



Development and pilot testing of the NHS Acute Trust Emergency Department Survey 2003

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November 2003

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1 Executive summary

This report outlines the research carried out to develop a questionnaire for use with patients who attend emergency departments in the UK. The starting point was the Picker Adult Emergency Room Survey (1995), originally developed by the Picker Institute in the USA. Further development work was carried out by NHS Survey Advice Centre (within Picker Institute Europe) to develop a questionnaire and survey methodology for use by acute NHS Trusts in England during the spring 2003, as part of the NHS patient survey programme.

The questionnaire topics were designed to reflect issues that are important to patients and to take account of UK health policy priorities. The questions were based on consultations with patients in focus group work, with NHS trust staff and the project sponsors (the Commission for Health Improvement, CHI). A short 'Importance' survey was also carried out with patients who had recently attended emergency departments to identify patient priorities from different aspects of emergency care.

1.1 Aims

The aims of this work were:

- To identify the issues which are important to patients visiting emergency departments.
- To devise questions that address patients' concerns and that can provide actionable feedback to trusts carrying out the survey, so that improvements in the quality of patient care can be achieved.
- To refine the existing Picker adult emergency questionnaire for use as the survey instrument in the NHS national survey programme and adapt it for use in the UK.
- To check whether any important items were missing from the original Picker questionnaire and to develop new questions covering any topics which were not adequately covered.
- To identify patients' top priorities among the topics covered in the survey.
- To pilot test the sampling methodology and check whether the trusts were able to draw a sample of patient attendances which met the criteria for inclusion in the survey (i.e. that the trust information systems held the required data).

- To use the experience of the pilot study to refine the survey guidance to be issued to all acute trusts and survey contractors.
- To report the pilot survey findings back to the participating trusts.

1.2 Methods

The key stages were:

- Focus group discussions and face-to-face interviews with patients who had recently attended emergency departments in a range of hospitals (inner-city, medium-sized city and a coastal resort city). These were carried out by Survey Advice Centre staff. We also referred to focus group work carried out by MORI (2002).
- Discussions with the project sponsors, the Commission for Health Improvement (CHI), on the scope of topics to be covered and the information which might be required for the calculation of performance ratings.
- Development of new questions based on issues raised by patients during the focus group sessions and on policy priorities identified by the Department of Health and the Commission for Health Improvement (CHI).
- An 'Importance Study' to ask members of the public who recently visited an emergency department to complete a short (2-sided) survey to rate topics in terms of their importance to patients using these services.
- The development of the Emergency Department survey was undertaken in parallel with the Outpatients survey, so some issues were cross-referenced and the surveys were checked where appropriate, for consistency with questions used in other questionnaires within the national survey programme.
- Cognitive interviews (face-to-face) to check patients' understanding of the questions.
- Refinement of questions based on all of the above to develop the pilot Emergency Department questionnaire.
- Consultation with CHI and NHS trusts to develop the sampling procedure.
- Mailing of a full scale (850 patients) pilot survey (with two follow-up reminders to non-responders), in two pilot trusts.
- Refinement of the pilot questionnaire based on analysis of the quality of the pilot survey data and further feedback from CHI on policy issues, to develop the national Emergency Department questionnaire for 2003.

1.3 Results

The Adult Emergency Room Questionnaire (1995) was developed by The Picker Institute, based on research in the USA. It has been widely used in the USA and Europe. This provided the starting point for the development of the Emergency Department survey for the national programme in England in 2003.

The focus group discussions helped to identify the issues that are important to patients visiting emergency departments in NHS hospitals in the UK.

A first draft of the emergency department questionnaire for the national survey programme was refined through further discussions with CHI and NHS trust staff. It was then tested in cognitive interviews with patients and modifications were made where necessary. The 12-page 80-question questionnaire was then piloted in a full-scale postal survey (with a sample of 850 patients from each of the two pilot trusts).

The sample of patients was drawn by the pilot trusts, following written guidance. Completed questionnaires were returned to the Survey Advice Centre for analysis. The pilot survey found that the response rate was likely to be lower than that achieved in other patient surveys and possibly less than fifty percent – an average response rate of 45% (40% and 48% in the two pilot trusts) was achieved using the 12-page Emergency Department questionnaire and following the survey methodology described in the guidance manual (see 'NHS trust-based patient surveys: acute hospital trusts – Emergency Departments', available on the www.nhssurveys.org website.)

2 Background to the emergency department survey

2.1 The NHS National Patient Survey programme

Obtaining feedback from patients and taking account of their views and priorities is vital for bringing about improvements in the quality of care and placing the patient at the centre of health services. During 2002, all NHS acute trusts in England undertook a survey of inpatients. During spring 2003, acute trusts carried out surveys of outpatients and emergency department patients.

The Commission for Health Improvement (CHI) assumed responsibility for the national patient survey programme from the Department of Health, following the establishment of the Office for Information on Health Care Performance. The 2003 national patient survey results (covering outpatient and emergency departments) were used for the 2003 trust performance indicators and ratings. They were also used to provide nationally benchmarked results for each trust. This information was published on the CHI website (www.ratings.chi.nhs.uk). Trusts will also be able to use their own data at the local level to guide quality improvements.

The role of the NHS Survey Advice Centre includes developing the questionnaires and survey methodology for the patient surveys. This document describes the development work and pilot studies carried out in preparation for the 2003 Emergency Department survey.

2.2 Questionnaire design

Picker Institute Europe has developed a series of self-completion survey instruments which are designed to obtain detailed reports of patients' experiences. The questions are designed so that the responses can easily be translated into actionable results for the trust. Rather than ask patients to rate their level of satisfaction with services, the Picker surveys ask patients whether or not certain processes and events occurred during their care. The information obtained is much more useful than asking patients to rate their satisfaction with aspects of their care, as 'satisfaction' depends on an individual patient's personal preferences and expectations, as much as their actual experience and it is impossible to separate out the effects of individual preferences and expectations when patients are asked to rate their satisfaction. The topics covered are derived from extensive qualitative research with patients to determine which issues they regard as important.

3 Qualitative research

A range of methods were used to tap into the recent experiences of patients in emergency departments and to identify the issues which were salient to them:

- focus group;
- one-to-one interviews;
- attendance at a public meeting held for A & E patients by a trust;
- cognitive interviews.

These were all held during October 2002. Participants were recruited through posters asking for volunteers in the emergency departments of the pilot trusts and by placing adverts in local media (newspapers, local classified ads publications and associated websites). The adverts asked people who were interested to call a FREEPHONE number and eligible respondents were offered the choice of participating in a focus group discussion or taking part in a one-to-one interview, either face-to-face or by telephone if preferred. The response to the poster and local adverts was fairly low, but there was sufficient interest to run one focus group and two face-to-face interviews. The participants were all adults (aged over 18) who had attended an emergency department in a general hospital, either for themselves or with a relative/friend, in the last 12 months. (Note. attendances at psychiatric hospitals were excluded).

3.1 Focus group

One focus group was held with a group of 10 Asian participants - 6 men and 4 women, ranging in age from their thirties to their sixties. All spoke good English and an interpreter was not needed.

The discussion was moderated by an experienced researcher, following a topic guide (Appendix 12.1). The discussion lasted around two hours and was recorded on audiocassette. The recoding was transcribed and analysed, taking care that any information that could identify individuals was omitted. All discussions were held in confidence and the names of the participants were not known to the trusts.

The participants had visited their local A & E department for a variety of reasons: some minor e.g. twisted ankle, and some more serious, e.g. chest pains. They were asked to discuss their views of the services provided by the emergency department by drawing upon their own recent experiences. The discussion was structured around the following issues, most of which were anticipated in the topic guide but some of which were raised by the participants:

- Waiting – trolley waits, waiting to see a nurse, waiting to see a doctor
- Triage
- Staff
- Tests
- Pain relief
- Treatment
- Discharge
- Admission to hospital
- Privacy
- Environment
- Refreshments
- Signage
- Interpreting services
- Car parking

3.2 Focus group findings

Waiting

Unsurprisingly, waiting was a major issue with all the participants.

“It took six hours for somebody and even then I had to go and see one of the staff and say why is it taking so long.”

The prospect of a long wait almost deterred some from visiting A & E and in other cases, people had simply given up and left the department before being seen.

“I was very reluctant to go – I thought there would be a long wait.”

“Two [of my] students said that they went to the [Hospital A] and they waited for 6 to 7 hours and they didn’t have any attention so they had to come back.”

However, it was the fact that there was a series of **different** waits that participants found most frustrating.

“First you have to wait outside before somebody can see you and then they take you to the cubicles and then again until a specialist or a doctor or somebody who really knows what they are doing.”

Long waits could lead to frustration and anger or in one case, having to resort to personal contacts.

“And then when you become aggressive, they then say, oh well Patient Charter if you become aggressive, we will refuse to treat you.”

“I have got a friend who is an orthopaedic doctor and he works at the [Hospital A] and I rang him and said can you do anything because we are just sitting there and nobody is seeing us.”

Trolley waits were not really an issue with this group as no-one had had to wait on a trolley for any length of time.

Triage

Although there was a general understanding of the triage system, and in one case, an awareness of the Government’s target for triage waiting times, participants did not find the triage system particularly helpful.

“I took my son in and within the first half an hour he was seen by a nurse and they said it is not an emergency so you will have to wait so we had to wait nearly four hours so by this Government’s statistics we were seen in the first 30 minutes but then it could have been as long as you know.”

“We went there and they filled the forms in really quickly within half an hour but then they took us to the cubicles you know for the next 4 hours.”

Furthermore, none of the participants were told what priority they had been given and there was no indication given of likely waiting times.

“They don’t share that with you.”

“Let’s say you are seen in half an hour, you automatically think that this isn’t going to take very long but nobody will say at least you have got a 3 hour wait and that is when you really start.”

“There used to be an illuminated thing but I haven’t seen it lately.”

Finally, people who have to visit A & E in the evenings are not triaged at all.

“The second time it was 10pm at night and there wasn’t a nurse.”

Staff

Although one participant talked of being treated *“very nicely, very sympathetically”*, most people in the group criticised the lack of reassurance and the uncaring attitude of the staff in their local A & E department. This criticism extended to doctors, nurses and reception staff.

“Some of the doctors and nurses, they are losing the profession.”

“It is just the body language you know, the tuts that come in or the eyes rolling up – that sort of thing.”

“They have bad staff from top to bottom.”

One young mother had experienced two very different staff attitudes when she visited A & E with her small son on 2 separate occasions.

“The first time it is okay. I was there for 4 or 5 hours but the dealing was okay, pain relief and things like that, we were satisfied.....but this time they don’t care you are just sitting there.”

This could be explained by the fact that the first visit was in the afternoon and the second visit was at 10pm.

It was often the Asian doctors and nurses who were particularly singled out for criticism. Several participants felt that the staff thought they were better than members of the local Asian community and were reluctant to use their first language even when it clearly improved communication with a patient.

“They are suffering in a certain complex – that he is a doctor and he is talking to an ordinary patient.”

“Even the doctors and nurses who are bilingual, they don’t use the mother tongue.....when my father was in hospital and he was talking to me in English....I told him straight it would be nice if you talked to him in your own language....so he turned round, spoke to my father, said about 10/15 words and my father had a smile on his face.”

Participants believed that this attitude demonstrated a lack of respect on the part of the staff.

“There is no respect, they need to be brought down.”

There were also complaints about the level of competence of some nursing staff. One participant had gone into A & E with a badly swollen finger he had hurt in an accident. The injury required a pin in his nail but the nurse seemed unable to carry this out.

“She kept on trying for 10 or 15 minutes, it was really painful and then she went outside and she asked some other nurse if she could help her.”

On another occasion, staff had lost track of a patient.

“Somebody removed her papers and just put them on the table until I went and asked for it – they didn’t know she was waiting in the cubicles. And that was more than an hour.”

And on yet another occasion, staff seemed to have difficulty determining a patient’s gender.

“We saw dad’s record.....and where it had gender, they had female.....he had an x-ray...and I looked at the cover and where it had gender, it said unknown!”

But one of the main causes of concern was the apparent reluctance of staff to offer information – from simply introducing themselves to patients, to information about treatment.

“The nurse gave me an injection in my stomach and she didn’t tell me at all what was in it.....and then I asked directly and she said very reluctantly she told me I wouldn’t have pains after this.”

“When I asked him, could you tell me what the injection is for, he showed a label at me and said, that is for me to know.”

Participants felt strongly that it was the duty of the clinical staff to explain and they often felt uncomfortable about asking for information.

"This is the logistic [sic] rights of the patients to know what is wrong with them, what treatment you are giving them and what are the effects and after effects of that medicine, nobody tells you."

"You are a bit scared to ask for many reasons."

"You could be seen as an awkward patient."

One participant thought that staff were poorly co-ordinated and consequently the staff themselves were poorly informed.

"First of all there is an extreme lack of co-ordination briefing the staff."

This lack of co-ordination and information-sharing extended to relations between A & E departments in the same Trust. One participant waited from 9pm to 2.30am and then she and several other patients were told to go to [Hospital B] because it was less busy.

"When we arrived at [Hospital B] they were none the wiser, they had no information where we had come from."

Tests

Although x-rays themselves did not take very long, there were complaints about waiting times before and after.

"X rays are done very rapidly. If there are only one or two people in front of you they will do the x-rays there and then and they will give it to you."

"Just for an x-ray once..... we had to wait for an hour so that the nurses were ready to take us to that department."

"You have to wait for the doctor to come back from his rounds of all the hospital to come back to the emergency department and that takes a good few hours before they can explain."

Others had experienced difficulties because of lack of staff.

"If you went to A & E and you go to x-ray and if there is no member of staff there then they will say it is cancelled or delayed or go to another part of the hospital so you are moving along most of the time."

Pain relief

One participant was made to walk a long way with bad chest pains while another participant's 3 year-old son was given no pain relief for a broken arm.

"The main thing that I was frightened of was that they walked me, there was no wheelchair, no stretcher...and they took me to another area...and I was scared because of my chest pain."

"He said to the nurse, well he really is in pain, could you give him something. She said, we see patients with broken arms all the time."

Yet another participant felt that pain relief was only offered to those who made a fuss.

"Unless you are really making a fuss and trying to be noisy, they will leave you."

Treatment

Despite all the criticisms, most participants seemed to be happy with the treatment they received in the end although one pointed out that he was *"just happy to get out of there."* However, there was some concern expressed that staff did not check for allergies or contra-indications when administering treatment.

"How do they know that they are not allergic to this or there maybe some reaction to what they have given us, they have not been told, we have not told them."

Discharge

Most participants were discharged the same day but once again, information was an issue.

"He says one of your grafts needs to be done again, carry on with the medicine. Apart from that, he didn't say when, where or how."

Some participants were offered an information sheet when they left but as someone pointed out, this was only available in English.

For those who were prescribed medication, the limited opening hours of the hospital pharmacy could present a problem.

"The pharmacy in the hospital is sometimes not open at late hours so you probably have to come back for that because if you take that prescription to your pharmacy... they will not give you the prescription."

Admission

One participant was admitted into hospital for a few days from A & E. She had to wait from 10am to 8pm for a bed. For most of this time she sat on a chair in a cubicle. Another participant waited for 6 hours for her 3 year-old to be admitted.

Privacy

This did not appear to be a major concern with most participants being shown to cubicles for a consultation although one person queried just how much privacy a cubicle provided.

Environment

Safety did not appear to be a particular issue.

"There wasn't any point that I felt intimidated or felt threatened by anything. There was a security guy who was walking up and down."

Likewise cleanliness although one participant complained that the toilet she used *"didn't have any toilet roll and wasn't very clean."*

The general atmosphere and lack of comfort in A & E was mentioned.

"And the environment itself is not there to make you feel welcome."

"They are hard, cold, steely chairs."

Sometimes there is no-where to sit at all.

"We were standing there no chair or anything and that wasn't only us. There was literally no room for anybody to walk past because the whole hall was full."

Facilities for children are limited.

"They have a little corner place but there isn't much for them to do and that is only after you have been admitted into a cubicle.....otherwise you are in the waiting area and there is nothing."

Refreshments

The participants gave the impression that refreshments were also limited and that it was difficult to get food while they were waiting.

"I notice that there is only cold drinks, chocolate and crisps there. There are no sandwiches or anything."

One participant had tried to get some food in the evening for her father.

"It was late, the cafeterias were closed.. so a nurse came past.. and I asked him if it was possible to get a sandwich at this time and the look on his face as if this was the last thing he wanted to do. We waited 2 hours...we had to go round to MacDonalds and get dad a burger."

Signage

The A & E department was currently being refurbished, which may account for some of the difficulties, but participants complained about the lack of signs and out-dated maps.

"It's like a big maze and if you go down the wrong corridor, that's it."

Interpreting services

This was an important issue for participants as even if they did not require interpreting services themselves, they had relatives and friends who did. The question of Asian staff not using their first language when treating Asian patients has been mentioned above. Participants laughed when asked if they were ever offered an interpreter.

"Nobody offers you anything."

Concern was expressed that hospital staff often relied on relatives to interpret. This was considered to be totally inappropriate in certain circumstances.

"If I am a relative and there is a lady present, I probably won't be able to explain whatever the doctor or nurse say and sometimes they expect children to take that task."

Car parking

This was raised at the end of the focus group by one participant who pointed out the cost of parking and the lack of information on parking regulations.

“Few people know that if you have to make more than one journey in a day all you have to do is go to the personnel in security and tell them you will be coming more than once and they can take it through the computer....so your token or ticket is not returned so you can use it more than once.”

3.3 Face-to-face interviews

Two face-to-face structured interviews were held, following the same topic guide as used in the focus groups.

The first interview was with a white female, aged 46, who attended the A & E department at Hospital C with a suspected broken toe. She arrived in a taxi at about 7.45 am.

Interviewee 1:

“It was not at all clear where you had to go. The entrance was surrounded by scaffolding. I asked someone if this was the A & E entrance and they said yes. I walked down a long corridor and found myself in that part of the department where they deal with more serious cases. I stood and looked around - there was no desk to go to. I was hoping someone would notice me but no-one did. Then I saw a tiny sign saying A & E Reception and a little arrow. I followed it down a long corridor and came to the reception desk from the side. It was very odd.

The first person I talked to was the receptionist. There was no queue. I saw the triage nurse within 5 minutes. She told me that I may have broken my toe but there was not a lot they could do although the doctor may want to take an x-ray. I had broken my toes before and she gave me the information I was expecting. I wasn't given an estimated waiting time and the information on the board was obviously out of date because it said 4 hours and the place was empty. I waited in the general waiting area near triage and actually saw a doctor in 5 minutes.

I didn't trust the triage nurse. I had the feeling that if it was down to her, she would have just sent me home. It was the way she said there's nothing we can do. She said the doctor may want to take an x ray but in a way that sounded as if he wouldn't. I was glad I was seeing a doctor after her. The triage nurse did listen and wasn't discourteous but she made very light of what I'd gone there for.

I only saw one doctor before and after the x ray. It wasn't clear who was in charge. I repeated my story to the doctor but was happy to do that because I didn't trust the triage nurse. I find it reassuring to have to repeat everything – it's part of the procedures for making sure they've got the information right.

Didn't see staff working together, only saw them as individuals.

I trusted the doctor. He was courteous, listened and explained everything. I understood what he said and felt comfortable about asking questions. When I came back from x ray, I saw another nurse who strapped my toe up. She was lovely, explained what she was doing, very friendly and amenable to questions.

The receptionist was courteous and minimalist. The radiographer seemed bored and tired and not very interested. I didn't realise that the woman who came to the x ray reception was in fact the radiographer because she took down all the details as if she was a receptionist. Maybe that was why she was grumpy – she was having to do both jobs.

I had to wait about 45 minutes for the x ray. It was at the other end of the waiting area and the doctor pointed it out to me. It wasn't clear what would happen when I got there as there was no-one at the desk but someone eventually appeared. I wasn't offered any assistance to get there but didn't need it. I wasn't offered a stick when I left either.

