

THE DEVELOPMENT REPORT FOR THE 2008 INPATIENTS SURVEY

THE CO-ORDINATION CENTRE FOR THE
ACUTE SURVEY PROGRAMME

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Contents

1	Executive summary	1
1.1	Aims	1
2	Changes to the questionnaire following consultation with stakeholders	2
2.1	Questions added for testing	2
2.2	Questions modified	4
2.3	Questions removed	4
3	Testing the questionnaire: cognitive interviews	6
3.1	Introduction	6
3.2	Testing version 1.1: findings	6
3.3	Revisions made to version 1.1	7
3.4	Testing version 1.2: findings	8
3.5	Revisions made to version 1.2	12
3.6	Testing version 1.3: findings	12
3.7	Revisions made to version 1.3	19
3.8	Testing version 1.4: findings	19
3.9	Revisions made to version 1.4	21
3.10	Testing version 1.5: findings	21
4	EQ-5D and issues with ethical approval	24
4.1	Question and response option wording	24
4.2	Issues with ethical approval	25
5	Amendments made to the questionnaires	27
5.1	Questions removed from questionnaire	27
5.2	Questions added to the questionnaire	27
5.3	Minor changes to existing questions in the core questionnaire	27
6	Changes to guidance manual and survey protocol	29

1 Executive summary

This document details the development of the questionnaire used for the 2008 survey of adult inpatients in all NHS Acute trusts in England. Engagement with various stakeholder groups was carried out to identify issues that could be included in the questionnaire, followed by design of draft questions then cognitive testing to refine the proposed questionnaire.

The development work was carried out by the Picker Institute Europe as part of the national patient survey programme overseen by the Healthcare Commission.

1.1 Aims

The aims of the survey development work were:

- To identify any areas of acute NHS care not adequately assessed in the current inpatient questionnaire
- To design questions in collaboration with stakeholders and project sponsors that could be used for service improvement or measurement
- To ensure that the new questions are relevant and comprehensible by cognitively testing them with a diverse group of recent inpatients
- Test the face validity of the questionnaire in cognitive interviews.

2 Changes to the questionnaire following consultation with stakeholders

2.1 Questions added for testing

The Co-ordination Centre met with stakeholders in the Healthcare Commission and the Department of Health to discuss new content for the 2008 inpatient survey. We also examined the comments submitted to us throughout the preceding six months to investigate further content that might be appropriate for addition to the questionnaire. Most of these topics were submitted by NHS staff at acute trusts, but some content was suggested by patients and staff from other NHS agencies.

Following agreement with the patient surveys leads at the Healthcare Commission and the Department of Health, the following changes were made to the 2007 inpatient questionnaire to be cognitively tested with recent inpatients.

Clarification of mixed sex accommodation

Two new questions were added to the core questionnaire asking if patients minded sharing their room or bay with patients of the opposite sex. This was to bring the 2008 adult inpatient questionnaire into line with the recent Independent Sector Treatment Centre (ISTC) survey at the request of the Department of Health. A similar question 'were you ever bothered or upset by having to share a room or bay with patients of the opposite sex' has been included as an optional question in the bank since 2002. The wording of the question was altered for consistency with the ISTC survey so that data from NHS and private care can be compared. The inclusion of these questions aims to assess how well trusts are managing dissatisfaction and distress caused by sharing sleeping areas with the opposite sex and thus should provide some useful action points for those trusts with high levels of sharing.

These questions were:

Q15. When you were **first** admitted, did you mind sharing a sleeping area, or example a room for bay, with patients of the opposite sex?

1 Yes

2 No

Q18. **After you moved**, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?

1 Yes

2 No

Inclusion of a standardised Quality of Life measure – the EQ-5D

It was agreed that the inclusion of a standardised measure of patient quality of life should be included in all acute questionnaires, starting with the 2008 Emergency Department survey and, subsequent to this, including it in the 2008 adult inpatient survey. The following instruction and five questions were added into the demographic section of the questionnaire:

Your own health state today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

Q79. Mobility

- 1 I have no problems in walking about
- 2 I have some problems in walking about
- 3 I am confined to bed

Q80. Self-Care

- 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself
- 3 I am unable to wash or dress myself

Q81. Usual Activities (e.g. work, study, housework, family or leisure activities)

- 1 I have no problems with performing my usual activities
- 2 I have some problems with performing my usual activities
- 3 I am unable to perform my usual activities

Q82. Pain/Discomfort

- 1 I have no pain or discomfort
- 2 I have moderate pain or discomfort
- 3 I have extreme pain or discomfort

Q83. Anxiety/Depression

- 1 I am not anxious or depressed
- 2 I am moderately anxious or depressed
- 3 I am extremely anxious or depressed

These five questions, known as EQ-5D, are a validated measure of health and well-being. They replace the question 'Overall, how would you rate your health during the past 4 weeks?'. The new Standard NHS Contract for Acute Services, introduced in April 2008, includes a requirement to report on patient-reported outcome measures (PROMs). Guidance on the routine collection of PROMS, published by the Department for Health, shows that EQ-5D is the recommended 'generic' instrument¹. Asking patients to rate their health on five dimensions rather than one also allows more precise analysis of survey results by self-reported health.

2.2 Questions modified

The following question was modified prior to cognitive testing to allow more accurate assessment of national targets and to increase patient comprehension.

Q8. Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital? The response option 'I was not referred by my GP' was added.

2.3 Questions removed

The following questions were removed from the 2008 inpatient survey. As always, the issue of having limited space in the questionnaire means that only the most important questions are retained in the core questionnaire. They are numbered here as they appeared in the 2007 inpatient questionnaire and the reason for removing the question from the core questionnaire is discussed in each case.

Q75. How old were you when you left full-time education?

- 1 16 years or less
 - 2 17 or 18 years
 - 3 19 years or over
 - 4 Still in full-time education
-

¹ Department of Health. Guidance on the Routine Collection of Patient Reported Outcome Measures (PROMs). Available at:

www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=156032&Rendition=Web [Accessed January 2008]

This question was removed from the core questionnaire as the consensus of both the Co-ordination Centre and the Healthcare Commission Surveys Team was that this question is not an accurate enough proxy to estimate a patient's social class, education, or income level. Furthermore, the results of this question are not thought to be widely used. While this question might have been appropriate as a proxy for those from older generations, it is of limited use for estimating the social class of younger respondents as it does not take into account those who returned to education later in life.

