saw significant decreases in each year between 2011/12 and 2014/15 with no significant difference between 2014/15 and 2015/16. Females had a significantly higher percentage with 73.8 per cent reporting a good experience compared to 73.1 per cent of males in 2015/16.

Looking at percentages by age group all age groups have seen a significant decrease in good experience between 2011/12 and 2015/16. Figure 19 looks at the difference between the most recent years:
For most age groups there has been little difference between 2014/15 and 2015/16 which reflects the national trend. The only groups that had a significant difference between the years were the 18 to 24 age group, which saw an increase from 65.1 per cent to 66.7 per cent, and the 75 to 84 age group, which saw a decrease from 86.9 per cent to 86.1 per cent.

The 18 to 24 age group still had the lowest percentage of respondents reporting a good experience of making an appointment in 2015/16 despite this increase, as it did for overall experience of GP services (indicator 4a.i). The 85 and over age group reported the highest percentage in 2015/16 at 86.8 per cent.

The decline in access to GP services was recognised by the government and in October 2013, the Prime Minister announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services.

Some of the initiatives funded by this programme include tailored services for those with multiple long-term conditions, evening telephone consultations, video consultation and utilising voluntary services for elderly patients suffering from isolation who may book GP appointments for non-medical reasons. Further funding of £100m for 2015/16 was announced by the Prime Minister in September 20148.

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8 [https://www.england.nhs.uk/ourwork/futurenhs/pm-ext-access/](https://www.england.nhs.uk/ourwork/futurenhs/pm-ext-access/)
Indicator 4.4.ii – Access to NHS dental services

Indicator 4.4.ii is part of the improvement area “Improving access to primary care services” in domain 4 of the framework. This indicator measures the percentage of people who successfully obtained an NHS dental appointment out of those who had tried in the last two years.

National level data

Nationally, this percentage is high and has remained relatively stable since the time series began in 2011/12. Figure 20 shows the national percentage over the last five years:

Figure 20: Percentage of people who successfully obtained an appointment having tried in the last two years (Indicators 4.4.ii), by year, 2011/12 to 2015/16

Despite the consistently high success rate for those who try to get an appointment, data for the latest year (2015/16) show that only 59.0 per cent of respondents have tried to get an appointment in the last two years. NHS guidance states that even those with good oral health should see a dentist every 12 to 24 months.

Figure 21 shows the reasons respondents gave for not trying to get an appointment in the last two years:

9 http://www.nhs.uk/Livewell/dentalhealth/Pages/Dentalcheckups.aspx
Figure 21: Weighted percentage of responses to the question “Why haven’t you tried to get an NHS dental appointment in the last two years?” 2011/12 and 2015/16

<table>
<thead>
<tr>
<th>Reason</th>
<th>2011/12</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>I didn’t think I could get an NHS dentist</td>
<td>11.6</td>
<td>10.2</td>
</tr>
<tr>
<td>I don’t like going to the dentist</td>
<td>5.6</td>
<td>6.0</td>
</tr>
<tr>
<td>I haven’t had time to visit a dentist</td>
<td>1.7</td>
<td>2.2</td>
</tr>
<tr>
<td>I haven’t needed to visit a dentist</td>
<td>16.6</td>
<td>18.9</td>
</tr>
<tr>
<td>I no longer have any natural teeth</td>
<td>7.0</td>
<td>5.6</td>
</tr>
<tr>
<td>I prefer to go to a private dentist</td>
<td>16.4</td>
<td>20.3</td>
</tr>
<tr>
<td>I stayed with my dentist when they changed from NHS to private</td>
<td>16.6</td>
<td>12.8</td>
</tr>
<tr>
<td>I’m on a waiting list for an NHS dentist</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>NHS dental care is too expensive</td>
<td>3.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Another reason</td>
<td>6.6</td>
<td>6.9</td>
</tr>
<tr>
<td>Unknown</td>
<td>13.9</td>
<td>13.0</td>
</tr>
</tbody>
</table>

In 2015/16 the two biggest reasons for not trying to get an NHS dental appointment were “I prefer to go to a private dentist” (20.3 per cent of respondents) and “I haven’t needed to visit a dentist” (18.9 per cent). In terms of percentage points, these two categories also saw the biggest increase between 2011/12 and 2015/16.

The percentage of respondents giving the answer “I stayed with my dentist when they changed from NHS to private” fell the most in percentage point terms from 16.6 per cent to 12.8 per cent. The other biggest falls were for “I didn’t think I could get an NHS dentist” and “I no longer have any natural teeth” which both fell by 1.4 percentage points.

It should be noted that only one answer to the question is permitted by the survey and for some respondents many of these reasons may be applicable.
As with GP services, it is recognised that more can be done to increase access to NHS dental services. In the NHS England report *Improving dental care and oral health – A call to action*\(^\text{10}\), longer opening hours, better community provision and increasing access for the disadvantaged were recognised as areas for focus.

