

DEVELOPMENT OF THE QUESTIONNAIRE FOR USE IN THE NHS EMERGENCY DEPARTMENT SURVEY 2008

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1 Introduction

In 2003 an Emergency Department survey was carried out in 155 acute and specialist hospital trusts in England. The average response rate was 46%. The survey results were used locally in quality improvement programmes and in the 2003 performance indicators and star ratings. The survey was repeated in 2004 using a slightly revised questionnaire and the overall response rate was 44%.

In the previous Emergency Department surveys, trusts had the choice between using a pre-designed 'core' questionnaire or an 'enhanced' questionnaire, where additional questions could be added from a question bank of validated questions [data from the additional questions are not submitted to the Co-ordination Centre at the end of the survey]. The 2008 survey will also offer trusts the choice of using a core questionnaire or using a question bank tool to create an extended questionnaire.

This document describes the development work carried out by the Acute Co-ordination Centre in preparation for the 2008 Emergency Department survey. The aims of the development work were to:

- define the sampling frame and methodology that would be workable in all acute NHS trusts which are providers of emergency care (151 in total)
- identify the issues salient to patients visiting Emergency Departments by carrying out focus group discussions and to check that these have not changed since the earlier development work for the 2003 and 2004/05 surveys
- consult with the project sponsors (Healthcare Commission and Department of Health) regarding the scope of the survey and to take account of policy priorities
- test the face validity of the questionnaire in cognitive interviews.

2 Literature search

During the last seven years, there has been a programme of reform and investment in emergency care. Some of these changes are considered below, in terms of how these may impact on the development of the 2008 Emergency Department survey.

Improvements in waiting times

Following the publication of the NHS Plan and the Department of Health's ten-year strategy 'Reforming Emergency Care',^{*} waiting times in Accident and Emergency (A&E) departments have improved considerably. Most Emergency Departments are now meeting the Department of Health target that 98% of all patients should be admitted to a bed in hospital, transferred or discharged within four hours of arrival at A&E.^{†,‡} A range of incentives and support were provided to help trusts meet the

^{*} Reforming Emergency Care. Department of Health, 2001.

[†] Accident and emergency. Acute hospital portfolio review. The Healthcare Commission, 2005.

[‡] Alberti G. Emergency care Ten Years On: Reforming Emergency Care. Department of Health, 2007.

standard and to improve their accident and emergency services, such as the 'See and Treat' scheme - which targets patients with less serious conditions - and maximising bed availability through more rigorous scheduling of admissions and discharges. Despite such improvements in waiting times, it will still be important for the 2008 survey to obtain information on patients' perceptions of the length of time spent in the emergency department in order to monitor trust performance. Furthermore, discrepancies between trust and patient reports on the length of time to admission have previously been highlighted.[§] The reasons for the apparent inconsistency between trust and patient reports appear to be related to the transfer of patients from A&E to admission/assessments units.^{†, §}

Admission and assessment units

Admission units (e.g. medical assessment/admission units, observation wards, clinical decision units) are used differently by trusts, but are generally used to allow patients to be fully assessed to determine whether they should be admitted to an inpatient ward or discharged. Around 45% of A&E departments have their own wards or units.[†] Whilst admission units may offer greater comfort and more facilities for patients than the emergency department, reports by the Healthcare Commission highlight that the use of such units may have a negative impact on patients' experiences.^{†, §} There is some evidence that trusts may transfer patients from A&E to an admissions unit shortly before the four hour target time in order for their assessment to be completed, when it might be more appropriate to assess, treat and discharge some of these patients directly from A&E. It is argued that the use of admission units should not introduce delays for patients or unnecessary duplication of effort and that the decision to admit patients should be based on clinical need and not simply to avoid a breach in the four hour target.[§] Whilst assessment/admission units are required to meet certain standards (e.g. have catering facilities) and should be of an equivalent standard to inpatient wards, the high throughput of patients can lead to greater levels of noise and disruption for patients and some patients may feel a lack of privacy due to sharing the area with patients of the opposite sex.[§] Given the increasing use of admissions units by trusts for managing emergency department attendances, it could be useful if the 2008 emergency care survey provided data on patients' experiences of being transferred and cared for in admissions/assessment units (including the length of time spent there). However, obtaining feedback from patients about their experiences of being admitted to an admissions unit from A&E was felt to be difficult to capture in a questionnaire survey as:

- many patients will not distinguish the admission unit from the emergency department
- technically speaking these patients are considered to be 'admissions' and so evaluating patients' experiences of being treated in such units may fall outside the scope of an emergency department survey
- some patients are referred directly to these units by their GP, so would not automatically be included in the sample frame. (It might be possible to sample these patients from PAS, but they would not have experience of the emergency department itself.)

[§] Management of admission in acute hospitals: review of the national findings. The Healthcare Commission, 2006

Minor injuries units and walk-in centres

As part of the Department of Health's strategy to provide a variety of emergency services and improve access to appropriate care, the numbers of minor injuries units and walk-in centres has increased over the last few years and accounts for about 20% of total emergency care attendances.[†] Given the increased significance of these units in terms of the overall emergency care provision, it could be argued that the 2008 survey should also obtain feedback from patients who have attended such units/centres. However, the inclusion of these patients in the sample frame may be problematic for the following reasons:

- only one third of minor injuries units/walk-in centres are managed as part of the acute trust[†]
- not all acute trusts have a minor injuries unit or walk-in centre which may have implications for benchmarking trust performance (due to differences in case-mix)
- it has implications for questionnaire content as the types of topics/questions required for patients attending A&E are likely to be different from those attending minor injuries units/walk-in centres

In order to evaluate and compare patients' experiences of the care provided in all minor injuries units and walk-in centres across the country, it might be more appropriate for a national evaluation to be undertaken, such as that carried out in 2000 by researchers at the University of Bristol.^{**} That evaluation, commissioned by the Department of Health, included a postal survey of users.

A whole-system approach

It has been recognised that to improve emergency care services, a whole system approach is required involving input from other types of NHS trusts (i.e. ambulance, primary care and mental health), social services and the voluntary sector.[‡] These reforms (or new ways of working) will have an effect on the utilisation of emergency care services. As these changes cut across the entire local health economy, their impact will fall outside the scope of an acute emergency services survey.

However, it could be worthwhile if the survey incorporates limited questions on patients' experiences of emergency ambulance services to update findings from the 2006 Inpatient Survey, since these questions will not be included in the 2007 Inpatient Survey. However, it is worth noting that in the 2004 Emergency Department survey, only 28% of patients had used an ambulance to get to A&E.^{††} (This is similar to the proportion in the inpatient survey of emergency inpatient admissions that arrived by ambulance).

^{**} Salisbury C et al. (2002) The National Evaluation of NHS Walk-in Centres, University of Bristol. [<http://www.epi.bris.ac.uk/wic/publications.htm>]. Accessed July 2007.

^{††} Emergency department: key findings. Patient survey programme 2004/2005. The Healthcare Commission, 2005.

3 Consultation with stakeholders

3.1 Consultation with the Department of Health

In November 2007, a meeting was held at the Department of Health with representatives from the Emergency Care team and the patient experience & involvement lead. The purpose of the meeting was to discuss the scope of topics to be covered in the survey and the information which might be required for measuring trust performance (e.g. assessment of the DH Public Service Agreements). The proposed sampling frame was also briefly discussed in the meeting.

Overall comments

It was discussed whether attendances at Minor Injury Units (MIU) or Walk-in Centres (WiC) should be included in the sample frame, given the increased significance of these units in terms of overall emergency care provision. However, the inclusion of these patients in the sample frame may be problematic for the reasons outlined in the previous section.

The existing questionnaire was felt to include the areas of care regarded to be important for measuring trust performance, and the DH did not suggest any additional topic areas that should be covered in the 2008 Emergency Department Survey. However, the inclusion of a small number of questions on patients' experiences of the ambulance service was felt to be useful given that the 2007 Inpatient Survey did not include any ambulance questions.

Comments regarding the existing questionnaire:

Overall, did you think the order in which patients were seen was fair?

It was discussed whether this question was too subjective, as it concerns patients' perceptions of fairness. Additionally, 25.2% of respondents to the 2004 survey answered 'Can't say / Don't know', suggesting that it is a difficult question for patients to answer. This question was therefore removed from the draft questionnaire prior to cognitive testing.

In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?

The possibility of this question being interpreted in different ways was raised (i.e. the question may be understood with respect to the communication of patients' treatment between staff members, or in terms of their understanding of the patient's condition) Only 1.3% of patients did not answer this question in 2004, although 11.7% answered 'Don't know/Can't say', which may suggest that they found the question difficult to answer. It was decided that this question should be tested further in cognitive interviews.

What happened at the end of your visit to the Emergency Department?

The possibility of adding the response option 'I was admitted to an assessment unit' was mentioned, to ensure that responses are consistent with current policy. An additional response option was therefore added to be cognitively tested with patients.

When you went to the Emergency Department, how long did it take you to get to the hospital?

The relevance and usefulness of asking patients this sort of information was questioned. The possibility of removing the question from the question bank was considered, if room was needed for the inclusion of questions considered to be more important.

What is the MAIN reason that you went to the Emergency Department?

The possibility of moving this question from the question bank to the core questionnaire was discussed. Separately, the importance of updating the response options for this question for the 2008 survey was raised, to allow for patients who had been moved from a Minor Injuries Unit or Walk-In Centre. A question was drafted to be tested in the cognitive interviews.

Were you told what priority level you had been given?

This question featured in the 2003 core questionnaire and 2004 question bank. Earlier development work had found that the practice of assigning patients with such a level is no longer in operation. Consequently, it was felt that either the question should be substantially reworded to reflect current practice, or this question removed altogether. It was later decided that this question should be removed from the question bank tool.

How long did you wait for your tests to be carried out?

The skip instructions were queried, as currently if a patient answered that they waited between 1 and 15 minutes, they would take the same pathway as those answering 'I did not have to wait' and would therefore skip past the question 'did a member of staff explain why you had to wait for tests to be carried out?'. This would imply that a wait of less than 15 minutes does not count as waiting, and was queried. However, for the purposes of ensuring consistency across survey years it was decided that this question should be kept the same.

Did you want to make a telephone call when you were in the Emergency Department?

The possible answers to this question and corresponding response options were discussed. The response option 'I wanted to use the public phone but I couldn't' was queried as there are a variety of reasons for why patients might select this option – the phone may have been out of operation, or they may not have had any money with them. Different ways of phrasing this option were discussed to produce valid results. It was later decided that this question should be removed from the question bank, due to the relative lack of importance of the issue, when compared with the complex level of detail that would need to be inserted into the question in order to make it useful.

3.2 Consultation with the 'Urgent and Emergency Care Service Review' team, Healthcare Commission

In November 2007, a meeting was held with the co-ordinator of the 'Urgent and Emergency Care Service Review' at the Healthcare Commission. The purpose of the meeting was to discuss the scope of the survey and any policy changes that could affect the content of the questionnaire.

Scope of the survey: sampling frame

The proposed sampling frame (i.e. attendances at A&E departments only) was felt to be sensible. Part of the difficulty with a wider assessment of emergency care is that patient awareness of different services (i.e. Minor Injuries Unit, Walk-in Centres) is often poor, which could lead to confusion and inaccuracies during survey completion. Such units and centres are often physically close to the A&E department and so patients may not realise exactly where they are, especially when they are unwell and may consequently be disorientated. It was suggested in the meeting that an optional 'question bank' item could address patient awareness of the different available services.

It was noted that hospital sites dealing with major and minor cases (i.e. major A&E and a minor injury unit/walk-in centre) are likely to have a different atmosphere due to the distinction in severity of cases. Excluding patients who had attended minor units would make the sample more homogenous and comparable to previous surveys.

Questionnaire content

It was felt that the existing Emergency Department questionnaire covered the most important aspects of care and treatment. The importance of the 'general environment' of the Emergency Department was discussed in the meeting and it was suggested that additional questions could ask patients about their experiences of the noise level in the A&E department, and about the quality of 'signposting' around the hospital – which would primarily affect patients visiting other areas of the hospital for tests (e.g. radiography department). It was agreed that the focus group discussions with patients would explore those issues that they felt were most important with regard to their recent experience of attending an Emergency Department.

4 Focus Groups

4.1 Introduction

The aim of the focus groups was to identify the aspects of care that were most important to patients who had visited an Accident & Emergency Department (A&E) within the last six months. The topic guide that had been used in the original development work carried out for the 2003 Emergency Department survey was used as a starting point for creating the revised focus group topic guide. The broad topics to be discussed in the focus groups were:

- Arrival at the Emergency Department
- Waiting (including initial assessment and the waiting environment)
- Care and treatment (including interpersonal aspects of care)
- Tests
- Discharge / being admitted to hospital

The topic areas of 'waiting' and 'care and treatment' were explored by carrying out a card-sort exercise. As a group, participants were asked to sort a series of statements about aspects of care into three piles: those issues they felt were 'most important', those that they felt are 'quite important' and those that were 'least important'. Please see Appendix 1 for the topic guide.

4.2 Method

Focus group participants were recruited by a specialist research recruitment agency and selected on the basis of age, sex, and area of residence (i.e. attended an Emergency Department within the last 6 months in two different geographical locations). The recruiters also selected a mix of people with regard to their socioeconomic status (determined by present or most recent occupation) in each group.