Q76. Overall, how would you rate your health during the **past 4 weeks**?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

This question was replaced by a validated measure of health and well-being, the EQ-5D, as discussed above. Due to the high level of correlation between this question and the EQ-5D (which were both used in the 2002 adult inpatient survey), these questions have previously been viewed as interchangeable. Because of the recent priority given to PROMs, the EQ-5D was seen as the preferred format.

3 Testing the questionnaire: cognitive interviews

3.1 Introduction

Fourteen cognitive interviews were conducted in July and August 2008. The interviewees were recruited following advertising in a free community newspaper available in both printed and online format, with selection bias toward the recruitment of those who are not native English speakers to ensure that the questionnaire is comprehensible to such groups. All participants needed to have had recent experience of an inpatient admission, specifically to have stayed at least one night in hospital within the past year.

The participants were asked to read the questions and response options aloud, talking through their thought processes as they proceeded. Prompts to continue speaking were given whenever the interviewee paused as this often indicates high cognitive load and thus highlights potentially difficult questions. The interviewees were asked whether the instructions were clear and easy to understand, and were encouraged to comment further on the questions. New content to the questionnaire was probed in detail by the researchers. At the conclusion of the interview, the participants were asked if they felt any issues had been omitted or if they had any freetext comments to add.

3.2 Testing version 1.1: findings

Interview 1

The interviewee was a white male, aged 66, who had been admitted to hospital in an emergency following a mild stroke. He stayed in the hospital's stroke unit for approximately five nights. The respondent was very positive about the care he had received.

The interviewee found the questionnaire straightforward to answer and did not express any difficulty in completing it. He followed all but one of the filter instructions appropriately; on the occasion when he made a mistake, he immediately recognised his error and went back to the previous question to rectify his mistake.

The Emergency Department

Question 4: 'Were you given enough privacy when being examined or treated in the Emergency Department?'

The respondent ticked 'yes, definitely' and emphasised that he was not concerned about privacy, explaining that when a person is ill, they are not worried about privacy. He suggested that an additional response option of 'I was not concerned about privacy' could be included.

The hospital and ward

Question 16: 'After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?'

The patient replied that he could not remember, commenting that he did not feel it was an issue, and ticked 'no'. We did not recommend adding an additional option of "Don't know / can't remember" because the rate of missing responses for this question is acceptably low (3%) and it would destroy comparability with previous survey data.

Questions 17: ‘After you moved, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?’

The respondent was puzzled at being asked this question because he had indicated in the previous question that he had not shared after moving wards. This was because the filtering instructions had been missed off question 16, and that he should in fact have skipped this question. This was amended for the next version of the questionnaire.

Question 20: ‘Were you ever bothered by noise at night from hospital staff?’

The respondent ticked ‘yes’, but commented that the noises he heard were those of staff caring for other patients, implying that this was not a fault of theirs. He commented that this was the sort of noise that patients make allowances for. He suggested that the wording of the question be changed to ask patients if they found the noise at night intrusive, as he felt this would better capture cases of unnecessary noise being made by staff. This might be a good follow-up question to include in the expanded question bank.

Doctors

Question 28: ‘When you had important questions to ask a doctor, did you get answers that you could understand?’

The respondent ticked ‘yes, always’ but observed that patients need to be proactive and ask questions, as this prompts a response from doctors. He noted that due to time pressures, advice is not often unsolicited.

Leaving hospital

Question 56: ‘On the day you left hospital, was your discharge delayed for any reason?’

The respondent selected ‘no’ but mistakenly followed the filtering instructions to question 57 rather than question 59. When he read this question (‘what was the MAIN reason for the delay?’) he realised his mistake, went back to the previous question and correctly followed the instructions this time.

Overall

Question 70: ‘Overall, how would you rate the care you received?’

The respondent selected ‘very good’ but commented that the terms ‘excellent’, ‘very good’ and ‘good’ are subjective.

About you

Question 76: ‘Do you have any of the following long-standing conditions?’

The respondent went through the response options systematically, selecting ‘No, I do not have a long-standing condition’. However, he later changed his answer to ‘A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy’, explaining that he had “suffered from prostate cancer”. It was not clear whether he still was still being treated for it or not.

No free-text comments were made.

3.3 Revisions made to version 1.1

Following the findings from the first cognitive interviews and additional feedback from the Healthcare Commission, one change was made to the first draft of the questionnaire:

- **Question 16:** Filtering instructions were added to this question.

3.4 Testing version 1.2: findings

Interview 2

The interviewee was a 26-year-old female who immigrated to England from Poland approximately four years ago. She started learning English only after she arrived in the UK. Approximately four weeks ago, she had a two-night inpatient stay for an emergency admission and was treated under the specialty of General Medicine. Her English was strongly accented but she followed all filters without difficulty and she said she felt the questionnaire was very well written because there were few words she did not understand. The exceptions to this were the terms “mobility” and “self-care” used in the EQ-5D, detailed later in the interview report.

The Emergency Department

Question 2: “When you arrived at the hospital, did you go to the Emergency Department (Casualty / A&E / Medical or Surgical Admissions unit)?”

The interviewee stated that she would not have understood the terms “Casualty” or “A&E” prior to her emergency admission. Neither was she familiar with the organisational terms, Medical Assessment Unit or Surgical Assessment Unit. Instead, she concentrated on the first part of the question (“When you arrived at hospital, did you go to the Emergency Department?”) and correctly interpreted the meaning of the question. Further testing of this question should ask if participants recognise these terms.

Methodologically, she had no difficulty answering any of the questions about information provision by staff, however, her experiences were especially poor in this area and she perceived that members of staff often gave up trying to talk to her once they heard her strong accent. Any survey specialised towards non-English speaking natives should ask more detailed questions around whether staff persisted with providing information, the patient’s perception of why this did not occur, etc.

The hospital and ward

Question 12: “While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?”

As for Q2, the interviewee had trouble recognising distinct medical terms such as “Intensive Care Unit”, “High Dependency Unit” or “Coronary Care Unit”. However, we do not recommend any change to this question based upon this finding as previous testing showed that these terms do provide useful prompts to other patients, particularly those who stayed in such units.

Question 25: “How would you rate the hospital food?”

The interviewee felt this question did not provide any explanation on why a person might rate the quality of food in a certain way. She thought the food was of high standard, but did not rate it higher because it wasn’t “Polish” enough for her. However, others might base quality on temperature of food, range of options, perceived nutritional value, etc.

Q76 and Q77 were not tested as the interviewee reported no impairments or disabilities.

Q79-83 (EQ-5D): Firstly, the copyright note at the bottom of this question was incorrectly numbered (previously specified Q76-80).

