

THE 2006 INPATIENTS IMPORTANCE STUDY

THE ACUTE CO-ORDINATION CENTRE FOR THE
NHS ACUTE PATIENT SURVEY PROGRAMME

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1 Executive summary

This document details the development of a survey tool to identify the aspects of care that are most important to recent inpatients in England and the findings of this research. The study was carried out by the Picker Institute Europe as part of the national patient survey programme overseen by the Healthcare Commission. This research will directly influence the content of the questionnaires for inpatient surveys from 2007 onwards and builds upon a previous importance study of inpatients in England undertaken during the development of the 2002 national inpatient survey.

1.1 Aims

The aims of the survey development work were:

- To investigate how recent inpatients rate the importance of the aspects of care covered by the current questions in the 2006 inpatient survey
- To explore the addition of new questions to the national inpatient survey in domains of the core and developmental standards not previously included in acute surveys
- To ensure that the topics covered in the questions are in line with current policy, but also important to patients
- To identify current questions that are less useful for performance indicators or quality improvement purposes and could therefore be removed from the questionnaire

1.2 Summary of key findings

A more detailed discussion of these is contained in section 3.4. However, to summarise, based on the results, our suggestions are as follows:

1.3 Questions for inclusion

Based upon the findings of this research and consultation with stakeholders, we propose the following questions are considered for addition to the core questionnaire:

- Q29 “Did you feel bothered or threatened any other patients or visitors?”
- Q 30 “Was there is somewhere secure to keep the personal possessions that you brought to hospital?”
- Q36 “Were the doctors/nurses reassuring?”
- Q48 “Did someone explain the risks and benefits of your treatment in a way that you could understand?”
- Q68 “Were you told how to take your medicines in a way you could understand?”

1.4 Questions of low patient priority

Question topics that should not be included in the core questionnaire

These questions were found to be rated of relatively low importance by patients in this survey and we suggest that they not be added to the core questionnaire unless other reasons can be provided for their inclusion.

- Q9 “Were you given a choice about which hospital you were admitted to?”
- Q10 “Overall, did you get enough information about the different hospitals to make your choice?”
- Q19 “Did you have access to food whenever you were hungry (not just at mealtimes)?”
- Q28 “Were you ever bothered by noise during the day?”
- Q80 “Were your religious beliefs respected by the hospital staff?”
- Q81 “Did the hospital provide facilities that allow you to practice your religious beliefs?”

Questions for retention

These questions were found to be rated of relatively low importance by patients in this survey but we believe there are good reasons to maintain these questions in the core questionnaire. We suggest they be retained in the core questionnaire.

- Q27 “Were you ever bothered by noise at night?”
- Q25/Q26 “While in hospital, did you ever share a room/bathroom with patients of the opposite sex?”
- Q78 “Were you given information about how you could complain about the hospital care you received?”
- Q76 “During your hospital stay, were you ever asked to give your views on the quality of care?”
- Q11 “Were you given a choice of admission date?”
- Q20 “Did you get enough help from staff to eat your meal?”

2 Methods

2.1 Questionnaire Development

The questionnaire was primarily based upon the questions currently asked in the 2006 inpatient survey. Additional statements based on questions from the inpatient survey question bank and others were devised as a result of input from stakeholders, particularly the surveys teams at the Healthcare Commission and the Department of Health, and the standards team at the Healthcare Commission. The final wording of the statements was produced in collaboration with the surveys team at the Healthcare Commission.

The final questionnaire consisted of 82 statements scored using a five point Likert scale (from “very important” to “not at all important”) with the optional answer of “not applicable”, and seven demographic questions consistent with the acute survey programme (see Appendix 4: Importance study questionnaire). The questionnaire was in an eight page booklet form comprising:

- a cover page with information, instructions and a helpline number
- five pages containing the 82 Likert scale statements and a free text box for comments
- a final page containing the demographic questions

Of the 82 core statements, 54 are based upon the core questionnaire for the 2006 inpatient survey, 12 from the question bank for the inpatient surveys, and 16 were created at the request of the Department of Health and to cover some of the core and developmental standards not currently assessed. These 16 statements were appropriate to five section categories used in the inpatient surveys (as shown below):

Hospital environment and facilities

I am told **how long** I shall have to wait for a bed after arriving at hospital
I have access to food when I am hungry (not just at mealtimes) (core standard C15b)
I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)
I am not bothered or threatened by other patients or visitors (core standard C20a)
There is somewhere secure to keep the personal possessions that I bring to hospital (core standard C20a)

Doctors/nurses

The doctors and nurses are reassuring
The staff dealing with my care introduce themselves to me
The staff wear name badges