Four single-sex focus groups were carried out in November 2007 with a total of 35 participants:

Location	Sex	Age	Number
Large-sized city (3 different A&E departments) ^{‡‡}	Men	55-62	9
	Women	29-45	11
Medium-sized coastal town (2 different A&E departments) ^{§§}	Women	55-70	7
	Men	19-44	8

^{‡‡} The A&E departments are the responsibility of three different NHS Trusts which all have a high number of attendances (i.e. between approx 20-50,000 June-September 2007)

^{§§} The A&E departments are the responsibility of two different NHS Trusts which have a medium throughput (i.e. approx 15,000 attendances June-September 2007)

Each focus group lasted approximately 1 ½ hours and was audio-recorded to ease later analysis. The recordings were transcribed and analysed, and care was taken to remove any information that could identify individuals.

4.3 Findings

This section outlines the key findings drawn from all four focus groups.

Arrival at the Emergency Department

Only a small proportion of the participants had arrived at the hospital in an ambulance, with most arriving on their own accord or with a friend or relative. Some participants had initially contacted their GP or NHS Direct for advice before attending the Emergency Department:

“...my 14 week old baby son ...rolled off the sofa and I wasn't sure so I rang NHS Direct and they said because he is so young to go to [name of hospital] A&E.”

“My husband had a very bad fall and I took him to the doctors and she sent me to A&E.”

“...we phoned up the NHS Help Line and then through that discussion they said 'oh take him down to A&E' and ...by the time we got there, they already had all his details and everything and we were really impressed with that.”

One participant's mother had telephoned the hospital first for advice before going to A&E:

“I had a really bad head – it was like a headache but a really bad one – so my mum phoned up first and said “Should we come in?” and they said “Yes come in straight away”

A few participants had gone to A&E after being unable to get an appointment at their GP surgery:

“We actually rang the doctor first and we couldn't get in to see the doctor that is why we had to go to A&E.”

“Yes we rang up [the GP surgery] to say and the receptionist obviously had a word with the doctor – she couldn't get us in and the doctor said take him straight up to A&E.”

Other participants explained that they attended A&E due to their condition and/or due to requiring treatment 'out-of-hours':

“At 7pm and you don't think of the doctor at that time of the night.”

“The last time I got taken down there by my daughter – it wasn't anything bad it was just that I had sprained my ankle very badly but where do you go because... it was in the evening and I wouldn't have gone to the doctor”

Two participants explained that they had visited their GP practice/out-of-hours clinic first, but had attended A&E as their condition had not improved:

"When I took my mum – we had gone to...like a clinic and we had to go there first...it was out of hours – it was on a Sunday – they gave us some tablets first which were the wrong strength ... so instead of it getting better it just got worse."

"I went to the doctors the week before – I had a bad pain in my head – he didn't do enough at the time to get it away so it got worse and that is why I had to go to A&E for it. So if he had done it in the first place I might not have had to get that far."

Reception

Most of the participants appeared to have found 'checking-in' at reception to be a fairly straightforward process – particularly if they had previously attended A&E as their details were already recorded in the system:

"Straight up to a reception desk and they were very efficient – asked for details and bring up what they have got."

"We went in and the reception is the first thing you come to once you are in – they had all my details there, the right address and everything. Sat down and waited."

"I drove her [friend] up to the A&E and let her get out ... parked the car – by the time I had parked the car she had already been checked in and was quite happy."

Participants commented that the speed with which they were 'booked in' at reception was largely dependent on the time of day and/or how busy the A&E department was:

"I was lucky because it wasn't busy so we just walked straight in – or my wife had nearly finished by the time I had got back from parking."

"It's usually about 15 minutes or something – queue there at the receptionist"

"It's the time of the day I think."

Participants in two of the focus groups were concerned about the lack of privacy when speaking to the receptionist in one of their local A&E departments:

"...it is a very open desk at [Hospital D] and people can hear and I think again it can be, depending on why you are going, it can be quite difficult ... it doesn't lean to being as confidential as [Hospital E]."

"You would certainly want to say it quietly if it was something embarrassing."

"It [reception] does have the potential for anyone to listen."

Some participants praised the role of the receptionist staff and recognised that they are sometimes subject to abuse from patients who have to wait a long time to be seen:

"The receptionist staff were very friendly."

"When I was leaving, they [receptionists] got me a taxi home and they were very good."

"The receptionists don't always know what is going on behind the scenes and they get a lot of abuse really and I think that they do a sterling job"

Initial assessment (Triage)

Whilst some participants initially saw a nurse (or a trauma doctor in one case) for an assessment before waiting to be treated, others had not received an initial assessment:

"...you go in at [Hospital B] and you see the receptionist, you see the triage nurse and then you are given a number – there is a big flat screen ... that says "Emergency come in" or number whatever"

"I saw the trauma doctor first and then I had to wait 4 hours after that."

"I don't remember seeing a triage nurse to be honest."

"...because my mum phoned ahead they just went to reception and then they asked if we could wait there and said someone would see me there ... I didn't see someone first – just went straight in to see someone."

Participants' experiences of the time waiting for an initial assessment by a nurse varied – even at the same A&E department:

"They took me straight in to see a Triage Nurse because I was quite bad, and from there I didn't even go back into reception I went straight through"

"To see the triage nurse I don't think I have waited more than 15 minutes any time"

"It was a triage nurse first...10 minutes [waiting to see the nurse] each time."

"We waited ages"

"All these people were waiting and nobody seemed to be seeing to anybody – so I don't know where the doctors and nurses were – there just didn't seem to be anyone around."

In the card-sort exercise, participants in all groups agreed that 'not having to wait too long to see a nurse to assess how urgently I needed treatment' was an important issue. Some felt that getting an initial assessment was important for providing reassurance to patients:

"I think if you are really poorly you want to be reassured – I think that is very important."

"... you want reassurance don't you I think. So there is somebody who is in a uniform sees you and tells you are you alright – I think that is [important]".

Participants recognised the need to prioritise care for more urgent cases, and expressed a willingness to wait in such circumstances:

"I think you are quite happy to wait if you know that they have got an absolute emergency and it needs to go before you because it should"

"...because he [son] was quite young we saw somebody straight away it was fantastic."

"It would have been maybe 45 minutes to an hour before somebody saw me because there were higher priority people there at the time"

"It all depends on who is there – while we were there a little lad came in – I think his knee was cut open and they kind of took him in – it's Triage business I think they operate."

However, a few participants did not always agree with triage decisions, as they felt that patients who complained or made a fuss were sometimes seen sooner:

"we had been sitting there as nice as you like in a queue – kid comes in and he had been stabbed in the leg but he was high on it – you could tell – and in the end they fetched him in and my Mrs had been sitting there for an hour and a half – OK we knew it was a broken ankle but why should he get preferential [treatment]?"

"The trouble makers who come in...they move them up the list to try and get rid of them – don't know if that is fair or wise or clever"

Waiting

Participants reported varying waiting times, even at the same A&E department. In many cases the length of time waiting to be seen appeared to reflect the time of day and/or the reason for their visit.

"I think we were fortunate in as much as it wasn't very busy - took my wife in during the day but I couldn't fault it...but I think that was because they were quiet."

"It was an evening so it wasn't that bad to be honest – we [had taken son in] were looked after fairly quickly."

"...with my asthma I go straight in so that is the only advantage of having asthma!"

"The three or four times that I have been there...I have always had to wait a long time"

"The waiting time was too long"

"I felt the whole thing was much too long – I did think it was disgusting that we had to sit around so long because it was in the day time and there just didn't seem to be anybody doing anything"

One participant mentioned that although the A&E was quiet he still had to wait some time before being examined due to having to wait for the consultant to start work:

"We got there about 6.30am and my nose was still pouring with blood and they sat me in the waiting room and they said the consultant doesn't come on until 8am and they left me like that until 8am" ...there was only us there – it was 6.30am."

Participants also highlighted that waiting was not confined to the actual waiting room in A&E:

"[waiting at] reception and then a couple of hours and then she was called into a cubicle...and then a couple of hours in the cubicle because I know we were there for a good four or five hours so it was really quite a long time."

"You can wait as long in the cubicle as you can in the waiting room."

In the card-sort exercise, participants in all groups generally felt that 'being told how long they would have to wait before being examined' was important, particularly if it's not obvious why patients have to wait:

"It is important to know how long you are going to be waiting for because then you can prepare yourself if you like or make the decision to go."

"It is quite important because it stops you getting agitated while you are sitting there"

"I think it is very important because if you don't see many people in there and you are sitting there for two hours you think what are they doing – if it is busy you can understand that then – but there again it is probably short staffed but all they have got to say is "We are short staffed, we are sorry". Then you are prepared for it aren't you then."

Most participants did not appear to have been told how long they would have to wait, although some mentioned that the waiting rooms had an electronic monitor that presented the current estimated waiting time:

"At [Hospital C] they have got this thing that zooms across the reception that tells you the waiting time – 1 hour or 40 minutes or whatever"

"There was like a sign up saying so many hours of waiting. But I think they actually make that seem a bit longer than it actually is."

On the whole, participants felt that being told the reason for any delay was of less importance because the reason(s) are often obvious:

"Well you know what the delay is don't you – there are other people waiting."

"I think you are prepared for that wait and you know that you are going to have to wait."

"That is normally quite clear isn't it – personally I don't think that is particularly important because you normally see why there are delays"

However, a few participants highlighted that being given an explanation for any delay was important if it was unclear why there was a long wait:

"When you see people going in and out you know they are getting seen to and your time is going to be shorter whereas when nobody goes and you are just sitting there and you think, why are they all sitting and there is nothing happening?"

Waiting was not confined to being examined by a doctor or nurse. As described later, some participants waited to get x-rays or experienced delays when being discharged from A&E. One participant also described having to wait to collect medications from the hospital pharmacy:

"I was a bit uptight about the waiting at the pharmacy for his [participant's son] drugs – that was a 45 minute wait ...why there was a 45 minutes wait I don't know ... because I did say to the doctor 'Can we have this prescription over the counter at the pharmacy?' and he said 'No you have to get it from our own pharmacy'"

Communication and information

Participants rated 'staff listening carefully to what patients have to say' as a very important issue as it enables health professionals to provide an accurate diagnosis

"I would say that is extremely important – if they don't listen to what you are saying, how can they diagnose you properly?"

"I think that would be very important because you know how you feel don't you so unless someone listens to you they are not going to understand what is wrong"

Some participants experienced difficulty with understanding explanations provided by health professionals – either because their first language was not English or because they did not communicate the information to them in layman's terms

"I had a really bad experience because the doctor there couldn't speak English and it has happened a few times so I had real trouble talking to him"

"I just felt that – when you are very ill and I am getting older – to have somebody that you can't understand makes it very difficult"

"Don't blind us with science just put it to us – like exactly what it is in our terms. Because there have been times where they have explained things and you think what – what is that?"

Other participants had positive experiences of staff explaining their condition or treatment to them in a way that they could understand

"I had a very good experience with the doctor...the questions that he asked were in depth questions...he did diagrams to explain to us in layman's terms as well – I thought that was good"

"He [doctor] was really good because he explained to me...it was all gobbledygook to me but when he realised that he said 'Look he is at the age where the bones haven't stopped growing and if something happens now this could happen' ...having that explanation was really good"

Participants considered that being given information about their condition or treatment was important, particularly in terms of monitoring their condition and being aware of any complications.

"It is important because you could go home and deteriorate."

"I think any information that you are given is helpful...you want to know everything"

"I think it is important because if you have got medication or certain things that you need to do to aid recovery it is quite important isn't it."

"I would want to know exactly and what they are going to do about it."

"I think you need to be told what you have got."

Some participants in one group felt that more than one explanation may be necessary as information may be overwhelming or provided at an inappropriate time. Others believed that written information would be helpful:

"I think they should come back and re-explain it because often when you are alone and you are upset, you are agitated and it is going over your head and then you will think well they didn't tell me that when actually they probably have. So they need to clarify it."

"In neat handwriting so you can read what they are putting down. With that you wouldn't need to be told again, you could just read it."

Participants were asked the importance of 'not being asked their name and address or details of their condition too often'. Most participants did not appear to experience this issue when they visited A&E and, in general, regarded this to be of less importance. Some participants felt that it was good practice and considered that it may actually be necessary to keep track of patients, ensure records were correct and to help assess a person's condition:

"Well for me I am not even sure if they did ask me fairly often that I would be that bothered. It depends on how much pain you are in and stuff."

"I think they need to know they are on the right patient."

"When they asked my son, the person who had written the address down before had actually got it completely wrong and his date of birth."

"It makes sense really doesn't it just to take away a margin of error if nothing else."

"I don't know because sometimes they are asking you what your date of birth is to see if your brain is still working."

Interpersonal aspects of care

In all groups, 'having confidence and trust in the doctors and nurses' was considered to be a very important issue. Participants in two of the groups commented that they had more confidence and trust in the nurses than the doctors:

"I think it is very important to have confidence because if you have got confidence in them and their treatment you feel that you are going to get better"

"I have got trust in the nurses more than doctors half the time."

"I think I have more confidence in the nurses than I do in the doctors because I know that doctors spend a limited amount of time in the A&E department whereas the nurses are permanent members of staff so they gain a lot of experience and skills and often they will have a view about your assessment or your diagnosis that is not picked up by the doctors"

Similarly, some participants felt that they would be more likely to discuss any anxieties or fears with nurses rather than doctors as they are considered more approachable:

"I would rather do it to a nurse I think if I was worried about something I think a doctor – consultants are very...cold."

"There is no barrier of them [nurses] and us"

A few of the participants - from different groups - highlighted that having confidence and trust in staff is linked to being able to understand the explanations provided and being involved in decisions about their care:

"I didn't [have confidence and trust in doctor] when I did my foot because I didn't understand a word he said..."