The interviewee also had difficulty with the terms “mobility” and “self-care”. Specifically, the interviewee had not encountered the term “mobility” before and was unaware of the meaning of this term. From the first two response options, she defined mobility as “walking”. When provided

with a definition of mobility, she thought there seemed to be a large gap between the second and third response options, saying that walking aids and wheelchairs should be included in this question.

When prompted, the interviewee defined “self-care” as “things you do to look after yourself?” She was not familiar with the use of the hyphenated term but was able to infer meaning from the two components of the term and from the response options. As the only examples of self-care provided in the response options are “washing” and “dressing”, these were the only activities she considered in selecting a response option. Additionally, the interviewee complained about the repetitive structure of these questions and whether they were of use for “healthy” people.

No free-text comments were made.

Interview 3

The interviewee was a 32-year-old female of Jamaican descent who moved to the UK when she was 8 years old. She was schooled in England and is fluent in English. She was admitted two months ago to hospital for a planned cosmetic surgery. All filters were followed correctly.

Question 8: “Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?”

The interviewee was referred by her GP and so the new response option of “I was not referred by my GP” was not applicable to her and could not be tested.

The hospital and ward

Question 16: “After you moved to another ward (or wards), did you mind sharing a sleeping area, or example a room or bay, with patients of the opposite sex?” Although the interviewee did not move wards, we did discuss this question. She did not feel that this question duplicated Q14 and understood that they referred to patients’ experience at different stages. She also stated that, hypothetically, because she expected that she might need to share when first admitted (especially so if it were an emergency admission), she would be less likely to answer that that she did mind sharing to Q14. However, she said she would expect not to have to share after she was moved and would be more likely to answer that she did mind to Q16.

Q79-83 (EQ-5D): The interviewee thought the five EQ-5D questions were not in the same context as the other questions in the questionnaire. She asked if she could write comments alongside the EQ-5D because she would if she had self-completed. These general comments were that these questions were “...a bit stupid”, “clumsy sounding” and “why have instructions just for these questions when you have done the same thing throughout already?”.

Additionally, she thought that where the response options were standardised, for example “I have no problems in walking about” and “I have some problems in walking about”, then the definitive words should be in bold, ie “I have **no** problems in walking about” and “I have **some** problems in walking about”.

The interviewee thought there looked to be a “big gap” between response options two and three for the mobility component and that some people would be missed out.

The interviewee thought that the term “self-care”, in context of a survey about their hospital stay and leaving hospital, referred to managing their medication, changing any dressings, etc. The response options refer to “washing” and “dressing” which she considered “personal care”.

Interview 4

The interviewee was a 43-year-old European female who had lived in the UK for 10 years; having spoken the language for 25 years she is fluent in the English language. She was admitted to hospital last October for an elective gynaecological procedure and spent four nights as an inpatient. One filter was followed incorrectly.

Waiting list or planned admission

Question 7: 'Were you given a choice of **admission dates**?'

The respondent ticked 'no' but explained that she was unable to attend on the admission date she was given. When she telephoned the hospital to re-schedule the admission date she was given a choice at this stage.

Question 8: 'Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?'

The interviewee had some difficulty in answering this question as she had spoken to her GP about a referral, but was initially referred to a specialist at the hospital who helped her make the decision to be admitted. Overall, it had taken her 13 months between talking to her GP to being admitted to hospital; however, the wait was nine months if the waiting time was measured from the time at which the hospital specialist was first consulted. Although in this case both answers fell in the response option 'more than six months' this may not be the case for all patients who had experienced a similar pattern of referral. The interviewee queried which healthcare professional is responsible for referrals as it was unclear to her how best to answer the question about waiting times between referral and admission.

The hospital and ward

Question 20: 'Were you ever bothered by noise **at night** from **hospital staff**?'

The interviewee answered 'no', explaining that although staff did make some noise at night, this was only related to treating patients who needed assistance. Because no unnecessary noise was made (eg: chatting nurses), she felt that it was fairer to answer 'no' as the noise she was affected by was not something the hospital should be criticised for.

Nurses

Question 32: 'When you had important questions to ask a nurse, did you get answers that you could understand?'

The interviewee ticked 'yes, always' but elaborated that she had probed until satisfactory answers had been supplied. It may, therefore, be worth considering the inclusion of an associated question to gauge the extent to which patients had to actively seek information as opposed to it being forthcoming.

Question 33: 'Did you have confidence and trust in the nurses treating you?'

The interviewee selected 'yes, sometimes', explaining that care was 'very varied' and that injections were often done badly, resulting in painful bruising. Injections are often cited by patients in these interviews and in free-text comments as signs that the staff are not sufficiently sensitive to patients' pain or that they are overworked. Currently the questionnaire does not include a question on perceived clinical competence of nurses; this could provide a useful measure of care.

Question 36: 'As far as you know, did nurses wash or clean their hands between touching patients?'

The interviewee answered 'yes, sometimes' but commented that patients and visitors were not told about handwashing and cleanliness. It is therefore recommended that a question on patient education/information about handwashing is considered for inclusion in the questionnaire.

Your care and treatment

Question 39: ‘How much information about your condition or treatment was given to **you**?’

The interviewee queried when this question was meant to refer to. Because her procedure was elective, she had been given information before her stay and had supplemented it with her own research and a second opinion from another healthcare professional. She therefore ticked ‘the right amount’ but from her explanation of where information had been obtained, it became apparent that her answer was based on the amount of information she had received overall, not just while in hospital. It may therefore be worth including additional instructions to this section to make it clear to respondents that their answers should be made in relation to their time spent as an inpatient only.

Questions 44 and 45: ‘Were you in any pain?’ and ‘Do you think the hospital staff did everything they could to help control your pain?’

The interviewee selected ‘no’ to question 44, explaining that pain control was proactive; in other words she was given pain control in anticipation to feeling pain, rather than in response to it. She incorrectly followed the filter instructions to answer question 45, which should not have been answered. However, because of the approach to pain control taken by staff, it was appropriate for her to assess whether staff did everything they could to control her pain. If this had occurred in the main survey, the data cleaning procedure would have removed this answer.

Operations & Procedures

Question 49: ‘Beforehand, did a member of staff explain what would be done during the operation or procedure?’

The interviewee selected ‘yes, completely’ but explained that this answer took into account the fact that the exact procedure undertaken had not been decided upon until surgical investigation had occurred. Because she was aware of this, her answer recognised that she had been given as complete an explanation as was possible in the situation.

Question 54: ‘After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?’

The interviewee selected ‘yes, completely’ but explained that there was a long delay (until the next day) before feedback on her procedure was given, although the eventual explanation was satisfactory. The possibility of adding a further question to this section to address how long patients waited for an explanation is worth considering in future development work.