I waited another 20 minutes to see the doctor for the results of the x ray. He explained that it was to show whether the toe was dislocated or not. He showed me the x rays and explained the results.

Pain was not an issue as I was only in moderate pain. The doctor told me to take some nurofen. The triage nurse had asked if I was on any medication and I told her I was on an anti-inflammatory. The doctor hadn't read my notes properly because he would have known I shouldn't take nurofen with anti-inflammatories."

[prompt: what about the general environment?]: "The signage was very poor. The level of comfort was as I'd expect from an A & E department. It wasn't dirty but had that tired, grubby feel. It was stark and bare.

A man came round with a breakfast trolley for just 2 patients – perhaps they were waiting to be admitted. I couldn't see any drink machines. I went to the toilet. It was okay, clean. There was a payphone at one end of the waiting area but it was a long way down. I needed to let work know where I was but I didn't want to miss having my name called.

I felt I had enough privacy when I was seen by the doctor but not when I was being triaged. I was treated with respect and given a clear explanation of my diagnosis. No follow-up was necessary.”

The second interview was with a female, aged 44, who attended the A & E department at Hospital D with a broken ankle. She was brought in by helicopter and arrived at the hospital at 2 pm.

Interviewee 2:

“I was taken by helicopter from a cliff. My two children (aged 14 and 12) were not allowed to come in the helicopter with me but a National Trust member of staff looked after them. Otherwise it would have been a major problem to leave them.

When I got to the hospital an ambulance met us at the helipad. It took 4 hours before I was admitted to A & E. I was waiting in a corridor with the ambulance crew who couldn't leave me until I was admitted. There were seven other ambulance crews there as well. They said that sometimes they were waiting for up to five hours. They were complaining that they were not paid to stand in a corridor. One of them even had to ask to be released to go to the toilet.

The hospital had drafted in a man to manage the queue. I was told that if there wasn't a bed I would have to go to [Hospital E] which is miles away. This man (a nurse) triaged me and I saw him within a few minutes of arriving. The ambulance crew had diagnosed a broken ankle but no-one offered any reassurance or additional information.

I had no idea how long I would have to wait. After an hour, one of the ambulance crew went away to get a phone so that I could phone my children. I wasn't allowed to use my mobile. They also got me some pain relief because the gas and air they'd given me in the helicopter had worn off.

After 4 hours I was shown into a cubicle. I waited there on my own for another 45 minutes before a doctor came. He took one look at my ankle and said I had to have an x ray. That was really quick – I went straight there and back. The girl who took the x rays said she was not allowed to divulge the results but when I got back to the cubicle the nurse asked me and when I said I didn't know, she said, “*oh I'll have a look*” and she told me that it was broken. After half an hour, another doctor looked at the x ray and told me the results – the ankle was broken

and I would need an operation but he needed to talk to the orthopaedic team. I then waited another hour and a half before the orthopaedic doctor came and confirmed I needed an operation. He asked what my situation was and I explained I was on holiday on my own with the children and my husband was back in [city 1]. We agreed that it would be better if I came back to the [Hospital C] in [city 1] for the operation, so they would just plaster the ankle. It was a compound fracture and the bone was sticking out. I asked the junior doctor if I could have a tetanus jab but it never happened.

I didn't have to wait long to be plastered. The nurse came to the cubicle to do it. My foot was really filthy but there was no attempt to clean it first – she just slapped on the plaster. I had been prescribed some pain-killers but there was no-one to sign for them. It was 10pm by now. The nurse kept tannoying for the doctor who had treated me to come back and sign for the drugs but no-one came so in the end she just said *“blow it, I'll sign for them.”*

I asked if I could ring for a taxi to take me back to the camp-site. It was bizarre – they were prepared to let me go back to a campsite with a compound fracture. The nurse had given me crutches but she hadn't shown me how to use them. In fact, I phoned the campsite and someone came to get me.

I had been in hospital for 7 hours but the actual contact time with staff had been about half an hour. They gave me my x rays and a note for the [Hospital C] and explained the danger signs I should look out for. But they didn't arrange anything with [Hospital C] – just told me to go back to A & E in [city 1]. When I tried to do that, I was told to book into the fracture clinic.

I only saw the one nurse all the time I was there. She also got me a bed-pan after I'd been in there for 7 hours. She was appalling – just chatting to her colleagues about her social life, totally disinterested, no sense of urgency, seemed totally demoralised.

The next day I phoned my sister-in-law, who's a consultant paediatrician, and she spoke to the doctor who had seen me and asked why I hadn't been given the tetanus jab. He admitted he'd forgotten about it but said it was only his first week. (**NB** 1st August is when all the junior doctors change over).

I got the impression that the department was totally overstressed and out of control. Staff just wanted to get shot of people. Mine was a nasty break and they wanted someone else to sort it.

I saw 3 doctors but it was not clear who they were – they didn't introduce themselves – or who was in charge, although I did realise the orthopaedic doctor was a specialist. I think the other 2 were much more junior but I don't know what the difference was between them. I did have to repeat my details more often than I should have had to.

I didn't get the impression that the staff were working well together. They just seemed fed up. There was no proactive care – no-one offered me a drink, the phone or the loo, I just had to try and grab someone. At one stage, I was so distressed I was in tears with the pain so they got me some pain relief but they didn't come back to check so I was in agony again later.

When I went to [Hospital C] they told me to stop taking the pain killers immediately because they would prevent the bones from knitting and they were appalled that my foot hadn't been cleaned up before it was plastered. They thought I should have been kept in hospital in [city 2].

The place was basically clean enough. The main problem was that they seemed to be overstretched. There was no proper system. Why didn't they x ray me right away? If it hadn't been broken I could have been sent away and my place in the queue given to someone else. I was in shock and shivering and no-one had the time to reassure me. I was very much on my own. Other people were screaming and yelling. It was absolutely dire and out of control. But I didn't feel unsafe or threatened in any way.

I wasn't offered any food or drink and I was really dehydrated. Privacy wasn't an issue as it was only my foot but I could hear everything that was being said in the cubicle next door where a woman was explaining a clinical condition.

The staff were courteous and listened to me and I felt comfortable about asking questions. But I wasn't really treated with respect – just as a patient rather than an individual. There was no understanding of my personal situation. I tried to explain that I was agitated because of my children but they weren't concerned. They didn't offer me any help to get in touch with my husband in [city 1]. I eventually did so but there wasn't much I could tell him because I didn't know what was happening.

I am fit and able to fight my corner but for someone older and more vulnerable, it would have been tremendously traumatic.“

3.4 A & E public meeting

Hospital F held a public meeting about their A & E Department. Unfortunately, it was poorly attended, with more interpreters present than patients. The meeting began with trust staff outlining how the department is organized, typical usage patterns and how they are trying to improve services and meet government waiting targets and national standards for triage. The national standards for triage mean that patients should be seen immediately, or anything up to 4 hours after arrival, depending on the seriousness of their condition. However, there's now a move for everyone to be seen by someone within an hour. This depends on a range of appropriate practitioners being available. They then invited feedback from patients attending the meeting.

Comments from the meeting

1. *A white female in her 60s had attended A & E recently with her brother-in-law.*

Her main concern was the lack of reassurance from staff about why they were waiting – was it for something serious or trivial. It would have taken away the worry. Otherwise she thought they were marvellous. Her brother-in-law was kept overnight on the 'obs' ward and they were very good, very quick. But again no reassurance was offered so her sister was very worried. People want to know what's happening. There's no information on what minor or major means – only the medical staff know, not the ordinary patients. She also has a son in a wheelchair and she noticed that none of the cubicles have a hoist.

2. *A Middle Eastern female in her 30s had attended A & E in July.*

Her father had been brought in at 5am and had been waiting a long time. She joined him at 9.30am. He was still in chronic pain and screaming. The doctors looked at him but didn't do anything. They thought he had appendicitis but he had had his appendix out years ago. At 11 am he was still in the Major treatment area. He was finally admitted at 2pm. Her father didn't speak English and he may have been treated differently because of this.

3. *Asian female in her 20s.*

She had waited for 3 hours in A & E with a child who had a high temperature. She was given no reassurance by staff.

3.5 Summary of key issues raised during the focus groups, interviews and meetings

Waiting in A & E

- length of wait (people deterred from attending or leave before being seen)
- having a series of waits to see different staff (e.g. receptionist, triage nurse, specialist)

Triage

- being triaged quickly but then having a long wait to be seen/treated by a specialist
- not being told their priority or given an indication of waiting times
- lack of a triage system in the evenings

Other staff

- staff attitudes towards patients – patients perceive staff at all levels as uncaring and would like more reassurance from staff
- lack of concern by staff for the patient (e.g. situation surrounding their accident and the need to make arrangements e.g. for children)
- a perception that Asian doctors and nurses should be prepared to speak to Asian patients in their own language, in order to improve communication
- shortcomings in the medical and organization skills of staff
- lack of communication and coordination between staff
- lack of communication by staff to patients (such as staff introducing themselves or providing information to patients about their medication and treatment)

Tests

- waiting times for tests to be carried out and for the results to be given

Pain relief

- lack of concern by staff for how patients were feeling when in pain

Treatment

- concern that staff should check for allergies or contra-indications when administering treatment

Discharge

- lack of information about future follow-up treatment
- information sheets given to patients being available in languages other than English

- waiting for drugs to be dispensed before being discharged
- being able to obtain prescriptions when hospital pharmacy closed

Admission to hospital

- length of wait for a bed

Privacy

- whether cubicles provided sufficient privacy (can still be overheard)

Environment

- cleanliness (especially toilets)
- unwelcoming atmosphere
- lack of comfortable seating
- limited facilities for children
- being able to make a telephone call
- facilities for disabled people

Refreshments

- limited range of refreshments
- lack of availability of refreshments, especially during evenings

Signage

- poor signage

Interpreting services

- availability of interpreters
- hospital staff relying on relatives (including children) to interpret for the Asian patients, which may be inappropriate and breaches confidentiality

Transport issues

- cost of car parking
- lack of information on parking regulations
- lack of public transport between hospital sites

3.6 Cognitive Interviews

A series of cognitive interviews were held with people who had recently attended an emergency department. They completed a draft questionnaire and were then asked to discuss each question, to check their understanding and to ensure that their responses reflected their actual experience. Minor modifications were made to clarify the wording of some questions.

4 CHI consultation and feedback from trusts

CHI had a period of consultation on the proposed Emergency Department survey. Details were circulated to trust chief executives and made available via the www.nhssurveys.org website. The feedback from trusts raised general issues about the survey (such as confidentiality issues, sampling, costs and resources).

Trusts also asked for clarification on the definition of emergency departments, as there are a wide range of possible configurations:

- All-purpose A & E department
- A & E department with a separate Minor Injuries Unit (MIU) run by the same trust
- A & E department with a Minor Injuries Unit (MIU) run by Primary Care Trusts (PCTs)
- Medical Admissions Units (MAU), either separate or integrated within A & E departments
- Trusts with more than one A & E unit (e.g. following mergers)
- Trusts with a specialist A & E unit (e.g. paediatric)
- Trauma and orthopaedic clinics, providing some emergency and some planned services

After taking advice, it was decided that the survey should only include “Type 1” A & E departments (i.e. those which provide a 24-hour service led by an A & E consultant), but should exclude all Minor Injuries Units (MIUs), regardless of whether they are run by an acute trust (as many are run by PCTs and are very variable in size); also exclude all Medical Admissions Units (MAUs) (as these are very variable in how they are run and may be a ward, rather than an assessment unit) and also exclude specialist A & E units.

Trusts also queried whether patients who were not fully conscious or were critically ill when they attended the emergency department should be excluded from the survey. However, it would not be practicable to exclude from the sample patients who were in an unconscious state when they attended, as this information is not available in the trust’s routine records, which are used to draw the sample. Furthermore, a patient’s level of consciousness may be fluctuating as

they are admitted, or they may be semi-conscious, so it would be difficult for trusts to record this information unequivocally. Exploratory research with trusts indicated that only a small proportion of respondents are admitted to the emergency department in an unconscious state. Where appropriate, the response option 'Don't know/Can't remember' was included in the questionnaire, to allow everyone to give a response, even if they were not fully conscious.

There were some additional topics which trusts felt should be included:

- How the patient came to be in A & E – whether they were self-referred or sent by their GP?
- Waiting – capturing the experience of waiting at all stages, including waiting for non-A & E specialists
- Staff attitudes e.g. helpfulness of reception staff
- Nurse-only services and issues around patient choice
- Food – trusts were expecting to use the survey results for their central returns on patients satisfaction with food

New questions were developed to cover some of these issues, including:

- who had decided that the patient should go to the emergency department;
- the duration of each stage of waiting;
- helpfulness of staff (e.g. whether they advised patients on why and how long they would have to wait);
- the availability of refreshments.

Some trusts also queried why the issue of travel time was included, as they felt that this was outside of their control. However, the Importance study (reported later) found that having a short journey between home and the emergency department was an important issue for patients (one third rated this as one of their 'most important' issues). Consequently, the question on journey time was included in the question bank for the main Emergency Department survey, so that trusts could include it if they wished, but it was not a core question or used for the calculation of performance ratings.

5 Sample design for the pilot survey

5.1 General design

This was a retrospective random sample of recent attendances at Emergency departments. It was not targeted towards any specific patient groups (based on patient characteristics, for example). Rather, it was as inclusive as possible (with some exceptions, listed in Section 5.3).

Patient attendances at A & E departments were sampled over a period of one month to avoid the possibility of all attendances occurring on one day, or a few days, which may be atypical (this could happen if a census of consecutive attendances was taken in a very busy A & E department). Having a sampling period of one month was also consistent with the Outpatients survey¹. It was thought sensible for both surveys to have sampling procedures which were as similar as possible, to minimise the possibility of errors being made.

5.2 Sampling frame for pilot surveys

The list included all valid attendances at all emergency departments at all sites within the trust, within a period of one month (October 2002 for the pilot study).

This meant that patients who had attended A & E several times within the sample month had a higher chance of being selected than those who attended only once (the probability of selection being proportional to the number of times each patient appears on the list). Thus, this was an equal probability sample of A & E attendances, rather than a sample of individual patients.

5.3 Inclusion and exclusion criteria

In general, the sample of attendances was as inclusive as possible, covering adult patients that had attended all Type 1 Accident and Emergency departments in the trust, within the specified month. However, there were some exclusions, listed below:

Excluded attendances and patients

- Any attendances at **Minor Injuries Units (MIU)**.
- Any patients who were admitted to hospital via **Medical or Surgical Admissions Units (MAU/SAU)**.
- **Children under 16** at the date of their arrival at hospital.

¹ *Development and Pilot testing of the NHS Acute Trust Outpatient Survey 2003* (July 2003), available on the NHS Surveys Advice Centre website (www.nhssurveys.org).

- Any patients who were known to be **current inpatients** at the time of the survey.
- Any patients who were **known to have died** (either by checking the trust's own records or by using the NHS Strategic Tracing Service).
- Patients without a **known UK address** (e.g. whose details indicated a temporary address, such as camping or caravan site, a hostel or a "c/o" address; a non-residential address, such as a PO Box number, a company address, a school address, a hospital address, a sports club; an entry of 'unknown address' or a non-UK address).
- Planned attendances at **outpatient clinics which are run within the emergency department** (such as fracture clinics).

5.4 Sample size

This was a full-scale pilot survey with a sample size of 850 attendances per trust. This is the same sample size as would be used in the main Emergency Department survey (2003) and had been used in the previous Inpatient Survey (2002). The sample size was based on a target of at least 500 completed questionnaires from each trust for reliable results at the trust level, assuming a response rate of 60%.

5.5 Sampling strategy

The aim was to draw a sample which was representative of the population from which it was drawn and that did not systematically exclude any patient groups (apart from those listed above) or any type of visit (such as self-referrals or people advised to go to A & E by their GP, local health centre or by NHS Direct).

The method for drawing the random sample was designed to be as simple as possible to implement, whilst ensuring that the chances of the same patient being selected more than once (which could occur if a patient had more than one A & E attendance during the sample month) were minimised.

The first stage was to compile a full list of all valid attendances during the survey period (the sampling frame). This list was then sorted by patient name and date of birth, to ensure that all attendances by the same person were adjacent in the list. Any duplicate patient details were not deleted at this stage, prior to drawing the sample.

The next stage was to calculate the sampling fraction. This depended on the list size at this stage and was calculated by dividing the number of valid attendances

by the required sample size (850). A new field was created in the sample list file which was populated with a repeating series of numbers, starting with 1 in the first row and numbering up to the value of the sampling fraction.

A random starting point was selected (a number between 1 and the sampling fraction denominator). The final sample was drawn by extracting all records where the value in the new field matched this random number. This is a *random start, fixed interval* sampling method.

5.6 Running the sampling procedure using hospital patient record systems

The Survey Advice Centre consulted several trusts, including the pilot sites, on the implementation of the sampling procedure. After an initial meeting with the pilot sites to discuss the sampling procedure, the trust was given a draft of the survey guidance and followed the sampling instructions therein. The sample was checked to ensure that all the sampling criteria were met and to identify any duplicate records. The lists were also checked for deceased patients using the trust's own records and the NHS Strategic Tracing Service.

6 Alterations to questionnaire

This section gives a summary of development of the Emergency Department questionnaire for use in the NHS patient survey programme (2003). The Picker Adult Emergency questionnaire (1995) provided a starting point, but about half of the questions were relevant and of those which were used, many were changed substantially. The questions were modified in order to make them more applicable to the UK context, prior to running any cognitive testing with patients. There were also new questions added to address issues which were not covered, in response to discussions with the Department of Health, the Commission for Health Improvement and feedback from trusts. The development work on the Emergency survey also took account of the qualitative research and pilot studies being undertaken for the Outpatients survey, which was being developed in parallel.

Following the pilot Emergency survey, minor changes were made to the wording of some questions and/or response options, to take account of the way in which respondents had answered the pilot survey questions. Some questions were moved to a different section and some new questions were added.

6.1 Changes to questions

Most of the original Picker Emergency questions which covered relevant issues had to be adapted for use in the NHS patient survey programme. The changes made for the pilot survey and any post-pilot modifications are noted in this section. A copy of the pilot Emergency Department survey and the final 2003 Emergency Department survey (extended version) are included as appendices to this report.

General changes to format

Questions with skip (or 'Go to') instructions on some response options had appropriate 'Go to' instructions added to *all* of the response options.

Changes made for consistency

Some questions were altered because they were very similar to questions used in the earlier Inpatient survey (2002) or the Outpatients survey (2003) and it was sensible to make these changes in order to make the questions compatible across surveys, in terms of question wording and response categories.

Section A – Arrival at the emergency department

This section piloted five new questions, covering: the main reason why patients attended the emergency department; how long the journey took; how they had travelled to hospital; who had called the ambulance (if used) and car parking. The question on car parking was the same as for the Outpatients survey (2003).

Following the pilot survey, there were only minor changes to the response options on question A1. All five questions were included in the Emergency Department survey 2003 (extended version); only the question on mode of travel to the hospital was included in Section A of the core questionnaire. It was not used in the calculation of performance ratings.

Pilot Emergency Department Questionnaire 2002	Emergency Department Questionnaire 2003 (extended)
A1. When you went to the Emergency department, how long did it take you to get to the hospital? 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> More than 30 minutes but less than 1 hour 3 <input type="checkbox"/> 1 hour or more 4 <input type="checkbox"/> Don't know/Can't remember	A1. When you went to the Emergency Department, how long did it take you to get to the hospital? 1 <input type="checkbox"/> Up to 30 minutes 2 <input type="checkbox"/> More than 30 minutes but no more than 1 hour 3 <input type="checkbox"/> More than 1 hour 4 <input type="checkbox"/> Don't know/Can't remember

Section B – Waiting

This section was split into two sub-sections, on 'First assessment (Triage)' and 'Waiting to see a doctor or nurse practitioner'. Within 'First assessment (Triage)', there were three new questions, covering the priority system (length of wait to be assessed by a triage nurse, whether the patient was told their priority level and whether they thought the priority system was fair). These questions were all included in the core Emergency survey (2003). However, the response options on question B1 (length of wait for priority to be assessed) were modified following the pilot survey, to ensure that the data could be analysed in terms of current waiting time targets. In addition, response option 6 was moved so that the first response option became 'I did not have to wait to be assessed'. This response was intended for patients who had attended A & E departments that were using a 'see and treat' rather than a triage system. Response option (7) was simplified.