**Domain 5 - Overview**

Domain 5 relates to treating and caring for people in a safe environment and protecting them from avoidable harm. NHS England describes the relevance of domain 5 as follows\(^\text{11}\):

Although research suggests around 90 per cent of patients admitted to hospital will not experience an adverse incident, around 10 per cent of patients will experience an adverse event, half of which are considered avoidable. Over a million patient safety incidents are reported to the National Reporting and Learning System each year, over 90 per cent of which involved low or no harm. However, we know this is an underestimate of the true burden of harm.

NHS England has identified five key areas for action which relate to this domain. These are actions which will need to be taken forward in partnership between NHS England, Clinical Commissioning Groups across the whole commissioning system, and other partners such as patient representative groups.

- Increase our understanding of the problem
- Create the conditions for patient safety
- Build capacity for safe care
- Create a whole system response
- Address our key patient safety concerns

**Indicators 5.2.i and 5.2.ii - Healthcare-associated infections**

Healthcare-associated infections (HCAIs) are an important public health challenge and tackling them through improved infection prevention and control is a key component of the UK Antimicrobial Resistance Strategy\(^\text{12}\). These indicators allow the Department of Health to monitor how successful the NHS has been in reducing the prevalence of two particular HCAIs.

11 [https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-5/](https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-5/)
Indicator 5.2.i is a count of the incidents of Meticillin-resistant Staphylococcus aureus (MRSA) while indicator 5.2.ii is a count of the incidents of Clostridium difficile (C. difficile). Incidents are only counted if they were diagnosed in England and were reported to Public Health England (PHE).

PHE publish the source data annually and they are available at the following links.

For MRSA source data:


For C. difficile source data:


**National level data - MRSA**

The following chart shows the national counts of MRSA infections by year, over the last eight years. The counts have fallen substantially over this time (by 72.1 per cent) and the latest data shows that there were a total of 819 cases reported in 2015/16.

**Figure 22: National counts of MRSA infections by year (indicator 5.2.i), 2008/09 to 2015/16**

Cases of MRSA have decreased by 72% over the last eight years

Source: Financial year HCAI counts from Public Health England
It is likely that increased government and NHS focus on this area have influenced this reduction. A number of strategy documents have included the reduction or eradication of MRSA as an objective and there have been a range of initiatives which have raised awareness and provided guidance for staff. Examples of these include the cleanyourhands campaign and MRSA Guidance for nursing staff.

Figure 22 also shows that the pace of decrease has slowed in recent years and for the first time in 2015/16; there was an increase (of 2.4 per cent) on the previous year. Confidence intervals are not currently available for these data, therefore it is unknown whether this is the result of a true increase or natural variation in the data.

The chart suggests that over the last four years the counts have reached a plateau, ranging between 800 and 924 cases. In their Annual Epidemiological Commentary, NHS England discuss whether MRSA rates might have reached an irreducibly low level such that further reductions are unattainable.

However, they conclude that a further reduction is possible since a number of northern European countries (Netherlands, Sweden, Norway, etc) have very low prevalence of MRSA. Additional measures may be needed to further reduce the levels of MRSA in England and achieve the zero tolerance objective set out by NHS England in 2013/14.

National level data - C. difficile

The following chart shows the national counts of C. difficile infections by year, over the last eight years. The counts have fallen substantially over this time (by 60.8 per cent) and the latest data shows that there were a total of 14,139 cases reported in 2015/16.
It is likely that the government and NHS initiatives discussed above for MRSA have influenced the C. difficile reduction. In addition to this, targets for the number of C. difficile cases are regularly set for trusts, with fines of up to £50,000 imposed for missed targets\(^\text{19}\). This is likely to have had a big influence on the overall reduction in cases.

The trends in figure 23 are very similar to those seen for MRSA. The pace of decrease has slowed in recent years for C. difficile and did see an increase (of 6.2 per cent) between 2013/14 and 2014/15.

The chart suggests that over the last four years the counts have reached a plateau, ranging between 13,362 and 14,694 cases. NHS England require trusts to make continuous improvements to their yearly counts\(^\text{20}\), therefore additional measures may be needed to further reduce the current level of cases.

**Further reading**

Whilst incidences of MRSA and C. difficile have seen a general downward trend in recent years, incidences of Meticillin-susceptible Staphylococcus aureus (MSSA) and Escherichia coli (E. coli) have been on the rise. A more detailed analysis of all four of these HCAIs can be found in PHEs Annual Epidemiological Commentary\(^\text{21}\).

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\(^{19}\) [https://www.england.nhs.uk/patientsafety/associated-infections/clostridium-difficile/](https://www.england.nhs.uk/patientsafety/associated-infections/clostridium-difficile/)


## Appendix 1 - Release Details

The below table shows the time periods and disaggregations which have been added or updated in the indicator data files for this release.