Leaving Hospital

Question 63: ‘Were you given clean written or printed information about your medicines?’

The interviewee asked what form this information normally takes as she was unsure whether the question was related to the information that is supplied with drugs from the pharmacy, or whether ‘printed information’ related to additional leaflets about the medication given to the patient.

Question 67: ‘Did you receive copied of letters sent between hospital doctors and your family doctor (GP)?’

The interviewee selected the response option ‘yes, I received copies’ but noted that there was a significant delay in doing so. The question currently only assesses whether this information was supplied or not, and not the time scale involved. A future survey might want to ask patients about the time they waited to receive this information.

About You

Question 84: ‘To which of these ethnic groups would you say you belong?’

The interviewee selected ‘Any other White background’ but did not follow the further instructions to write in their ethnic background in the box below. As this instruction immediately followed the

response option selected by the interviewee, this error can be attributed to loss of concentration or fatigue rather than insufficient instructions.

Interview 5

The respondent was a 34-year-old male who had had an emergency admission to hospital after breaking his leg. He stayed in hospital for just over a week in summer 2007, during which time he had one operation. The interviewee had no difficulty in following the filtering instructions, and commented that the sequence of the questionnaire is fitting to the structure of an inpatients stay.

Leaving Hospital

Question 59: 'Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?'

The respondent hesitated in answering this question, saying that he could not remember. This question only has response options for 'yes' and 'no' so it was recommended that an additional non-specific response of 'don't know / can't remember' was included, as is the case for other questions in the questionnaire that rely on the patient's memory of their stay. In trying to remember whether he was given any written or printed information, the respondent asked if hospitals have a commitment to supplying this information to patients at the time of discharge.

3.5 Revisions made to version 1.2

Question 74: 'Did hospital staff give you all the information to do this?'

This question directly follows the question 'did you want to complain about the care you received in hospital?' Because of changes to how questions with fewer than 30 responses are now handled for the national patient survey programme, this question can no longer be utilised to the extent that was possible for the 2007 survey. Many of the responses would be blanked out to avoid respondents being identifiable, and would not contribute to the cluster or national totals. The Healthcare Commission advised the Department of Health of this and recommended not to include the question for the 2008 survey. It was agreed that this question would be removed from the questionnaire for version 1.5 onwards.

3.6 Testing version 1.3: findings

Interview 6

The interviewee was a 60-year-old white male who had had a planned admission to hospital for teeth extraction 14 months ago². He had spent one night as an inpatient. He appeared to find the

² Although patients were recruited on the basis of having been an inpatient in the past year, this patient indicated at the interview that his stay had been longer ago.

questionnaire straightforward to answer but did so very quickly, making few comments. He appeared disengaged, offering little information when asked about the questions.

The hospital and ward

The respondent followed the filtering instructions on question 13 incorrectly, going on to answer question 14, which should have been skipped.

Interview 7

The interviewee was an 18-year-old male who had an emergency admission to hospital with appendicitis, approximately three to four months ago. He had an operation and stayed in hospital for two weeks. He found the questionnaire straightforward to understand and complete, and followed all filtering instructions correctly.

The Emergency Department

Question 5: 'Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?'

The respondent was unsure how to answer this question as he had been taken to surgery directly from the Emergency department so was not admitted to a bed on a ward until after the procedure had taken place. He explained that it was more than eight hours after he arrived at the hospital before he was admitted to a ward, but he felt this response would provide an incorrectly negative view of the time he had to wait as much of it was not spent waiting in the Emergency Department. He asked for clarification on how to answer the question and consequently selected the response option 'at least 2 hours but less than 4 hours' to reflect the time he spent in the Emergency department before being taken to surgery.

The Hospital and ward

Question 13: When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?'

The respondent had some difficulty in answering this question because when he awoke after his operation, he was in some sort of holding room with both male and female patients. He was then moved to a single-sex room but explained that there was a women's room next door. He therefore queried whether he would need to answer question 15 ('when you were first admitted, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?') as he had spent little time in the room where he first stayed.

Question 20: 'Were you ever bothered by noise at night from hospital staff?'

The respondent said that there had been some noise, but this was only when nurses were helping patients. He ticked 'no'.

Your care and treatment

Question 40: 'If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?'

The respondent selected 'yes, to some extent', explaining that while doctors were on the ward they were available to talk with, but that doctors were not always present on the ward. The reasons for patients' responses could be further explored through the inclusion of a follow-up question to identify why patients did or did not feel they had enough opportunity to talk to a doctor.

Question 43: 'Were you given enough privacy when being examined or treated?'

The respondent selected 'yes, always', but commented that privacy was not really necessary for his case. To identify cases such as these, which were quite common when conducting these cognitive interviews, the question could have an additional response option of 'I was not concerned about privacy'.

Leaving Hospital

Question 57: 'What was the **MAIN** reason for the delay?'

The respondent explained that he waited for medicines and to see the doctor. When he was told to select the option that was most responsible for the delay, he then selected 'I had to wait for medicines' but was not completely sure that this was the main reason for his delay.

Question 61: 'Did a member of staff tell you about medication side effects to watch for when you went home?'

The respondent ticked 'no' but explained that this was because he didn't think there were any side effects.

Question 63: 'Were you given clear written or printed information about your medicines?'

The respondent explained that because he had only been given antibiotics and painkillers, there was no need to receive this sort of information. He selected 'no' but commented that 'I did not need this information' would have been a more appropriate response option for him.

Question 64: 'Did a member of staff tell you about any danger signals you should watch for after you left home?'

Again, the respondent felt that there was no need to be told this sort of information. He ticked 'yes, to some extent' but as with the previous question, a 'non-applicable' type answer would be the most appropriate.

Overall

Question 68: 'Overall, did you feel you were treated with respect and dignity while you were in the hospital?'

The respondent selected 'yes, sometimes' but commented that on one occasion a doctor had been speaking to a group of medical students about his condition while he was asleep, and woke up to find a large group of people around his bed, which he was not happy about.

Interview 8

The respondent was a 28-year-old white female who had had a planned admission to hospital for fertility treatment. She stayed for one night in March. Because she had spent all her stay in the

women's centre, the questions of sharing facilities with members of the opposite sex were not relevant to her.

Waiting list or planned admission

Question 7: 'Were you given a choice of admission dates?'

The respondent was not entirely sure how to answer this question, as she had been given an initial admission date but then asked if she wanted to be put on the hospital's cancellation list, which may have offered her an earlier admission date if another patient's visit was cancelled. She selected 'don't know / can't remember'.