Pilot Emergency Department Questionnaire 2002	Emergency Department Questionnaire 2003 (core)
<p>B1. Following your arrival in the Emergency Department, how long did you wait for a nurse to assess your priority (i.e. how long did you wait to see a triage nurse)?</p> <p>1 <input type="checkbox"/> Less than 15 minutes – Go to B2 2 <input type="checkbox"/> 15-29 minutes – Go to B2 3 <input type="checkbox"/> 30-60 minutes – Go to B2 4 <input type="checkbox"/> More than 60 minutes – Go to B2 5 <input type="checkbox"/> Don't know/Can't remember – Go to B2 6 <input type="checkbox"/> I did not have to wait to be assessed – Go to B5 7 <input type="checkbox"/> I decided not to wait any longer to be assessed – Go to B5</p>	<p>B1. Following your arrival in the Emergency Department, how long did you wait for a nurse to assess your priority (i.e. how long did you wait to see a triage nurse)?</p> <p>1 <input type="checkbox"/> I did not have to wait to be assessed – Go to B2 2 <input type="checkbox"/> 1-15 minutes – Go to B2 3 <input type="checkbox"/> 16-30 minutes – Go to B2 4 <input type="checkbox"/> 31-60 minutes – Go to B2 5 <input type="checkbox"/> More than 60 minutes – Go to B2 6 <input type="checkbox"/> Don't know/Can't remember – Go to B2 7 <input type="checkbox"/> I left before I was assessed – Go to C1</p>

Two additional questions were included in the extended version of the Emergency Department survey. The first was a new question on comfortable seating in the waiting area. This question was also used in the Outpatients survey (2003, extended version) and came out of the focus group discussions (particularly for patients with restricted mobility or disabilities). The second was a question on getting messages to family or friends, which was adapted from the Picker Emergency survey (1995).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (extended)
<p>2. Did someone in the emergency room help get your messages to family or friends?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I had no messages</p>	<p>B5. Did someone in the Emergency Department help get messages to family or friends?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, and I would have liked to get a message to someone 3 <input type="checkbox"/> No, but there was no need to get messages to anyone</p>

The core questions in the sub-section on 'Waiting to see a doctor or nurse practitioner' covered similar issues to questions used in the Picker Emergency survey. However, these questions were substantially rewritten for the NHS patient survey programme – for example, so that waiting times could be analysed in terms of current NHS targets.

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (core)
<p>ARRIVAL IN THE EMERGENCY ROOM...</p> <p>5. Did someone from the hospital tell you how long you would have to wait to be seen by someone in the emergency room?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I was seen immediately</p> <p>6. Once you were escorted to a bed or an examination room, about how long did you have to wait to see a doctor?</p> <p>1 <input type="checkbox"/> Less than ½ hour 2 <input type="checkbox"/> Between ½ and 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours 5 <input type="checkbox"/> I did not wait at all</p> <p>BEFORE GOING HOME...</p> <p>39. About how long did you spend in the emergency room from the time you arrived to the time you left?</p> <p>1 <input type="checkbox"/> Less than 1 hour 2 <input type="checkbox"/> 1 to 3 hours 3 <input type="checkbox"/> 4 to 6 hours 4 <input type="checkbox"/> 7 to 9 hours 5 <input type="checkbox"/> More than 9 hours</p>	<p>B5. Were you told how long you would have to wait to be examined?</p> <p>1 <input type="checkbox"/> Yes, but the wait was shorter 2 <input type="checkbox"/> Yes, and I had to wait about as long as I was told 3 <input type="checkbox"/> Yes, but the wait was longer 4 <input type="checkbox"/> No, I was not told 5 <input type="checkbox"/> Don't know/Can't remember</p> <p>B4. Following your arrival in the Emergency Department, how long did you wait before being examined by a doctor or nurse practitioner?</p> <p>1 <input type="checkbox"/> I did not have to wait – Go to B6 2 <input type="checkbox"/> 1 – 30 minutes – Go to B5 3 <input type="checkbox"/> 31 – 60 minutes – Go to B5 4 <input type="checkbox"/> More than 1 hour but no more than 2 hours – Go to B5 5 <input type="checkbox"/> More than 2 hours but no more than 4 hours – Go to B5 6 <input type="checkbox"/> More than 4 hours – Go to B5 7 <input type="checkbox"/> Can't remember – Go to B5 8 <input type="checkbox"/> I did not see a doctor or a nurse practitioner – Go to B6</p> <p>B6. Overall, how long did your visit to the Emergency Department last?</p> <p>1 <input type="checkbox"/> Up to 1 hour 2 <input type="checkbox"/> More than 1 hour but no more than 2 hours 3 <input type="checkbox"/> More than 2 hours but no more than 4 hours 4 <input type="checkbox"/> More than 4 hours but no more than 8 hours 5 <input type="checkbox"/> More than 8 hours but no more than 12 hours 6 <input type="checkbox"/> More than 12 hours but no more than 24 hours 7 <input type="checkbox"/> More than 24 hours 8 <input type="checkbox"/> Can't remember</p>

Following the pilot survey, there was no change to question B5, but the response options to questions B4 and B6 were modified to make it clearer that the time periods were mutually exclusive and additional response options were added to

question B6, to provide more information on longer waits. The pilot response option 5 'More than 8 hours' was modified to 'More than 8 hours but no more than 12 hours' and new options 6 and 7 were added: '6. More than 12 hours but no more than 24 hours' and '7. More than 24 hours'. The 'Can't remember' response was retained, as option 8. These questions (B4, B5, B6) were all included in the final version of the Emergency Department Core Questionnaire (2003).

The sub-section 'Waiting to see a doctor or nurse practitioner' included several completely new questions, covering whether the patient had been told why they had to wait to be examined (B8), whether anyone apologised for the delay (B9), whether the patient felt they should have been examined sooner (B10) and whether they had waited on a trolley (B11) and if so, for how long (B12). These questions were all piloted successfully and included in the extended version of the Emergency Department questionnaire (2003), with only minor rewording of the response options on the question about duration of trolley waits (B12), to make it clear that the time periods were mutually exclusive.

Pilot Emergency Department Questionnaire 2002	Emergency Department Questionnaire 2003 (extended)
<p>B12. If you waited on a trolley, how long did you wait?</p> <p>1 <input type="checkbox"/> Less than 1 hour 2 <input type="checkbox"/> 1 – 2 hours 3 <input type="checkbox"/> 2 – 4 hours 4 <input type="checkbox"/> 4 – 8 hours 5 <input type="checkbox"/> 8 – 12 hours 6 <input type="checkbox"/> 12 – 24 hours 7 <input type="checkbox"/> More than 24 hours 8 <input type="checkbox"/> Can't remember</p>	<p>B12. If you waited on a trolley, how long did you wait?</p> <p>1 <input type="checkbox"/> Up to 1 hour 2 <input type="checkbox"/> More than 1 hour but no more than 2 hours 3 <input type="checkbox"/> More than 2 hours but no more than 4 hours 4 <input type="checkbox"/> More than 4 hours but no more than 8 hours 5 <input type="checkbox"/> More than 8 hours but no more than 12 hours 6 <input type="checkbox"/> More than 12 hours but no more than 24 hours 7 <input type="checkbox"/> More than 24 hours 8 <input type="checkbox"/> Can't remember</p>

Section C – Doctors and nurses

This section contains four new questions, which were developed for use in both the Outpatients (2003, core) and the Emergency Department surveys (2003, core). These questions cover: having enough time to discuss the health or medical problem with the doctor or nurse (C1); whether a doctor or nurse explained the condition or treatment (C2); whether the doctors and nurses listened (C3) and

whether the doctors and nurses knew enough about the condition or treatment (C7).

Following the pilot Emergency survey, the response options on question C1 were modified, for consistency with the equivalent question in the Outpatients survey.

Pilot Emergency Department Questionnaire 2002	Emergency Department Questionnaire 2003 (core)
<p>C1. Did you have enough time to discuss your health or medical problem with the doctor or nurse?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not see a doctor or a nurse</p>	<p>C1. Did you have enough time to discuss your health or medical problem with the doctor or nurse?</p> <p>1 <input type="checkbox"/> Yes, definitely - Go to C2 2 <input type="checkbox"/> Yes, to some extent - Go to C2 3 <input type="checkbox"/> No - Go to C2 4 <input type="checkbox"/> I did not see a doctor or a nurse - Go to D1</p>

Similarly, response options 1 and 2 on question C2 ('While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?') were modified from '1. Yes, always' and '2. Yes, sometimes' to '1. Yes, completely' and '2. Yes, to some extent'. There were no changes to questions C3 or C7 following the pilot survey. These four questions (C1, C2, C3, C7) were included in the core questionnaire for the Emergency Department survey 2003.

Two questions were adapted from questions used in both the original Picker Emergency Room survey (1995) and the Inpatient survey (2002, extended version). The first covered whether the respondent had confidence and trust in the doctors and nurses examining them. Both the Picker survey (1995) and the Inpatient survey (2002) had separate questions for doctors and nurses, but it was felt that these could be combined into a single question, within the section on 'Doctors and nurses'. This question was piloted successfully (in both the Emergency and Outpatients pilot surveys) and included in the core Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995 / Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>12/C4. Did you have confidence and trust in the doctors treating you? 1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p> <p>.....</p> <p>20/D4. Did you have confidence and trust in the nurses treating you? 1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p>	<p>C6. Did you have confidence and trust in the doctors and nurses examining and treating you? 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>

A question asking whether the doctors or nurses had talked in front of the patient as if they weren't there was also adapted from a question used previously in both the Picker Emergency Room survey (1995) and the Inpatient survey (2002, core version). Again, it was felt that a single question could cover this issue for both doctors and nurses. Following the pilot survey, an additional response option was included and this new question was used in the core Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995 / Inpatient Questionnaire 2002 (core)	Pilot Emergency Department Questionnaire 2002	Emergency Department Questionnaire 2003 (core)
<p>13/23. Did doctors talk in front of you as if you weren't there? 1 <input type="checkbox"/> Yes, often 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p> <p>.....</p> <p>21/27. Did nurses talk in front of you as if you weren't there? 1 <input type="checkbox"/> Yes, often 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p>	<p>C6. Did doctors or nurses talk in front of you as if you weren't there? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>C8. Did doctors or nurses talk in front of you as if you weren't there? 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>

There were two new questions added to this section after the pilot survey. Both questions had previously been used in the Inpatients survey (2002, extended). The first asked whether the patient thought that doctors were deliberately not telling them certain things. This question was adapted to cover doctors *or nurses* and the response options were modified, for consistency of style within this survey. This question was used in the core Emergency Department survey (2003).

Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>C8. Did you ever think that doctors were deliberately not telling you certain things that you wanted to know?</p> <p>1 <input type="checkbox"/> Yes, often 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> Yes, only once 4 <input type="checkbox"/> No, never</p>	<p>C4. Did you think that doctors or nurses were deliberately not telling you certain things that you wanted to know?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>

The second new question asked whether the respondent could discuss any anxieties or fears with a doctor or nurse. This question was adapted from two separate questions for doctors and nurses which were previously used in the Picker Emergency Room survey (1995) and the Inpatient survey (2002, core). The response options were modified, for consistency of style with this survey and this question was used in the core Emergency Department survey (2003).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>22. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't have anxieties or fears </p> <p>26. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't have anxieties or fears</p>	<p>C5. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't have anxieties or fears</p>

Section D – Your care and treatment

All of the questions in this section of the pilot questionnaire were retained in the extended version of the Emergency Department survey (2003), apart from the last question (D17), which asked whether respondents had felt bothered or threatened by other patients whilst in the emergency department. Following the pilot survey, the wording of this question was unchanged, but it was moved to Section G ‘Hospital Environment and Facilities’ as a core question (G3).

Questions D1 and D2 asked whether the respondent needed help understanding English (D1) and whether there was someone who could interpret for them in the emergency department (D2). These questions were adapted from the Picker Emergency Room survey (1995), for use in both the Emergency Department and the Outpatients surveys (2003). There was no change following the pilot survey and both questions were included in the core Emergency and core Outpatients surveys (2003).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (core)
<p>3. Did you want an interpreter while you were in the emergency room?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to question 5)</p> <p>4. Was there someone in the emergency room who could interpret for you?</p> <p>1 <input type="checkbox"/> Yes, a relative or friend 2 <input type="checkbox"/> Yes, a translator from the hospital 3 <input type="checkbox"/> Yes, someone on the hospital staff 4 <input type="checkbox"/> No</p>	<p>D1. Do you need any help understanding English?</p> <p>1 <input type="checkbox"/> Yes - Go to D2 2 <input type="checkbox"/> No - Go to D3</p> <p>D2. When you were in the Emergency Department, was there someone who could interpret for you?</p> <p>1 <input type="checkbox"/> Yes, a relative or friend 2 <input type="checkbox"/> Yes, an interpreter from the hospital 3 <input type="checkbox"/> Yes, someone else on the hospital staff 4 <input type="checkbox"/> No</p>

Questions D3 and D4 in the pilot survey asked how much information about their condition or treatment was given to the respondent (D3) and to their family or someone close to them (D4). Both questions had originally been developed for the Inpatients survey (2002, extended version). Question D3 was updated to specifically refer to the emergency department (or outpatients, in that survey) and a new response option was added so that it was clear how patients who had not been given any information about their condition or treatment should answer this question. Question D4 was unchanged. Following the pilot survey, question

D3 (unchanged) became a core question and question D4 was used (unchanged) in the extended version of the Emergency Department survey (2003).

Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>E3. How much information about your condition or treatment was given to you?</p> <p>1 <input type="checkbox"/> Not enough 2 <input type="checkbox"/> Right amount 3 <input type="checkbox"/> Too much</p>	<p>D3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?</p> <p>1 <input type="checkbox"/> Not enough 2 <input type="checkbox"/> Right amount 3 <input type="checkbox"/> Too much 4 <input type="checkbox"/> I was not given any information about my treatment or condition</p>

Questions D5 and D6 (pilot survey) asked whether the respondent was given enough privacy when discussing their condition or treatment (D5) and when being examined or treated (D6). Both questions had originally been developed for the Inpatients survey (2002, core version). The response options on both questions were updated for the pilot survey, for consistency with other questions within both the Emergency and Outpatients surveys (2003). These questions were unchanged following the pilot survey and both were used as core questions in the Emergency Department survey (2003).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>32. Were you given enough privacy when discussing your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p> <p>33. Were you given enough privacy when being examined or treated?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p>	<p>D4. Were you given enough privacy when discussing your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> <p>D5. Were you given enough privacy when being examined or treated?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>

Question D7 (pilot survey) asked whether the respondent was able to get help from a member of staff, if needed. This issue was included in the Picker Emergency Room survey (1995), although the question has been completely

rewritten. Following the pilot survey a new response option (5) was added so that patients who 'did not need attention' could answer the question. This question was included in the extended version of the Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (extended)
<p>41. While you were in the emergency room, were there times when you did not get the help you needed?</p> <p>1 <input type="checkbox"/> Yes, often 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Didn't need help</p>	<p>D7. If you needed attention, were you able to get a member of staff to help you?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No, I could not find a member of staff to help me 4 <input type="checkbox"/> A member of staff was with me all the time 5 <input type="checkbox"/> I did not need attention</p>

Question D8 (pilot survey) asked whether different staff had said conflicting things to the patient, whilst in the Emergency Department. This question was originally developed for the Inpatients survey (2002, core version). It was adapted slightly, to refer specifically to the emergency department and the response options were updated for consistency with other questions in the Emergency survey. There were no further changes following the pilot survey and this question was included in the core Emergency Department survey (2003).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>28. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?</p> <p>1 <input type="checkbox"/> Yes, often 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p>	<p>D6. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>

Question D9 (pilot survey) asked whether the patient wanted to be more involved in decisions about their care and treatment. This issue was covered in the original Picker Emergency Room survey (1995) and the question was developed for the Inpatients survey (2002, core version). An additional response option was added for the Emergency pilot survey, to allow people to respond if they felt they were not well enough to be involved in decisions about their care.

Following the pilot survey, this question was rephrased, for consistency with the equivalent question in the Outpatients survey (2003). It was used as a core question in both the Outpatients and the Emergency Department surveys (2003).

Inpatient Questionnaire 2002 (core)	Pilot Emergency Department Questionnaire 2002	Emergency Department Questionnaire 2003 (core)
<p>29. Did you want to be more involved in decisions made about your care and treatment?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>	<p>D9. Did you want to be more involved in decisions made about your care and treatment?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No, I was involved as much as I wanted to be 4 <input type="checkbox"/> I was not well enough to be involved in decisions about my care</p>	<p>D7. Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I was not well enough to be involved in decisions about my care</p>

Question D10 (pilot survey) asked whether the patient was asked their name and address too often. This question was adapted from that used in the Inpatients survey (2002, core version). There were no changes following the pilot survey and this question was included in the extended versions of both the Outpatients and Emergency Department surveys (2003).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (extended)
<p>35. During your stay in hospital, did doctors, nurses or other hospital staff ask your name and address more often than you thought should have been necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>D10. Were you asked your name and address more often than you thought should have been necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Question D11 (pilot survey) asked whether the patient was asked to give details of their condition or illness too often. This question was also adapted from that used in the Inpatients survey (2002, extended version). There were no changes following the pilot survey and this question was included in the extended versions of both the Outpatients and Emergency Department surveys (2003).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (extended)
<p>E13. During your stay in hospital, did doctors, nurses or other hospital staff ask you to give details of your condition or illness more often than you thought should have been necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>D11. Were you asked to give details of your condition or illness more often than you thought should have been necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

The pilot Emergency survey included three questions about medical students being present. Patients were asked whether medical students were present when they were being treated or examined (D12) and if so, whether the patient had been asked for permission (D13) and whether they were upset because medical students were present (D14). All of these questions were developed for the Inpatients survey (2002, extended version). They were included in the pilot survey (unchanged) and in the extended versions of both the Outpatients and Emergency Department surveys (2003).

Finally, this section of the pilot survey included two new questions which asked patients whether the staff treating them had introduced themselves (D15) and whether staff wore name badges (D16). These questions were piloted successfully and included in the extended versions of both the Emergency Department and the Outpatients surveys (2003).

Section E – X-rays and scans

In the Picker (1995) survey, this section was headed ‘Getting tests’, whereas in the Emergency pilot survey it was headed ‘X-rays and scans’, to indicate the type of tests covered. Following the pilot survey, this section was renamed ‘Tests (e.g. x-rays or scans)’ because the questions referred to ‘tests (such as x-rays or scans)’.

All of the questions in this section of the pilot questionnaire were retained in the extended version of the Emergency Department survey (2003). In addition, there was one completely new question added after the pilot, which asked how long patients had to wait for the results of their tests. This question was included in the extended version of the Emergency Department survey (2003).

Question E1 (pilot survey) asked whether the respondent had any tests (such as x-rays, ultrasounds or scans) when they visited the emergency department. A

the response 'Less than 30 minutes' into two options: '1-15 minutes' and '16-30 minutes' and the wording of the response options modified so that they were clearly mutually exclusive. This was a core question in the Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (core)
<p>24. Did you wait too long to get your tests?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No</p>	<p>E2. How long did you wait for your tests to be carried out?</p> <p>1 <input type="checkbox"/> I did not have to wait 2 <input type="checkbox"/> 1 – 15 minutes 3 <input type="checkbox"/> 16 – 30 minutes 4 <input type="checkbox"/> 31 – 60 minutes 5 <input type="checkbox"/> More than 1 hour but no more than 2 hours 6 <input type="checkbox"/> More than 2 hours but no more than 4 hours 7 <input type="checkbox"/> More than 4 hours 8 <input type="checkbox"/> Can't remember</p>

Question E4 (pilot survey) asked whether a member of staff had explained why the patient had to wait for their tests to be carried out. This was a completely new question and was developed because the issue of waiting at every stage of the visit (without being given any information) had been raised during the qualitative research with patients. This question was piloted successfully and included in the extended version of the Emergency Department survey (2003). An additional question was added to the extended Emergency Department survey (2003) after the pilot survey. This new question (E6) explored this issue further by asking how long the patient had to wait for the results of their tests.