Your care and treatment

There is someone who can explain the risks and benefits of my treatment in a way that I can understand (core standard C13b)
I am given the option to refuse any treatment I do not agree with (core standard C13b)

Leaving the hospital

I am told how I should take my medicines
I am given printed information about my condition and treatment

Overall

The hospital will take notice of any complaints and act on them if necessary (core standard C14a)

My religious beliefs are respected by the hospital staff (suggested in the introductory text for the standards domain on “patient focus”)

The hospital provides facilities that allow me to practice my religious beliefs (suggested in the introductory text for the standards domain on “care environment and amenities”)

A translator or interpreter is provided by the hospital

These sixteen questions would be assessed for inclusion in the 2007 inpatient survey to more closely align the questionnaire with current core and developmental standards for better health.

2.2 Testing the questionnaire: cognitive interviews

Introduction

Cognitive interviews were conducted with eight ethnically diverse volunteers with recent experience of inpatient hospital stays in England. Testing was primarily for understanding of the questionnaire instructions, understanding of the Likert scales used, and comprehension of the statements about aspects of care asked in the questionnaire. Volunteers answered an advertisement placed in a local online and printed newspaper and details on each of these interviews and the amendments made to the questionnaire can be found in Appendix 5: cognitive interviews.

During the interviews, participants were asked to read the instructions on the front of the questionnaire and to answer the questions. They were asked whether the instructions were clear and easy to understand, and were encouraged to comment on any thoughts they had whilst completing it. The researchers probed the participants whilst they were completing the questionnaire to assess their comprehension of the questions and to ensure that the given response options were a good fit with their experience. Questions were asked about understanding of the Likert scale and when a response of 'not applicable' might be selected.

Conclusions

Cognitive testing led to refinement of some of the statements used and to the format of the questionnaire, but no changes were made to overall content. The revised questionnaire included almost all of the questions that were used in the inpatient 2006 core questionnaire and a number of additional questions discussed above.

2.3 Survey sample and mailing

Eight trusts were chosen to pilot the questionnaire out of 41 acute trusts who volunteered following a request for pilot trusts in the inpatient survey e-bulletin. The trusts were selected for geographical representation with a strong weighting towards trusts with a high proportion of patients from Black and Minority Ethnic (BME) groups and high levels of intact coding on hospital systems for the ethnic group of patients (based on 2005 inpatient survey sample information). Because of this, four of the eight trusts were based in London and it was decided that these trusts would be asked to provide a 'boost' sample for those from non-white ethnic groups. This would allow us to discriminate between the aspects of care which are most important for the different ethnic categories used in the national patient surveys.

Ethical approval was granted for this research by the North West Multi-Centre Research Ethics Committee (MREC) on 05/09/06.

We decided to conduct the sampling simultaneously with the sampling for the 2006 inpatient survey. This was to minimise work hours invested by trust staff, and guidance was issued to all pilot trusts instructing them to sample 1000 patients for the 2006 inpatient survey rather than 900 i.e. an additional sample of 100 patients. This sample would then be sent as a batch trace to the NHS Strategic Tracing Service (NSTS) which would allow trusts to screen for those patients who are deceased. The most recently discharged 850 eligible patients would be selected for the sample of the 2006 inpatient survey, the next most recent for the importance study. The four London based trusts were asked to sample an additional 100 patients discharged immediately prior

to the importance study sample, but only those that could be identified as coming from any non-white ethnic group.

As for the 2006 inpatient survey, the inclusion criteria for the sample were that it should **include**:

- **ALL** eligible adult patients, who have had at least **one overnight stay** within the trust.

The exclusion criteria for the sample were that it should **exclude**:

- deceased patients
- children or young persons aged under 16 years
- obstetrics/maternity service users
- patients admitted for termination of pregnancy
- psychiatry patients
- day cases
- private patients (non-NHS)
- current inpatients
- patients without a UK postal address (but do not exclude if addresses are incomplete but useable e.g. no postcode).

In total, 1200 patients were invited to participate in the study:

- 8 x 100 general inpatient population
- 4 x 100 non-white ethnicity patients ('boost' sample)

In conjunction with the detailed guidance provided on drawing a sample, telephone and email support was available to all trusts taking part in this research. Honorary contracts were exchanged that allowed staff at the Picker Institute to check the sample, and all mailing and analysis of the sample was carried out by the Picker Institute. We used a tested protocol of two reminders (posted at two and five weeks) after the original questionnaire was mailed, identical to the process for the national inpatient survey. Multilanguage sheets were included in every mailing of the questionnaire to facilitate responses from any individual who might have difficulty with English language. These sheets gave directions to a free translation service that could advise them on completion of the questionnaire in 20 of the most common languages used in England, as well as EasyRead, a telephone service that is run by Mencap for those with poorer comprehension or understanding of English (specifically those with a learning disability).