The hospital and ward

Question 23: 'Did you feel threatened during your stay in hospital by other patients or visitors?'

The patient selected 'no' but commented that the question 'plants the idea in your mind' that this might happen.

Question 25: 'How would you rate the hospital food?'

The respondent explained that she could not remember what the hospital food had been like. There is no option for 'don't know / can't remember' so the respondent ticked 'good', explaining that she probably would have remembered if the food had been especially good or especially bad.

Doctors

Question 28: 'When you had important questions to ask a doctor, did you get answers that you could understand?'

The respondent explained that she was unable to answer this question as she had only spoken to a doctor once. This had been immediately after her procedure and because the anaesthetic was still wearing off, she was unable to remember what the doctor had told her.

Nurses

Question 33: 'Did you have confidence and trust in the nurses treating you?'

The respondent selected 'yes, sometimes' but explained that because the nurses were very busy, they did not seem approachable so she did not have the confidence to ask for help.

Your care and treatment

Question 37: 'Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?'

The respondent ticked 'no' but commented that 'it leads you to think' that this might have happened.

Question 41: 'Did you find someone on the hospital staff to talk to about your worries and fears?'

The respondent ticked 'no' but mentioned that she did not want to talk about her fears. It may have been more appropriate for her to have selected 'I had no worries or fears'. We will consider the inclusion of a further response option ('I did not want to talk about my worries and fears') which might prevent inflation of the 'no' responses to this question. This might decrease low scores for this question where it is not the fault of the hospital or staff that worries and fears were not addressed.

Question 42: 'Were you given enough privacy when discussing your condition or treatment?'

The respondent ticked 'no', explaining that the curtains around the bed did not block out any sounds. She was more bothered about hearing information about other patients than her own information being overheard. The respondent made a comment not strictly related to concerns about privacy, but about the way that patients are allocated to beds: she was in hospital for fertility...

treatment while the woman in the next bed was there for a termination of pregnancy. She had found this quite insensitive.

Question 46: 'How many minutes after you used the call button did it usually take before you got the help you needed?'

The respondent said that this question was very difficult for her to answer because she was unable to accurately perceive time while recovering from the anaesthetic. She explained that her answer was a guess, but she thought the call button had been answered quite soon. She selected the option 'more than five minutes' but a more accurate answer would have been 'don't know / can't remember'.

Operations and Procedures

Question 53: 'Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you would understand?' The respondent had some difficulty answering this question as she was unsure how much detail was to be expected in such explanations. She selected 'yes, to some extent'.

Overall

Question 69: 'How would you rate how well the doctors and nurses worked together?'

The respondent asked for clarification about the meaning of this question, querying whether it meant how well the nurses worked with each other, or doctors with other doctors, or nurses and doctors together. As with one of the earlier questions, she selected 'good' because she could not remember but had not noticed any problems.

Question 70: 'Overall, how would you rate the care you received?'

The respondent explained that this was 'tricky' to answer because while her care had been good, the admission process brought down her overall rating.

Question 83: 'To which of these ethnic groups would you say you belong?'

The respondent had no problems in answering this question, but she commented that from her experience of working in social care, it may be helpful to include a disclosure below the question to explain why this information is being collected. In her experience, some people are defensive about providing this kind of information but she felt the inclusion of a disclosure might make respondents more cooperative.

EQ-5D: Your own health state today

Question 78: Mobility

The respondent selected 'I have no problems in walking about' but noted that the answer depends on how long after a patient's hospital visit the questionnaire is received.

Interview 9

The interviewee was from the "Black African" ethnic category born in northern Nigeria in 1967. He received some education in English in later life and spoke English occasionally for ten years before immigrating to England in 2005. His accent was very heavy and his written English was worse than his spoken. His methodical approach to reading meant that no filters were missed during the interview.

Waiting list or planned admission

The interviewee had no experience of choice and selected "Don't know/Can't remember" to questions 6, 7, and 8. Upon probing the initial GP visit, the interviewee stated made it known that

the doctor did not talk to him much because of his heavy accent. He said “the doctor was the first smartest man in the room and I was last smartest; it was right that he made the decision where I should go”. Because of this, the interviewee did not recollect choice of admission date or how long he waited, but remembered hospital staff being surprised that he had to wait so long to be admitted.

Question 12: “While in hospital, did you ever stay in a critical care area (Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?”

The interviewee had difficulty with the terms used in this question, this problem has occurred regularly in other cognitive interviews with those who are not native English speakers.

Question 17: “After you moved, did you mind sharing a sleeping area, for example a room or bay, with patients of the opposite sex?”

The interviewee had no difficulty with this question and did not mind sharing. He said he suspected the women in the room did not like sharing with him, though.

Question 76: “Do you have any of the following long-standing conditions?”

The interviewee selected option 6 ‘A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy’ and stated that he came to England to seek treatment for his positive HIV status. Up until this point in the questionnaire, his responses indicated a low level of engagement in his care and poor communication with trust staff. After discussing his positive status, it became apparent that his extreme gratitude and awe of western medicine made it difficult to him to say that he was not satisfied, but the wording of the questions still allowed him to report what he remembered of his experiences accurately. This suggests that asking questions about what was experienced rather than satisfaction mitigates the influence of patients’ expectations and allows trusts to be compared more objectively.

Interview 10

The interview was carried out in early August at the Picker Institute’s offices in central Oxford. The interviewee was a 28-year-old white female who had spent three nights in hospital in September with acute tonsillitis. The respondent was generally positive about the care she had received, and had no difficulty in completing the questionnaire, following all filtering instructions correctly. The only problem she had in completing the questionnaire, which she mentioned a number of times, was that her care had been of a higher standard when she was more severely ill, but was not as attentive towards the end of her stay when she was beginning to recover. This made it difficult to answer some questions as her assessment of her stay had varied significantly.

The Emergency Department

Question 2: ‘When you arrived at the hospital, did you go to the Emergency Department (Casualty / A&E / Medical or Surgical Admissions unit)?’

The respondent had been advised to go directly to the ENT department at the hospital, and was unsure whether this counted as an emergency department. When questioned, she seemed to think that the department was receiving other emergency patients, and she ticked ‘yes’.

Doctors

Question 30: ‘Did doctors talk in front of you as it you weren’t there?’

The respondent selected ‘yes, sometimes’ and explained that on one occasion a doctor and a large group of medical students had been present. Although the doctor had asked her permission to be there, she had been unable to speak at the time so had been unable to give consent.

Operations and procedure

Question 47: ‘During your stay in hospital, did you have an operation or procedure?’

The respondent queried the definition of ‘procedure’, and asked whether having a drip put in her arm was considered a procedure. She then answered ‘no’ to the question.