Question E5 (pilot survey) asked whether a member of staff had explained the results of the tests in a way the patient could understand. This was based on a question from the Picker Emergency Room survey (1995), which had been adapted for the Inpatient survey (2002, extended version). The Inpatient question and response options were reworded slightly and two new response options were added to ensure that everyone could answer the question: 'I was told that the results of the tests would be given to me at a later date' and 'Not sure/Can't remember'. Following the pilot survey, the first three response options were reworded for consistency with other questions within the Emergency survey. This was used as a core question in the Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>26. Did someone explain the results of the tests in a way that you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No</p>	<p>E18. Did a doctor or nurse explain the results of the tests in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I was never told the results of tests</p>	<p>E3. Did a member of staff explain the results of the tests in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Not sure/Can't remember 5 <input type="checkbox"/> I was told that the results of the tests would be given to me at a later date 6 <input type="checkbox"/> I was never told the results of the tests</p>

Section F – Pain

All of the questions in this section of the pilot questionnaire were retained, unchanged, in either the core or the extended version of the Emergency Department survey (2003).

Question F1 (pilot survey) was a filter question asking whether the patient had been in any pain whilst in the emergency department. This question was adapted for the Emergency survey from a question which had been used in the Picker Emergency Room survey (1995) and the Inpatient survey (2002, core version). Following the pilot survey it was included, unchanged, in the core Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995 / Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>27/38. Were you ever in any pain?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>F1. Were you in any pain while you were in the Emergency Department?</p> <p>1 <input type="checkbox"/> Yes - Go to F2 2 <input type="checkbox"/> No - Go to G1</p>

Question F2 (pilot survey) asked patients who had been in pain how severe it was. This question was updated slightly from a question which had been used in the Inpatient survey (2002, extended version) and originally, in the Picker

Emergency Room survey (1995). There were no post-pilot changes and it was included in the extended version of the Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>28. Was your pain severe, moderate, or mild?</p> <p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Mild</p>	<p>F2. When you had pain, was it usually severe, moderate, or mild?</p> <p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Mild</p>	<p>28. When you had pain, was it severe, moderate, or mild?</p> <p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Mild</p>

Question F3 (pilot survey) asked how much of the time patients were in pain whilst in the emergency department. This was not covered by the Picker Emergency Room survey (1995), but it was based on a question from the Inpatient survey (2002, extended version). The revised question was piloted successfully and included in the core Emergency Department survey (2003).

Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>F3. During your stay in hospital, how much of the time were you in pain?</p> <p>1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Occasionally</p>	<p>F3. Whilst you were in the Emergency Department, how much of the time were you in pain?</p> <p>1 <input type="checkbox"/> All or most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Occasionally</p>

Question F4 (pilot survey) was a filter question asking whether the patient had requested pain medicine. The Picker Emergency Room survey (1995) asked whether patients were given pain medicine, but the question was rewritten for the Inpatient survey (2002, extended version). A slightly shorter version was piloted and then included as a core question in the Emergency Department survey (2003).

Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>F4. Did you ever request pain medicine?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: right;">- Go to F5 - Go to F6</p>	<p>F3. Did you request pain medicine?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p style="text-align: right;">- Go to F4 - Go to F5</p>

Question F5 (pilot survey) asked how long it took to get pain medicine, after requesting it. This question was first used in the Inpatients survey (2002, extended version) and was amended slightly for the Emergency pilot survey. There were no changes post-pilot and it was included as a core question in the Emergency Department survey (2003).

Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>F5. How many minutes after you requested pain medicine did it usually take before you got it?</p> <p>1 <input type="checkbox"/> 0 minutes/right away 2 <input type="checkbox"/> 1 – 5 minutes 3 <input type="checkbox"/> 6 – 10 minutes 4 <input type="checkbox"/> 11 – 15 minutes 5 <input type="checkbox"/> 16 – 30 minutes 6 <input type="checkbox"/> More than 30 minutes 7 <input type="checkbox"/> I never got pain medicine when I asked for it</p>	<p>F5. How many minutes after you requested pain medicine did it take before you got it?</p> <p>1 <input type="checkbox"/> 0 minutes/right away 2 <input type="checkbox"/> 1 – 5 minutes 3 <input type="checkbox"/> 6 – 10 minutes 4 <input type="checkbox"/> 11 – 15 minutes 5 <input type="checkbox"/> 16 – 30 minutes 6 <input type="checkbox"/> More than 30 minutes 7 <input type="checkbox"/> I asked for pain medicine but wasn't given any</p>

Question F6 (pilot survey) asked whether the patient thought that hospital staff had done everything they could to help control their pain. This was based on a question from the Picker Emergency Room survey (1995), which was adapted slightly for the Inpatient survey (2002, core version). An additional response option (Can't say/Don't know) was added for the Emergency pilot survey, to allow everyone to answer this question. There were no further changes and this question was included in the core Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>30. Do you think that the emergency room staff did everything they could to help control your pain?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No</p>	<p>39. Do you think the hospital staff did everything they could to help control your pain?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>	<p>F5. Do you think the hospital staff did everything they could to help control your pain?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Can't say/Don't know</p>

Question F7 (pilot survey) asked whether patients had been given enough pain medicine. This question was originally used in the Picker Emergency Room

survey (1995). The response options were re-ordered and one option cut for the Inpatient survey (2002, extended version). For the pilot Emergency survey, the fourth response option was reinstated (for respondents who did not get any pain medicine) and an additional response option (Can't say/Don't know) was added, to allow everyone to answer this question. There were no further changes after the pilot survey and this question was included in the extended version of the Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (extended)
<p>31. Overall, how much pain medicine did you get?</p> <p>1 <input type="checkbox"/> Not enough 2 <input type="checkbox"/> Right amount 3 <input type="checkbox"/> Too much 4 <input type="checkbox"/> I did not get pain medicine</p>	<p>F8. Overall, how much pain medicine did you get?</p> <p>1 <input type="checkbox"/> Enough 2 <input type="checkbox"/> Not enough 3 <input type="checkbox"/> Too much</p>	<p>31. Overall, how much pain medicine did you get?</p> <p>1 <input type="checkbox"/> Too much 2 <input type="checkbox"/> Enough 3 <input type="checkbox"/> Some, but not enough 4 <input type="checkbox"/> None 5 <input type="checkbox"/> Can't say/Don't know</p>

Section G – Hospital environment and facilities

All of the questions in this section of the pilot questionnaire were retained, unchanged, in either the core or the extended version of the Emergency Department survey (2003). In addition, the question asking whether respondents had felt bothered or threatened by other patients whilst in the emergency department (D17, pilot survey) was moved from Section D to this section for the final version of the core Emergency Department survey (2003).

Question G1 (pilot survey) asked patients for their opinion of the cleanliness of the emergency department. This issue was covered in the Picker Emergency Room survey (1995), but the question was completely rewritten for the Inpatients survey (2002, core version). It was then adapted for both the Emergency Department and Outpatients surveys by specifying the department and by adding a response option 'Can't say', to allow everyone to answer the question.

There were no further changes after the pilot survey and this question was used as a core question in the Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>51. Was the entire emergency room as clean as it should have been?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No</p>	<p>16. In your opinion, how clean was the hospital room or ward that you were in?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean</p>	<p>G1. In your opinion, how clean was the Emergency Department?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean 5 <input type="checkbox"/> Can't say</p>

Question G2 (pilot survey) asked patients about the cleanliness of the toilets in the emergency department. This was not asked specifically in the Picker Emergency Room survey (1995), but a question was developed for the Inpatient survey (2002, core version). This was adapted slightly for the Emergency and Outpatient surveys (because patients were less likely to have used a bathroom). Following the pilot, it became a core question in both the Emergency Department and Outpatients surveys (2003).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>17. How clean were the toilets and bathrooms that you used in hospital?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean 5 <input type="checkbox"/> I did not use a toilet or bathroom</p>	<p>G2. How clean were the toilets in the Emergency Department?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean 5 <input type="checkbox"/> I did not use a toilet</p>

There were two new questions which were developed for both the Emergency and Outpatients pilot surveys. These covered issues which had been raised by patients during the qualitative research and asked patients whether they had been able to get suitable refreshments (G3) and whether they wanted to make a telephone call (G4) whilst in the emergency department. These questions were unchanged following the pilot survey and were included in the extended version of the Emergency Department survey (2003).

Section H – Leaving the emergency department

With one exception, all of the questions in this section of the pilot questionnaire were retained in either the core or the extended version of the Emergency Department survey (2003). One question was cut after the pilot survey – the question asking whether respondents were given enough information about their condition or treatment before they left the emergency department (H8, pilot). However, this was very similar to the following question (H9, asking whether they had been given any written or printed information about their condition or treatment, before leaving), which was retained in preference.

Question H1 (pilot survey) asked patients what had happened at the end of their visit to the emergency department. After the pilot survey, a new response option was added (5. 'I went to stay somewhere else'). This was added to cover patients who were away from home when they went to the emergency department and so would have gone somewhere else (such as a hotel) on discharge from hospital.

Question H1 also acted as a filter on the following question (H2, pilot survey), which asked those patients who were admitted to the same or another hospital or were transferred to a nursing home whether they had to wait a long time to get to their ward/room and bed. This question had previously been used in the Inpatients survey (2002, core version) i.e. it was designed for patients who were admitted to hospital as inpatients. However, following the pilot survey, question H2 was completely rewritten so that rather than ask patients whether they felt they had to wait a long time to get to a room/ward and bed, it asked how long they had waited (i.e. number of hours). The responses obtained could be analysed in terms of current access targets and would be much more useful for trusts.

As in the Outpatients survey, the rest of this section was divided into two sub-sections, on 'Medications' and 'Information'. These questions were only applicable if the respondent was *not* admitted to a hospital or nursing home at the end of their visit to the emergency department (i.e. they went home or went to stay with a relative, a friend, or somewhere else).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>11. Did you feel that you had to wait a long time to get to your room or ward and bed?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>	<p>H2. How long did you wait to get to your room or ward and bed?</p> <p>1 <input type="checkbox"/> Up to 1 hour 2 <input type="checkbox"/> More than 1 hour but no more than 2 hours 3 <input type="checkbox"/> More than 2 hours but no more than 4 hours 4 <input type="checkbox"/> More than 4 hours but no more than 8 hours 5 <input type="checkbox"/> More than 8 hours but no more than 12 hours 6 <input type="checkbox"/> More than 12 hours but no more than 24 hours 7 <input type="checkbox"/> More than 24 hours 8 <input type="checkbox"/> Can't remember</p>

New questions on medications

The sub-section on 'Medications' began with a new question (H3, pilot) which asked whether patients were given a new prescription before leaving the emergency department. This question was originally used in the Picker Emergency Room survey (1992). In addition to providing information on how frequently new medications are prescribed, the main purpose of the question is to filter out patients who were *not* given a new prescription (they are asked to skip to the following sub-section on 'Information'). This question was tested in the Emergency (and Outpatients) pilot surveys and included as a core question in each of the main Outpatients and Emergency Department surveys (2003).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (core)
<p>33. Before you left the emergency room, were any new medications prescribed or ordered for you?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Go to question 36)</p>	<p>H3. Before you left the Emergency Department, were any new medications prescribed or ordered for you?</p> <p>1 <input type="checkbox"/> Yes - Go to H4 2 <input type="checkbox"/> No - Go to H6</p>

Question H4 (pilot) asked respondents whether a member of staff had explained how to take the new medications. This was based on a question from the Picker Emergency Room survey (1995). It was amended slightly and tested in both the Emergency and Outpatients pilot surveys. Following the pilots, it was included,

unchanged, in the extended version of the Emergency Department survey (2003) and the core version of the Outpatients survey (2003).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (extended)
<p>34. Did someone explain how to take the new medications?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Didn't need explanation</p>	<p>H3. Did a member of staff explain to you how to take the new medications?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't need an explanation</p>

Question H5 (pilot) asked whether a member of staff had explained the purpose of the medications the patient was given to take at home in a way they could understand. This question was originally used in the Inpatients survey (2002, core version). It was revised slightly for the Emergency and Outpatients pilot surveys – in particular, the final response option ('I had no medicines') could be dropped because the question was only applicable to respondents who had been prescribed new medications (if not, respondents were asked to skip to the next section 'Information'). There were no changes following the pilot survey and this question was included in the core version of both the Emergency Department and the Outpatients surveys (2003).

Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>41. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't need explanation 5 <input type="checkbox"/> I had no medicines</p>	<p>H4. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need explanation</p>

Question H6 (pilot) asked whether a member of staff had told the patient about any medication side effects to watch for. This question was originally used in the Picker Emergency Room survey (1995) and was modified for use in the Inpatient survey (2002). The question was shortened for the pilot Emergency and Outpatients surveys and the final response option was changed from 'I didn't need an explanation' to 'I did not need this type of information' (for consistency with the wording of the final response options in the following 'Information'

sub-section). After the pilot survey, this question was used, unchanged, as a core question in both the Emergency Department and Outpatients surveys (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>35. Did someone tell you about side effects the medicines might have?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Didn't need explanation</p>	<p>42. Did a member of staff tell you about medication side effects to watch for when you went home?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't need an explanation</p>	<p>H5. Did a member of staff tell you about medication side effects to watch for?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need this type of information</p>

The 'Medication' sub-section ends with a new question which was developed for the pilot survey: 'Did the Emergency Department staff give you a **printed information leaflet** about your medicines?' (a similar question was piloted for the Outpatients survey). This was included, unchanged, in the extended version of both the Emergency Department and Outpatients surveys (2003).

Information

This section began with two new questions developed for the pilot survey. The first question (H8) asked whether the patient was given *enough information* about their condition or treatment, before leaving the emergency department. The second question (H9) asked whether the patient was given *any written or printed information* about their condition or treatment, before leaving the emergency department. Following the pilot survey, it was decided that it was unnecessary to include both questions and that the second question (H9) was preferable. This question was included, unchanged, in the extended version of the Emergency Department survey (2003) and a similar question was used in the Outpatients survey (2003, extended version).

Question H10 (pilot) asked whether a member of staff had told the patient when they could resume their usual activities. This question was originally used in the Inpatients survey (2002, extended version). It was amended slightly for the Emergency and Outpatients pilot surveys and a new response option was added, to cover respondents who did not need this type of information. Following the

pilots, this question was included, unchanged, in the extended versions of both the Emergency Department and Outpatients surveys (2003).

Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (extended)
<p>H8. Did someone tell you when you could resume your usual activities, such as when to go back to work or drive a car?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>	<p>H9. 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?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need this type of information</p>

Question H11 (pilot) asked whether hospital staff had taken the patient’s family or home situation into account when they were leaving the emergency department. This question was originally used in the Inpatients survey (2002, extended version) and was reworded slightly for use in the Emergency pilot. Following the pilot survey, a new response option was added for respondents who felt that this was ‘not necessary’. The revised question was included in the extended version of the Emergency Department survey (2003).

Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (extended)
<p>H9. Did hospital staff take your family or home situation into account when planning your discharge?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>	<p>H10. Did hospital staff take your family or home situation into account when you were leaving the Department?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> It was not necessary</p>

Question H12 (pilot) asked whether a member of staff had told the patient about what danger signals regarding their illness or treatment to watch for after they went home. This question was originally used in the Picker Emergency Room survey (1995) and adapted for the Inpatient survey (2002, core version). The question was reworded slightly (‘someone’ was changed to ‘a member of staff’) and a new response option was added (for respondents who ‘did not need this type of information’) for the Emergency and Outpatients pilot surveys. It was included in the core Emergency Department and Outpatients surveys (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>32. Were you told what danger signs about your illness or injury to watch out for when you got home?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No</p>	<p>43. Did someone tell you about what danger signals regarding your illness or treatment to watch for after you went home?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p>	<p>H12. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need this type of information</p>

Question H13 asked whether hospital staff had told the patient who to contact after they got home, if they were worried about their condition or treatment. Again, this issue was originally covered in the Picker Emergency Room survey (1995), but the question was rewritten for the Inpatient survey (2002, extended version) so that it asked whether hospital staff had given this information to the patient, rather than asking whether the respondent knew who to contact. This made it more useful as a measure of hospital performance. In addition, the 'Yes' and 'No' response options were expanded into five possible options, to indicate who the patient was told to contact. For the Emergency and Outpatient pilot surveys, the question was rephrased slightly and three new response options were added (two new possible points of contact and one for people who 'did not need this type of information'). Following the Emergency pilot, response option 5 was modified slightly, to make it more appropriate for someone who had visited the emergency department (i.e. they should return to the hospital, rather than contacting a hospital doctor or nurse directly). This revised question was included in the core Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (extended)	Emergency Department Questionnaire 2003 (core)
<p>38. Did you know who to call if you needed help or had more questions after you left the emergency room?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure</p>	<p>H11. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</p> <p>1 <input type="checkbox"/> Yes, they told me to contact my GP 2 <input type="checkbox"/> Yes, I was told to dial 999 3 <input type="checkbox"/> Yes, they told me to contact a hospital doctor or nurse 4 <input type="checkbox"/> Yes, I was told to contact someone else 5 <input type="checkbox"/> No, I was not told who to contact 6 <input type="checkbox"/> Can't remember</p>	<p>H7. Did hospital staff tell you who to contact if you were worried about your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes, they told me to contact my GP 2 <input type="checkbox"/> Yes, they told me to contact the practice nurse at my local health centre 3 <input type="checkbox"/> Yes, they told me to contact NHS Direct 4 <input type="checkbox"/> Yes, I was told to dial 999 5 <input type="checkbox"/> Yes, they told me to return to the hospital 6 <input type="checkbox"/> Yes, I was told to contact someone else 7 <input type="checkbox"/> No, I was not told who to contact 8 <input type="checkbox"/> I did not need this type of information 8 <input type="checkbox"/> Don't know/Can't remember</p>

Question H14 (pilot) asked whether a follow-up appointment was made at the hospital. This was a filter question for the following question, which asked whether the patient was given a choice of times for their follow-up appointment. This issue was covered in the Picker Emergency Room survey (1995), but focused on whether the follow-up appointment was with the same or different doctors or nursing staff. For the Emergency pilot survey, the question was rewritten to ask whether the patients who needed a follow-up appointment were given a choice of appointment times. This question was piloted successfully and included in the extended version of the Emergency Department survey (2003).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (extended)
<p>36. Did you need further treatment after you left the emergency room?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Go to question 38)</p> <p>37. Was an appointment made for this treatment before you left the emergency room?</p> <p>1 <input type="checkbox"/> Yes, with a new doctor or nurse 2 <input type="checkbox"/> Yes, with the same doctor or nurse 3 <input type="checkbox"/> No</p>	<p>H13. Was a follow-up appointment made for you at the hospital?</p> <p>1 <input type="checkbox"/> Yes - Go to H14 2 <input type="checkbox"/> No - Go to J1 2 <input type="checkbox"/> Don't know - Go to J1</p> <p>H14. Were you given a choice of times for your follow-up appointment?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know/Can't remember</p>

Section J – Overall impression

All of the questions in this section of the pilot questionnaire were retained in either the core or extended version of the Emergency Department survey (2003).

The two questions which were used for the core version of the Emergency Department survey (2003) were based on questions originally used in the Picker Emergency Room survey (1995). The first asked whether patients felt they were treated with respect and dignity whilst in the emergency department (J2, pilot) and the second asked respondents to rate the care they had received in the emergency department (J3).