"Having confidence in the doctors and nurses I think is incredibly important, but also, which does tie into that is actually being involved in the decisions and stuff. Because – they are hand in glove – if you have got confidence in what you are being told and the advice you are given then that helps you with the whole treatment"

Being treated with respect and dignity was considered 'most important' by all groups. Some participants felt that other issues mentioned in the card-sort exercise were closely related to the issue of respect and dignity – such as staff not talking in front of patients, being asked permission for medical students to be present, having privacy when being examined or treated and staff introducing themselves:

"You wouldn't want to be treated like cattle whilst going in – people being generally polite and nice throughout the process really."

"It [being treated with respect and dignity] is if you have got to undress or anything like that – you wouldn't want to do it in the corridor, you don't – not necessarily "p's" and "q's" – yes sir, no sir, but on the other hand just a nice tone and taking my feelings and asking me etc..."

"Oh yes you definitely want permission to be asked [for the presence of medical students] ...it is just courtesy"

Participants were asked how important they thought it was that staff introduce themselves to patients. Whilst two groups regarded this to be a 'most' important issue, the other two groups rated this as being 'least' important. Those participants who thought it was 'most important' highlighted that it could help ease children's anxieties:

"Oh that is important especially with the kids."

"They are frightened anyway – to have a name – with the nurse saying "I am Sally hello" – I think that is important"

However, the participants who felt it was of less importance reasoned that it was not necessary for staff to introduce themselves in the context of A&E because of the short length of time usually spent with patients:

"I don't think that [staff introducing themselves] is very important to us."

"Not in A & E, perhaps if they were going to look after you for a few days or something like that but because of the short period of time"

During the card-sort exercise, participants were asked the importance of 'not having doctors and nurses talking in front of them as if they're not there'. There was a general agreement that this was not such an important issue and some participants felt that it might actually be necessary:

"Maybe they do need to discuss between themselves even though it is in front of you."

"It wouldn't be such a problem to me."

"It depends on what the communication is between – they might be asking each other's opinion."

"It's talking in a way that you can understand what they are saying but if they start using medical terms...I should think you would get really uptight"

"That [not having doctors and nurses talking in front of patients] goes with the whole respect thing doesn't it."

Pain

All groups agreed that 'hospital staff doing everything they could to control patients' pain' was a very important issue – particularly if it is a child attending A&E. Participants were keen to be listened to with regard to the amount of pain they were in and for staff to recognise their discomfort:

"I think that is more important if you have got children."

"One thing without a doubt is for the doctor or assessor not to judge how much pain you are in. It hasn't happened to me but I have heard of other people being told 'come on it is not that bad'. Well if you are that person in that situation well it is that bad for you there and then."

"That goes hand in hand with this one, as being listened to, if you want pain relief then that should follow."

Some participants explained that the receptionist or triage nurse assess the amount of pain a patient is in on arrival at A&E:

"They ask how much pain you are in as well."

"The receptionist asked if I was in agony and I just went 'Not really'."

It appeared some participants had received pain relief, whilst others had not. Participants suggested that staff could not provide pain relief until they had been examined by the doctor and some highlighted that they would be reluctant to take painkillers while waiting for treatment as it might conflict with the doctor's assessment and introduce delays in being treated:

"I was in extreme pain - in both cases I am talking about now - but yes they did give me something for the pain"

"No they didn't give any pain killers or anything."

"Well they never gave my husband anything and he was in awful pain. But they knew he had painkillers at home so I suppose they thought he could take them when he got home"

"They cannot give you anything other than paracetamol unless you have seen a doctor so you have got to get to see that doctor very quickly haven't you because they will not give you anything other than paracetamol"

"Until you see the doctor they don't give you anything."

Treatment

In general, most participants were largely satisfied with the treatment they or their friend/relative had received:

"It was good for me – they gave me some pills and made me feel a lot better instantly"

"They were very good and sorted it [injury] out straight away."

"I must admit once I was seen to they were brilliant"

However, some participants were less positive about their experience and a few participants even reported that inappropriate treatment or tests had been carried out:

"...in my daughter's case I would have liked them to have examined her because nobody examined her and it would have been on her records that she has been in before and then she has been in twice before for the same thing. So I really don't think they did anything"

"With my daughter the plaster went from there to there [lower arm] – and I went 'Hold on a minute, she can still move her elbow, why are you plastering from there to there?' And they said 'Oh is it her elbow?'"

"I was given an x-ray for what they told me was fluid on the lung...it turned out to be a collapsed lung. Now I am sorry, but if they can't tell the difference we have a problem...whoever took the pictures couldn't tell the difference so no I haven't got any confidence in them"

One participant had to bring her daughter back to A&E the following day in order for her daughter's arm to be plastered. Similarly, another participant in a different group suggested that it could be difficult to get an x-ray if attending A&E out-of-hours:

".. my daughter's [experience] wasn't so good because ... they sent me home with my daughter and her broken arm to come back the next day to get it plastered...the plasterer had gone home at 6 o'clock – A&E are supposed to plaster her up and the man the next day said I should have complained..."

"You can't get an x-ray of a night as well."

A few participants experienced health professionals disagreeing over their diagnosis or had received conflicting information from staff:

"My results came back and the consultant and the doctor argued.....one saying that I had broken my elbow and one saying that I had done my ribs as well as my elbow"

"When I hurt my leg he [doctor] made me lay on the bed for 3 hours with it up and then he came back to discharge me and told me to go in two days to take the stitches out ... and then he went off doing other things ... In the meantime the little nurse got me a drink of water and she said it would be 7 days and I said "No the doctor said 2" – she said they always take 7 – she said we will ask him when he comes back and when he came back he still said 2 because of what I had done and not 7 and he was right."

Overall, most participants considered that 'being involved in decisions about their care and treatment' was not a particularly important issue in the context of A&E, as patients tend to require brief and straightforward treatment that does not necessarily require their involvement:

"that doesn't really come into play usually unless it is some long term thing. A&E I think of as a quick thing, quick fix and you are out"

"They can't tell you what they are doing, how they are going to treat you without kind of saying "Look this is what we are going to do". The decision should be with them but to be informed of what they are doing I think is very important."

"I think I would leave it to them. If he'd said to me I had got to go on the ward I wouldn't have said "No I am going home."

"Just get me out of the pain I don't care who makes the decision"

However, one participant positively described how he had been involved in decisions about his son's treatment which he found reassuring:

"Well with my son they were very good – we saw a junior doctor and he said "We can do this, that and the other". Reassured us and we made our decision and went away and that was fine"

Tests

Waiting times for tests (and for the results to be provided) were found to vary. Participants recognised that waits for x-rays or tests often depended on the patient's condition or on the extent of bruising:

"They were very good, straight away saw that there was a problem and that his [her husband's] blood wasn't circulating and he was straight into x-ray"

"...they said if they couldn't do it within a certain period, I think that is why she got in quick, they said once the bruising started to swell and everything, they couldn't do it anyway or they would have to wait until the swelling had gone down"

"I have had blood taken when I had my asthma attack...and then they are back in within literally minutes because they need to know how much oxygen you have got in your arteries"

"It took 2 hours to get in and 2 hours for the tests ... it has been 2 hours every single time we have been in there for different tests."

"I had to wait to be sent to x-ray and then I was sent to x-ray and I had to wait for the x-ray and then when we got the x-ray we had to walk back and sit and wait for them to look at the x-ray so that was a bit tedious."

"Ages going in there but...the results came back very quickly"

Whilst some participants did not experience any difficulty actually getting to the x-ray department and described good signage, others reported some problems:

"Signs and different colours as well – you follow the yellow band or yellow/red band or something – it is very clear now."

"I had a wheelchair because I hurt my ankle ... so I went with my dad – he wheeled me down in the wheelchair – it wasn't far – just down the corridor"

"I wasn't too sure – it was only literally around the corner but I couldn't understand what this guy was saying with the directions ... I had to ask somebody else."

"I didn't have a porter to take me to x-ray but when I saw that doctor he just said "Put yourself in a wheelchair and take him down to the x-ray ... but no porter – I took him."

One participant expressed concern about the apparent lack of communication between A&E and the X-ray department:

"I think that there is not always good communication as to why you are having those tests...they just see that you need to have an x-ray without necessarily asking why. So they either ask you to go through everything again because it is a different department or they don't ask you at all and then you wonder if they know what they are doing it for."

Privacy

As previously mentioned, a lack of privacy in reception was an area of concern for some participants. In general, participants considered that having 'privacy whilst being examined or treated' was important, although many reported that levels of privacy in A&E are poor:

"Whatever you can hear from them they can hear from you so no – I don't want to hear people throwing up and one girl had got diarrhoea – and I am thinking I don't want to listen to that. And if it was me I wouldn't want them knowing what was wrong with me."

"You can't help hearing exactly what is going on...it is all curtains."

However, many felt that it might not be feasible to have greater levels of privacy due to the set-up of A&E:

"They have got a problem there though haven't they because they need to hear if anybody is going down hill themselves so they need to hear ... if they are all locked in rooms, how can they keep an eye on that many people?"

"It is not feasible to have any more privacy than what you have got"

"It is nice to have it [privacy] but I think it is impractical to expect it."

Environment

Overall, most participants agreed in the card-sort exercise that 'not feeling disturbed or threatened by other patients' was important and was considered this more of an issue at night time or at the weekends. Some participants suggested that waiting rooms should be segregated to ensure patients feel safe whilst waiting to be seen:

"I think there should have a separate room for children – obviously people like us can look after ourselves but when you have got children it is a nightmare."

"... keep the drunks to the one side."

"I think during the course of the day you are not going to get these sorts of problems because also you would have more security people about. But...of an evening you are going to always get this problem especially Friday and Saturday evenings"

"I don't know what was wrong with this chap but he had obviously had a lot to drink and he must have had a fall or something and he didn't want to be treated – and it was "F" this and "F" that... it was 3am"

The cleanliness of the A&E department was considered a 'most' important issue by all groups, and many made reference to MSRA. Some participants experienced poor levels of cleanliness during their visit:

"That is very important – it [the cleanliness] is horrible."

"There was blood on the floor and it wasn't very nice"

"It is not very pleasant when there is blood on the seat by the side of you....."

Having suitable seating in the waiting area and having access to refreshments and a public telephone were issues regarded with mixed importance by participants and was felt to be partly dependent on how long patients had to wait to be seen. Participants in one group felt that the waiting could be made more bearable if a television (or extra reading material) was provided. In another group, participants were positive about the separate children's area and the member of staff whose role was to care for and occupy children whilst waiting.

Discharge or admission to hospital

Only a minority of participants had been admitted to hospital following their A&E visit – most were discharged directly from A&E. Of those who were discharged, some reported being given information or advice about their condition or treatment

"I was given a leaflet – as I had smashed my head they said to read the leaflet and if I had got any vomiting or double vision to go back after 24 hours – so I had a leaflet."

"I got a leaflet – my daughter was – pins and needles, swelling"

"He was a very small baby – they said observe for an hour and then the doctor came back and said you are free to go if you like – watch out for any liquid in the ears, vomiting, eye rolling but we kind of agreed together – he did seem fine but they said just keep your eye on him."

“After I got butterfly stitched up – they gave me a leaflet of how to look after it and when to wash it and stuff – so that was quite good”

“I was leaving, they had been pretty good, they had given me leaflets like they did with [name of other participant]. They have given me supplies of things I needed – it was a pretty good service from that point of view.”

However, one participant felt that her daughter had not received the aftercare she needed:

“My daughter was given painkillers but they didn’t give her any aftercare, they just said they couldn’t find anything wrong with her – 3 times that happened and the next time we went just to the GP who was livid because she couldn’t believe that she had never been given an internal [examination].”

If they had any concerns about their condition or treatment after leaving A&E, participant were told to either come back to hospital or to go to their GP. Others had to make appointments for follow-up care:

“They just said “Go to the desk and make an appointment” – I think it was four weeks.”

“She had to come back – had an appointment for the plastering and then she had another appointment two weeks after that to see someone else as well.”

“When I did my ankle [pulled ligaments] they set up physiotherapy every week to go to at Hospital E so that was quite good – to try and get back to full strength”

“I had to go back twice as an A&E Outpatient – that was how they termed it. I found that was a really good service actually because you got to go to A&E and jump the queue straight away because you had a booked time that you were going there for”

Some participants experienced some delay in waiting to be discharged from A&E:

“It took about half an hour. They came and said the tests were OK you can go and we will be back to discharge you but it still took another half an hour for him to come back and say ‘OK you can go’”

“I was just “Why can’t I go” – it was OK to go but it still took another 30 minutes before they came back and said “Right off you go.”...but it is just that half an hour I could have been out and somebody else could have been in.”

Of those participants (or participants’ relatives) who were admitted to a bed on a ward, they did not appear to experience any delays:

“My mum was admitted with cellulites ...she went straight into a ward because every year she is admitted so she just goes straight onto the ward that she normally goes on to.”

“My husband was pretty much - within an hour or hour and a half – up onto a ward ... excellent really”

However, another participant explained that her son had to wait some time in a cubicle before being transferred to a different hospital to receive treatment at a specialist unit:

“... he was in that cubicle for hours until somebody could come – an ambulance could come and pick him up ...he had to wait there then for hours before he could be transferred. I don't know where they would have put him other than that anyway to be fair... he was looked after well.”

One participant had been admitted to a bed in a medical assessment unit on a previous visit and was unhappy about the noise level and that it was a mixed sex unit:

“The thing I noticed about it being really bad is the fact that I know you can't help it but there was everybody in the one ward, men, women, old, young, lots of different things and it was very noisy – very upsetting actually because there was on particular bloke in there that kept trying to get home and they kept trying to take things away from him ... and I found that whole thing very distressing.”