Sample composition

The general inpatient sample was comprised of 52% female, had a mean age of 55 years, with 61% being identified as coming from a white ethnic group, 16% as 'Asian or Asian British' and another 16% as 'Black or Black British'. In comparison, the boost sample had slightly more women (56%), had a mean age of 47 years and had no patients of a white ethnic background, 46% being identified as 'Asian or Asian British' and 39% as 'Black or Black British'. The boost sample had a smaller proportion of patients in all the eight most common hospital specialties, except for gynaecology where the proportion was approximately double the general inpatient population. Table 1 shows the demographic characteristics broken down for the two samples investigated, and a comparison between the sample populations of the four trusts within London and the four outside London.

Table 1: Sample characteristics

		General inpatient sample	'Boost' BME sample	London based trusts (n=4)	Non-London based trusts (n=4)	Total sample
Sex	Male	48%	45%	45%	53%	47%
	Female	52%	55%	55%	47%	53%
Ethnic Group	White	61%	0%	19%	82%	33%
	Asian	16%	46%	36%	9%	30%
	Black	16%	39%	33%	4%	26%
	Mixed/Chinese/Other	7%	15%	12%	5%	11%
Age Group	16-35	24%	34%	31%	22%	28%
	36-50	20%	26%	23%	20%	22%
	51-65	23%	19%	20%	22%	21%
	66-80	22%	17%	19%	23%	20%
	Over 80	11%	5%	6%	13%	8%

Response rates

The response rates by ethnic group are shown in the following table:

Table 2: Response rates by ethnic group

	Ethnic group				
	White	Asian	Black	Mixed/Chinese/other ethnic group	Total (all patients)
Completed useable questionnaires	199	114	112	22	447
Questionnaires returned undelivered	8	6	10	4	28
Patients reported deceased	3	0	3	0	6
Patient who opted out / too ill	27	12	7	1	47
Ineligible to take part in survey	1	2	1	0	4
Not returned – reason unknown	172	213	178	75	638
Total	410	347	311	102	1170
Raw Response Rate (%)	49	33	36	22	38
Adjusted denominator	398	339	297	98	1132
Adjusted Response Rate (%)	50	34	38	22	39

The adjusted response rate for the 2006 importance study overall was 39%. This is significantly lower than the 2006 inpatient survey which ran over the same period and had an adjusted response rate of 59%. It was evident from some of the free text comments included that respondents felt this questionnaire was less pertinent to their care and experiences. Some respondents wrote 'answers' to each statement as if they were completing an actual inpatient questionnaire, or call this questionnaire 'a wish list' – which is in fact how it *should* be regarded. In comparison, the importance study carried out for the development of the 2002 inpatient survey achieved a higher response rate of 66%. This may be due to the 2002 importance questionnaire being much shorter (only 30 items).

We believe three main factors influenced this survey to cause a lower than expected response rate. These factors were:

- High proportion of BME patients in the sample
- 82 rather than 30 aspects of care asked about
- Decreased salience of questionnaire to patient's experience

Characteristics of responders

448 of the 1200 patients returned completed questionnaires. There were a further 30 returned undelivered, 7 deceased patients, 50 who opted out or were too ill to complete the questionnaire, and four patients who were ineligible. This represents an adjusted response rate of 39%.

Table 3 shows the characteristics of the responders to the survey. Women were slightly more likely to respond than men, those of white ethnicity were the most likely to respond of the four ethnic groups, and patients who were aged 51-80 were more likely to respond than those younger or the very elderly.

Table 3: Respondent characteristics

		General inpatient sample	'Boost' BME sample	London based trusts (n=4)	Non-London based trusts (n=4)	Total sample
Sex	Male	46%	45%	43%	52%	46%
	Female	54%	55%	57%	48%	54%
Ethnic Group	White	68%	0%	23%	86%	41%
	Asian	11%	48%	33%	7%	25%
	Black	15%	37%	32%	3%	24%
	Mixed/Chinese/Other	6%	15%	12%	4%	10%
Age Group	16-35	15%	21%	20%	13%	17%
	36-50	19%	28%	24%	20%	23%
	51-65	26%	23%	25%	25%	25%
	66-80	29%	25%	26%	32%	28%
	Over 80	11%	3%	6%	11%	7%

2.4 FREEPHONE calls

There were 28 recorded calls to the FREEPHONE concerning the importance study, which is 2.3% of the service users surveyed. The calls can be categorised as follows:

- One call that lead to completion of the questionnaire over the phone in English
- One call that lead to completion of the questionnaire over the phone in Arabic with a middle-aged male (44 minutes)
- Three calls from family members to say that the patient had died
- Fourteen called to say that they had received the reminder but not first mailing. (These callers were informed that they will receive a second reminder, which would include a duplicate questionnaire in due course.)
- Three said they were too ill to complete the questionnaire.
- Five opted out.
- One required an envelope to return the questionnaire in
- One patient wanted more background information on what the questionnaire and study would be used for.