The Picker Emergency Room question on respect and dignity was rewritten for use in the Inpatient survey (2002, core version). It was updated slightly, to specify 'Emergency Department' or 'Outpatient Department' (rather than 'hospital') for the Emergency and Outpatients pilot surveys, respectively. Following the pilot survey, this question was included, unchanged, in the core Emergency Department and Outpatients surveys (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>42. Did each hospital staff person treat you with dignity and respect?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p>	<p>46. Overall, did you feel you were treated with respect and dignity while you were in the hospital?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p>	<p>J1. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?</p> <p>1 <input type="checkbox"/> Yes, all of the time 2 <input type="checkbox"/> Yes, some of the time 3 <input type="checkbox"/> No</p>

Similarly, the Picker Emergency Room question asking patients to give an overall rating of the care they received in the emergency room was revised (in particular, the order of the response options was reversed), for use in the Inpatient survey (2002, core version) This question was updated slightly, to specify ‘Emergency Department’ or ‘Outpatient Department’ for the Emergency and Outpatients pilot surveys, respectively and a new response option (‘very poor’) was added. Following the pilot survey, this question was included, unchanged, in the core Emergency Department and Outpatients surveys (2003).

Picker Emergency Room Questionnaire 1995	Inpatient Questionnaire 2002 (core)	Emergency Department Questionnaire 2003 (core)
<p>44. Overall, how would you rate the care you received in the emergency room?</p> <p>1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Fair 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Excellent</p>	<p>47. Overall, how would you rate the care you received?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>J2. Overall, how would you rate the care you received in the Emergency Department?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor 6 <input type="checkbox"/> Very poor</p>

Two new questions were developed for the Emergency Department survey (and the Outpatients survey). The first question (J1, pilot) asked whether the main reason for attending the Emergency (or Outpatients) Department was addressed to the patient’s satisfaction. Following the pilot survey, this question was rephrased from ‘*Was the main reason you went to the Outpatients Department addressed to your satisfaction?*’ to ‘*...dealt with to your satisfaction?*’ in order to make

it easier to understand. This question was included in the extended version of both the Emergency Department and the Outpatients survey (2003).

The final question in this section asked whether patients knew how to complain about the care they had received, if they needed to do so (J4, pilot). This question was written in response to feedback from trusts/CHI about the topics which should be included. Following the pilot survey, the response option 'No' was expanded to 'No, but I would have liked to know', to make it clear that this option applied if the respondent did not *know how* to complain, rather than they did not *need* to complain (which is a separate response option). This question was included in the extended version of both the Emergency Department and Outpatients surveys (2003).

Section K – About you

All of the questions in this section of the Emergency pilot survey were included in the core version of both the Emergency Department and Outpatients surveys (2003). The first question (K1, pilot) asked whether the respondent was male or female. This question was the same as that used in the Inpatients survey (2002, core version).

Question K2 (pilot) asked respondents their age. This question was completely revised from that used in the Picker Emergency Room survey (1995) – which asked '*What year were you born?*', with a free text answer. The Inpatient survey (2002, core) asked respondents for their full date of birth. However, it was felt that this provided more detail than was required for analysis and it had raised concern amongst some respondents about confidentiality. So this question was rewritten for the Emergency and Outpatient pilot surveys, asking respondents to indicate this age using tick-box responses with five age bands. Following the pilot surveys, the age categories were revised and this became a core question in both the Emergency Department and Outpatients surveys (2003).

Pilot Emergency Department Questionnaire 2002	Emergency Department Questionnaire 2003 (core)
K2. How old are you? 1 <input type="checkbox"/> 16-29 years 2 <input type="checkbox"/> 30-44 years 3 <input type="checkbox"/> 45-59 years 4 <input type="checkbox"/> 60-79 years 5 <input type="checkbox"/> 80 years or older	K2. How old are you? 1 <input type="checkbox"/> 16-35 years 2 <input type="checkbox"/> 36-50 years 3 <input type="checkbox"/> 51-65 years 4 <input type="checkbox"/> 66-80 years 5 <input type="checkbox"/> 81 years or older

One new question was added to the Emergency Department survey (2003): ‘*How old were you when you left full-time education?*’ This question was omitted from the pilot survey, but it has previously been piloted and used in the Inpatient survey (2002). Although there is some concern over its usefulness for trusts, this question can be used to give a proxy measure of social class and was requested by the Commission for Health Improvement for the analysis of inequalities nationally. This question was included as a core question in both the Emergency Department and Outpatients surveys (2003).

Question K3 (pilot survey) asked respondents to give an overall rating of their health during the past four weeks. A similar question was used in the Picker Emergency Room survey (1995), but for consistency, the question used in the previous Inpatient survey (2002, core version) was adopted for the Emergency Department and Outpatients surveys (2003, core version).

Picker Emergency Room Questionnaire 1995	Emergency Department Questionnaire 2003 (core)
I6. In general, how would you rate your health? 1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Fair 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Excellent	K4. Overall, how would you rate your health during the past 4 weeks? 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor 6 <input type="checkbox"/> Very poor

Finally, question K4 (pilot survey) asked respondents to indicate their ethnic group. The response options were based on the 2001 Census classification of ethnic groups. Trusts have been required to use the 2001 Census codes when collecting information on ethnicity since April 2001 and this question was consistent with that used in the Inpatient survey (2002, core version). This question was included, unchanged, as a core question in both the Emergency Department and the Outpatients survey (2003).

7 Importance study

The aim of this exercise was to determine how patients who had recently attended the emergency department rated the importance of different aspects of their A & E experiences. This information was used to ensure that the views of patients had a bearing on the selection of questions for the 'core' questionnaire (i.e. become mandatory questions for all trusts, which could be used for the calculation of trust performance ratings) and on choosing the set of optional questions, that trusts could add from the extended question bank if they wished.

Respondents with a recent A & E attendance were recruited by placing adverts in the local media and posters in trust emergency departments, asking volunteers to call a FREEPHONE number if they were interested in taking part. Those people who telephoned were screened for eligibility, to ensure that their visit had been to a main (type 1) accident and emergency department at a general acute hospital within the last year or so and that they were aged 16 or over. Attendances at minor injuries units or psychiatric hospitals were not eligible for inclusion. The 'Importance Survey' was then sent to participants for self-completion.

Despite the various methods used to recruit respondents, the number of volunteers was low. One reason for this low response might be that no incentives (such as gift vouchers) were offered. Twenty-one people participated in this study - 40% were men and 60% were women. They ranged in age from 16 to 90 years (Table 1).

Table 1 - Importance study participants (by age and sex)

Age group	Men	Women	<i>Not specified</i>	Total
16-35	2	3	0	5
36-50	0	4	0	4
51-65	2	3	0	5
66-80	4	1	1	6
81+	0	1	0	1
Total	8	12	1	21

Thirty-eight percent of participants had visited the emergency department within the last month and a further 29% had visited between 1-6 months ago, i.e. two-thirds (66.7%) had been to the emergency department within the last six months. A further 14% had visited between 6-12 months ago, so that overall, 81% of participants had visited the emergency department within the last 12 months.

Respondents were asked to complete the Importance questionnaire by rating each aspect of care as either 'most important', 'quite important' or 'least important' (issues which the respondents indicated were 'not applicable' or did not rate at all were treated as missing data). The purpose of this exercise was to help ensure that the issues rated as 'most important' by patients were covered by the core (mandatory) questions in the Emergency Department survey (2003).

Table 2 shows the various aspects of care listed in descending order of importance, based on the percentage of respondents who rated each issue as 'most important'. The right-hand column in Table 2 indicates whether the issue was included in the 'core' questionnaire for the 2003 Emergency Department survey, or was an optional question for trusts using an 'extended' version of the questionnaire. The final decision on which questions should be included in the core questionnaire was based partly on the importance study, but also takes account of the need to include questions which relate to Department of Health policy issues and specified targets (especially in terms of access, such as being seen by a doctor or nurse practitioner within four hours in Accident and Emergency).

The top three 'most important' issues for emergency department patients were:

- Confidence and trust in doctors;
- Being treated with respect and dignity;
- The doctor or nurse explaining the condition and treatment clearly.

The 'least important' issues identified by patients were:

- Being able to get refreshments while waiting;
- Not being asked their name and address too often.

It is interesting to note that these 'least important' issues were the same in both the emergency and outpatients importance studies (reported elsewhere¹).

Table 2 - Patient ratings of 49 aspects of emergency care

Aspect of care	Percentage rating issue "Most Important"	2003 Emergency Department Survey
Confidence and trust in the doctors and nurses	95 %	core
Being treated with respect and dignity	91 %	core
The doctor or nurse explaining my condition and treatment in a way I could understand	91 %	core
Being told what danger signals regarding my illness or treatment to watch for at home	88 %	core
Privacy when discussing my condition or treatment	86 %	core
Privacy when being examined or treated	86 %	core
Being involved in decisions about my care and treatment	85 %	core
Being given enough information about my condition or treatment	82 %	core
My GP being given all necessary information about the treatment or advice I received	82 %	core
Being told about medication side effects	80 %	core
Not having to wait too long to see a nurse to assess my priority on arrival	77 %	core
Being able to discuss fears about my condition or treatment with a doctor or nurse	77 %	core
Knowing whom to contact if I had concerns after the visit	76 %	core
Being given the same advice from all members of staff	75 %	core
The doctors and nurses being open with me	71 %	core
Not having to wait too long before seeing the doctor	70 %	core
The fairness of the system for who saw the doctor/nurse first	70 %	core
Being told about the purposes of medicines to be taken at home	70 %	core
Someone explaining the risks and benefits of my treatment in a way I could understand	70 %	n/a
Having someone on the hospital staff who spoke my language	69 %	core
Being moved promptly to a ward and bed	67 %	core

Aspect of care	Percentage rating issue "Most Important"	2003 Emergency Department Survey
Overall cleanliness of the emergency department	67 %	core
Being told the results of my tests or X-rays in a way I could understand	67 %	core
Pain medicine being provided quickly	67 %	core
Being told how long I would have to wait to be examined	65 %	core
Being given an explanation about why I needed a test or X-ray	65 %	extended
Cleanliness of the toilets at the emergency department	63 %	core
Not feeling disturbed or threatened by other patients	63 %	core
Not having to wait too long for any tests or X-rays to be carried out	63 %	core
My permission being asked if medical students wanted to attend	63 %	extended
A member of staff explaining to me how to take medications	63 %	extended
Being put in a private cubicle	57 %	n/a
Being told when I could resume my normal activities, such as going to work or driving a car	53 %	extended
Being given an explanation for any delay	52 %	extended
Privacy when giving my details to the receptionist	50 %	n/a
Being given an explanation about why I did not need a test or x-ray	50 %	n/a
Being given written information about my condition and treatment	50 %	extended
Staff wearing name badges	47 %	extended
My family being given enough information about my condition or treatment	47 %	extended
Staff introducing themselves to me	41 %	extended
Hospital staff helping me get messages to family or friends	33 %	extended
A short journey to the hospital	33 %	extended
Having suitable seating in the waiting area	33 %	extended
Ease of parking	32 %	extended

Aspect of care	Percentage rating issue "Most Important"	2003 Emergency Department Survey
Having a choice of follow-up appointment times	29 %	extended
Being able to make a telephone call while waiting	21 %	extended
Not being asked details of my condition or illness too often	20 %	extended
Being able to get refreshments while waiting	10 %	extended
Not being asked my name and address too often	5 %	extended

Note. Number of respondents=21.

7.1 Comments from patients

The Emergency Department Importance questionnaire included the open question: 'Was there **anything else** about your visit that was important? If so, please write in the box below.'

The comments highlighted the following main areas of concern to patients:

- **Respect and dignity**
 - *'Very important to be treated with dignity and respect'* (female, aged 90)
- **Waiting**
 - *'Being in cold draughty corridors for hours totally unacceptable'* (female, aged 90)
- **Patients being given adequate information**, especially about waiting times and medication
 - *'Having a long wait and not knowing what was going on and when I would be seen again – from one department to the other and worrying about whether you are sat in the right waiting room.'* (male, aged 66)
 - *'Being advised where best to sit (in which area) may help to cause less confusion for patients and staff.'* (female, aged 53)
 - *'Patients with very poor sight should be kept informed and explained to who people are.'* (female, aged 90)

- *'On discharge I was given inaccurate details about times of medication'* (female, aged 48)
- **Staff having the correct information about patients**
 - *'Staff need to make sure they have the right details and use the correct Christian name'* (female, aged 17)
 - *'Being asked at each shift/nurse changeover for details of condition/problems/medication, when all the information was in my notes. I was tired and distressful and could easily have given misinformation.'* (female, aged 48)
 - *'Older people should be urged to have their medical history available'* (female, aged 90)
- **The effect of staff attitudes on patients**
 - *'The nurse I spoke to had a good sense of humour which helped me relax and that was very important to me.'* (female, 17 years)
 - *'Staff being friendly and smiling is also an important point to make.'* (female, aged 39)
 - *'Having very friendly and helpful staff who had a pleasant disposition.'* (male, aged 67)
- **Staff working together**
 - *'The ambulance crew were excellent, which meant there was less need to see a nurse.'* (male, aged 16)
- **Hospital environment, especially cleanliness**
 - *'The toilets could be checked on a regular basis. They were not very clean and it was obvious that somebody had been smoking 'dope' in there by the smell. Apart from that I felt I had been dealt with in a very efficient and friendly way.'* (male, aged 73)
- **Car parking, especially charges**
 - *'Paying to park.'* (male, aged 33)

8 Implementation of the pilot surveys

8.1 Drawing the pilot samples

The sample of patients was drawn from the hospital patient record system by the trust, following the sampling guidance (see Section 5 on sampling in this report).

The trust ran a check using both their records and the NHS Strategic Tracing Service to confirm that the sampled patients were all alive.

8.2 Survey administration

The first mailing consisted of a covering letter and questionnaire. The second mailing was a short reminder note and the third mailing consisted of a second reminder letter and another copy of the questionnaire. The initial covering letter and second reminder letter were printed on trust headed paper and signed by the trust Chief Executive.

8.3 FREEPHONE calls

Covering letters enclosed with the questionnaires included a FREEPHONE number that patients could call if they had any questions, queries or complaints about the survey. A few people called from one trust because they had received a reminder note, but had not received the initial mailing (3 out of the 850 posted, including one person who called to explain they had moved house and the reminder had just been forwarded to them). Two of the three callers were happy to complete the questionnaire which would be sent with the third mailing.

The calls received did not indicate any major problems with the sample of respondents drawn or the survey administration procedures. That is, there was no indication that any ineligible patients had been included in the sample, although there were a few cases indicating the problems which inevitably occur due to the time elapsed between drawing the sample and starting the mailing process. There was one call from a relative to say that the addressee had moved away and seven people (across the two pilot trusts) either called or wrote to inform us that the sampled patients were recently deceased. The sample lists had been checked for deceased patients by the trust, but this could only be correct up to the date the check was run.

Finally, the calls can also provide a guide to any difficulties respondents may have about the survey. In this pilot, there were two queries about completing the Emergency Department questionnaire. The first was from someone who had visited the hospital many times and was unsure which visit to refer to when

completing the questionnaire, even though this information (that it should be the **most recent appointment**) is stated on the first page, under 'What is the survey about?' and reiterated in a box at the top of the first page of questions. The second query was concerned with whether the survey was really confidential. This was answered by outlining the survey procedures and assuring the caller that information provided would only be reported in an anonymised form.

8.4 Data Protection issues

All questionnaires (both returned completed and returned undelivered) were returned to the Survey Advice Centre, rather than the trust. Logging returns and data entry were carried out at the Survey Advice Centre. The FREEPHONE helpline for handling enquiries was staffed by the NHS Survey Advice Centre, but callers were asked to give the number on their questionnaire, rather than their name and address. Calls were logged using this number to ensure that reminders were not sent out to people who had called to say they did not want or were unable to participate.

The survey report supplied to the trust presented anonymised survey results, so that clinical staff could not identify any individual respondents.

9 Pilot emergency department survey response rates

9.1 Response rates (after each mailing)

The pilot Emergency Department surveys achieved an average response rate of 45% (after adjusting for questionnaires returned undelivered and deceased patients). The response rate (adjusted) varied between the pilot sites, ranging from 41% to 49%, with between 338 and 408 completed questionnaires returned.

Table 3 shows how many completed questionnaires were returned after each mailing, by trust, and the number of questionnaires which were not returned, for various reasons. There were very few questionnaires returned undelivered by the postal service, which is an indication of the good quality of the patient address information supplied by the trusts.

The additional information about why some people did not return a completed questionnaire was obtained from the log of calls to the FREEPHONE line and from letters received from patients or their relatives. There were a few calls on behalf of people who were too ill to complete the questionnaire, or who had recently died (despite checking for this using the NHS Strategic Tracing Service

and the trust's own records). There were also some calls from people who wanted to opt out for various reasons, but most of the non-responders simply did not return a questionnaire.

Table 3 also shows that the initial response rate (adjusted) after the first mailing (covering letter and questionnaire) ranged from 25% to 35% across the two pilot trusts. This increased only slightly (to 26% or 35% respectively) after the first reminder letter, but increased substantially (to 41% or 49%) after the second reminder (enclosing a letter and another questionnaire).

Table 3 - Pilot emergency department survey response rates

Outcome	Mailing 1 25 th Nov 2002		Mailing 2 23 th Dec 2002		Mailing 3 13 th Jan 2003	
	Trust A	Trust B	Trust A	Trust B	Trust A	Trust B
Returned completed	211	290	216	296	338	408
Returned undelivered	12	9	12	9	18	16
Respondent deceased	1	0	1	4	2	5
Respondent too ill	0	0	2	2	3	6
Respondent opted out	0	1	2	3	3	4
Questionnaire not returned	626	550	617	536	486	411
Totals	850	850	850	850	850	850
Raw Response Rate	24.8 %	34.1 %	25.4 %	34.8 %	39.8 %	48.0 %
Adjusted Response Rate	25.2 %	34.5 %	25.8 %	35.4 %	40.7 %	49.2 %

Note. The raw response rate is calculated from the number of completed questionnaires returned, as a percentage of the total sample size (850). The adjusted response rate is calculated by removing questionnaires which could not have been completed (i.e. those returned undelivered or where the respondent was notified to be deceased) from the denominator.

9.2 Non-response bias

The pilot trusts supplied the following information about the sampled patients: their gender, age group and ethnic group. Using this information and the outcome for each sample member (i.e. whether they returned a completed question or not, and the reason for non-return, if known) the response rates were calculated for the following sub-groups:

- Men/women
- Gender/age groups
- Ethnic groups

Response rates by gender

The response rates for men and women are shown in Table 4. Although the response rates for men were noticeably lower than for women, these differences were not statistically significant.

It is also useful to compare the percentage of men and women amongst the non-respondents to the composition of the original sample. This indicates that women are slightly more likely to respond than men, because women account for 43% of the eligible sample, but only 40% of the non-respondents.

Table 4 – Response rates for men and women

Sex	Eligible Sample Size		Respondents		Non-Respondents		Adjusted Response Rate (percent)
	Count	Percent	Count	Percent	Count	Percent	
Men	939	56.6 %	388	52.0 %	551	60.4 %	41.3 %
Women	720	43.4 %	358	48.0 %	362	39.6 %	49.7 %
All	1659	100.0 %	746	100.0 %	913	100.0 %	44.9 %

Note. The figures in this table exclude the 41 non-contacts from the initial sample of 1700 (850 per trust) - 34 questionnaires were returned undelivered and 7 patients were notified as deceased.

A more detailed analysis of the response rates for each age/sex group is shown in Table 5. These differences in response rates between the age/sex groups were statistically significant ($p=.001$) indicating that the achieved sample was not representative of some age/sex groups.

The target response rate of 60% was only achieved amongst the older men (aged 51 and above) and amongst the middle-aged women (those aged between 51-80 years).