Other issues

- Car-parking

Three out of the four groups raised the issue of parking difficulties at the hospitals they attended:

“The parking is disgraceful and at [Hospital A] - that is the major issue”

“I was worried about parking because my baby was so small and he was just screaming in the car seat and I was thinking there might be something internal that I can't see because he hit his head – and of course I was panicking about the parking – and I couldn't get into that bay for 20 minutes”

“The big difference for me between our local two hospitals is that [Hospital E] – if you are being driven then there is some parking around the entrance to the A&E whereas in [Hospital D] I had to be dropped off and the parking is very limited and if you are on your own and not very...I think it is very difficult”

- Staffing levels

Some participants expressed concerns about staffing levels in the A&E department. When asked at the end of the discussion what one thing could be improved or handled differently, two participants referred to needing more staff:

“If you go to an Accident and Emergency – I think it is just there is a lack of staff - they need more bodies.”

“There really aren't enough nurses.”

“Just more staff – I think if there were more nurses.”

- Money

Some participants discussed that money might be an issue because if patients had come to the Emergency Department in a rush, they may not have the money needed for car parking, refreshments, phone calls and prescriptions. One participant

mentioned that at the department he had visited, patients collect their prescription from the pharmacy and later receive a bill in the post.

- Out-of-hours care

Participants in different groups commented on poor out-of-hours GP services or walk-in centres/minor injuries units. They were critical of current GP opening hours, and suggested that this contributed to crowding of the A&E department:

“Up until 10 years ago you would have been able to get an appointment after 6 pm.”

“When I was growing up we used to always manage to see a GP or he would come to the house if you called them. Now you cannot get that...the out-of-hours is based in the A&E Department and people even when they want to see just a doctor have got to make their way to the hospitals”

“When I am really bad and I have to go to A&E there are so many people, from my experience, in the waiting room who are not an emergency and it is either because they are from another country and they haven’t registered with a doctor so they go to the hospital or because many people cannot access their doctor. Or the doctors are saying we can’t come and see you, you need to get to the hospital.”

“You very rarely get appointments after 6pm. You very rarely get the surgery open before 8.30am. Now we are not all ill between the hours of 8.30 and 5.00 so this is the reason maybe now that A&E is over stretched because there are certain people going to A&E when really they don’t need to.”

“You can’t get an X-ray of a night as well.”

There was variation in participants’ awareness and understanding of walk-in-centres:

“I didn’t know they existed to be honest.”

“Yes walk-in-centres – there are quite a few around here now.”

“There is one [a walk-in centre] in [Hospital F] which is open overnight but a lot of people don’t realise it they just go straight to A & E. But at [Hospital F], I have got a friend who works there; they actually send them round to the walk-in-centre.”

4.4 Conclusions

In summary, the focus groups showed that the following aspects of care in the Emergency Department (A&E) were regarded to be important:

Waiting

- Length of time waiting to be seen
- Being told how long they would have to wait
- Length of time waiting at different stages (i.e. waiting room, cubicle, tests to be carried out & waiting for test results, discharge and obtaining prescriptions from pharmacy)

Staff – interpersonal aspects of care

- Having confidence and trust in the doctors and nurses
- Being treated with respect and dignity
- Being able to understand the explanations provided by doctors and nurses
- Doctors and nurses listening carefully to patients

Tests and treatment

- Hospital staff assessing the amount of pain patients are in and providing pain relief where appropriate (providing pain relief medication while waiting to see doctor)
- Condition/injury dealt with to the patients' satisfaction (appropriate treatment or tests carried out and staff provide the correct diagnosis)
- Not receiving conflicting advice from staff
- [Not having to return to A&E the following day for tests/treatment due to their visit being 'out of hours']

Environment

- Levels of privacy at reception when 'booking in'
- Cleanliness of the Emergency Department
- Not feeling disturbed or threatened by other patients
- Overall comfort of the waiting areas

Discharge or admission to a bed

- Being given information about their condition or treatment
- Being admitted to a bed on a ward quickly and/or not having to wait too long to be transferred to another hospital

Other issues

- The reason for attending the Emergency Department (rather than an alternative service) and whether self-referred or sent by GP/NHS Direct/MIU/WIC etc... Did patients attend due to being unable to access alternative services, e.g. GP or out-of-hours care (e.g. MIU or WIC)?
- Car-parking

The findings from the focus groups showed that most aspects of care considered important by participants were similar to those raised in the previous qualitative work carried out for the first Emergency Department Survey. This highlights the importance of maintaining many of the existing questions in the survey.

However, the following aspects of care were regarded to be of less importance by some participants:

- Staff introducing themselves to patients
- Being involved in decisions about their care and treatment (this was felt to be less important in the context of A&E)
- Being able to get refreshments while waiting
- Being able to use a public telephone while waiting
- Not being asked name and address, and/or details of condition or illness too often

5 Amendments made to existing core questionnaire

Following the stakeholder consultation and focus groups, a questionnaire was drafted to be tested in cognitive interviews. The amendments made to the existing 'core' questionnaire (i.e. used in the 2004 Emergency Department Survey) are outlined below.

5.1 Questions added from the 'question bank' / other surveys

The issue of how patients came to be in A&E – whether they were self-referred or sent by their GP or from another health service (e.g. NHS Direct, Minor Injuries Unit, Walk-in Centre, out-of-hours health centre/clinic) was raised during the consultation with stakeholders. The focus groups also showed that the reasons for patients going to A&E were varied: some patients attended due to being unable to make an appointment with their GP or were unaware of alternative out-of-hours services, such as a local Walk-in Centre.

The question bank survey used in the 2004 Emergency Department Survey included a question that asked patients why they went to the Emergency Department. This question was added to the 2008 draft core questionnaire, although the numbers of response options were reduced to avoid confusion - particularly as this will be the first question.

Previous version (in 2004 question bank):

What is the MAIN reason that you went to the Emergency Department?

- 1 My GP told me I should go
- 2 Someone else at my local health centre told me I should go
- 3 My GP was not available
- 4 I wanted a second opinion
- 5 NHS Direct told me to go to an Emergency Department
- 6 I decided that I needed to go to an Emergency Department
- 7 A friend/relative decided that I needed to go to an Emergency Department
- 8 Somebody else decided that I needed to go to an Emergency Department

New version (to be tested in cognitive interviews):

1. What is the **MAIN** reason that you went to the Emergency Department?

- 1 I was told to go to an Emergency Department by a health professional (e.g. GP, Ambulance crew, Nurse, NHS Direct)
- 2 My GP was not available or my local health centre was closed
- 3 I decided that I needed to go to an Emergency Department
- 4 Somebody else (e.g. friend, relative, colleague) decided that I needed to go to an Emergency Department

In consultation with the stakeholders, it was decided that the 2008 Emergency Department survey should include a limited number of questions that measure patients' experiences of ambulance services as such questions were not included in the 2007 Inpatient Survey. The three existing questions (taken from the 2007 inpatients survey) were initially tested in the draft questionnaire:

Were the ambulance crew reassuring?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / Can't remember

Did the ambulance crew explain your care and treatment in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / Can't remember

Did the ambulance crew do everything they could to help control your pain?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not have any pain

Parking at the hospital emerged as an important issue in the focus group discussions. The following question was included in the 2004 Emergency Survey 'question bank', which was moved to the 2008 'draft' core questionnaire:

If you came by car, were you able to find a convenient place to park?

- 1 Yes
- 2 No
- 3 I did not need to find a place to park

We included an additional question to the section on 'Environment and Facilities' which was previously in the question bank, for initial testing in cognitive interviews:

Were you able to get suitable refreshments when you were in the Emergency Department?

- 1 Yes
- 2 No
- 3 I was told not to eat or drink
- 4 I wanted refreshments but I did not get any because I did not know whether I could eat or drink
- 5 I did not want any refreshments

5.2 Questions removed from the 'core' questionnaire

Four questions were removed from the draft 'core' questionnaire and were added to the question bank so that year-on-year comparisons could still be made by trusts if these questions are regarded to be important.

Overall, did you think the order in which patients were seen was fair?

- The DH queried that some patients may not be aware of patients being admitted to A&E by emergency ambulance as they are often taken into A&E via a different entrance, and felt this question would be difficult for patients to answer.
- The 2004 Emergency Survey showed that 25% of respondents to this question ticked 'Cant say / Don't know' and a further 2% skipped the question
- The focus groups showed that patients were aware of the need to prioritise care for more urgent cases
- It is not a PSA (Public Service Agreement) question

Did the staff treating and assessing you introduce themselves?

- The focus groups showed that many participants felt that staff introducing themselves to patients was not as important in the context of A&E when compared with being treated as an inpatient on a ward
- The 2004 Emergency Survey showed that 10% either ticked 'Don't know / Can't remember' or skipped the question
- It is not a PSA question

While you were in the Emergency Department, how much of the time were you in pain?

- This question was felt to be less important than the other questions on 'pain' as the results can not be used by trusts for quality improvement.

How clean were the toilets in the Emergency Department?

- In the 2004 Survey, 48% responded that they did not use a toilet
- Although cleanliness was regarded to be very important by patients in the focus groups, there is another question that asks about the level of cleanliness in the Emergency Department.
- It is not a PSA question

It was suggested that the following questions could also be removed from the 'core' questionnaire and added to the question bank in order to allow room for the additional questions on ambulance services to be included (i.e. if the questionnaire length of 8 pages is to be maintained). These questions are not PSA targets and do not cover the aspects of care that were regarded to be most important by patients in the focus groups:

- **If you needed attention, were you able to get a member of staff to help you?**
- **Did a member of staff explain to you how to take the new medications?**

5.3 Amendments to existing questions

The Co-ordination Centre revised the questions asking patients about long-standing conditions for the 2007 Inpatient Survey. The reasons for this change are outlined in the development report for the 2007 Inpatients Survey. Such demographic questions need to be consistent across all patient surveys and so the 2008 Emergency Department Survey will need to include the new version of the questions on long-standing conditions.

Previous version:

Do you have a long-standing physical or mental health problem or disability?

- 1 Yes → Go to 48
- 2 No → Go to 49

Does this problem or disability affect your day-to-day activities?

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

Revised version:

Do you have any of the following long-standing conditions? (TICK ALL THAT APPLY)

- 1 Deafness or severe hearing impairment → Go to 51
- 2 Blindness or partially sighted → Go to 51
- 3 A long-standing physical condition → Go to 51
- 4 A learning disability → Go to 51
- 5 A mental health condition → Go to 51
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → Go to 51
- 7 No, I do not have a long-standing condition → Go to 52

Does this condition(s) cause you difficulty with any of the following? (TICK ALL THAT APPLY)

- 1 Everyday activities that people your age can usually do
- 2 At work, in education, or training
- 3 Access to buildings, streets, or vehicles
- 4 Reading or writing
- 5 People's attitudes to you because of your condition
- 6 Communicating, mixing with others, or socialising
- 7 Any other activity
- 8 No difficulty with any of these

5.4 Other issues

The focus groups raised some issues that are not currently covered in the existing questionnaire:

- One participant had to bring her daughter back to A&E the following day to get her arm plastered as she had to see the specialist and the 'plasterer' had gone home at 6pm. Other participants also mentioned that they are aware that it can be difficult to get an x-ray if attending A&E out-of-hours.

It would be difficult to capture the reason for why patients had to return to the Emergency Department; whether this was because of staff being unavailable due to attending outside 'normal working hours' or for 'valid' clinical reasons. Also a question on this topic may be confusing to patients who had to return to the hospital for follow-up appointments (even though this would be at the Outpatient Department or fracture clinics etc...) or for those patients that had to return to A&E due to deterioration in their condition/injury which necessitated their re-attendance.

- With regard to waiting times, one participant experienced a delay in waiting to collect the prescribed medication at the hospital pharmacy

This did not appear to be a common problem amongst focus group participants and is an issue that perhaps falls outside the scope of this survey.

- Some participants reported having more confidence and trust in the nurses than the doctors.

It would be confusing and inconsistent to ask patients if they had confidence and trust in the nurses and doctors separately and not ask them to report separately for the other questions in the 'Doctors and Nurses' section of the questionnaire. There would not be enough space in the questionnaire to have separate sections for doctors and nurses and not all patients would have seen both types of health

professionals anyway. Moreover, the current question on confidence and trust does allow patients to respond that they only had confidence and trust in doctors and nurses 'to some extent' which respondents could tick if they only had confidence and trust in some members of staff.

- Participants highlighted confusion over whether patients are able to take medicines to relieve pain whilst waiting in the Emergency Department. Some participants suggested that staff are unable to provide pain medicine until patients have been examined by a doctor.

It might be interesting to include a question that asks patients when they requested pain medicine, i.e. whilst they were waiting to be seen by a nurse/doctor or once they had been examined/treated by a doctor. However, patients may experience a series of waits in the Emergency Department so it could be difficult to design a question around this issue.

6 Testing the draft questionnaire: cognitive interviews

6.1 Introduction

Fifteen cognitive interviews were conducted in January 2008. The interviewees were recruited by advertising on the online and paper version of Oxford's local newspaper, 'DailyInfo'. The purpose of the cognitive interviews was to test the face validity of the questionnaire. The participants were asked to read the instructions on the front of the questionnaire and to answer the questions. They were asked whether the instructions were clear and easy to understand, and were encouraged to comment on any thoughts they had whilst completing the questionnaire. The researchers continually probed the participants whilst they were completing the questionnaire to assess their comprehension of the questions and to ensure that the given response options were appropriate to their answer. Interviewees were also asked if any issues had been omitted.

6.2 Testing version 1: findings

Interview 1

General comments

The interview was carried out on 8th January at the Picker Institute's offices. The interviewee was a white male, aged 57 who had attended A&E on a weekday afternoon following an injury at work. The respondent was positive about the overall care he had received and could not think of any aspect of his care that could have been improved.