There were a disproportionate number of calls from those who had received the reminder but not the first questionnaire mailing compared with previous inpatient pilots. These patients were advised that a second questionnaire would be sent to them in 2-3 weeks, and if this was not

received, they should contact us again. We do not know if there was a cause for these missing deliveries but were assured by the Royal Mail that there was no recorded issue with the delivery of these items.

3 Survey findings

Using the data obtained, we have constructed ranking tables for the aspects of care that patients feel are most important to them. The primary outcome is a ranked table using the responses from all respondents but weighted for ethnic group. This is because the ‘boost’ sample of BME patients created a purposefully biased sample towards non-white population groups. This bias is corrected in the analysis stage by down-weighting BME groups to the correct proportions for the population of inpatients in the pilot trusts. Full ranking tables for aspects of care can be found in Appendix 1.

Although the 5 point Likert scale ranges from “very important” to “not at all important”, once ranked in order of importance to patients we can refer to the aspects as “most” and “least” important, and “more” and “less” important. All uses of these terms are relative to this ranked list.

Table 4 shows the top ten aspects of care in descending order of importance and weighted for ethnic group. Confidence in the clinical competence of doctors and nurses rate as four of the top five aspects of care, and hand washing/cleaning and the cleanliness of the hospital also rate highly. Understanding what will happen during any operations or procedures and there being staff available to answer concerns about this are also rated as most important.

In the 2002 importance study, the three highest rated items were:

- Confidence and Trust in doctors and nurses treating me
- Clear explanations of my condition or treatment
- Staff knowing enough about my condition and treatment

This study shows consistency with these findings and patients can again be seen to rate their clinical needs being addressed as the most important part of their care whilst in hospital.

Table 4: Ten most important aspects of care for all respondents weighted by ethnic group

Order of importance	Aspect of care
1	The doctors know enough about my medical history and treatment
2	The doctors can answer questions about my condition and treatment in a way that I can understand
3	I have confidence and trust in the hospital staff who treat me
4	The doctors wash or clean their hands between touching patients
5	The nurses know enough about my medical history and treatment
6	Before my operation or procedure, I get a clear explanation of what will happen
7	The risks and benefits of my operation or procedure are explained to me in a way that I can understand
8	The nurses wash or clean their hands between touching patients
9	The rooms and ward are clean
10	The doctors and nurses are open with me about my treatment or condition

Table 5 shows the ten least important aspects of care as rated by patients in this study. The least important item was that patients would not be bothered by noise during the day, compared with not being bothered by noise at night which ranked much higher at 70 of 82 aspects. There were three statements in the questionnaire asking about patient choice (choice of admission date, choice of hospital, and information to make an informed choice of hospital), and all three questions rated in the ten least important aspects of care to patients. Provision of a translator by the hospital and facilities for religious practices were both rated as relatively unimportant by patients in general, although there was variability between ethnic groups (as reported below in section 3.1- Analysis by ethnic group). Two of the statements raised by the new core and developmental standards (Standards for Better Health, 2004) were rated of low importance (complaint processes and access

to food whenever the patient is hungry). They were both rated in the bottom ten, as was receiving printed information *before* being admitted to hospital.

These ten least important aspects were not asked in the 2002 importance study, with the exception of a variant on receiving printed information before admission (which was rated 23rd of 30 aspects). The least important in 2002 were having access to their medical records (which was removed from the 2006 version), having clear information about ward routines (rated 72nd of 82 aspects in 2006), and having been invited to visit the hospital and meet staff before admission (again, removed from the 2006 version). This should inform the process of development of the acute inpatient questionnaire where least important items are removed from the core questionnaire.