Response rates were low (below 45%) amongst the younger men (aged under 50), the young women (aged 16-35) and the older women (aged 81 and over). The lowest response rate (below 30%) occurred amongst the men aged 16-35 years.

Table 5 – Response rates by age/sex group

Age/Sex group	Eligible Sample Size		Adjusted Response Rate (percent)
	Count	Percent	
Men 16-35	453	27.3 %	28.3 %
Men 36-50	205	12.4 %	39.5 %
Men 51-65	150	9.0 %	62.7 %
Men 66-80	94	5.7 %	66.0 %
Men 81+	37	2.2 %	62.2 %
Women 16-35	306	18.4 %	38.6 %
Women 36-50	157	9.5 %	50.3 %
Women 51-65	93	5.6 %	66.7 %
Women 66-80	94	5.7 %	77.7 %
Women 81+	70	4.2 %	37.1 %
All	1659	100.0 %	45.0 %

Note. The figures in this table exclude the 41 non-contacts from the initial sample of 1700 (850 per trust) - 34 questionnaires were returned undelivered and 7 patients were notified as deceased.

The response rates by ethnic group are given in (for Trust A only, as ethnic category details were not available for Trust B). There was a large difference in response rates between the white (42%) and the non-white group (35%), which was statistically significant ($p=.001$). In fact, there were significant differences between all the ethnic categories, with particularly low response rates amongst the Asian respondents (36%) and the Chinese and other ethnic groups (33%). The response rate for the mixed ethnic group was zero because no questionnaires were returned completed (of the 5 questionnaires sent out, only one was returned as undelivered).

Table 6 – Response rates for Ethnic groups

Ethnic category	Eligible Sample size		Adjusted Response Rate (percent)
	Count	Percent	
White	642	77.3 %	42.2 %
Non-white	177	21.4 %	35.0 %
Mixed	4	0.5 %	0.0 %
Asian	152	18.3 %	35.5 %
Black	18	2.2 %	38.9 %
Chinese & other	3	0.4 %	33.3 %
Missing data	11	1.3 %	-
All	830	100.0 %	40.7 %

9.3 Reasons for non-response

Among the FREEPHONE calls and letters, there were 16 contacts (6 from one trust and 10 from the other) from people who explained that they did not wish to participate in the survey, for the following reasons:

- Nine patients felt they were too ill to complete the questionnaire. Of these, one commented that they thought the survey was '*a waste of money*' and another called to say that although they couldn't complete the questionnaire, their '*care was excellent and couldn't be faulted*';
- Three callers wanted to opt out because they were not interested in the survey;
- Two relatives contacted us on behalf of patients who had decided to opt out because they could not read or write (wherever possible, respondents were asked if they would like to complete the questionnaire verbally, over the telephone);
- One caller wanted to opt out because they had been unconscious during their A & E visit, so felt unable to complete the questionnaire.
- One patient returned a blank questionnaire with a letter to explain that they did not feel that they should complete the questionnaire because their A & E attendance was following a deliberate overdose.

9.4 Item non-response

The combined dataset from the two pilot trusts was used to calculate the non-response rate for each question (Table 6). The item non-response rate is the number of missing values on a question, as a percentage of the total number of respondents who could have answered the question.

Most questions were applicable to everyone, so for these, the base is the total number of respondents (there were 745 respondents in the combined dataset). For those questions which were preceded by a filter question, the non-response rate was adjusted to take account of the number of respondents who were eligible to answer the question (based on their response to the preceding filter question). However, in some cases, respondents did not answer the filter question – the non-response rate assumes that these respondents were eligible to answer the subsequent questions.

Of those questions with the highest non-response rates (greater than 5%), only D2, F5, F6, H5 and H6 were included as core questions (renumbered) in the Emergency Department Survey 2003.

Table 6 – Item non-response rates

Pilot Emergency Department Questions	Responses - adjusted for filter questions (i.e. excluding respondents who should have skipped a question)			
	Valid	Missing	Total	Non-response rate (percent)
A. Arrival at the Emergency Department				
A1. When you went to the Emergency department, how long did it take you to get to the hospital?	736	9	745	1.2
A2. What is the main reason that you went to the Emergency Department?	736	9	745	1.2
A3. How did you travel to the hospital?	741	4	745	0.5
A4. If you came by car, were you able to find a convenient place to park?	435	4	439	0.9
A5. If you came by ambulance, who called the ambulance?	203	9	214	4.2
B. Waiting – first assessment (triage)				
B1. Following your arrival in the Emergency Department, how long did you wait for a nurse to assess your priority (i.e. how long did you wait to see a triage nurse)?	736	9	745	1.2
B2. Were you told what priority level you had been given?	698	13	711	1.8
B3. Overall, did you think the patient priority system was fair?	700	11	711	1.5
B4. Were you able to find a comfortable place to sit in the waiting area?	689	22	711	3.1
B5. Did someone in the Emergency Department help get messages to family or friends?	738	7	745	0.9
B. Waiting – to see a doctor or nurse practitioner				
B6. Following your arrival in the Emergency Department, how long did you wait before being examined by a doctor or nurse practitioner?	739	6	745	0.8
B7. Were you told how long you would have to wait to be examined?	627	11	638	1.7
B8. Were you told why you had to wait to be examined?	619	19	638	3.0
B9. Did someone apologise for the delay?	592	46	638	7.2
B10. How do you feel about the length of time you waited to be examined?	610	28	638	4.4
B11. While you were in the Emergency Department, were you ever waiting on a trolley?	723	22	745	3.0
B12. If you waited on a trolley, how long did you wait?	177	23	200	11.5
B13. Overall, how long did your visit to the Emergency Department last?	734	11	745	1.5
C. Doctors and nurses				

C1. Did you have enough time to discuss your health or medical problem with the doctor or nurse?	728	17	745	2.3
C2. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?	718	12	730	1.6
C3. Did the doctors and nurses listen to what you had to say?	720	10	730	1.4
C4. Did you have confidence and trust in the doctors and nurses examining and treating you?	720	10	730	1.4
C5. In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?	719	11	730	1.5
C6. Did doctors or nurses talk in front of you as if you weren't there?	715	15	730	2.1
D. Your care and treatment				
D1. Do you need any help understanding English?	733	12	745	1.6
D2. When you were in the Emergency Department, was there someone who could interpret for you?	25	14	39	35.9
D3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?	725	20	745	2.7
D4. How much information about your condition or treatment was given to your family or someone close to you ?	714	31	745	4.2
D5. Were you given enough privacy when discussing your condition or treatment ?	727	18	745	2.4
D6. Were you given enough privacy when being examined or treated ?	721	24	745	3.2
D7. If you needed attention, were you able to get a member of staff to help you?	671	74	745	9.9
D8. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?	726	19	745	2.6
D9. Did you want to be more involved in decisions made about your care and treatment?	721	24	745	3.2
D10. Were you asked your name and address more often than you thought should have been necessary?	728	17	745	2.3
D11. Were you asked to give details of your condition or illness more often than you thought should have been necessary?	730	15	745	2
D12. Were medical students present when you were being treated or examined?	719	26	745	3.5
D13. Were you asked for permission for medical students to be present when you were being treated or examined?	98	25	123	20.3
D14. Were you upset because medical students were present?	96	27	123	22.0
D15. Did the staff treating and assessing you introduce themselves?	732	13	745	1.7
D16. Did staff wear name badges?	732	13	745	1.7
D17. While you were in the Emergency Department, did you feel bothered or threatened by other patients?	735	10	745	1.3
E1. Did you have any tests (such as x-rays, ultrasounds or scans) when you visited the Emergency Department?	730	15	745	2
E2. Did a member of staff explain why you needed these test(s) in a way you could understand?	407	18	425	4.2

E3. How long did you wait for your tests to be carried out?	406	19	425	4.5
E4. Did a member of staff explain why you had to wait?	352	27	379	7.1
E5. Did a member of staff explain the results of the tests in a way you could understand?	408	17	425	4.0
F. Pain				
F1. Were you in any pain while you were in the Emergency Department?	730	15	745	2
F2. When you had pain, was it severe, moderate or mild?	536	22	558	3.9
F3. Whilst you were in the Emergency Department, how much of the time were you in pain?	537	21	558	3.8
F4. Did you request pain medicine?	534	24	558	4.3
F5. How many minutes after you requested pain medicine did it take before you got it?	143	24	167	14.4
F6. Do you think the hospital staff did everything they could to help control your pain?	511	47	558	8.4
F7. Overall, how much pain medicine did you get?	509	49	558	8.8
G. Hospital environment and facilities				
G1. In your opinion, how clean was the Emergency Department?	735	10	745	1.3
G2. How clean were the toilets in the Emergency Department?	731	14	745	1.9
G3. Were you able to get suitable refreshments when you were in the Emergency Department?	730	15	745	2
G4. Did you want to make a telephone call when you were in the Emergency Department?	725	20	745	2.7
H. Leaving the emergency department				
H1. What happened at the end of your visit to the Emergency Department?	732	13	745	1.7
H2. Did you feel that you had to wait a long time to get to your room or ward and bed?	154	16	170	9.4
H3. Before you left the Emergency Department, were any new medications prescribed or ordered for you?	573	18	591	3.0
H4. Did a member of staff explain to you how to take the new medications?	199	16	215	7.4
H5. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	198	17	215	7.9
H6. Did a member of staff tell you about medication side effects to watch for?	197	18	215	8.4
H7. Did the Emergency Department staff give you a printed information leaflet about your medicines?	196	19	215	8.8
H8. Before you left the Emergency Department, were you given enough information about your condition or treatment ?	574	17	591	2.9
H9. Before you left the Emergency Department, were you given any written or printed information about your condition or treatment?	573	18	591	3.0
H10. 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?	573	18	591	3.0

H11. Did hospital staff take your family or home situation into account when you were leaving the Department?	550	41	591	6.9
H12. Did a member of staff tell you about danger signals regarding your illness or treatment to watch for after you went home?	572	19	591	3.2
H13. Did hospital staff tell you who to contact after you got home if you were worried about your condition or treatment?	566	25	591	4.2
H14. Was a follow-up appointment made for you at the hospital?	572	19	591	3.2
H15. Were you given a choice of times for your follow-up appointment?	134	18	152	11.8
J. Overall				
J1. Was the main reason you went to the Emergency Department addressed to your satisfaction?	733	12	745	1.6
J2. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?	729	16	745	2.1
J3. Overall, how would you rate the care you received in the Emergency Department?	734	11	745	1.5
J4. If you needed to complain about the care you received, did you know how to do this?	721	24	745	3.2
K. About You				
K1. Are you male or female?	735	10	745	1.3
K2. How old are you?	737	8	745	1.1
K3. Overall, how would you rate your health during the past 4 weeks ?	733	12	745	1.6
K4. To which of these ethnic groups would you say you belong?	717	28	745	3.8

9.5 Other issues with the pilot questions

The main issue which arose was that a small number of respondents ticked more than one response option on some questions. The questions were intended to have mutually exclusive response options, although there were no instructions to tell respondents to 'tick one response only'. Following the pilot survey, the response options on some questions were modified to ensure that they were mutually exclusive (see Section 6 for details). Otherwise, there were no changes to the response options as a result of respondents ticking more than one box.

9.6 Recommendations for the national NHS Acute Trust Emergency Survey 2003

The target response rate for the national Emergency Department survey 2003 should be 60% and a minimum number of 500 completed returns (as for the previous Inpatients survey, 2002 and the Outpatients Survey, 2003). However, it is anticipated that not all trusts will achieve this level of response.

10 Emergency Department Pilot Survey – Results

The development of the Emergency Department questionnaire for the national survey programme drew on previous surveys, including the Picker Adult Emergency Room survey (1995), the Inpatient survey (2002) and the Outpatient survey (2003).

Picker surveys are designed to obtain detailed reports of patients' experience with specific dimensions of care. Rather than ask patients to rate their level of satisfaction with services, the Picker surveys ask patients whether or not certain processes and events occurred during their care. The topics covered are derived from extensive research with patients to determine which issues they regard as particularly important. The conceptual basis and design of the Picker questionnaires has been described elsewhere (Cleary *et al.*, 1993; Coulter *et al.*, 2001, Jenkinson *et al.*, 2002). In brief, the questionnaire is designed to be analysed by creating dichotomous 'problem scores' from the response options, which are recoded (to 1 or 0) to indicate the presence or absence (respectively) of a problem (see example below). The problem scores on each question are calculated as the percentage of respondents whose reply indicates a problem. The way in which questions are asked and the use of 'problem scores' for analysing the data means that the survey responses can easily be turned into actionable results for trusts.

Examples of questions from the Emergency Department Questionnaire 2003, showing derivation of problem scores

Black boxes indicate responses coded as a 'problem'.

Following your arrival in the Emergency Department, how long did you wait for **a nurse to assess your priority** (i.e. how long did you wait to see a triage nurse)?

- 1 I did not have to wait to be assessed
- 2 1 – 15 minutes
- 3 16 – 30 minutes
- 4 31 – 60 minutes
- 5 More than 60 minutes
- 6 Don't know/Can't remember
- 7 I left before I was assessed

Overall, did you think the patient priority system was fair?

- 1 Yes
- 2 No
- 3 Can't say/Don't know

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not see a doctor or a nurse

The data from each of the pilot trusts were analysed separately, using the problem score methodology. The results for those questions which could be scored are shown in Table 9.

Table 7 – Problem scores in the pilot trusts

Question	Problem Score	
	Trust A	Trust B
A. Arrival at the emergency department		
A4. If you came by car, were you able to find a convenient place to park?	12.3 %	11.5 %
B. Waiting – First assessment (triage)		
B1. Following your arrival in the Emergency Department, how long did you wait for a nurse to assess your priority (i.e. how long did you wait to see a triage nurse)?	65.7 %	47.4 %
B2. Were you told what priority level you had been given?	50.2 %	56.5 %
B3. Overall, did you think the patient priority system was fair?	21.7 %	8.2 %
B4. Were you able to find a comfortable place to sit in the waiting area?	34.7 %	21.4 %
B5. Did someone in the Emergency Department help get messages to family or friends?	15.9 %	12.3 %
Waiting to see a doctor or nurse practitioner		
B6. Following your arrival in the Emergency Department, how long did you wait before being examined by a doctor or nurse practitioner?	45.9 %	20.2 %
B7. Were you told how long you would have to wait to be examined?	74.4 %	68.9 %
B8. Were you told why you had to wait to be examined?	60.5 %	62.2 %
B9. Did someone apologise for the delay?	70.5 %	71.3 %
B10. How do you feel about the length of time you waited to be examined?	60.4 %	45.0 %
B12. If you waited on a trolley, how long did you wait?	25.8 %	35.7 %
B13. Overall, how long did your visit to the Emergency Department last?	6.5 %	14.4 %
C. Doctors and nurses		
C1. Did you have enough time to discuss your health or medical problem with the doctor or nurse?	47.9 %	35.1 %
C2. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?	35.7 %	23.0 %
C3. Did the doctors and nurses listen to what you had to say?	35.8 %	27.9 %
C4. Did you have confidence and trust in the doctors and nurses examining and treating you?	33.1 %	24.1 %
C5. In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?	19.3 %	11.8 %
C6. Did doctors or nurses talk in front of you as if you weren't there?	14.8 %	10.3 %
D. Your care and treatment		
D2. When you were in the Emergency Department, was there someone who could interpret for you?	6.3 %	33.3 %

D3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?	35.3 %	19.2 %
D4. How much information about your condition or treatment was given to your family or someone close to you?	22.7 %	13.3 %
D5. Were you given enough privacy when discussing your condition or treatment?	34.7 %	34.3 %
D6. Were you given enough privacy when being examined or treated?	27.5 %	27.5 %
D7. If you needed attention, were you able to get a member of staff to help you?	53.6 %	44.7 %
D8. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?	22.6 %	19.3 %
D9. Did you want to be more involved in decisions made about your care and treatment?	38.3 %	22.8 %
D10. Were you asked your name and address more often than you thought should have been necessary?	10.3 %	7.0 %
D11. Were you asked to give details of your condition or illness more often than you thought should have been necessary?	15.7 %	9.0 %
D13. Were you asked for permission for medical students to be present when you were being treated or examined?	42.9 %	25.4 %
D14. Were you upset because medical students were present?	2.9 %	1.6 %
D15. Did the staff treating and assessing you introduce themselves?	47.4 %	32.7 %
D16. Did staff wear name badges?	18.5 %	14.4 %
D17. While you were in the Emergency Department, did you feel bothered or threatened by other patients?	11.4 %	9.7 %
E. X-rays and scans		
E2. Did a member of staff explain why you needed these test(s) in a way you could understand?	28.0 %	23.2 %
E3. How long did you wait for your tests to be carried out?	4.4 %	2.8 %
E4. Did a member of staff explain why you had to wait?	58.3 %	62.5 %
E5. Did a member of staff explain the results of the tests in a way you could understand?	24.8 %	26.3 %
F. Pain		
F3. Whilst you were in the Emergency Department, how much of the time were you in pain?	71.0 %	65.4 %
F5. How many minutes after you requested pain medicine did it take before you got it?	41.5 %	29.9 %
F6. Do you think the hospital staff did everything they could to help control your pain?	58.1 %	41.1 %
F7. Overall, how much pain medicine did you get?	68.6 %	53.2 %
G. Hospital environment and facilities		
G1. In your opinion, how clean was the Emergency Department?	15.1 %	15.7 %
G2. How clean were the toilets in the Emergency Department?	20.2 %	14.3 %
G3. Were you able to get suitable refreshments when you were in the Emergency Department?	26.5 %	14.2 %
G4. Did you want to make a telephone call when you were in the Emergency Department?	19.0 %	20.8 %
H. Leaving the emergency department		
H2. Did you feel that you had to wait a long time to get to your room or ward and bed?	60.0 %	53.5 %

Medications		
H4. Did a member of staff explain to you how to take the new medications?	22.2 %	14.8 %
H5. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	23.1 %	14.9 %
H6. Did a member of staff tell you about medication side effects to watch for?	60.2 %	41.9 %
H7. Did the Emergency Department staff give you a printed information leaflet about your medicines?	62.6 %	28.7 %
Information		
H8. Before you left the Emergency Department, were you given enough information about your condition or treatment?	50.0 %	62.1 %
H9. Before you left the Emergency Department, were you given any written or printed information about your condition or treatment?	60.6 %	48.9 %
H10. 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?	54.9 %	47.9 %
H11. Did hospital staff take your family or home situation into account when you were leaving the Department?	83.9 %	25.5 %
H12. Did a member of staff tell you about danger signals regarding your illness or treatment to watch for after you went home?	47.7 %	41.0 %
H13. Did hospital staff tell you who to contact after you got home if you were worried about your condition or treatment?	23.0 %	16.3 %
H15. Were you given a choice of times for your follow-up appointment?	73.2 %	55.8 %
J. Overall		
J1. Was the main reason you went to the Emergency Department addressed to your satisfaction?	52.0 %	31.5 %
J2. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?	38.0 %	24.5 %
J3. Overall, how would you rate the care you received in the Emergency Department?	32.4 %	13.8 %
J4. If you needed to complain about the care you received, did you know how to do this?	41.5 %	26.6 %

11 References

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12 Appendices

- 12.1 Focus Group Topic Guide: patients' experiences in A & E
- 12.2 Emergency Care Importance Study
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12.1 Focus Group Topic Guide: patients' experiences in A & E

The issues and problems raised by patients in the focus group discussions were used to help develop the Emergency Department Questionnaire (2003). The main aim of the focus group sessions was to draw upon the recent experiences of patients in order to explore their views and expectations of the care received in hospital emergency departments and to help identify issues that are important to patients in the quality of the health care that they receive.

Welcome from facilitator (5 mins)

Introduction (5 mins)

Explain that the aim of the discussion group is to find out people's views on the services provided in their local A & E Department.

The discussion will focus on several topics related to participants' experiences.

The group will last for approximately 2 hours.

Explain that the discussion will be tape-recorded to ease later analysis. Reassure participants that nobody will be identified individually and personal details will be removed from the transcripts. All comments will be anonymised and non-attributable.