Overall

Question 68: ‘Overall, did you feel you were treated with respect and dignity while you were in the hospital?’

The respondent ticked ‘yes, sometimes’, and explained that she was treated with more respect at the beginning of her stay.

Question 70: ‘Overall, how would you rate the care you received?’

The respondent selected ‘good’, explaining that her care was excellent when she had been very unwell, but only fair by the time she left, three days later. She explained that her answer would have been more accurate if the question was divided into several time periods so that ratings of care when she first arrived could be made separately to those assessing her care later in her stay.

Interview 11

The interview was carried out in early August at the Picker Institute’s offices in central Oxford. The interviewee was a 42-year-old white male who had visited hospital one month ago. His was meant to be a day case but was kept in over night because the anaesthetic was taking longer than expected to wear off. He had no difficulty in completing the questionnaire and commented that it was easy to understand.

The hospital and ward

Question 26: ‘Were you offered a choice of food?’

The respondent explained that because his admission had been unexpected and the bed had only recently been vacated, he was given the meal ordered by the previous patient to occupy his bed. Although he therefore replied ‘no’, it can be assumed that this occurrence is uncommon, so the inclusion of a further response option is not necessary.

Operations and Procedures

Question 48: ‘Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?’

Question 49: ‘Beforehand, did a member of staff explain what would be done during the operation or procedure?’

Question 50: ‘Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?’

The respondent commented that these three questions were very similar, especially as they all begin in the same way. He explained that he had to read them all very carefully. One way of making the difference between questions clearer would be to put the key words in bold, as they are for other questions where there is particular emphasis on certain terms.

About you

Question 76: ‘Do you have any of the following long-standing conditions?’

The respondent requested clarification regarding the meaning of the term ‘long-standing’. Specifically, he wanted to know for how long a patient had to suffer from a condition or illness before it was considered ‘long-standing’. He ticked ‘yes’ to ‘a long-standing physical condition’, for although his knee problem (the cause of his visit) had only been known to him for 18 months, he had been told that it would be long-standing from that point on.

3.7 Revisions made to version 1.3

In collaboration with the 18-week targets team, a new question was added to the section 'waiting list or planned admission' to ascertain who had referred the patient to hospital and thus clarify the subsequent waiting times question (Q8):

Q7. Who referred you to see a specialist?

- 1 A doctor from my local general practice
- 2 Any other doctor or specialist
- 3 A practice nurse or nurse practitioner
- 4 Any other health professional (for example, a dentist, optometrist or physiotherapist)
- 5 Don't know / Can't remember

Question 8 was also modified slightly so that the wording accommodated the new question (Q7) about which health professional referred them to hospital.

Q8. Overall, from the time you first talked to ~~your GP~~ this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?

- 1 Up to 1 month
- 2 1 to 2 months
- 3 3 to 4 months
- 4 5 to 6 months
- 5 More than 6 months
- 6 Don't know / Can't remember

3.8 Testing version 1.4: findings

Interview 12

The interview was carried out in early August at a café in Oxford. The interviewee was a 56-year-old French woman who had visited hospital in late June for a three night stay. She had attended a pre-operation visit at the start of the month where she said she had received much information about her procedure and stay in hospital. She had lived in the UK for ten years, had learned English as a child and had studied it at university. She had no difficulty in completing the questionnaire, following all filtering instructions correctly. She asked for clarification of a few terms but overall found the questionnaire comprehensible.

Waiting list or planned admission

Question 6: 'When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?'

The respondent answered 'no' but explained that the hospital she was admitted to was the 'most obvious choice' for her treatment.

Question 7: 'Who referred you to see a specialist?'

The respondent selected 'a doctor from my local general practice' and commented that the question was 'straightforward'.

Question 8: 'Overall, from the time you first talked to a health professional about being referred to a hospital, how long did you wait to be admitted to hospital?'

The respondent deliberated over this question as she had seen a consultant a number of times before it was decided that she needed to be admitted. She consulted her diary to ascertain how long she did have to wait from referral to admission.

Question 9: 'How do you feel about the length of time you were on the waiting list before your admission to hospital?'

The respondent selected 'I should have been admitted a bit sooner' as she had been told at the time of her referral to expect to wait 8 weeks, when in fact there was a delay of 3½ months before she was admitted.

Doctors

Question 32: 'As far as you know, did doctors wash or clean their hands between touching patients?'

The respondent answered 'don't know / can't remember', explaining that during examinations, the curtains are drawn around patients so it may be impossible to know.

Your care and treatment

Question 38: 'Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?'

The respondent selected 'no'. However, she did mention at another point during the interview that her surgeon had said she could leave hospital shortly after surgery, while the nurses explained that she would need to stay for at least two days. She had also been giving conflicting information regarding how long she would need to continue to take medication after leaving hospital.

Question 43: 'Were you given enough privacy when discussing your condition or treatment?'

Question 44: 'Were you given enough privacy when being examined or treated?'

The respondent commented that standards of privacy are very different in French hospitals, and that the use of curtains in UK hospitals is reminiscent of French hospitals many years ago. In France, rooms have just one or two patients in them. She complained that curtains provide no privacy, as everything can be heard. She conceded that the curtains provide visual privacy but anything spoken during examinations can be heard in the room.

Operations and Procedures

Question 48: 'During your stay in hospital, did you have an operation or procedure?'

The respondent queried the meaning of the term 'procedure'. She was unsure whether a procedure was different to an operation, and if so, what the difference was.

Overall

Question 70: 'How would you rate how well the doctors and nurses worked together?'

The respondent was not entirely confident in answering this question, explaining that she had seen little interaction between doctors and nurses. She answered 'good', explaining that there did not seem to be any problems.

About you

Question 77: 'Do you have any of the following 'long-standing conditions?'

The respondent asked the meaning of 'a long-standing physical condition'. She was also not sure of the meaning of 'a long-standing illness'. She explained that she had acute thyroid problems for which she was prescribed medication, but was not sure whether this counted as long-standing as the list of illnesses in the questionnaire were all more severe than her own condition. She commented that all conditions considered to be long-standing illnesses should be listed to make it clearer for respondents.

3.9 Revisions made to version 1.4

The prompt '*Thinking about the person who referred you to hospital...*' was added before the new question on who referred the patient.

3.10 Testing version 1.5: findings

Interview 13

The interview was carried out in early August at a café in Oxford. The interviewee was a 50-year-old woman who had visited hospital for an operation and spent four weeks as an inpatient there. She had attended a pre-operation visit before her admission, where she had been informed about her procedure and the necessary tests had been carried out. She had no difficulty in completing the questionnaire and followed all filtering instructions correctly. She appeared to find all terms comprehensible.