The respondent did not appear to have any difficulty answering the questionnaire, and the responses ticked appeared to be appropriate to his experience. He found the skip instructions fairly easy to follow, although he initially missed a few skip instructions towards the end of the questionnaire. He occasionally asked for clarification from the researcher with regard to completing some questions.

Doctors and Nurses

Question 19: 'Did doctors or nurses talk in front of you as if you weren't there?' The respondent ticked that this happened 'to some extent' whilst he was in A&E, although he clarified that this had not bothered or upset him in any way as he regarded it to be part of the process. He thought it could be acceptable in some instances for staff to talk to one another in front of the patient.

Your care and treatment

Question 24 'Were you involved as much as you wanted to be in decisions about your care and treatment?'

The respondent found this question difficult to answer and so left it blank. He commented that it was not necessary for him to be involved in any decisions about his care and treatment and that he trusted the health professionals to make the most appropriate decisions about his treatment.

Pain

Question 28 'Did you request pain medicine?' and Question 29 'How many minutes after you requested pain medicine did it take before you got it?' The respondent was unsure how to answer these questions as the health professionals had automatically offered him pain relief medication. He thought an extra response option, such as 'I was offered pain medicine' should be included at Q28 and question 29 reworded (i.e. remove the word 'requested')

Leaving the Emergency Department

Question 40 'Did a member of staff tell you about danger signals regarding your illness or treatment to watch out for after you went home?' The respondent initially ticked response option 3 'No' but following probing from the researcher, it emerged that response option 4 - 'I did not need this type of information' - was more appropriate.

Interview 2

General comments

The interview was carried out on 8th January at the respondent's workplace in the centre of Oxford. The interviewee was a white male, aged 29 who had attended A&E on a weekday evening approximately six months beforehand. A friend of the respondent had driven him to A&E.

The respondent found the questionnaire easy to follow and thought it covered the most important issues. When asked if anything could have been improved, he mentioned that he would have appreciated being kept better informed whilst he was waiting. He also said it could be difficult or uncomfortable waiting in A&E if there are other people around with serious injuries or who are bleeding etc...and wondered whether people with very 'visible' injuries could be screened at triage.

Front cover

The respondent found the instructions easy to understand although wanted clarification that the covering letter (that would accompany the questionnaire) would state the name of the hospital attended (and not just the trust name).

Arrival at the Emergency Department

Question 1 'What is the main reason that you went to the Emergency Department?' The respondent commented that the term Ambulance 'crew' might be better phrased as 'staff' [However, the other questions on ambulance care – and those used in the Ambulance Survey - use the term 'crew']

Question 3 'If you came by car, were you able to find a convenient place to park?' The respondent thought that this question should clarify that it is referring to finding a place to park in the 'hospital' car-park.

Waiting

Question 9 'How long did you wait before you first spoke to a nurse or doctor?'
When the respondent first answered this question, he was thinking of the time that the doctor actually examined him (rather than the initial assessment he had received from a nurse). This came to light when he answered question 10 ('From the time you first arrived at the Emergency Department, how long did you wait before being examined by a doctor or nurse?'), and so he went back to question 9 to correct his initial answer. He said he had initially mis-read question 9.

Question 11 'Were you told how long you would have to wait to be examined?'
The respondent did not have any difficulty answering this question – although after probing from the researcher it emerged that his friend (who accompanied him to A&E) had to ask staff how long he would have to wait – rather than staff automatically providing this information.

Doctors and Nurses

Question 16 'If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?'
The respondent had to re-read this question and wondered whether the term 'concern' or 'worry' might be more appropriate. He also thought there could be an additional response option that respondents could tick if they did have anxieties but did not tell (or raise this with) the health professional(s).

Pain

Question 28 'Did you request pain medicine?' and Question 29 'How many minutes after you requested pain medicine did it take before you got it?'
The respondent was unsure how to answer these questions as he had been offered pain killers by the staff. (He commented that he filled in a form when he 'booked in' at reception which included a question on whether or not he was in pain, so had assumed the nurse had seen this form which is why pain relief medication had been given to him.)

He further commented that he was not familiar with the term 'pain medicine' and thought the term 'pain relief' might be more appropriate.

Leaving the Emergency Department

Question 34 'What happened at the end of your visit to the Emergency Department?'
Although the respondent did not have any difficulty answering this question (as his response was 'I went home'), he was unsure of the difference between the first two response options (i.e. admitted as an inpatient and kept in for observation)

Question 37 'Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?'
The respondent found this question too lengthy and asked if the words 'you were to take at home' could be removed.

Interview 3

General comments

The interview was carried out on 9th January at the Picker Institute's offices. The interviewee was a white female, aged 64 who had recently attended A&E.

The respondent found the questionnaire straightforward to complete and thought it covered all the necessary topics. The responses she ticked appeared to be appropriate to her experience.

Doctors and Nurses

Question 18 'In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?'

The respondent ticked 'All of them knew enough' but commented that she had only seen one doctor.

Your care and treatment

Question 22 'If you needed attention, were you able to get a member of staff to help you?'

The respondent initially found this question difficult to answer as she had not noticed the response option 'I did not need attention'.

Leaving the Emergency Department

Question 40 'Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?'

The respondent was a bit confused as to whether to tick 'No' or 'I did not need this type of information'.

Interview 4

General comments

The interview was carried out on 9th January at the Picker Institute's offices. The interviewee was a white male, aged 22, who had attended A&E on a Saturday afternoon. Following a sporting injury, he had been attended to by St John's Ambulance, who called an ambulance to take him to hospital as no alternative transport had been available. The respondent reported a positive experience and good treatment but did comment that the waiting time seemed high at a time when the department was not very busy.

The respondent found the questionnaire clear and straightforward to follow, and had no difficulty with skip instructions. He occasionally asked for clarification from the researcher with regard to completing some questions.

Arrival at the emergency department

Question 5 'Did the ambulance crew explain your care and treatment in a way you could understand?'

The respondent replied 'yes, definitely'. The ambulance crew had examined his injury but he needed treating at A&E, so they did not treat him. This answer indicates that the question can still be understood and answered by patients who were not treated, as this fact was explained clearly to the patient.

Question 6 'Did the ambulance crew do everything they could to help control your pain?'

The respondent ticked 'yes, definitely' to this although the ambulance crew had not done anything to control his pain. He had been told that he would have to wait until he arrived at the department before pain relief medication could be administered. Therefore his answer appears to have taken account of his situation – they did all they could, although in this case they could take no action to control his pain.

Question 8 'Were you given enough privacy when discussing your condition with the receptionist?'

The respondent commented that this was an 'odd' question. He noted that it may not be relevant to ask (his own case was not sensitive in any way). Although he described the receptionist as 'discrete', he did observe that the waiting room was small so it could be easy to overhear what was being said. Therefore, this question and the reasons behind asking it were understood, although it was not important to his case.

Waiting

Question 11 'Were you told how long you would have to wait to be examined?'

The respondent did not answer this question. Because he was seen as soon as he had spoken to the receptionist, it would suggest that he missed this question as it was not relevant to his experience.

Doctors and Nurses

Question 19 'Did doctors or nurses talk in front of you as it you weren't there?'

The respondent ticked option 'Yes, to some extent' but was not concerned by this practice. He commented that healthcare staff sought a second opinion and felt that this was a good practice.

Your care and treatment

Question 22 'If you needed attention, were you able to get a member of staff to help you?'

The respondent commented that 'member of staff' was an ambiguous expression, and asked for clarification concerning whether the question meant a member of the medical, or a general staff member.

Pain

Question 28 'Did you request pain medicine?'

The respondent replied that an additional response option was needed as patients can be offered pain medicine without having to request it.

Information

Question 39 'Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?'

The respondent chose 'yes, to some extent'. He had been told that it was 'hard to tell' (because this depended on his wound healing) and that he would need to have a follow-up appointment with his GP, who would provide further advice. The respondent also noted that it was unclear whether the term 'usual activities' included sporting activities.

6.3 Revisions made to draft 1

Following the findings from the first four cognitive interviews and additional feedback from the Healthcare Commission, some changes were made to the first draft of the questionnaire:

- **Question 3:** The wording of this question was changed from 'If you came by car, were you able to find a convenient place to park?' to 'Was it possible to find a convenient place to park?' Some people will have been driven to A&E by a friend or relative and so the question wording was made less personal. The words 'if you came by car' were also removed as those respondents who had not travelled to A&E in a car are instructed to skip past this question.
- **Question 28:** The term 'pain medicine' was changed to 'pain relief medication' and an additional response option ('I was offered pain relief medication') was added.
- **Question 29:** The term 'pain medicine' was changed to 'pain relief medication'.
- **Question 47:** 'How old were you when you left full-time education?' This was removed from the core questionnaire as we no longer believe this question to be appropriate to estimate a patient's social class, education, or income level. Furthermore, the results of this question are not thought to be used widely. The question is going to have different relevance to people born in different decades, with it being much more common for older people to have left school at a younger age. This question also does not take into account those who returned to education later in life.
- **Question 48:** 'Overall, how would you rate your health during the past 4 weeks?' This question was removed and replaced with the validated measure of health and well-being, known as EQ-5D. 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 EQ5D in the recommended 'generic' instrument.^{***}

^{***} 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]

6.4 Testing version 2: findings

Interview 5

General comments

The interview was carried out on 11th January at the Picker Institute's offices. The interviewee was a white male, aged 18, who had attended the Emergency Department in the early hours of a Saturday morning following an assault. He was taken to hospital in an emergency ambulance and was semi-conscious for much of his time in the Emergency Department and was later admitted as an inpatient at the same hospital.

The respondent found many of the questions fairly difficult to answer because he was not able to remember much of his experience in A&E due to his condition. He commented that he liked the 'relaxed' (or friendly) tone used in the questionnaire and thought it covered all of the relevant issues.

Arrival at the emergency department

Question 1: What is the MAIN reason that you went to the Emergency Department? The respondent found this question difficult to answer as a friend called an ambulance for him as he was unconscious, but it was the ambulance crew that decided he needed to go to A&E so he felt he could tick both response options 1 and 4. He thought an additional response option that covered people being taken to A&E in an ambulance should be included.

Question 6 'Did the ambulance crew do everything they could to help control your pain?'

The respondent said he could not remember as he was semi-conscious so thought this question should include the option 'Don't know / Can't remember'.

Doctors and Nurses

Questions Q13, Q14 and Q15:

These questions were difficult for the respondent to answer as he had been unable to talk to the health professionals due to his semi-conscious condition. Additional response options could be added, such as 'Don't know/Can't say' or 'I was not well enough to discuss my condition' etc...

[However, from listening to the respondent's experience, it is possible he was admitted straight to an assessment unit (e.g. an observation ward or medical assessment unit) in the hospital, rather than spending time in the Emergency Department. If this was the case, then this respondent (and presumably others with similar conditions) would not be included in the sample.]

Question 18 'In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?'

The respondent felt it was not clear what this question was asking and he commented that he had answered this question based on his expectation of the professional ability of doctors and nurses in general – rather than his experience in A&E. At the end of the interview he re-iterated that he thought this was the most unclear question in the survey.

Question 19 'Did doctors or nurses talk in front of you as if you weren't there?'
The respondent commented that although staff did talk in front of him, he thought this was perfectly acceptable due to his condition (he was semi-conscious) and didn't think his response should be regarded as a 'negative' response.

Your care and treatment

Question 21: Were you given enough privacy when being examined or treated?
The respondent was unable to answer this question as he said he did not know whether he was given enough privacy as he was semi-conscious.

Pain

Question 28 'Did you request pain relief medication?'
Although an additional response option had been added to this version of the questionnaire (I was offered pain relief medication), the respondent said that the necessary or required pain relief medication was just given to him – rather than 'offered'.

Hospital Environment and Facilities

Question 33 'Were you able to get suitable refreshments when you were in the Emergency Department?'
The respondent left this question blank as he said that he was given water by the health professionals and so did not need to 'get' refreshments for himself.

Leaving the Emergency Department

Question 34 'What happened at the end of your visit to the Emergency Department?'
The respondent was unsure whether to tick the first or second response option – the distinction between being 'admitted as an inpatient' and 'been kept in for observation' was felt to be unclear.

About You

Question 46 'What was your year of birth?' The respondent incorrectly entered his full date of birth in the box provided, rather than just his year of birth.

The question could make it clearer to respondents that they should just enter their year of birth by highlighting the word 'year' (i.e. using bold font) in the question. The numbers 1 and 9 could also be entered in the first two response boxes (The sample will exclude children aged under 16 years and it would be highly unlikely that there would be anyone aged over 109 included in the sample).

Interview 6

General comments

The interview was carried out on 11th January at a café in the centre of Oxford. The interviewee was a white male, aged 51, who had attended the Emergency Department on a weekday afternoon approximately four months ago.

On a few occasions he missed skip instructions and consequently looked at questions that he should not have answered. He realised these mistakes early on and did not answer these questions.

Front cover

The respondent commented that instructions about what to do if they receive help in completing the questionnaire could be clearer. He also commented that the term 'miss out' questions might be better changed to 'skip' to avoid the negative connotations of the term 'miss out'.

Arrival at the Emergency Department

Question 1 'What is the MAIN reason that you went to the Emergency Department?'
The respondent felt that the term 'main' was redundant as it suggests that patients may have a number of reasons to attend. He also considered the term 'I decided that I needed to go to an Emergency Department' as 'not helpful' because he did not feel it was a decision, in the ordinary sense of the word.

Question 7 'How would you rate the courtesy of the Emergency Department receptionist?'
The respondent commented that having six options to choose from is too many, and queried what the real difference is between 'excellent' and 'very good', and between 'poor' and 'very poor'.