Table 5: Ten least important aspects of care for all respondents weighted by ethnic group

Order of importance	Aspect of care
73	I am told how to make a complaint about the care I receive
74	I have a choice of admission dates
75	I receive printed information about the hospital before admission
76	I have a choice about which hospital I am admitted to
77	I receive help to eat my meals, at the time I need it
78	The hospital provides facilities that allow me to practice my religious beliefs
79	A translator or interpreter is provided by the hospital
80	I have enough information about different hospitals so I can make a choice
81	I have access to food when I am hungry (not just at mealtimes)
82	I am not bothered by noise during the day

3.1 Analysis by ethnic group

Of the 448 patients who returned their questionnaire, only 22 were identified (either through their sample or response information) as coming from a Mixed, Chinese, or other ethnic group. A ranked table has been included for this group in the appendix, but due to the small size of this group, we will not discuss their findings separately. The three groups that will be discussed are 'white', 'Asian or Asian British' and 'black or black British'. Full ranking tables for aspects of care can be found in Appendix 1: order of importance by ethnicity.

White

Table 6 and Table 7 show the ten aspects of care that respondents from a white ethnic group rate more and less important respectively, compared with the sample of all respondents (weighted for ethnicity). As those from a white ethnic group comprise the largest proportion in the general inpatient sample the results for this group will have the greatest influence on the ranked importance of all respondents (weighted). Therefore, the column called 'places ranked higher' shows smaller differences than the tables for Asian or black ethnic group. As for the sample of all respondents, the most important aspects for white patients were the clinical ability of doctors and nurses, while translation services and accommodation of religious beliefs were rated as least important.

It is more important for white patients that the ambulance crew reassure them, but less important that they explain about the patient's condition and treatment, or provide pain relief. For white patients, it is more important that they receive enough information on their condition or treatment while in Accident and Emergency (A&E), with this aspect showing a larger difference in importance than any other item.

Being told about the danger signs of their condition to watch for after leaving hospital is the aspect of care that shows the second largest increase in importance, but being informed about how to take their medicines, having the purposes of their medicines explained to them, or being given written information about their medicines are all rated lower than the sample of all respondents.

White patients rated the importance of safety in hospital higher than all other groups, both feeling secure personally and knowing their possessions are safe. All statements on cleanliness (room or bathroom) and hand washing or cleaning by hospital staff were rated more important by white patients, while accommodation of religious beliefs and privacy were rated less important.

Table 6: Aspects rated as more important by those from a white ethnic group

Aspect of care	Rank for white ethnic group	Rank for all respondents (weighted)	Places ranked higher
I receive enough information about my condition or treatment while in A&E	28	42	+14
I am told about the danger signals of my condition to watch for after I leave from hospital	20	31	+11
The ambulance crew are reassuring	27	37	+10
I am not bothered or threatened by other patients or visitors	50	60	+10
The bathrooms and toilets are clean	6	14	+8
Staff tell me how my operation or procedure has gone in a way that I can understand	14	22	+8
Members of staff do not give me conflicting information	33	41	+8
The doctors and nurses do not talk in front of me as if I am not there	47	54	+7
There is somewhere secure to keep the personal possessions that I bring to hospital	48	55	+7
The hospital does not change my admission date	61	68	+7

Table 7: Aspects rated as less important by those from a white ethnic group

Aspect of care	Rank for white ethnic group	Rank for all respondents (weighted)	Places ranked lower
I am told how I should take my medicines	31	12	-19
I am given written or printed information about the medicines that I take home with me	49	36	-13
I am given printed information about my condition and treatment	56	45	-11
My religious beliefs are respected by the hospital staff	77	66	-11
I am told about the purposes of the medicines that I take home with me	30	20	-10
I have privacy when I discuss my condition or treatment with hospital staff	43	34	-9
My permission is asked before medical students can attend my examinations	70	61	-9
My family or someone close to me has the chance to talk to a doctor about my care	36	29	-7
I am treated with respect and dignity by hospital staff	34	28	-6
I have privacy while being examined or treated in A&E	41	35	-6

Asian or Asian British

Table 8 and Table 9 show the ten aspects of care that respondents from an Asian or Asian British ethnic group rate more and less important respectively, compared with the sample of all respondents (weighted for ethnicity). The three most important aspects of care for Asian patients

were identical to those of the sample of all respondents; the clinical ability of doctors and nurses being rated highest, whereas statements about hospital choice, access to food around the clock, and noise during the day being rated as the least important aspects.

The rankings of the Asian ethnic group showed the greatest degree of change compared with the weighted sample of all respondents. A choice of meals was rated 34 places higher for the 82 statements and access to 'healthy' meals was rated 18 places higher. Respect for religious beliefs, facilities for practicing those beliefs, and availability of a hospital translator all showed substantial increases in importance.