Warm-up (10-15 mins)

Ask each participant to introduce him or herself – first name, where they live, what they do for a living and what motivated them to come to the group.

Experience in A & E

Allow people to tell their own stories but prompt where necessary as indicated below.

Arrival in A & E

Why did you have to go to A & E?

How did you arrive?

Probe: Ambulance, GP referral, self-referral. Alone or with family/friends. Adult accompanying child. Time of day; day of week

Was it clear where you had to go?

Were you seen immediately? By whom?

Were you given any information about your condition? Were you reassured?

Were you given an estimate of waiting time? How long was it?

Probe: verbal estimates, waiting time signs, accuracy of estimate, actual waiting time.

Were you offered help to contact family/friends if needed?

Were you offered interpreting services if needed?

Trolley waits

Where did you wait?

Probe: In a general waiting area, on a trolley, in a cubicle, in the corridor, in the resuscitation area, or somewhere else?

Could you get assistance if you needed it?

Nurses in A & E

How long did you have to wait to see a nurse?

Did you see one nurse or different nurses?

Probe awareness of ENPs (Emergency Nurse Practitioners).

Did you trust the nurse treating you?

Was she/he courteous?

Did she/he listen?

Did she/he explain procedures etc?

Doctors in A & E

How long did you have to wait to see a doctor?

Did you see one doctor or different doctors?

Was it clear who was in charge?

Probe: awareness of seniority amongst doctors, specialist skills etc.

Did you have to repeat things to different health professionals?

Did the staff work well together?

Did you trust the doctor who treated you?

Was he/she courteous?

Did he/she listen?

Did he/she explain procedures, diagnosis and treatment. Did you understand?

Did you feel comfortable about asking questions?

Other staff

Did you have any dealings with other hospital staff e.g. receptionists?

Were they courteous, helpful?

Did you understand what everyone's job was?

Tests

Did you have any tests while you were in A & E?(e.g. x-rays, scans, blood tests).

How long did you have to wait? Did you have to go to another department? Was it clear how to get there? Were you offered assistance if needed?

How long did you have to wait for the results?

Did someone explain what the tests were for? Who? Did you understand?

Did someone explain the results? Who? Did you understand? Did you feel comfortable about asking questions?

Pain

Was this an issue? How was it managed? What level of pain were you in? For how long?

Treatment

What kind of treatment did you receive? What was its purpose? Any side-effects?

How long did you wait for treatment?

Who gave you treatment?

Were you happy with the treatment you received? Was it appropriate? If not, why not?

The environment

What were your general impressions of the A & E department?

Probe: cleanliness, organisation, comfort of waiting areas.

What were the facilities like?

Probe: access to food and drink, toilets, children's play area, phones etc.

Did you feel safe?

Probe: security issues particularly at night, drunks, drug users etc.

Were you given enough information about the department?

Probe: general information – leaflets, posters, signs etc. Specific information on diseases, conditions – leaflets etc.

Respect and dignity

Were you given enough privacy during consultations and examinations?

Did you feel that you were treated with respect by the nurses, doctors?

Family and friends

Were they allowed to stay with you during consultations, examinations and treatment?

Was there a relatives' room?

Was any emotional support offered if needed?

Admission

If you were admitted to hospital, how long did you have to wait before you were taken to the ward?

Were you told how long you would have to wait?

Were you offered explanations for any delay?

During this time, where were you accommodated?

Probe: private cubicle, trolley in the corridor, resus room, other.

Did a member of staff explain how long you would have to wait in A & E before being moved to a ward?

Did you feel cared for while you were waiting?

Were you offered food and drink?

Were you alone? Were you regularly monitored?

Which ward were you admitted to?

Probe: observation ward, temporary ward, appropriate ward.

If taken straight to surgery, did you have to wait?

Were your relatives/friends kept informed/supported?

If not with you, was contact made with next of kin?

Once on the ward, did you have to repeat information to another nurse/doctor?

What information was provided to ward staff by A & E staff?

Discharge

If you were discharged from A & E, were you given a clear explanation of your diagnosis and any treatment?

Probe: possible danger signs to watch for, medication prescribed, side-effects, dosage, discharge leaflets etc., appropriateness of being sent home?

Did you have to attend for further treatment?

Probe: Follow-up appointments, when, with whom?

Conclusion and thanks

Are there any other comments you'd like to make about the care you received in A & E?

Are there any ways in which you think care could be improved?



PATIENT FEEDBACK SURVEY

Emergency Care

What is the survey about?

This survey is about your recent visit to the emergency department at a National Health Service hospital or clinic. We are interested in finding out what aspects of emergency care are most important to you.

Who is carrying out the survey?

The survey is being carried out by Picker Institute Europe on behalf of the Department of Health.

Completing the questionnaire

For each question please tick clearly in one box using a black or blue pen.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any queries about the questionnaire, please call the Picker Institute Europe Freephone helpline on **0800 197 5273**.

Which aspects of emergency care are most important to you?

We are interested in finding out **how important** different aspects of emergency care are to you.

Please tick one box on each line	MOST IMPORTANT	QUITE IMPORTANT	LEAST IMPORTANT	NOT APPLICABLE	
Hospital staff helping me get messages to family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Having someone on the hospital staff who spoke my language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Having a choice of follow-up appointment times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Not having to wait too long before seeing the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Being told how long I would have to wait to be examined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
A short journey to the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
Not having to wait too long to see a nurse to assess my priority on arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
Being able to discuss fears about my condition or treatment with a doctor or nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
Being moved promptly to a ward and bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
Privacy when giving my details to the receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Ease of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
Confidence and trust in doctors and nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
Being given an explanation for any delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Cleanliness of the toilets at the emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
The fairness of the system for who saw the doctor/nurse first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
Having suitable seating in the waiting area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
Being able to make a telephone call while waiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
Overall cleanliness of the emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
Being given enough information about my condition or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
My permission being asked if medical students wanted to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
My family being given enough information about my condition or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
Not feeling disturbed or threatened by other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
Not having to wait too long for any tests or X-rays to be carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23

Please tick one box on each line	MOST IMPORTANT	QUITE IMPORTANT	LEAST IMPORTANT	NOT APPLICABLE	
Being able to get refreshments while waiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
Not being asked my name and address too often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
Being treated with respect and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
Being given the same advice by all members of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
The doctor or nurse explaining my condition and treatment in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
Privacy when discussing my condition or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
The doctors and nurses being open with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
Privacy when being examined or treated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
Staff introducing themselves to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
Staff wearing name badges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
Being involved in decisions about my care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
Being told about the purposes of medicines to be taken at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
Being told about medication side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
Being given an explanation about why I needed a test or X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
Being given an explanation about why I did not need a test or X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
Not being asked details of my condition or illness too often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
Being told what danger signals regarding my illness or treatment to watch for at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
Being told the results of my tests or X-rays in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
Someone explaining the risks and benefits of my treatment in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
Being told when I could resume my normal activities, such as going to work or driving a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
Knowing whom to contact if I had concerns after the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
Being put in a private cubicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
Pain medicine being provided quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46
A member of staff explaining to me how to take medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47
My GP being given all necessary information about the treatment or advice I received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
Being given written information about my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49

About you

1. Are you male or female?

Male

Female

2. What is your year of birth?
(Please write in)

19

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3. Approximately when was your **last** visit to an emergency department?

Less than 1 month ago

1-6 months ago

6-12 months ago

More than 12 months ago

Other Comments

Was there **anything else** about your visit that was important? If so, please write in the box below.

THANK YOU VERY MUCH FOR YOUR HELP

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.

Picker Institute Europe, FREEPOST (SCE10829), Oxford, OX1 1YE.

Emergency Department Questionnaire

What is the survey about?

This survey is about your most recent visit to the Emergency Department (A&E, casualty) at the National Health Service Trust named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Who is carrying out the survey?

The survey is being carried out by an independent research organisation, Picker Institute Europe, on behalf of your local hospital.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any queries about the questionnaire, please call the Picker Institute Europe **FREEPHONE** helpline number: **0800 197 5273**.

Please Return to:	Picker Institute Europe FREEPOST (SCE10829) OXFORD OX1 1YE
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Your participation in this survey is voluntary.

Your answers will be treated in confidence.

Please remember, this questionnaire is about your **most recent** visit to the Emergency Department of the NHS Trust named in the accompanying letter.

A. ARRIVAL AT THE EMERGENCY DEPARTMENT

A1. When you went to the Emergency department, how long did it take you to get to the hospital?

- 1 Less than 30 minutes
- 2 More than 30 minutes but less than 1 hour
- 3 1 hour or more
- 4 Don't know/ Can't remember

A2. 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

A3. How did you travel to the hospital?

- 1 In an ambulance → Go to A5
- 2 By car → Go to A4
- 3 By taxi → Go to B1
- 4 On foot → Go to B1
- 5 On public transport → Go to B1
- 6 Other → Go to B1

A4. If you came by car, were you able to find a convenient place to park?

- 1 Yes → Go to B1
- 2 No → Go to B1
- 3 I did not need to find a place to park → Go to B1

A5. If you came by ambulance, who called the ambulance?

- 1 I called it myself
- 2 A friend/relative called it
- 3 My GP called it
- 4 NHS Direct called it
- 5 Other

B. WAITING

First assessment (Triage)

B1. Following your arrival in the Emergency Department, how long did you wait for **a nurse to assess your priority** (i.e. how long did you wait to see a triage nurse)?

- 1 Less than 15 minutes → **Go to B2**
- 2 15 - 29 minutes → **Go to B2**
- 3 30 – 60 minutes → **Go to B2**
- 4 More than 60 minutes → **Go to B2**
- 5 Don't know/ Can't remember → **Go to B2**
- 6 I did not have to wait to be assessed → **Go to B5**
- 7 I decided not to wait any longer to be assessed → **Go to B5**

B2. Were you told what priority level you had been given?

- 1 Yes, I was Category 1 - **Immediate** (Red)
- 2 Yes, I was Category 2 - **Very urgent** (Orange)
- 3 Yes, I was Category 3 - **Urgent** (Yellow)
- 4 Yes, I was Category 4 - **Standard** (Green)
- 5 Yes, I was Category 5 - **Non-urgent** (Blue)
- 6 No, I was not told my priority
- 7 It was not necessary because I was seen straight away
- 8 Don't know/ Can't remember

B3. Overall, did you think the patient priority system was fair?

- 1 Yes
- 2 No
- 3 Can't say/ Don't know

B4. Were you able to find a comfortable place to sit in the waiting area?

- 1 Yes, I found a comfortable place to sit
- 2 I found somewhere to sit but it was not comfortable
- 3 No, I could not find a place to sit
- 4 I did not need to find a place to sit
- 5 Don't know/ Can't remember

B5. Did someone in the Emergency department help get messages to family or friends?

- 1 Yes
- 2 No
- 3 There was no need to get messages to anyone

Waiting to see a doctor or nurse practitioner

B6. Following your arrival in 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 B11**
- 2 Less than 30 minutes → **Go to B7**
- 3 30 minutes to 1 hour → **Go to B7**
- 4 1 - 2 hours → **Go to B7**
- 5 2 - 4 hours → **Go to B7**
- 6 More than 4 hours → **Go to B7**
- 7 Can't remember → **Go to B7**
- 8 I did not see a doctor or a nurse practitioner → **Go to B11**

B7. Were you told **how long** you would have to wait to be examined?

- 1 Yes, but the wait was **shorter**
- 2 Yes, and I had to wait about as long as I was told
- 3 Yes, but the wait was **longer**
- 4 No, I was not told
- 5 Don't know/ Can't remember

B8. Were you told **why** you had to wait to be examined?

- 1 Yes
- 2 No, but I would have liked an explanation
- 3 No, but I didn't mind
- 4 Don't know/ Can't remember

B9. Did someone apologise for the delay?

- 1 Yes
- 2 No, but I would have liked an apology
- 3 No, but I didn't mind

B10. How do you feel about the length of time you waited to be examined?

- 1 I was examined as soon as I thought was necessary
- 2 I should have been examined a **bit** sooner
- 3 I should have been examined a **lot** sooner

B11. While you were in the Emergency Department, were you ever waiting on a trolley?

- 1 Yes → **Go to B12**
- 2 No → **Go to B13**

B12. If you waited on a trolley, how long did you wait?

- 1 Less than 1 hour
- 2 1 - 2 hours
- 3 2 - 4 hours
- 4 4 - 8 hours
- 5 8 - 12 hours
- 6 12 - 24 hours
- 7 More than 24 hours
- 8 Can't remember

B13. Overall, how long did your visit to the Emergency Department last?

- 1 Less than 1 hour
- 2 1 - 2 hours
- 3 2 - 4 hours
- 4 4 - 8 hours
- 5 More than 8 hours
- 6 Can't remember

C. DOCTORS AND NURSES

C1. Did you have **enough time** to discuss your health or medical problem with the doctor or nurse?

- 1 Yes, completely → **Go to C2**
- 2 Yes, to some extent → **Go to C2**
- 3 No → **Go to C2**
- 4 I did not see a doctor or a nurse → **Go to D1**

C2. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need an explanation

C3. Did the doctors and nurses listen to what you had to say?

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

C4. Did you have confidence and trust in the doctors and nurses examining and treating you?

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

C5. In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?

- 1 All of them knew enough
- 2 Most of them knew enough
- 3 Only some of them knew enough
- 4 None of them knew enough
- 5 Don't know/ Can't say

C6. Did doctors or nurses talk in front of you as if you weren't there?

- 1 Yes
- 2 No

D. YOUR CARE AND TREATMENT

D1. Do you need any help understanding English?

- 1 Yes → **Go to D2**
- 2 No → **Go to D3**

D2. When you were in the Emergency Department, was there someone who could interpret for you?

- 1 Yes, a relative or friend
- 2 Yes, an interpreter from the hospital
- 3 Yes, someone else on the hospital staff
- 4 No

D3. While you were in the Emergency Department, how much information about your condition or treatment was given to **you**?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 I was not given any information about my treatment or condition

D4. How much information about your condition or treatment was given to **your family or someone close to you**?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 No family or friends were involved
- 5 My family didn't want or need information
- 6 I didn't want my family or friends to have any information

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

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

D6. Were you given enough privacy when **being examined or treated**?

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

D7. If you needed attention, were you able to get a member of staff to help you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, I could not find a member of staff to help me
- 4 A member of staff was with me all the time

D8. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?

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

D9. Did you want to be more involved in decisions made about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I was involved as much as I wanted to be
- 4 I was not well enough to be involved in decisions about my care

D10. Were you asked your **name and address** more often than you thought should have been necessary?

- 1 Yes
- 2 No

D11. Were you asked to give details of **your condition or illness** more often than you thought should have been necessary?

- 1 Yes
- 2 No

D12. Were medical students present when you were being treated or examined?

- 1 Yes → **Go to D13**
- 2 No → **Go to D15**

D13. Were you asked for permission for medical students to be present when you were being treated or examined?

- 1 Yes
- 2 No

D14. Were you upset because medical students were present?

- 1 Yes
- 2 No

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

- 1 Yes, all of the staff introduced themselves
- 2 Some of the staff introduced themselves
- 3 Very few or none of the staff introduced themselves
- 4 Don't know/ Can't remember

D16. Did staff wear name badges?

- 1 Yes, all of the staff wore name badges
- 2 Some of the staff wore name badges
- 3 Very few or none of the staff wore name badges
- 4 Don't know/ Can't remember

D17. While you were in the Emergency Department, did you feel bothered or threatened by other patients?

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

E. X-RAYS AND SCANS

E1. Did you have any tests (such as x-rays, ultrasounds or scans) when you visited the Emergency Department?

- 1 Yes → **Go to E2**
- 2 No → **Go to F1**

E2. Did a member of staff explain **why you needed these test(s)** in a way you could understand?

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

E3. How long did you wait for your tests to be carried out?

- 1 I did not have to wait → **Go to E5**
- 2 Less than 30 minutes → **Go to E4**
- 3 30 minutes to 1 hour → **Go to E4**
- 4 1 - 2 hours → **Go to E4**
- 5 2 - 4 hours → **Go to E4**
- 6 4 hours or longer → **Go to E4**
- 7 Can't remember → **Go to E4**

E4. Did a member of staff explain **why** you had to wait?

- 1 Yes
- 2 No

E5. Did a member of staff explain **the results of the tests** in a way you could understand?

- 1 Yes, I understood completely
- 2 Yes, I understood to some extent
- 3 No, I didn't understand what I was told
- 4 I was told that the results of the tests would be given to me at a later date
- 5 I was never told the results of the tests
- 6 Not sure/ Can't remember

F. PAIN

F1. Were you in any pain while you were in the Emergency Department?

- 1 Yes → **Go to F2**
2 No → **Go to G1**

F2. When you had pain, was it severe, moderate or mild?

- 1 Severe
2 Moderate
3 Mild

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

- 1 All or most of the time
2 Some of the time
3 Occasionally

F4. Did you request pain medicine?

- 1 Yes → **Go to F5**
2 No → **Go to F6**

F5. How many minutes after you requested pain medicine 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 but wasn't given any

F6. Do you think the hospital staff did everything they could to help control your pain?

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

F7. Overall, how much pain medicine did you get?

- 1 Too much
2 Enough
3 Some, but not enough
4 None
5 Can't say/ Don't know

G. HOSPITAL ENVIRONMENT AND FACILITIES

G1. In your opinion, how clean was the Emergency Department?

- 1 Very clean
2 Fairly clean
3 Not very clean
4 Not at all clean
5 Can't say

G2. How clean were the toilets in the Emergency Department?

- 1 Very clean
2 Fairly clean
3 Not very clean
4 Not at all clean
5 I did not use a toilet

G3. 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 didn't get any because I didn't know whether I could eat or drink
- 5 I did not want any refreshments

G4. Did you want to make a telephone call when you were in the Emergency Department?

- 1 Yes, I used a public phone
- 1 Yes, I used the Emergency Department phone
- 2 Yes, I used my mobile phone
- 3 I wanted to use my mobile phone but I was not allowed to
- 4 I wanted to use the public phone but I couldn't
- 5 I did not want to make a telephone call

H. LEAVING THE EMERGENCY DEPARTMENT

H1. 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 H2**
- 2 I was transferred to a different hospital or nursing home → **Go to H2**
- 3 I went home → **Go to H3**
- 4 I went to stay with a friend or relative → **Go to H3**

H2. Did you feel that you had to wait a long time to get to your room or ward and bed?

- 1 Yes, definitely → **Go to J1**
- 2 Yes, to some extent → **Go to J1**
- 3 No → **Go to J1**

Medications

H3. Before you left the Emergency Department, were any new medications prescribed or ordered for you?

- 1 Yes → **Go to H4**
- 2 No → **Go to H8**

H4. Did a member of staff explain to you **how to take** the new medications?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I didn't need an explanation

H5. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

H6. Did a member of staff tell you about **medication side effects** to watch for?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

H7. Did the Emergency Department staff give you a **printed information leaflet** about your medicines?

- 1 Yes
- 2 No

Information

H8. Before you left the Emergency department, were you given enough information about **your condition or treatment**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I was not given enough information
- 4 I did not need this type of information

H9. Before you left the Emergency department, were you given any **written or printed information** about your condition or treatment?

- 1 Yes
- 2 No
- 3 I did not need this type of information

H10. 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?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

H11. Did hospital staff take your **family or home situation** into account when you were leaving the Department?

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

H12. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

H13. Did hospital staff tell you **who to contact** after you got home if you were worried about your condition or treatment?

- 1 Yes, they told me to contact **my GP**
- 2 Yes, they told me to contact the **practice nurse** at my local health centre
- 3 Yes, they told me to contact **NHS Direct**
- 4 Yes, I was told to **dial 999**
- 5 Yes, they told me to contact a **hospital doctor or nurse**
- 6 Yes, I was told to contact **someone else**
- 7 No, I was not told who to contact
- 8 I did not need this type of information
- 9 Don't know/ Can't remember

H14. Was a follow-up appointment made for you at the hospital?