Question 8 'Were you given enough privacy when discussing your condition with the receptionist?'
The respondent considered the term 'definitely', included in one of the response options, to be subjective.

Waiting

Question 12 'Overall, how long did your visit to the Emergency Department last?'
The respondent did not like the long list of different time periods that comprise the response options.

Doctors and Nurses

Question 18 'In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?'
The respondent ticked 'all of them knew enough' but commented that it may not be apparent to the patient how much the staff knew about them and was instead a matter of judgement.

Your care and treatment

Question 20 'While you were in the Emergency Department, how much information about your condition or treatment was given to you?'

The respondent observed that the order of response options was not logical. He also commented that the option 'I did not want any information about my treatment or condition' was not mutually exclusive with other options involving the amount of information given to patients. For example, a patient may not want any information but be given some, leading them to tick 'too much'.

Hospital environment and facilities

Question 31 'In your opinion, how clean was the Emergency Department?'

Again, the respondent was not happy with the large number of response options. He also noted that patients' judgements of cleanliness depend on how clean they expect the department to be.

About You

Question 51 on Anxiety/Depression

The respondent argued that these terms do not mean the same thing.

Question 54 'To which of these ethnic groups would you say you belong?'

The respondent did not like the taxonomy used and was critical of the absence of an option 'I prefer not to say'.

6.5 Revisions made to draft 2

- **Question 1:** What is the MAIN reason that you went to the Emergency Department? An additional response option was added to this question: 'I was taken to an Emergency Department in an Ambulance'.
- **Question 6:** 'Did the ambulance crew do everything they could to help control your pain?' An additional response option was added to this question, 'Don't know / Can't remember'
- **Question 7:** 'How would you rate the courtesy of the Emergency Department receptionist?' This question was removed from the 'core' questionnaire because it was not felt to be a particularly useful question as in some Emergency Departments a health professional (such as a triage nurse) may be sat at reception and respondents may be unable differentiate between the staff.
- **Question 18:** 'In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?' This question was removed from the core questionnaire (and added to the bank) following feedback from the Healthcare Commission and cognitive interviews. For those respondents that only saw one doctor, this question caused some confusion and one respondent felt it was unclear.
- **Question 26:** Did you request pain relief medication? The words 'or given' were added to the last response option (i.e. 'I was offered or given pain relief medication')

- **Question 44:** ‘What was your year of birth?’ The word ‘year’ was put in bold font and the numbers 1 and 9 were added to the response boxes to make it clear to respondents that the question is asking them to enter just their year of birth, rather than full date of birth.

6.6 Testing version 3: findings

Interview 7

General comments

The interview was carried out on 14th January at the Picker Institute’s offices. The interviewee was a white female, aged 68, who had attended the Emergency Department approximately six months ago. She was taken to the hospital in an ambulance and was kept in overnight for observation.

The respondent found the questionnaire straightforward to complete and followed the skip instructions correctly. She thought the questionnaire was comprehensive, although commented that a question could be included that asked patients about their experiences of the interpersonal aspects of care, such as being treated as a person and not an object.

Doctors and Nurses

The respondent was unsure how to answer questions 12 or 13 so left them blank. She commented that due to her condition, she was unable to discuss her medical problem with the doctors or nurses and felt that it was difficult for the staff to explain her condition to her as they were not able to provide a diagnosis at that stage (She required follow-up appointments and tests at the hospital).

Hospital Environment and Facilities

Question 31: ‘Were you able to get suitable refreshments when you were in the Emergency Department?’

The respondent left this question blank as she was unsure how to answer it. She appeared to find it difficult to know the most appropriate response option as she said she hadn’t really thought about getting refreshments at the time, but then said she thought she may have been given some water by the staff and also commented that she had her relatives there if she needed anything.

Leaving the Emergency Department

Question 34 ‘What happened at the end of your visit to the Emergency Department?’ Although through the discussion it was apparent the participant had been kept in overnight for observation in an assessment unit, she was unsure whether to tick the first or second response option – the distinction between being ‘admitted as an inpatient’ and ‘been kept in for observation’ was felt to be unclear.

Interview 8

General comments

The interview was carried out on 15th January at a café in a suburb of Oxford and lasted an hour. The interviewee was an Asian male, aged 54, who had attended the Emergency Department on a few different occasions due to an ongoing condition. He was admitted to hospital for an overnight stay.

The respondent found the questionnaire relatively straightforward to complete although asked the researcher for clarification on some questions. He thought the questionnaire covered the most important issues, although commented that the questions are focused on the 'treatment' aspect of care and felt a question should be included to assess the 'personal touch' provided by staff (i.e. the interpersonal skills of staff, such as the emotional support, friendliness etc...). He felt that a question should also be included that asks patients how long they had to wait for the ambulance to arrive and commented that if you have to wait some time this can make you feel anxious and thus have a negative impact on how the quality of care is perceived in the A&E department. The respondent further highlighted that a person's experience is likely to differ depending on the frequency of visits and thought it would be important to ask patients how many times they had attended the Emergency Department over a certain time period.

Waiting

Question 11 'Overall, how long did your visit to the Emergency Department last?' The respondent answered this question with regard to the overall time spent at the hospital - which included the time spent as an inpatient. The words 'Emergency Department' might need to be emphasised or a prompt added to ask respondents to just think about the time spent in the Emergency Department.

Doctors and Nurses

Question 17 'Did doctors and nurses talk in front of you as if you weren't there?' The respondent found this question difficult to answer as he thought there may be good (clinical) reasons why staff may talk to one another to check certain aspects of the care or treatment given. He therefore left the question blank.

Question 21 'Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you at all in the Emergency Department?' The respondent answered this question based on the care he had received after he had been examined by the doctor and commented that his response would have been different if he considered the time whilst waiting to be seen. He thought the questionnaire should be split into two parts: one part asking about the care received before being examined or treated and the second part to ask about a patient's experience after being examined by a doctor.

Pain

Question 27 'How many minutes after you requested pain relief medication did it take before you got it?'

The respondent asked for clarification as to whether the question was asking about the time it took for getting pain relief medication initially (i.e. paracetamol) or the time it took for 'total' pain relief medication to be given after being assessed by the doctor.

Leaving the Emergency Department

Question 37 'Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?'

The respondent took some time to respond to this question and did not initially see the response option 'I did not need this type of information' until prompted by the researcher.

Question 42 'Overall, how would you rate the care you received in the Emergency Department?'

The respondent ticked 'Excellent' although commented that his response to this question would have been different if he had received the questionnaire shortly after his attendance at the Emergency Department. He said that the time lapsed since his visit meant that he now regarded the care as being excellent because his condition has been treated.

About You

Question 52 'To which of these ethnic groups would you say you belong? (Tick one only)'

The respondent was unsure which response option to tick to describe his ethnicity as he felt more than one option could possibly be ticked. However, after some consideration he felt able to tick one response and clarified his decision by writing 'Iranian' in the space provided.

Interview 9

General comments

This interview was carried out on 15th January at the Picker Institute's offices. The respondent was a white female aged 23. After being in pain for three days she had contacted her GP but was told she would have to wait another three days for an appointment. She then decided to attend a local Minor Injuries Unit.

The respondent found all questions clear and straightforward to answer, and followed all skips correctly. The only difficulty she had was in answering the question about being involved in her care and treatment as she had not received any treatment.

Arrival at the Emergency Department

Question 7 'Were you given enough privacy when discussing your condition with the receptionist?'

The respondent selected the response 'no'. She explained how the contact she had with the receptionist was the most negative aspect of her visit. Although there were four receptionists on duty and no queue, she waited approximately four minutes to speak to a receptionist. She was annoyed at having been asked a number of unnecessary questions about her address; although her living arrangements were slightly complicated, the address she gave was that on her medical records so this interrogation was not required. The receptionist had asked further unnecessary

questions about her living arrangements and was extremely rude and unprofessional towards her.

Waiting

Question 10 'Were you told how long you would have to wait to be examined?'
The respondent answered 'no, I was not told' and further elaborated that she was not told 'anything at all'.

Doctors and Nurses

Question 12 'Did you have enough time to discuss your health or medical problem with the doctor or nurse?'

The respondent ticked 'no' and explained how the doctor 'brushed her off'. She commented that doctors should listen more and ask more questions. After the doctor examined her, he left the room but said he would return. After waiting for five minutes, the respondent asked a nurse where the doctor had gone, and was told that he was now with another patient and would evidently not be returning. The nurse said that she could go home.

Question 13 'While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?'

The respondent replied 'no' and commented that nothing was explained to her.

Question 17 'Did doctors or nurses talk in front of you as if you weren't there?'

The respondent ticked 'yes' and explained how she was frequently ignored while staff discussed her treatment. She had been asked by a nurse if she minded a student nurse being present, and after agreeing to this, was happy for the student to be briefed about her case by the nurse. The respondent was, however, unhappy about a nurse updating the doctor about her in front of her as she found this rude and alienating. She commented that talking in front of her occurred more often in nurses than doctors.

Your care and treatment

Question 19 'Were you given enough privacy when being examined or treated?'

The respondent answered 'no'. She was examined in a separate room which had a curtain instead of a door. The nurse had not closed the curtain when she was asked to take her top off to be examined. The respondent's boyfriend was with her and closed the curtain. She commented that the doctor was better at maintaining good levels of privacy.

Question 22 'Were you involved as much as you wanted to be in decisions about your care and treatment?'

The respondent did not answer this question as she had not received any treatment, so no decisions had been made.

Leaving the Emergency Department

As the respondent's examination had not been completed, she was not discharged in the usual way. Consequently she received no information about her care.

Overall

Question 41 'Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?'

The respondent ticked 'no' and commented that she was 'brushed off' by the doctors and nurses.

About You

Question 48 on Pain/Discomfort

The respondent deliberated over her answer to this question, eventually choosing 'I have moderate pain or discomfort' and writing on the questionnaire 'a little bit'. The response options available did not match how she felt.

Question 52 'To which of these ethnic groups would you say you belong?'

The respondent ticked 'any other White background' and wrote 'USA' in the freetext box.

Interview 10

General comments

The interview was carried out on 16th January at a café in central Oxford. The interviewee was a white female, aged 45, who had attended the Emergency Department after fainting while in town. She had visited her GP surgery immediately and the GP had called an ambulance to take her to the Emergency Department.

Throughout the interview, she voiced concerns at not being told what was happening to her (she had a number of diagnostic tests, including blood tests), and she was never told what had caused her to faint, or the results of the tests.

The respondent had no difficulty completing the questionnaire and correctly followed the skip instructions.

Waiting

Question 8 'How long did you wait before you first spoke to a nurse or doctor?'

The respondent ticked 'Don't know / Can't remember' and commented that she was not wearing a watch so did not know how long she had waited for.

Question 11 'Overall, how long did your visit to the Emergency Department last?'

The respondent reported that this was a difficult question to ask as she had spent time in a 'Chronic Diagnostic Unit'. She asked whether this was part of A&E in order to answer how long she had spent in the department. Her answer was consistent with her including time in the unit as part of her visit.

Doctors and Nurses

Question 12 'Did you have enough time to discuss your health or medical problem with the doctor or nurse?'

The respondent ticked 'no' and commented that she was never told what was wrong with her.

Question 17 'Did doctors or nurses talk in front of you as if you weren't there?'

The respondent ticked 'Yes, to some extent' and commented that after she responded badly to a treatment, nurses had discussed why this was in front of her. When probed, she stated that she was unhappy about this happening.

Your care and treatment

Question 19 'Were you given enough privacy when being examined or treated?'
The respondent ticked 'Yes, to some extent', explaining how one side of the cubicle she was in had been kept open throughout her visit even though she was not fully dressed.

Question 20 'If you needed attention, were you able to get a member of staff to help you?'

The respondent ticked 'Yes, sometimes' but commented that there was no assistance button to press. She further explained that it was difficult to catch someone's eye if she did need help.

Question 22 'Were you involved as much as you wanted to be in decisions about your care and treatment?'

The respondent ticked 'yes, to some extent', and elaborated that one doctor was better than the others in terms of providing information about her condition.

6.7 Revisions made to draft 3

Following the findings from further cognitive interviews and feedback from the Healthcare Commission and Department of Health, some changes were made to the third draft of the questionnaire:

- **Question 1:** 'What is the MAIN reason that you went to the Emergency Department?' A further response option 'I wanted a second opinion' was added, to cater for patients who may have already attended a service but had attended the Emergency Department as well.
- **Question 2:** 'How did you travel to the hospital?' The order of the first and second response options ('By car' and 'In an ambulance', respectively) were switched round to make the routing instructions clearer. Respondents ticking the first option are now directed to an earlier question than what they previously had been.
- **Question 32:** 'What happened at the end of your visit to the Emergency Department?' The phrase 'as an inpatient' was removed from the first response option 'I was admitted to the same hospital as an inpatient' as it was felt this could be confusing for patients, especially if they had been admitted to medical assessment units or short-stay wards.

6.8 Testing version 4: findings

Interview 11

General comments

The interview was conducted on the 17th January at the Picker Institute's offices in central Oxford. The respondent was a white male aged 51, who had recently attended the Emergency Department due to breathing difficulties caused by a chest infection. His wife had phoned NHS Direct and was told that they could not help him, and the out-of-hours doctor was busy so the respondent was advised to call for an ambulance to take him to the department.

The respondent had no difficulty following the skip instructions and said that these were easy to understand. He deliberated over two questions but his answers suggested that he would have answered them correctly without any guidance.

Arrival at the Emergency Department

Question 7 'Were you given enough privacy when discussing your condition with the receptionist?'