Asian patients ranked knowing which doctor was in overall charge of their care as 9th of 82 items, compared with 25th for all respondents. This, coupled with the high importance given to clinical ability of hospital staff, suggests patients from an Asian background want to know that they have a competent clinician that they can trust. In contrast, most of the aspects rated as less important in comparison to all respondents related to explanation about the patient's condition or treatment, information about medicines, operations and procedures. One way this could be interpreted is that, if the Asian ethnic group is confident in the abilities of doctors and nurses, they are willing to trust hospital staff to provide them with the most appropriate treatment without being further involved in decision making.

The ambulance crew doing everything they could to control their pain was the aspect with the fourth largest increase in importance, while providing their family members or someone close to them with the opportunity to talk to a doctor was the third largest increase.

Table 8: Aspects rated as more important by those from an Asian ethnic group

Aspect of care	Rank for Asian ethnic group	Rank for all respondents (weighted)	Places ranked higher
I have a choice of meals	19	53	+34
My religious beliefs are respected by the hospital staff	33	66	+33
My family or someone close to me has the chance to talk to a doctor about my care	10	29	+19
The ambulance crew do everything they can to help control my pain	4	23	+19
A translator or interpreter is provided by the hospital	60	79	+19
I can get healthy meals	31	49	+18
The hospital provides facilities that allow me to practice my religious beliefs	61	78	+17
I am told which doctor is in overall charge of my care	9	25	+16
I do not have to wait too long to get to a bed after arriving at hospital	37	52	+15
There are members of staff available to explain my hospital test results to me	12	26	+14

Table 9: Aspects rated as less important by those from an Asian ethnic group

Aspect of care	Rank for Asian ethnic group	Rank for all respondents (weighted)	Places ranked lower
The doctors and nurses are reassuring	36	18	-18
I am told who to contact if I am worried about my condition after I leave the hospital	43	27	-16
I am told about the danger signals of my condition to watch for after I leave from hospital	47	31	-16
I have enough time to talk to the doctors about my condition and treatment	35	21	-14
There are staff available to answer any questions I have about my operation or procedure	32	19	-13
I am told how I can expect to feel after my operation or procedure	28	17	-11
There is someone who can explain the risks and benefits of my treatment in a way that I can understand	22	11	-11
I have enough time to talk to the nurses about my condition and treatment	55	44	-11
There is somewhere secure to keep the personal possessions that I bring to hospital	66	55	-11
I am told about the possible side effects of the medicines that I take home with me	42	32	-10

Black or Black British

Table 10 and Table 11 show the ten aspects of care that respondents from a black or black British ethnic group rate more and less important respectively, compared with the sample of all respondents do (weighted for ethnicity). The most important aspects of care for black patients were very different to the sample of all respondents; having the opportunity to ask doctors and nurses questions about their condition and treatment were ranked much higher, while noise during the day, choice of admission date, and information for making a choice between hospitals were rated as the least important aspects.

The aspects of care that were rated as more important by black patients often involved interaction with hospital staff. Aspects that were scored as relatively unimportant by other groups, such as name badges and staff introducing themselves, were ranked much higher by black patients. This group ranked engagement with staff higher, but it was more important that they had enough time to “talk” to doctors and nurses, rather than just being kept informed by staff about their care and treatment i.e. prefer talking with than being talked to. The two aspects rated with the largest increase in importance by this group were being provided with written or printed information on medicines, or their condition and treatment.

Cleanliness of ward and bathrooms, and hand washing or cleaning were rated much less important than for any other ethnic group, as was pain relief by ambulance crew and hospital staff. Black patients thought it was much more important for staff to respect their religious beliefs, but unlike Asian respondents, did not rate facilities for practice of beliefs as very important.

Table 10: Aspects rated as more important by those from a black ethnic group

Aspect of care	Rank for black ethnic group	Rank for all respondents (weighted)	Places ranked higher
I am given written or printed information about the medicines that I take home with me	13	36	+23
I am given printed information about my condition and treatment	24	45	+21
I have enough time to talk to the doctors about my condition and treatment	2	21	+19
My religious beliefs are respected by the hospital staff	48	66	+18
The staff dealing with my care introduce themselves to me	23	40	+17
I am told about the purposes of the medicines that I take home with me	4	20	+16
The staff wear name badges	41	56	+15
I am told who to contact if I am worried about my condition after I leave the hospital	16	27	+11
I have enough time to talk to the nurses about my condition and treatment	34	44	+10
There is somewhere secure to keep the personal possessions that I bring to hospital	45	55	+10