- 1 Yes → **Go to H15**
- 2 No → **Go to J1**
- 3 Don't Know → **Go to J1**

H15. Were you given a choice of times for your follow-up appointment?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

J. OVERALL

J1. Was the main reason you went to the Emergency Department addressed to your satisfaction?

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

J2. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?

- 1 Yes, all of the time
2 Yes, some of the time
3 No

J3. Overall, how would you rate the care you received in the Emergency Department?

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

J4. If you needed to complain about the care you received, did you know how to do this?

- 1 Yes
2 No
3 I had no need to complain

K. ABOUT YOU

K1. Are you male or female?

- 1 Male
2 Female

K2. How old are you?

- 1 16-29 years
1 30-44 years
2 45-59 years
3 60-79 years
4 80 years or older

K3. Overall, how would you rate your health during the **past 4 weeks**?

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

K4. To which of these ethnic groups would you say you belong?

a. WHITE

- 1 British
- 2 Irish
- 3 Any other white background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group
(Please write in box)

L. ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the Emergency Department, please do so here.

Was there anything particularly good about your visit to the Emergency Department?

Was there anything that could have been improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.

Picker Institute Europe
FREEPOST (SCE10829), OXFORD, OX1 1YE

Appendix 12.4 Emergency Department Survey - Covering Letter

To be printed on Trust headed notepaper. Text in square brackets needs to be edited.

[Date]

Dear Patient

Re: Emergency Department (A&E) survey

You are invited to take part in a survey of patients visiting the Emergency Department[s] (A&E/Casualty) [at Hospital A or Hospital B] of the [NHS Trust name]. This survey is part of our commitment, outlined in the NHS Plan, to design a health service around the patient. We are asking you to give us your views by filling in the enclosed questionnaire. The questionnaire should only take about 20 minutes to complete. A freepost envelope is enclosed.

Your views are very important in helping us to find out how well the Emergency Departments work and how they can be improved. This is your chance to have a say in how services are provided in the future. You are being invited to take part in this survey because you recently visited the Emergency Department at [NHS Trust name]. We are sending similar questionnaires to 850 people who visited the department[s] in [month].

Your participation in the survey is entirely voluntary. If you choose not to take part it will not affect the care you receive from the NHS in any way. If you do not wish to take part in the survey, or you do not want to answer some of the questions, you do not need to give us a reason. If you choose not to take part, please could you return the uncompleted questionnaire in the freepost envelope provided and this will make sure you will not be contacted again. If we do not receive anything from you within three weeks, we may send you a reminder letter.

If you do decide to give us your views, you can rest assured that your answers will be kept confidential. Information will not be passed on to doctors, nurses or other NHS health care staff in a form that allows individuals to be identified.

If you would like more information about the survey, or you have questions on how to complete the questionnaire, please do not hesitate to contact [our FREEPHONE/us] on **[phone number]** [at no cost to yourself]. The line is open between [opening time] and [closing time], Monday to Friday and we will try our best to answer any questions you may have.

Yours faithfully

Chief Executive [or similar]

[NHS Trust name]

Appendix 12.5 Emergency Department Survey – First Reminder Letter

Text in square brackets needs to be edited.

[Date]

[Name of NHS Trust]

Approximately three weeks ago we sent you a questionnaire about health care at [NHS Trust Name]. At the time of sending this note, we have not yet received your response.

Participation in the survey is voluntary, and if you choose not to take part it will not affect the care you receive from the NHS. However, **your views are important to us** so we would like to hear from you. (The return envelope you were sent with the questionnaire does not need a stamp.)

If you have already returned your questionnaire – **Thank you**, and please accept our apologies for troubling you.

If you have any queries about the survey, please call our [FREEPHONE line /us] on [number] between [opening time] and [closing time], Monday to Friday.

Appendix 12.6 Emergency Department Survey – Second Reminder Letter

To be printed on Trust headed notepaper. Text in square brackets needs to be edited.

[Date]

Dear Patient

Re: Emergency Department (A&E) survey

Enclosed is a copy of a patient survey about your visit to the Accident & Emergency Department of [Hospital A] or [Hospital B] of the [NHS Trust name]. We originally sent the survey to you a few weeks ago. **Your views are very important in helping us to find out how well the Accident & Emergency Departments work and how they can be improved**, so we would like to hear from you. If you have already replied, please ignore this letter and accept our apologies.

Your participation in the survey is entirely voluntary. If you choose not to take part it will not affect the care you receive from the NHS in any way. If you do not wish to take part in the survey, or you do not want to answer some of the questions, you do not need to give us a reason. If you do not return the questionnaire, you need do nothing more, and you will receive no further reminders.

You have been invited to take part in a survey because you recently visited the Emergency Department at [NHS Trust name]. We are sending similar questionnaires to 850 people who visited the department[s] in [month year]. This survey is part of our commitment, outlined in the NHS Plan, to design a health service around the patient. This is your chance to have a say in how services are provided in the future.

We are asking you to give us your views by filling in the enclosed questionnaire. The questionnaire should only take about 20 minutes to complete. A FREEPOST envelope is enclosed.

If you do decide to give us your views, you can rest assured that your answers will be kept confidential. Information will not be passed on to doctors, nurses or other NHS health care staff in a form that allows individuals to be identified.

If you would like more information about the survey, or you have questions on how to complete the questionnaire, please do not hesitate to contact [us /our FREEPHONE] on **[phone number]** [at no cost to yourself]. The line is open between [opening time] and [closing time], [days] and we will try our best to answer any questions you may have.

Yours faithfully

[signature]

[print name of signatory]

Chief Executive [or similar]

[NHS Trust name]



Emergency Department Questionnaire

What is the survey about?

This survey is about your most recent visit to the Emergency Department (A&E, casualty) at the National Health Service Trust named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire.

Your participation in this survey is voluntary.

Your answers will be treated in confidence.

Please remember, this questionnaire is about your **most recent** visit to the Emergency Department of the NHS Trust named in the accompanying letter.

A. ARRIVAL AT THE EMERGENCY DEPARTMENT

A1. When you went to the Emergency Department, how long did it take you to get to the hospital?

- 1 Up to 30 minutes
- 2 More than 30 minutes but no more than 1 hour
- 3 More than 1 hour
- 4 Don't know/ Can't remember

A2. 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

A3. How did you travel to the hospital?

- 1 In an ambulance → **Go to A5**
- 2 By car → **Go to A4**
- 3 By taxi → **Go to B1**
- 4 On foot → **Go to B1**
- 5 On public transport → **Go to B1**
- 6 Other → **Go to B1**

A4. If you came by car, were you able to find a convenient place to park?

- 1 Yes → **Go to B1**
- 2 No → **Go to B1**
- 3 I did not need to find a place to park → **Go to B1**

A5. If you came by ambulance, who called the ambulance?

- 1 I called it myself
- 2 A friend/relative called it
- 3 My GP called it
- 4 NHS Direct called it
- 5 Other

B. WAITING

First assessment (Triage)

B1. Following your arrival in the Emergency Department, how long did you wait for a **nurse to assess your priority** (i.e. how long did you wait to see a triage nurse)?

- 1 I did not have to wait to be assessed → Go to B2
- 2 1 - 15 minutes → Go to B2
- 3 16 - 30 minutes → Go to B2
- 4 31 – 60 minutes → Go to B2
- 5 More than 60 minutes → Go to B2
- 6 Don't know/ Can't remember → Go to B2
- 7 I left before I was assessed → Go to C1

B2. Were you told what priority level you had been given?

- 1 Yes, I was Category 1 - **Immediate** (Red)
- 2 Yes, I was Category 2 - **Very urgent** (Orange)
- 3 Yes, I was Category 3 - **Urgent** (Yellow)
- 4 Yes, I was Category 4 - **Standard** (Green)
- 5 Yes, I was Category 5 - **Non-urgent** (Blue)
- 6 No, I was not told my priority
- 7 It was not necessary because I was seen straight away
- 8 Don't know/ Can't remember

B3. Overall, did you think the patient priority system was fair?

- 1 Yes
- 2 No
- 3 Can't say/ Don't know

B4. Were you able to find a comfortable place to sit in the waiting area?

- 1 Yes, I found a comfortable place to sit
- 2 I found somewhere to sit but it was not comfortable
- 3 No, I could not find a place to sit
- 4 I did not want to find a place to sit
- 5 Don't know/ Can't remember

B5. Did someone in the Emergency Department help get messages to family or friends?

- 1 Yes
- 2 No, and I would have liked to get a message to someone
- 3 No, but there was no need to get messages to anyone

Waiting to see a doctor or nurse practitioner

B6. Following your arrival in 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 B11
- 2 1 - 30 minutes → Go to B7
- 3 31 - 60 minutes → Go to B7
- 4 More than 1 hour but no more than 2 hours → Go to B7
- 5 More than 2 hours but no more than 4 hours → Go to B7
- 6 More than 4 hours → Go to B7
- 7 Can't remember → Go to B7
- 8 I did not see a doctor or a nurse practitioner → Go to B11

B7. Were you told **how long** you would have to wait to be examined?

- 1 Yes, but the wait was **shorter**
- 2 Yes, and I had to wait about as long as I was told
- 3 Yes, but the wait was **longer**
- 4 No, I was not told
- 5 Don't know/ Can't remember

B8. Were you told **why you had to wait** to be examined?

- 1 Yes
- 2 No, but I would have liked an explanation
- 3 No, but I didn't mind
- 4 Don't know/ Can't remember

B9. Did someone apologise for the delay?

- 1 Yes
- 2 No, but I would have liked an apology
- 3 No, but I didn't mind

B10. How do you feel about the length of time you waited to be examined?

- 1 I was examined as soon as I thought was necessary
- 2 I should have been examined a **bit** sooner
- 3 I should have been examined a **lot** sooner

B11. While you were in the Emergency Department, were you ever waiting on a trolley?

- 1 Yes → **Go to B12**
- 2 No → **Go to B13**

B12. If you waited on a trolley, how long did you wait?

- 1 Up to 1 hour
- 2 More than 1 hour but no more than 2 hours
- 3 More than 2 hours but no more than 4 hours
- 4 More than 4 hours but no more than 8 hours
- 5 More than 8 hours but no more than 12 hours
- 6 More than 12 hours but no more than 24 hours
- 7 More than 24 hours
- 8 Can't remember

B13. Overall, how long did your visit to the Emergency Department last?

- 1 Up to 1 hour
- 2 More than 1 hour but no more than 2 hours
- 3 More than 2 hours but no more than 4 hours
- 4 More than 4 hours but no more than 8 hours
- 5 More than 8 hours but no more than 12 hours
- 6 More than 12 hours but no more than 24 hours
- 7 More than 24 hours
- 8 Can't remember

C. DOCTORS AND NURSES

C1. Did you have **enough time** to discuss your health or medical problem with the doctor or nurse?

- 1 Yes, definitely → **Go to C2**
- 2 Yes, to some extent → **Go to C2**
- 3 No → **Go to C2**
- 4 I did not see a doctor or a nurse → **Go to D1**

C2. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

C3. Did the doctors and nurses listen to what you had to say?

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

C4. Did you think that doctors or nurses were deliberately not telling you certain things that you wanted to know?

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

C5. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I didn't have anxieties or fears

C6. Did you have confidence and trust in the doctors and nurses examining and treating you?

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

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

- 1 All of them knew enough
- 2 Most of them knew enough
- 3 Only some of them knew enough
- 4 None of them knew enough
- 5 Don't know/ Can't say

C8. Did doctors or nurses talk in front of you as if you weren't there?

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

D. YOUR CARE AND TREATMENT

D1. Do you need any help understanding English?

- 1 Yes → **Go to D2**
- 2 No → **Go to D3**

D2. When you were in the Emergency Department, was there someone who could interpret for you?

- 1 Yes, a relative or friend
- 2 Yes, an interpreter from the hospital
- 3 Yes, someone else on the hospital staff
- 4 No

D3. While you were in the Emergency Department, how much information about your condition or treatment was given to **you**?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 I was not given any information about my treatment or condition

D4. How much information about your condition or treatment was given to **your family or someone close to you**?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 No family or friends were involved
- 5 My family didn't want or need information
- 6 I didn't want my family or friends to have any information

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

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

D6. Were you given enough privacy when **being examined or treated**?

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

D7. If you needed attention, were you able to get a member of staff to help you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, I could not find a member of staff to help me
- 4 A member of staff was with me all the time
- 5 I did not need attention

D8. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?

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

D9. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was not well enough to be involved in decisions about my care

D10. Were you asked your **name and address** more often than you thought should have been necessary?

- 1 Yes
- 2 No

D11. Were you asked to give details of **your condition or illness** more often than you thought should have been necessary?

- 1 Yes
- 2 No

D12. Were medical students present when you were being treated or examined?

1 Yes → Go to D13

2 No → Go to D15

D13. Were you asked for permission for medical students to be present when you were being treated or examined?

1 Yes

2 No

D14. Were you upset because medical students were present?

1 Yes

2 No

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

1 Yes, all of the staff introduced themselves

2 Some of the staff introduced themselves

3 Very few or none of the staff introduced themselves

4 Don't know/ Can't remember

D16. Did staff wear name badges?

1 Yes, all of the staff wore name badges

2 Some of the staff wore name badges

3 Very few or none of the staff wore name badges

4 Don't know/ Can't remember

E. TESTS (e.g. x-rays or scans)

E1. Did you have any tests (such as x-rays, ultrasounds or scans) when you visited the Emergency Department?

1 Yes → Go to E2

2 No → Go to F1

E2. Did a member of staff explain **why you needed these test(s)** in a way you could understand?

1 Yes, completely

2 Yes, to some extent

3 No

E3. How long did you wait **for your tests to be carried out?**

1 I did not have to wait → Go to E5

2 1 - 15 minutes → Go to E5

3 16 - 30 minutes → Go to E4

4 31 - 60 minutes → Go to E4

5 More than 1 hour but no more than 2 hours → Go to E4

6 More than 2 hours but no more than 4 hours → Go to E4

7 More than 4 hours → Go to E4

8 Can't remember → Go to E5

E4. Did a member of staff explain **why** you had to wait for your tests to be carried out?

1 Yes

2 No

E5. Did a member of staff explain **the results of the tests** in a way you could understand?

- 1 Yes, definitely → **Go to E6**
- 2 Yes, to some extent → **Go to E6**
- 3 No → **Go to E6**
- 4 Not sure/ Can't remember → **Go to E6**
- 5 I was told that the results of the tests would be given to me at a later date → **Go to F1**
- 6 I was never told the results of the tests → **Go to F1**

E6. How long did you have to **wait for the results** of your tests?

- 1 I did not have to wait
- 2 1 - 15 minutes
- 3 16 - 30 minutes
- 4 31 - 60 minutes
- 5 More than 1 hour but no more than 2 hours
- 6 More than 2 hours but no more than 4 hours
- 7 More than 4 hours
- 8 The results were sent on later
- 9 Can't remember

F. PAIN

F1. Were you in any pain while you were in the Emergency Department?

- 1 Yes → **Go to F2**
- 2 No → **Go to G1**

F2. When you had pain, was it severe, moderate or mild?

- 1 Severe
- 2 Moderate
- 3 Mild

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

- 1 All or most of the time
- 2 Some of the time
- 3 Occasionally

F4. Did you request pain medicine?

- 1 Yes → **Go to F5**
- 2 No → **Go to F6**

F5. How many minutes after you requested pain medicine 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 but wasn't given any

F6. Do you think the hospital staff did everything they could to help control your pain?

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

F7. Overall, how much pain medicine did you get?

- 1 Too much
- 2 Enough
- 3 Some, but not enough
- 4 None
- 5 Can't say/ Don't know

G. HOSPITAL ENVIRONMENT AND FACILITIES

G1. In your opinion, how clean was the Emergency Department?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Can't say

G2. How clean were the toilets in the Emergency Department?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 I did not use a toilet

G3. While you were in the Emergency Department, did you feel bothered or threatened by other patients?

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

G4. 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 didn't get any because I didn't know whether I could eat or drink
- 5 I did not want any refreshments

G5. Did you want to make a telephone call when you were in the Emergency Department?

- 1 Yes, I used a public phone
- 2 Yes, I used the Emergency Department phone
- 3 Yes, I used my mobile phone
- 4 I wanted to use my mobile phone but I was not allowed to
- 5 I wanted to use the public phone but I couldn't
- 6 I did not want to make a telephone call

H. LEAVING THE EMERGENCY DEPARTMENT

H1. 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 H2
- 2 I was transferred to a different hospital or nursing home → Go to H2
- 3 I went home → Go to H3
- 4 I went to stay with a friend or relative → Go to H3
- 5 I went to stay somewhere else → Go to H3

H2. How long did you wait to get to your room or ward and bed?

- 1 Up to 1 hour
- 2 More than 1 hour but no more than 2 hours
- 3 More than 2 hours but no more than 4 hours
- 4 More than 4 hours but no more than 8 hours
- 5 More than 8 hours but no more than 12 hours
- 6 More than 12 hours but no more than 24 hours
- 7 More than 24 hours
- 8 Can't remember

If you were ADMITTED TO HOSPITAL at the end of your visit to the Emergency Department, now skip to Section J:OVERALL. If you were NOT admitted to hospital, please answer the following questions.

Medications (e.g. medicines, tablets, ointments)

H3. Before you left the Emergency Department, were any new medications prescribed or ordered for you?

- 1 Yes → Go to H4
- 2 No → Go to H8

H4. Did a member of staff explain to you **how to take** the new medications?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I didn't need an explanation

H5. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

H6. Did a member of staff tell you about **medication side effects** to watch for?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

H7. Did the Emergency Department staff give you a **printed information leaflet** about your medicines?

- 1 Yes
- 2 No

Information

H8. Before you left the Emergency Department, were you given any **written or printed information** about your condition or treatment?

- 1 Yes
- 2 No
- 3 I did not need this type of information

H9. 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?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

H10. Did hospital staff take your **family or home situation** into account when you were leaving the Department?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

H11. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

H12. Did hospital staff tell you **who to contact** after you got home if you were worried about your condition or treatment?

- 1 Yes, they told me to contact **my GP**
- 2 Yes, they told me to contact the **practice nurse** at my local health centre
- 3 Yes, they told me to contact **NHS Direct**
- 4 Yes, I was told to **dial 999**
- 5 Yes, they told me to return to the **hospital**
- 6 Yes, I was told to contact **someone else**
- 7 No, I was not told who to contact
- 8 I did not need this type of information
- 9 Don't know/ Can't remember

H13. Was a follow-up appointment made for you at the hospital?

- 1 Yes → **Go to H14**
- 2 No → **Go to J1**
- 3 Don't know → **Go to J1**

H14. Were you given a choice of times for your follow-up appointment?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

ALL PATIENTS, please answer the following questions:

J. OVERALL

J1. Was the main reason you went to the Emergency Department dealt with to your satisfaction?

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

J2. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?

- 1 Yes, all of the time
- 2 Yes, some of the time
- 3 No

J3. Overall, how would you rate the care you received in the Emergency Department?

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

J4. If you needed to complain about the care you received, did you know how to do this?

- 1 Yes
- 2 No, but I would have liked to know
- 3 I had no need to complain

K. ABOUT YOU

K1. Are you male or female?

- 1 Male
- 2 Female

K2. How old are you?

- 1 16 - 35 years
- 2 36 - 50 years
- 3 51 - 65 years
- 4 66 - 80 years
- 5 81 years or older

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

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

K4. Overall, how would you rate your health during the past 4 weeks?

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

K5. To which of these ethnic groups would you say you belong?

a. WHITE

- 1 British
- 2 Irish
- 3 Any other white background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group
(Please write in box)

L. ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the Emergency Department, please do so here.

Was there anything particularly good about your visit to the Emergency Department?

Was there anything that could have been improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

**Please check that you answered all the questions that apply to you.
Please post this questionnaire back in the FREEPOST envelope provided.**

No stamp is needed.