Waiting list or planned admission

Question 7: 'Who referred you to see a specialist?'

The respondent was not entirely sure how to answer this question. She has rheumatoid arthritis so attends regular appointments with a specialist at the trust, so her referral occurred as part of her ongoing treatment, rather than in relation to consultation with her GP. She selected the option 'any other doctor or specialist', which appears to be the most appropriate answer.

Question 8: 'Overall, from the time you first talked to this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?'

The respondent was again not sure how to answer this question as she had already been referred to the hospital. She commented that other patients would be in a similar situation so might find this question difficult or confusing to answer.

Question 10: 'Were you given a choice of admission dates?'

The respondent had been given an admission date but then offered a cancellation appointment, which she declined. She therefore selected 'yes', although this choice of dates was not offered at the time of referral.

The hospital and ward

Question 23: 'How clean were the toilets and bathrooms that **you** used in hospital?'

The respondent explained that the bathrooms were fine most of the time but sometimes were not cleaned properly. She said that she would have given different answers for the two wards she stayed in, but answered based on an average cleanliness rating.

Nurses

Question 34: 'Did you have confidence and trust in the nurses treating you?'

The respondent selected 'yes, sometimes', explaining that it depended which ward a patient was on and who was treating them. She noted that bank nurses did not seem to care as much about patients as did permanent staff.

Your care and treatment

Question 40: 'How much information about your condition or treatment was given to **you**?'

The respondent asked for clarification regarding when this question was meant to relate to. She had attended a pre-operation outpatient appointment at which she had been given more information than she had wanted. After seeking clarification, she selected 'the right amount' with respect to her time on the ward.

Question 47: 'How many minutes after you used the call button did it usually take before you got the help you needed?'

The respondent commented that answers to the call button vary significantly according to the time of day. She explained that waits are longer during the evenings and ward rounds, and at shift changeover times. She suggested that the question is split to ask about waiting times during the day and night separately, as this was where the greatest differences were apparent.

EQ-5D

Question 81: 'Usual activities (e.g. work, study, housework, family or leisure activities)

The respondent asked for some clarification in answering this question, because she has rheumatoid arthritis so her 'usual activities' are already limited. She therefore answered with respect to what she can normally do, taking into account her disability.

Other comments

When asked to provide any other comments on the questionnaire, the respondent observed that there were no questions concerning physiotherapists. She felt that these members of staff were probably more important to her treatment than the doctors were. She explained that physiotherapists are very influential when decisions surrounding a patient's discharge are being made, which is relevant to all patients, not just those like her who experienced long stays in hospital. She also noted that occupational therapists were heavily involved in her care, and that the questionnaire makes no reference to them.

Interview 14

The interviewee was a retired reverend, aged 78 years. He found the questionnaire very easy to complete but commented that he thought there should be more questions about ongoing and continuous care following discharge from hospital (planned for the question bank re-development).

Waiting list or planned admission

Question 7: 'Who referred you to see a specialist?'

The interviewee was referred by his Rheumatology consultant and had no difficulty finding this option.

Leaving hospital

Question 64: ‘Were you given clear written or printed information about your medicines?’

The interviewee commented that he didn't think the response options matched the question, for example, “yes, completely” and “no” both fit, but the middle option is unclear whether they were only given some of the information or whether they were given lots, but it wasn't clear. The difficulty here would be that any improvements, ie splitting the second response option into two options, would destroy comparability of this question with previous years. As the question is a measure for an EU regulation on medication information sheets, therefore we did not advise changing the options.

4 EQ-5D and issues with ethical approval

4.1 Question and response option wording

The EQ-5D questions caused difficulty to some of those cognitively interviewed, particularly those who detected the change in tone between the traditional inpatient questions and the EQ-5D questions. The main issues with each question are discussed below.

Three different issues arose during the testing of Q79 (mobility):

- The term “mobility” could be considered to be a technical term and the meaning was not clear for non-native English speakers. Some of the interviewees had not encountered the term “mobility” before and were uncertain of the meaning of this term. The term was put into context by using the response options and those who had not encountered this term considered it to mean ‘walking’
- There is a large distinction between the response options ‘I have some problems in walking about’ and ‘I am confined to bed’. It was felt that walking aids and wheelchairs should be mentioned in this question
- The response option selected might depend heavily on how soon the questionnaire is received after a patient’s hospital visit. Because some patients might recover rapidly after discharge, the mobility question would not be a good measure of outcome.

Q79. Mobility

- 1 I have no problems in walking about
- 2 I have some problems in walking about
- 3 I am confined to bed

Only one major issue arose when testing Q80 when some non-English speakers were unfamiliar with the term ‘self-care’. When prompted, one of these defined it as “things you do to look after yourself”. Although she was not familiar with the use of the hyphenated term, she was able to infer meaning from the two components of the term (“self” and “care”) and from the response options. As the only examples of self-care provided in the response options are “washing” and “dressing”, these were the only activities she considered in selecting a response option.

Q80. Self-Care

- 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself
- 3 I am unable to wash or dress myself

One respondent who suffers from rheumatoid arthritis requested clarification in answering Q81 because her condition means that her ‘usual activities’ are already limited. She then answered the question with respect to what she can normally do, taking into account her disability, however her need for clarification suggests that the question might not be answered consistently by all respondents.

Q81. Usual Activities (e.g. work, study, housework, family or leisure activities)

- 1 I have no problems with performing my usual activities
- 2 I have some problems with performing my usual activities
- 3 I am unable to perform my usual activities

Q82 on pain and discomfort did not cause any difficulty to the interviewees and no comments were made about this question.

Q82. Pain/Discomfort

- 1 I have no pain or discomfort
- 2 I have moderate pain or discomfort
- 3 I have extreme pain or discomfort

Q83 on anxiety and depression did not cause any difficulty to the interviewees and no comments were made about this question.

Q83. Anxiety/Depression

- 1 I am not anxious or depressed
- 2 I am moderately anxious or depressed
- 3 I am extremely anxious or depressed

Respondents also made some more general observations about EQ-5D:

- The repetitive structure of these questions was criticised
- The use of these questions for “healthy” people was questioned
- One respondent commented that the EQ-5D questions were not in the same context as the other questions in the questionnaire. She asked if she could write comments alongside the EQ-5D as she would if she had self-completed the questionnaire
- The same respondent commented that these questions were “...a bit stupid” and “clumsy sounding”
- The inclusion of instructions on how to answer these five questions was also queried as respondents will have completed all the preceding survey questions in an identical fashion.