The respondent commented that he was not entirely sure what the question meant. Probing revealed that he had not discussed his condition with the receptionist and had only spoken to a receptionist to 'check in'. As he had been taken in by an ambulance, the ambulance crew had spoken to the receptionist about his condition. He selected response option 'I did not discuss my condition with a receptionist'.

Waiting

Question 10 'Were you told how long you would have to wait to be examined?'

The respondent chose 'Yes, but the wait was longer'. The ambulance crew were required to wait with him, and had repeatedly asked how long they would have to wait. He was told that because there was a queue for treatment, he would have to wait. At one stage he was told that he would have to wait an hour to be seen, but the wait was longer. He commented that 'no-one gives you any information'.

Question 11 'Overall, how long did your visit to the Emergency Department last?'

The respondent hesitated slightly over this question, asking for clarification that the question was only asking about time spent in the Emergency Department itself, and not in the hospital. He ticked 'more than 4 hours but no more than 8 hours' and explained that he had been admitted as an inpatient once a bed had become available.

Doctors and Nurses

Question 13 'While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?'

The respondent ticked 'Yes, to some extent', and explained that 'not a full picture' had been given. He commented that the department was very short-staffed and information was only given if pushed.

Question 15 'If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?'

The respondent ticked 'Yes, to some extent', and commented that 'nothing is volunteered' and 'the patient has to be proactive'.

Question 17 'Did doctors or nurses talk in front of you as if you weren't there?'
The respondent ticked 'Yes, to some extent' but explained that this was to pass on instructions to each other, such that it was not relevant to include him in this exchange.

Your care and treatment

Question 19 'Were you given enough privacy when being examined or treated?'
The respondent ticked 'Yes, definitely'. He commented that after an initial assessment in the corridor, he had been moved to a cubicle.

Question 20 'If you needed attention, were you able to get a member of staff to help you?'
The respondent chose 'No, I could not find a member of staff to help me', and commented that there were long periods of time during which no staff were around.

Hospital environment and facilities

Question 30 'While you were in the Emergency Department, did you feel bothered or threatened by other patients?'
The respondent ticked 'yes, to some extent' and commented that he was concerned about elderly patients being kept waiting in corridors, explaining that this worried him but he was not personally bothered by other patients.

Overall

Question 41 'Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?'
The respondent deliberated on this question and sought clarification in answering it. He commented that being in the department felt like he was 'in a machine being processed' but was uncertain whether this feeling is appropriate to feelings about respect and dignity. He selected 'Yes, some of the time'.

About you

Section 'Your own health state today'
The respondent asked whether this question was to be answered in a general sense or in relation to the rest of the questionnaire.

Interview 12

General comments

The interview was carried out on 17th January at a café in central Oxford. The interviewee was a black male, aged 54, who had attended the Emergency Department on a few different occasions, although not within the last six months. Following a head injury he attended the Emergency Department on a Friday night and was then admitted overnight for observation.

Overall, his experience of the care and treatment received was positive although he had to wait some time before being examined by a doctor. The respondent thought the questionnaire was easy to follow, although he did not initially follow the skip instructions correctly.

Arrival at the Emergency Department

Question 1 'What is the MAIN reason that you went to the Emergency Department? The respondent was a bit unsure which response option to tick as he said he decided he needed to go to A&E, although somebody took him. After some consideration he opted to tick 'I decided that I needed to go to an Emergency Department'

Waiting

Question 10 'Were you told how long you would have to wait to be examined?' The respondent answered this question based on an electronic monitor that was in the waiting room that displayed the current waiting time

Question 11 'Overall, how long did your visit to the Emergency Department last?' After probing by the researcher, it was apparent the respondent had answered this question based on the overall time he had spent in hospital – rather than the time in the Emergency Department.

Your care and treatment

Question 22 'Were you involved as much as you wanted to be in decisions about your care and treatment?' The respondent ticked 'No' to this question although said that any decisions about his care was 'out of his hands' and that it was up to the health professionals to make such decisions. He did not feel his lack of involvement as being a negative aspect of his care as he did not seem to think his involvement was necessary.

Hospital environment and facilities

Question 31 'While you were in the Emergency Department, did you feel bothered or threatened by other patients?' The respondent ticked 'No', although commented that he did not take into account how he felt whilst in the waiting room where he did experience anti-social behaviour by groups of drunken people. He answered this question based solely on his experience once examined or treated.

Other comments

The respondent thought that the survey should include a question that examines the manner or attitude in which people are treated by health professionals. He said that he did not experience 'individual' care and noticed a difference in the way health professionals treated him in the Emergency Department when compared with being on the ward. He felt this might be because of the higher throughput of patients through the Emergency Department.

Interview 13

This interview was conducted at the Picker Institute's offices in central Oxford on 17th January 2008. The respondent was a 59 year-old white female who had attended the Emergency Department with a suspected heart attack. Severe chest pains prompted her to visit her GP, who immediately called an ambulance for her. She arrived at the hospital on a weekday afternoon.

Doctors and Nurses

Question 13 'While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?'
The respondent ticked 'Yes, to some extent' and explained that although the content of the doctor's explanation was clear, he had a strong accent that she had difficulty understanding.

Question 16 'Did you have confidence and trust in the doctors and nurses examining and treating you?'
The respondent explained that a number of students were present during her examination and performed some of it. She commented that although she was not confident of their abilities, she answered according to how the qualified staff examined and treated her.

Your care and treatment

Question 19 'Were you given enough privacy when being examined or treated?'
The respondent chose 'Yes, to some extent'. She acknowledged that although the department was not very private, she did not expect it to be.

Question 20 'If you needed attention, were you able to get a member of staff to help you?'
The respondent ticked 'Yes, sometimes' but commented that she had difficulty in getting the nurses' attention when she needed a drink.

Question 22 'Were you involved as much as you wanted to be in decisions about your care and treatment?'
The respondent deliberated over this question. Once it had been decided that she had not suffered a heart attack, she wanted to go home as she no longer felt unwell. However she needed to remain at the hospital for a further 8 hours to wait for test results that would confirm that she could go home. The respondent therefore ticked 'No' but recognised that the staff were correct in keeping her in the department.

Hospital environment and facilities

Question 31 'Were you able to get suitable refreshments when you were in the Emergency Department?'

The respondent ticked 'no' and commented that it was 'really difficult' to get a drink of water. She had not been asked if she needed a drink during her visit.

Any other comments

The respondent commented that she felt alone and that more contact with staff would have been appreciated, although she recognised that it was very busy in the department. She also explained that when she was discharged she was worried about how to get home, as she was on her own with no money, and it was late at night. She had been allowed to use the telephone at the nurses' workstation to call a friend to pick her up, but felt that a greater effort should have been made to check that she could get home safely. She suggested that such a question could be included in the questionnaire.

6.9 Revisions made to draft 4

Question 11: 'Overall, how long did your visit to the Emergency Department last?'

As a few interviewees were unsure whether to include the time spent as an inpatient at the hospital in their response, the words 'Emergency Department' were therefore emphasised by using bold font

6.10 Testing version 5: findings

Interview 14

This interview was conducted at a café in central Oxford on 18th January 2008. The respondent was a 48 year-old white female who had attended the Emergency Department with a suspected fractured cheekbone and other minor injuries. She had initially gone home and taken painkillers but her partner convinced her to attend the Emergency Department.

Waiting

Question 9 'From the time you first arrived at the Emergency Department, how long did you wait before being examined by a doctor or nurse?'

The respondent commented that the first contact she had with a doctor or nurse had been her examination. Thus it may have been inappropriate for her to answer question 8, which captures the length of time patients spend waiting before an initial assessment. It may be that practice varies between trusts, such that not all trusts do perform initial assessments on patients.

Question 11 'Overall, how long did your visit to the Emergency Department last?'

The respondent ticked 'more than four hours but no more than 8 hours', commenting that the response option was 'broad' and that her waiting time was not much longer than four hours and far less than eight hours.

Your care and treatment

Question 18 'While you were in the Emergency Department, how much information about your condition or treatment was given to you?'

The respondent hesitated and sought confirmation that the question was asking about information given by the doctor, rather than anyone else. She commented that being given some indication of waiting time would be helpful.

Hospital environment and facilities

Question 30 'In your opinion, how clean were the toilets in the Emergency Department?'

The respondent initially missed this question, commenting that she had not used the toilet. When prompted she then answered the question correctly.

She also mentioned that there were no facilities for children and no provision of toys. While the survey is only sampling adults aged over 16 years, the respondent mentioned that children may have been present at the department, and had nothing with which to entertain themselves.

6.11 Revisions made to draft 5

Question 1: 'What is the main reason that you went to the Emergency Department?' Following feedback from stakeholders, it was felt an additional response option should be included that seeks to find out if patients were attending the Emergency Department due to being unaware of a different service available at the time: 'I was not aware of any other service available at the time'

6.12 Testing version 6: findings

Interview 15

The interview was carried out on 22nd January at the respondent's workplace. The interviewee was a white female, aged 28 who had attended the Emergency Department following an injury to her ankle on a Sunday afternoon/evening approximately three months beforehand.

Overall, the respondent found the questionnaire easy to complete and followed all the skip instructions correctly. She thought it covered all the most important aspects of her experience in A&E.

Waiting

Question 9: 'From the time you first arrived at the Emergency Department, how long did you wait before being examined by a doctor or nurse?'

The respondent noted that she had only seen a nurse and so she answered question 9 in the same way as she had answered the previous question – i.e. the nurse who assessed her condition initially told her to wait in the waiting room for an x-ray – she was not examined by a doctor or another nurse.

Question 11: 'Overall, how long did your visit to the Emergency Department last?'

The respondent ticked 'Up to 1 hour' but then pointed out that this was because she had discharged herself because she did not feel well enough to wait for the results of her x-ray. Although she did not have to wait very long for the x-ray to be carried out, she was told she would have to wait about four hours until she could see a doctor who would explain the results. She therefore decided to leave the Emergency Department as she was not feeling very well and was also hungry.

Your care and treatment

Question 22: 'Were you involved as much as you wanted to be in decisions about your care and treatment?'

The respondent found this question difficult to answer as she did not feel there had been any decisions about her care and so left it blank. She said that although she could answer this question based on the follow-up care she had received at the trauma clinic, she was not able to do this for her experience in A&E.

Other comments

The respondent did not feel the questionnaire omitted any other important issues, although thought a question should be included that asks patients whether they discharged themselves from the Emergency Department.

7 Amendments made to the questionnaires

This section summaries the changes that were made to the 2004 Emergency Survey 'core' and 'question bank' questionnaires. Such changes were based on the stakeholder consultation and the qualitative development work (focus groups and cognitive testing).

7.1 Questions removed from the core questionnaire

Several questions have been removed from the 2004 core questionnaire to make space for the inclusion of new questions that were deemed to be of greater importance to the 2008 survey. The selection of questions to be removed was based on:

- feedback from stakeholders regarding the usefulness of questions
- findings from the focus groups
- analysis of survey data from previous years.

These questions have all been added to the question bank so that year-on-year comparisons can still be made by trusts if these questions are considered to be important. Question numbers refer to items' positions in the 2008 question bank questionnaire.

A8. How would you rate the courtesy of the Emergency Department receptionist?

- The focus groups found that this was not a major concern to patients (the levels of privacy at reception appeared to be a more important issue)
- It is not a Public Service Agreement (PSA) question.

C7. In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?

- There was concern over patients' understanding of the term 'enough'. It is slightly ambiguous and patients may therefore find the question difficult to answer
- It is not a PSA question.

D5. Were you given enough privacy when discussing your condition or treatment?

Following findings from the focus groups with patients, this question was modified to specify the levels of privacy when discussing their condition at reception [see section 7.4]

D15. Did the staff treating and assessing you introduce themselves?

- The focus groups showed that many participants felt that staff introducing themselves to patients was not very important in the context of being treated in the Emergency Department
- The 2004 Emergency Survey found that 10% either ticked 'Don't know / Can't remember' or skipped the question
- There is no overall guidance/standards that staff must introduce themselves.
- It is not a PSA question.

F3. While you were in the Emergency Department, how much of the time were you in pain?

- This question was felt to be less important than the other questions on 'pain' as the results cannot be used by trusts for quality improvement
- It is not a PSA question.

H3. Did a member of staff explain to you how to take the new medications?

- This was considered to be a less important issue and there are other questions that ask about whether patients were told the purpose of the medication and possible side-effects.
- It is not a PSA question.

K3. How old were you when you left full-time education?

- This question typically has a high rate of non-response. In the 2004 survey, 4.7% of patients did not answer the question.
- We no longer believe this question to be appropriate to estimate a patient's social class, education, or income level and the results of this question are not thought to be used widely. The question is going to have different relevance to people born in different decades, with it being much more common for older people to have left school at a younger age. This question also does not take into account those who have pursued a further education as an adult

7.2 Items removed from the core and question bank questionnaires

If you came by ambulance, who called the ambulance?

- This question was an optional 'bank' question in the 2004 survey. However, it has been removed from the question bank as it is considered to be a less important issue and the feasibility of a specific ambulance survey (Category C service users) is currently being considered. Depending on the outcome of the feasibility work, the Healthcare Commission plan to run the ambulance survey later this year. Questions such as this can be included in that survey.
- It is not a PSA question

Were you told what priority level you had been given?

- This was previously taken out of the core questionnaire in the 2004 survey as policy changes have meant a move to a 'see and treat' approach so priority levels are not given in many trusts.
- This may be difficult for respondents to answer and not all trusts may use this system. This question may therefore no longer be up to date and so has also been removed from the 2008 'question bank'

Overall, did you think the order in which patients were seen was fair?