Please note that the GPPS data files only contain deprivation breakdowns for 2015/16 GPPS data which are calculated using the 2015 Index of Deprivation (IMD) scores. Previous years' deprivation data are not comparable since they were calculated using the 2010 IMD scores and therefore these data have been removed from the file. We are currently assessing the available options for presenting a deprivation time series and it is hoped an update will be made shortly.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data source</th>
<th>Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Health-related quality of life for people with long-term conditions</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England, Gender, Age, Ethnicity, Sexual orientation, Religion, Deprivation decile, Lower tier local authority, Upper tier local authority, Region, Number of long term conditions, Slope index of inequality, Relative index of inequality</td>
</tr>
<tr>
<td>2.1 Proportion of people feeling supported to manage their condition</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England, Gender, Age, Ethnicity, Sexual orientation, Religion, Deprivation decile, Lower tier local authority, Upper tier local authority, Region, Number of long term conditions</td>
</tr>
<tr>
<td>2.2 Employment of people with long-term conditions</td>
<td>Labour Force Survey (LFS) from Office for National Statistics (ONS)</td>
<td>New data for Q1 2016 (Jan to Mar): England, Gender, Age group, Ethnicity, Region, Unitary authority/local area, NS-SEC category, Religion</td>
</tr>
<tr>
<td>Indicator</td>
<td>Data source</td>
<td>Updates</td>
</tr>
<tr>
<td>-----------</td>
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<td>---------</td>
</tr>
<tr>
<td>2.4 Health-related quality of life for carers</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England, Gender, Age, Ethnicity, Sexual orientation, Religion, Deprivation decile, Lower tier local authority, Upper tier local authority, Region</td>
</tr>
<tr>
<td>2.5.i Employment of people with mental illness</td>
<td>Labour Force Survey (LFS) from Office for National Statistics (ONS)</td>
<td>New data for Q1 2016 (Jan to Mar): England, Gender, Age group, Ethnicity, Region, Unitary authority/local area, NS-SEC category, Religion, Condition</td>
</tr>
<tr>
<td>2.7 Health-related quality of life for people with three or more long-term conditions</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England, Gender, Age, Ethnicity, Sexual orientation, Religion, Deprivation decile, Lower tier local authority, Upper tier local authority, Region</td>
</tr>
<tr>
<td>4a.i Patient experience of primary care - GP services</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England, Gender, Age, Ethnicity, Sexual orientation, Religion, Deprivation decile, Lower tier local authority, Upper tier local authority, Region</td>
</tr>
<tr>
<td>4a.iii Patient experience of primary care - NHS dental services</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England, Gender, Age, Ethnicity, Sexual orientation, Religion, Deprivation decile</td>
</tr>
<tr>
<td>Indicator</td>
<td>Data source</td>
<td>Updates</td>
</tr>
<tr>
<td>-----------</td>
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<td>---------</td>
</tr>
<tr>
<td>4.2 Responsiveness to inpatients’ personal needs</td>
<td>National Inpatient Survey from the Care Quality Commission (CQC)</td>
<td>New data for 2015/16: England Provider</td>
</tr>
<tr>
<td>4.4.i Access to GP services</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England Gender Age Ethnicity Sexual orientation Religion Deprivation decile Lower tier local authority Upper tier local authority Region</td>
</tr>
<tr>
<td>4.4.ii Access to NHS dental services</td>
<td>GP Patient Survey (GPPS) from Ipsos MORI</td>
<td>New data for 2015/16: England Gender Age Ethnicity Sexual orientation Religion Deprivation decile Lower tier local authority Upper tier local authority Region</td>
</tr>
<tr>
<td>5.2.i Incidents of healthcare associated infection (HCAI) - MRSA</td>
<td>Financial year HCAI surveillance from Public Health England (PHE)</td>
<td>New data for 2015/16: England Provider</td>
</tr>
<tr>
<td>5.2.ii Incidents of healthcare associated infection (HCAI) - C. Difficile</td>
<td>Financial year HCAI surveillance from Public Health England (PHE)</td>
<td>New data for 2015/16: England Provider</td>
</tr>
</tbody>
</table>
Appendix 2 - Change Categories

This appendix gives further information about the change categories used in the main findings table and commentary section of this report. There are two ways change is measured, depending on whether confidence intervals are currently available for the data.

Confidence intervals show the range of values within which the true indicator value is expected to lie. They are used when the true value of something is uncertain because of random variation in the world around us. Narrow confidence intervals show that the indicator value is precise, wider confidence intervals show that the indicator is less precise.

For example, because of the relative sizes of the underlying populations, an indicator at England level will be more precise than a local value, i.e. the effect of random variation is greater when considering a smaller population.

When considering change over time we look at whether confidence intervals overlap from the starting period to the current period. If confidence intervals overlap this could be due to natural variation rather than a true change in the direction of the indicator.

If indicators are described as "Tested", the change over time has been statistically tested by looking at confidence intervals. These changes are classed as "Statistically Similar" where confidence intervals overlap, and where they don't, the change is categorised as "Significantly Improved" or "Significantly Deteriorated".

Where indicators are described as "Not Tested", indicator data are available but they do not currently have confidence intervals. "Not Tested" changes are classed as "Similar" if the percentage change is between -2.0 and +2.0 (inclusive) and either "Improved" or "Deteriorated" if not.

The "No Data" category is used in the key findings where the indicator is in development or the time series has not yet reached five years.
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www.digital.nhs.uk
0300 303 5678
enquiries@nhsdigital.nhs.uk
@nhsdigital

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