4.2 Issues with ethical approval

The 2008 survey was initially not awarded a favourable ethical opinion because the NHS Research Ethics Committee it was submitted to (NW MREC) felt that the question on the effects of the patient’s disability question duplicated some of the EQ-5D questions to a high degree. Because EQ-5D is a validated tool, it was not possible to remove only the element that introduced duplication with the disability questions (Question 81 ‘Usual Activities (e.g. work, study, housework, family or leisure activities)); all the other constituent questions had to be removed too. Because of time constraints and the difficulty the EQ-5D caused during the cognitive interviews, it was decided that the EQ-5D should not be included in the 2008 adult inpatient questionnaire and to revert to using the previously approved question on self-reported health status. The net effect of this

shortened the questionnaire by four questions, resulting in 80 questions in the core questionnaire. This version of the questionnaire was later approved by the NW MREC and used in the survey.

5 Amendments made to the questionnaires

This section summarises the changes that were made to the 2007 adult inpatients survey core questionnaire. They are numbered here as they appeared in the 2007 inpatient questionnaire.

5.1 Questions removed from questionnaire

Q72. Did hospital staff give you the information you needed to do this?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

Respondents are only directed to answer this question if they indicated that they want to complain about the care they received in hospital in the previous question. In the 2007 inpatient survey only 7% of respondents did state that they wished to complain (varying between 1-15% for each trust). Historically, to avoid the possibility of respondents being identified from their responses, data cannot be reported for questions where there are fewer than 30 respondents in a trust. At a recent meeting between the Healthcare Commission and the Co-ordination Centre, it was agreed that trust data with fewer than 30 responses to a question would no longer contribute to the cluster or national totals as it might be possible to calculate trust scores from this data. In the 2007 inpatient survey, 66 of 165 participating trusts had their results of this question removed. As the data from these trusts cannot be used, it would be unreasonable to ask participants to complete this additional question. Because of these reasons, this question has been removed from the core questionnaire for the 2008 adult inpatient survey.

5.2 Questions added to the questionnaire

Q7. Who referred you to see a specialist?

- 1 A doctor from my local general practice
- 2 Any other doctor or specialist
- 3 A practice nurse or nurse practitioner
- 4 Any other health professional (for example, a dentist, optometrist or physiotherapist)
- 5 Don't know / Can't remember

5.3 Minor changes to existing questions in the core questionnaire

Changes are shown with deletions struck-through and insertions underlined.

Q8. Overall, from the time you first talked to ~~your GP~~ this health professional about being referred to a hospital, how long did you wait to be admitted to hospital?

- 1 Up to 1 month
- 2 1 to 2 months
- 3 3 to 4 months
- 4 5 to 6 months
- 5 More than 6 months
- 6 Don't know / Can't remember

6 Changes to guidance manual and survey protocol

The guidance manual is updated before every survey. It contains all the instructions needed to carry out the survey and what is required from each trust. Major changes to the survey methodology are discussed below but a full list of all changes can be found in chapter 3 (“what’s new for 2008”) of the 2008 inpatient survey guidance manual.

Survey fieldwork period: The start date of the survey was scheduled for the **15th September 2008**, two weeks later than in 2007. As in 2007, the allocated fieldwork period for the survey was 18 weeks. This means that the survey runs through the 2008 Christmas holidays and the date for final submission of data is the **16th January 2009**. We strongly encourage all trusts and survey contractors to make the most of the fieldwork period and to collect returned questionnaires for as long as possible before submitting data.

New sample data requested: To allow more accurate interpretation of the data, we request that trusts submit an additional field containing data on the patient's route of admission to hospital. This field has two codes; “1” for those admitted for an emergency or urgent admission and “2” for those admitted for a planned admission or from a waiting list. This field should be left empty (a blank or full-stop) if this information is not available.

Free text comments: For the 2008 NHS Adult Inpatient survey, the patients’ written free text comments should also be submitted to the Co-ordination Centre in an anonymised format.

Ethnic category: There has been a change to the coding used for the patient sample for this, and future, inpatient surveys. We now request ethnic category, rather than ethnic group. Ethnic category, as defined by the NHS Dictionary maintained by Connecting for Health, should now be used instead of ethnic group. Ethnic category is a 17 item alphabetical code that will replace the 6 item code previously used in patient surveys. The code “Z” should now be used instead of a blank or full-stop to indicate where hospital records do not state the ethnic category. Ethnic category is the default coding of ethnicity that trusts should already be using and using this coding should result in fewer errors due to converting current data to new variables.

Choosing sampling month for 2008: Guidance suggests that trusts use the same month of sampling as used for the 2006 inpatient survey to maximise comparability between years. However, recent work by the Co-ordination Centre has shown minimal seasonal effect between choosing any one of the three months and trusts can choose to use the month most reflective of their normal performance.

Sampling period: Trusts can now sample back as far as the **1st January 2008** to generate their sample if required. In previous surveys, trusts which needed to do this had to seek permission from the co-ordination centre first.

Data protection guidance: The guidelines on data protection were revised, specifically those relating to sending patient details to contractors to further clarify the security settings that are required. This was to ensure that trusts are compliant with the most recent recommendations under the Data Protection Act 1998.

Page limit: A limit has been set on the maximum number of pages that can comprise the questionnaire booklet. This limit is set to 16 sides of A4 ie pages 1-16. Previous research carried out by the Picker Institute has shown that a patient questionnaire with more than 16 pages can result in a dramatic decrease in response rate. We recommend font size 12 for all questions and response options.

Current inpatients: Trusts are instructed to exclude current inpatients from the sample when generated. This should be the only time current inpatients are excluded from the survey process. When checks for deceased patients are carried out immediately prior to each mailing, do not check for, or exclude, current inpatients at these times.

Patient record number: The patient record number is vital for the survey process in that it allows sample and response information to be matched in a manner that isolates the patients' names from their reporting of hospital experience. The survey participant will need to access this number when communicating on the helpline and the number should be central and visible. Following consultation with the Royal National Institute of the Blind, we recommend a minimum font size of 14, and that it is located inside the box on the lower half of the front page of the questionnaire. As some respondents purposefully obscure or delete this number, the guidance manual also covers what actions should be taken to deal with this situation.

NHS Strategic Tracing Service (NSTS): There is additional security information provided by NSTS on batch tracing and password/phrase guidance for batch encryption to AES 256-bit strength. This new guidance is also available as separate files on the NHS Surveys website under the 'Guidance' category of the 'Adult Inpatient Survey 2008' section of the website (<http://www.nhssurveys.org/surveys/343>).