- The order of patients may be dependent on factors not known to respondents, such as the urgency of cases. Some patients waiting to be examined may not be aware of patients being brought to the Emergency Department by ambulance in an emergency

- The 2004 Emergency Survey showed that 25% of respondents to this question ticked 'Cant say / Don't know' and a further 2% skipped the question
- The focus groups showed that patients were aware of the need to prioritise care for more urgent cases. Participants were largely aware that some patients would be seen ahead of others as their condition was more urgent. It is also possible that others may think they should be seen instantly irrespective of such considerations. The results from this question would therefore not be very useful
- It is not a PSA question

Did you want to make a telephone call when you were in the Emergency Department?

- The wording in some of the response options to this question were regarded to be confusing and it is possible that a respondent could tick more than one response option (e.g. not have had change to use the public phone and therefore used their mobile). This question is difficult to word effectively and did not seem to be an important issue in the focus group discussions.

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

- This question was removed and replaced with the validated measure of health and well-being, known as EQ-5D. 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 EQ5D in the recommended 'generic' instrument.^{†††} [See section 7.4 to see the new question]

Do you have a long-standing physical or mental health problem or disability? Does this problem or disability affect your day-to-day activities?

- The Co-ordination Centre revised the questions asking patients about long-standing conditions for the 2007 Inpatient Survey. Such demographic questions need to be consistent across all patient surveys and so the 2008 Emergency Department Survey will need to include the new version of the questions on long-standing conditions [see section 7.4 to see new version]

^{†††} 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]

7.3 Minor changes to existing questions in the core questionnaire

For the following questions, changes are shown with deletions struck-through and insertions underlined.

The sequence of response options for this question was altered slightly to make skip instructions clearer:

2. How did you travel to the hospital?

- 1 ~~In an ambulance~~ By car → Go to 3
- 2 ~~By car~~ In an ambulance → Go to 4
- 3 By taxi → Go to 6
- 4 On foot → Go to 6
- 5 On public transport → Go to 6
- 6 Other → Go to 6

The term 'practitioner' was removed from the question as it is not necessary to understand the question, and may conversely confuse patients by introducing an unfamiliar term.

8. From the time you first arrived at the Emergency Department, how long did you wait **before being examined** by a doctor or nurse ~~practitioner~~?

- 1 I did not have to wait → Go to 10
- 2 1-30 minutes → Go to 9
- 3 31-60 minutes → Go to 9
- 4 More than 1 hour but no more than 2 hours → Go to 9
- 5 More than 2 hours but no more than 4 hours → Go to 9
- 6 More than 4 hours → Go to 9
- 7 Can't remember → Go to 9
- 8 I did not see a doctor or a nurse ~~practitioner~~ → Go to 9

The term 'pain medicine' was replaced by 'pain relief medication' as patients were more familiar with this expression. An additional response option was introduced when it became apparent that patients are often offered pain relief without having to ask for it. A further option was therefore needed to cover this, in order to avoid both inaccurate answers and high levels of item non-response.

25. Did you request pain ~~medicine~~ relief medication?

- 1 Yes → Go to 26
- 2 No → Go to 27
- 3 I was offered or given pain relief medication without asking → Go to 27

Similarly, the wording of this question was revised following comments from patients:

26. How many minutes after you requested pain ~~medicine~~ relief medication did it take before you got it?

- 1 0 minutes/right away
- 2 1 - 5 minutes
- 3 6 - 10 minutes
- 4 11 - 15 minutes
- 5 16 - 30 minutes
- 6 More than 30 minutes
- 7 I asked for pain ~~medicine~~ relief medication but wasn't given any

The term 'as an inpatient' was removed from the first response option so that this option would cover all admissions, including those to assessment units and short-stay wards as well as inpatient beds:

31. What happened at the end of your visit to the Emergency Department?

- 1 I was admitted to the same hospital ~~as an inpatient~~ → Go to 38
- 2 I was transferred to a different hospital or to a nursing home → Go to 38
- 3 I went home → Go to 32
- 4 I went to stay with a friend or relative → Go to 32
- 5 I went to stay somewhere else → Go to 32

To emphasise to respondents that they need to answer this question based on just their year of birth (and not their full date of birth), the word 'year' has been put in bold font and the numbers '1' and '9' have been added to the first 2 boxes:

42. What was your **year** of birth?

(Please write in) e.g.

1	9	3	4
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1	9		
---	---	--	--

7.4 New questions added from the question bank / other surveys

1. What was the **MAIN** reason that you went to the Emergency Department for?

- 1 ~~My GP told me I should go~~ I was told to go to an Emergency Department by a health professional (e.g. GP, nurse, NHS Direct)
- 2 I was taken to the Emergency Department by the Ambulance Service
- 3 My GP was not available or my local health centre was closed
- 4 I was not aware of any other service available at the time
- 5 I wanted a second opinion
- 6 ~~NHS Direct told me to go to an Emergency Department~~
- 6 I decided that I needed to go to an Emergency Department
- 7 ~~A friend/relative decided that I needed to go to an Emergency Department~~
- 7 Somebody else (e.g. friend, relative, colleague) decided that I needed to go to an Emergency Department

This question is a revised version of an optional item used in the question bank of the two previous surveys. This item was amended for its inclusion in the 2008 core questionnaire as the issue of how patients came to be in A&E – whether they were self-referred or sent by their GP or from another health service (e.g. NHS Direct, Minor Injuries Unit, Walk-in Centre, out-of-hours health centre/clinic) was raised as an important issue during the consultation with stakeholders. The focus groups also showed that the reason for patients going to A&E was varied: some patients attended A&E due to being unable to make an appointment with their GP or were unaware of alternative out-of-hours services, such as a local Walk-in Centre. This item therefore aims to identify the different care pathways that may have been involved in a patient's decision to attend the Emergency department, and also to provide information in the case of someone else making this decision on their behalf (i.e. if they were not well enough to make this decision).

To make the question as simple to complete as possible, similar reasons for attendance at the Emergency Department were grouped into the same response

option, allowing for additional response options to be added without causing an increase in the overall number of response options.

Consultation with patients revealed that car parking at the Emergency department was a noteworthy concern to them, and added unnecessary stress to an already difficult situation. A modified version of a question used in the 2004 question bank was added to the 2008 core survey:

3. Was it possible to find a convenient place to park in the hospital car park?

- 1 Yes
- 2 No
- 3 I did not need to find a place to park
- 4 Don't know

Patients who indicated that they had travelled to the department in an ambulance were asked two questions about this aspect of their care. Questions on ambulance care and treatment had been omitted from the 2007 Inpatients survey, and it was felt important to include some questions in this survey to provide more up-to-date feedback from patients on the quality of emergency ambulance care.

4. Did the ambulance crew explain your care and treatment in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / Can't remember

5. Overall, how would you rate the care you received from the ambulance service?

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

Focus group participants raised concerns about levels of privacy at the reception in the Emergency Department. Patients often need to explain their condition and this may occur close to other patients waiting to be examined, compromising privacy. A question included in the 2004 survey was modified to specify the levels of privacy at reception:

7. Were you given enough privacy when discussing your condition with the receptionist?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not discuss my condition with a receptionist

The question, 'Overall, how would you rate your health during the past 4 weeks?' was removed and replaced with the validated measure of health and well-being, known as EQ-5D. 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 EQ5D in the recommended 'generic' instrument.

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.

43. Mobility

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

44. 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

45. 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

46. Pain/Discomfort

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

47. Anxiety/Depression

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

In previous surveys, patients had been asked if they have a long-standing physical or mental health problem or disability, and subsequently, if this affects their day-to-day activities. These items were replaced with the following questions, based on the 2001 Census questions. The modified questions allow us to identify and categorise people with long-standing conditions for sub-analysis, and using the same questions across surveys enables comparisons to be made between them.

48. Do you have any of the following long-standing conditions? (TICK ALL THAT APPLY)

- 1 Deafness or severe hearing impairment **→ Go to 49**
- 2 Blindness or partially sighted **→ Go to 49**
- 3 A long-standing physical condition **→ Go to 49**
- 4 A learning disability **→ Go to 49**
- 5 A mental health condition **→ Go to 49**
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy **→ Go to 49**
- 7 No, I do not have a long-standing condition **→ Go to 50**

49. Does this condition(s) cause you difficulty with any of the following? (TICK ALL THAT APPLY)

- 1 Everyday activities that people your age can usually do
- 2 At work, in education, or training
- 3 Access to buildings, streets, or vehicles
- 4 Reading or writing
- 5 People's attitudes to you because of your condition
- 6 Communicating, mixing with others, or socialising
- 7 Any other activity
- 8 No difficulty with any of these

8 Appendix 1: Focus Group Topic Guide

Introduction and warm-up (15 mins)

- Welcome from facilitator
- Background to the survey and purpose of the focus group: to find out people's views of attending an Emergency Department (A&E, Casualty)
- Emphasise confidentiality – all personal details to be removed from transcripts so no individual can be identified
- Importance of respecting other participants' views and privacy
- Group to last about 1 and a half hours
- Questions from participants about survey and group
- Signing consent forms
- Obtain group verbal consent to turn on tape recorder
- Warm up – each participant briefly introduces themselves to the group and comments on one thing that was good about their recent visit to A&E
- Chit chat about what each participant calls A&E / casualty / Emergency Department

Arrival at the Emergency Department (A&E)

I'd like to start by finding out about your experiences of arriving at the Emergency Department?

Prompts:

- How did you arrive at the Emergency Department?
- Day of week, time of day

For non-emergency admissions:

- Was it clear where you had to go?
- What was the receptionist like?
- Were you offered help to contact family/friends?

In the waiting room (15 mins)

I'd now like to find out about your experiences of being in the waiting room at A&E. On each of these cards is a statement about an aspect of care related to being in the waiting room, and what I'd like you to do as a group is to sort each of these cards into 3 piles: those issues that you feel are most important, those that you feel are quite important (or feel indifferent about) and those that you think are least important.

[Read out statement on each card and sort as a group]

Prompts for card-sort:

- Why do you feel that these issues are most important / least important?
- Was this your experience.....?
- Are there any other issues relating to your experiences of waiting in A&E?

Additional prompts:

- Were you seen immediately? Who did you see first?
- Were you told how long you would have to wait?

- Did you think the length of your wait was fair?
- Where did you wait?
- What were your impressions of the area in which you waited? (cleanliness, comfort of waiting area)
- What were the facilities like? (access to food and drink, toilets)
- How long did you wait until you first spoke to a doctor, nurse or other health professional?
- Could you get assistance if you needed it?
- How long did you wait until you were examined?

Being treated by a doctor or nurse (25-30 mins)

I'd now like to explore your experiences of how the doctors and/or nurses treated you and the care/treatment that you received in A&E. Again, I'd like you to sort each of the following aspects of care into piles based on how important you think they are.

[Read out statement on each card and sort as a group]

Prompts for card-sort:

- Why do you feel that these issues are most important / least important?
- Was this your experience.....?
- Are there any other issues relating to the care provided by doctors and nurses that you think are important?

Additional prompts:

- Did you see one doctor/nurse or different doctors/nurses?
- Did she/he listen carefully to what you had to say?
- Did she/he give you enough time to discuss your care?
- Did you get enough information about your condition /illness, and treatment?
- Did they speak to you in a way that you could understand? Did you feel comfortable about asking questions?
- Did the doctors and nurses reassure you?
- Did you have to repeat things to different health professionals?
- Were you given enough privacy during consultations and examinations?
- How long did you wait for treatment?
- Were you happy with the treatment you received? Was it appropriate?
- Were friends/family allowed to stay with you during consultations and/or treatment?
- Did hospital staff do everything they could to control your pain?

Tests (10 mins)

Did you have any tests while you were in A&E, such as x-rays, scans, blood tests?

Prompts:

- How long did you wait to have the test(s)?
- Did you have to go to another department (or area) in the hospital? [If yes, was it clear how to get there? Offered assistance?]
- Did someone explain what the tests were for? Who?
- How long did you have to wait for the results?
- Did someone explain the results of the test to you? Did you feel comfortable about asking questions?

Leaving the Emergency Department (15 mins)

Finally, I'm interested to find out what happened at the end of your visit to the Emergency Department.

Check:

- Were you admitted to an admission or assessment unit? (e.g. medical assessment unit, observation ward, clinical decision unit)? [If so, was this unit part of the Emergency Department or somewhere else in the hospital?]
- Were you admitted to a bed on a ward in the same hospital? Transferred to a different hospital?

If admitted to hospital (or to an admission/assessment unit):

- If admitted to hospital (or to an admission/assessment unit), how long did you wait until you were taken there?
- Were you told how long you would have to wait before being moved to a ward or unit?
- What were your experiences of waiting to be admitted to a ward? [Did you feel cared for? Were you offered food and drink? Were you regularly monitored? Were your relatives/friends kept informed?]
- Once on the ward, did you have to repeat information to another health professional? What information was provided to ward staff by A&E staff?

If discharged:

- If you were discharged from A&E, were you given clear explanations of your diagnosis and any treatment?
- Prompts:
- Did a member of staff tell you about what danger signals to watch out for?
- Did a member of staff explain the purpose of the medications you were to take at home? How to take them?
- Were you told about medication side-effects to watch for?
- When you could resume normal activities (e.g. driving)?
- Were you given any written or printed information about your condition or treatment?
- Were you told who to contact if you were worried about your condition to treatment after you left A&E?
- Was a follow-up appointment made for you at the hospital?

Drawing discussion to a close (5-10 minutes)

- If you had to visit the Emergency Department again, what one thing would you most like to be handled differently?
- Are there any other comments about the care you received in A&E that you'd like to share?

Thanks and goodbye