Table 11: Aspects rated as less important by those from a black ethnic group

Aspect of care	Rank for black ethnic group	Rank for all respondents (weighted)	Places ranked lower
The bathrooms and toilets are clean	35	14	-21
Hospital staff do everything they can to help control my pain	30	15	-15
The nurses can answer questions about my condition and treatment in a way that I can understand	31	16	-15
The ambulance crew do everything they can to help control my pain	38	23	-15
I am not bothered or threatened by other patients or visitors	73	60	-13
The rooms and ward are clean	22	9	-13
I receive good quality food	68	57	-11
There are members of staff available to explain my hospital test results to me	37	26	-11
Staff tell me how my operation or procedure has gone in a way that I can understand	32	22	-10
The nurses wash or clean their hands between touching patients	17	8	-9

3.2 Analysis by gender and age

Gender

In the 2006 inpatient survey, women make up slightly more of the total patient sample than men (53% compared with 47%) and were more likely to respond (58% returning a completed questionnaire compared with 56% of men). The questions asked in the core questionnaire for the inpatient survey were designed to be gender neutral and cognitively tested on both men and women. However, we need to examine any gender differences in rating aspects of acute care to assess whether any question bank or standards questions need to be considered for inclusion in the core questionnaire. This section highlights some of the differences in how men and women rate the importance of aspects of care experienced while in hospital. Full tables for men and women can be found in Appendix 2: order of importance by gender.

The ten most important aspects of care rated by both men and women are largely the same as for all patients, although the order does differ. For men, the most important aspects are that the doctor can answer their questions in a way they can understand and that they have confidence and trust in the hospital staff. For women, the most important item was that doctors washed their hands between touching patients and that doctors knew enough about their medical history and treatment. All statements on privacy were rated much more important by women than men, as was not sharing rooms or bathrooms with patients of the opposite sex. Men rated the ability of nursing staff to give answers to questions more important than women did, as well as all aspects of ambulance and emergency care (except for privacy in A&E). For men, hand washing or cleaning by doctors was less important than hand washing or cleaning for nurses. These are shown in Table 12.

Table 12: Ten most important aspects of care to men and women

Order of importance (all respondents, weighted for ethnicity)	Statement	Rank (men)	Rank (women)
1	The doctors know enough about my medical history and treatment	3	2
2	The doctors can answer questions about my condition and treatment in a way that I can understand	1	7
3	I have confidence and trust in the hospital staff who treat me	2	4
4	The doctors wash or clean their hands between touching patients	12	1
5	The nurses know enough about my medical history and treatment	5	6
6	Before my operation or procedure, I get a clear explanation of what will happen	10	3
7	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	9	5
8	The nurses wash or clean their hands between touching patients	8	8
9	The rooms and ward are clean	4	12
10	The doctors and nurses are open with me about my treatment or condition	11	11

The ten least important aspects of care for both men and women (with the exception of men rating being told how to complain more important) are the same ten least important aspects for all patients. These findings have already been discussed earlier in section 3). These are shown in Table 13.

Table 13: Ten least important aspects of care to men and women

Order of importance (all respondents, weighted for ethnicity)	Statement	Rank (men)	Rank (women)
73	I am told how to make a complaint about the care I receive	68	74
74	I have a choice of admission dates	74	78
75	I receive printed information about the hospital before admission	75	77
76	I have a choice about which hospital I am admitted to	76	75
77	I receive help to eat my meals, at the time I need it	79	73
78	The hospital provides facilities that allow me to practice my religious beliefs	78	79
79	A translator or interpreter is provided by the hospital	81	76
80	I have enough information about different hospitals so I can make a choice	77	81
81	I have access to food when I am hungry (not just at mealtimes)	82	80
82	I am not bothered by noise during the day	80	82

Age

The most important aspects of care vary greatly with the age of the patient, with those patients aged 16-35 and over 80 years showing the greatest differences. This is more evident in the over 80 group which only makes up 7% of respondents and will therefore have a smaller effect on the ranking of importance by all patients. Full ranking tables can be found by age for all patients in Appendix 3: order of importance by age. Table 14 and Table 15 show the ten most and least important aspects of care by age group respectively.

For patients over 80 years, hand washing or cleaning by staff made up two of the three highest ranked aspects. Statements about doctors knowing enough and being able to answer questions were rated less important than for any other age group, as were all statements dealing with operations or procedures. Statements about family or carers were rated much higher than other age groups.

Patients aged 16-35 years rated being told how to take their medicines was as the most highly rated item, while explanations on the risks and benefits of treatments, and operations or procedures are rated as less important. Similar to elderly patients, nurses washing or cleaning their hands between patients was significantly less important than doctors washing or cleaning their hands.

Table 14: ten most important aspects of care by age

Order of importance (weighted for ethnicity)	Statement	Rank (16-35)	Rank (36-50)	Rank (51-65)	Rank (66-80)	Rank (<80)
1	The doctors know enough about my medical history and treatment	3	5	2	1	10
2	The doctors can answer questions about my condition and treatment in a way that I can understand	8	1	4	2	16
3	I have confidence and trust in the hospital staff who treat me	5	8	1	3	2
4	The doctors wash or clean their hands between touching patients	4	2	8	12	3
5	The nurses know enough about my medical history and treatment	23	11	6	7	9
6	Before my operation or procedure, I get a clear explanation of what will happen	11	3	3	13	52
7	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	20	4	5	9	45
8	The nurses wash or clean their hands between touching patients	24	7	10	14	1
9	The rooms and ward are clean	2	23	9	8	11
10	The doctors and nurses are open with me about my treatment or condition	6	21	22	5	8

Table 15: Ten least important aspects of care by age

Order of importance (weighted for ethnicity)	Statement	Rank (16-35)	Rank (36-50)	Rank (51-65)	Rank (66-80)	Rank (<80)
73	I am told how to make a complaint about the care I receive	74	72	77	58	77
74	I have a choice of admission dates	78	80	70	74	76
75	I receive printed information about the hospital before admission	76	75	79	73	80
76	I have a choice about which hospital I am admitted to	79	74	74	76	66
77	I receive help to eat my meals, at the time I need it	68	77	75	79	64
78	The hospital provides facilities that allow me to practice my religious beliefs	77	79	81	78	72
79	A translator or interpreter is provided by the hospital	80	76	78	80	79
80	I have enough information about different hospitals so I can make a choice	81	81	76	77	78
81	I have access to food when I am hungry (not just at mealtimes)	75	78	82	82	81
82	I am not bothered by noise during the day	82	82	80	81	82

3.3 Patient comments

There were 145 patient comments made. These are shown in Table 16 where they have been grouped into themes, and some of the more specific examples. Of these, the largest group of comments were those that were generally positive about the experience of being in hospital, although most comments made addresses areas that could be improved. Almost all food comments were negative and insufficient time with doctors or poor experience of discharge were very frequently mentioned also.

Table 16: Patient comments

Aspect referred to in comments	Number of comments	Examples
Generic positive comment	36	<p>"I received excellent care from all NHS staff from start to finish. Without their skills I would not be alive today. I will be in their debt forever. Thank you for giving my life back"</p> <p>"I was treated like a princess in A&E and was then moved to rowan ward. Again I was comfortable in all ways. Even on a bad day I was appreciated and got private times when needed. Thank you guys. After patient care was perfect"</p> <p>"My inpatient care is important to me. Is my life scanned 100% on my consultant doctors and nurses who have helped me to live by providing me with the right medication which is keeping me alive today. Thanks to all of them and may god give them more wisdom"</p>
Food	17	<p>"Vegetarian food should be provided"</p> <p>"When ill, food should be appetising"</p> <p>"Having food saved for after an operation"</p> <p>"While I have been an inpatient, I have seen nurses serve food to elderly patients. These patients for whatever reason have been unable to feed themselves. At the end of meal time their trays have been collected and no-one has noticed it has been untouched"</p> <p>"Being on special diet, it will be nice if one can contact a senior catering officer and explain fully ones choice and dislikes e.g. numerous allergies"</p>

		<p>and taboo, and things one can or can't eat before a known admission and then pass this information on to all concerned"</p> <p>"I am 'coeliac' and my weight was very poor. [I ate] the same thing day after day and to top it all [I was] given a packet of build-up soup. I don't know what I was supposed to do with it as it was past its sell-by date and I couldn't make it up anyway"</p> <p>"I was appalled at the lack of assistance given to elderly patients sharing the same bay in order to eat the food given to them. Hot soup was just left in front of them when they were clearly unable to feed themselves. I got out of bed to help them myself"</p> <p>"If admitted after the normal time for filling in a menu preference form, arrangements should be made by staff so that it can be filled in and acted upon. This should also happen when you are told to expect discharge on a certain day and this is changed after the time for filling in menu preference for lunch"</p> <p>"A clean glass for water to each patient every day and covers for the water jugs"</p> <p>"A mobile toaster - so fresh toast can be served for breakfast"</p>
Communication between staff and patients	11	<p>"More time with doctors and consultants is needed"</p> <p>"That patients are not made to wait while the nurses chat"</p> <p>"That the locum nurses are not hostile and know what is expected of them"</p>
Discharge	10	<p>"Not being discharged if there is no-one who can look after me"</p> <p>"Less waiting around for medication from pharmacy on the day you leave"</p>
Communication between staff	9	<p>"Communication between nurses/doctors and ward physiotherapist/occupational therapist could be improved"</p> <p>"That doctors are prepared to be more willing to discuss cases rather than leaving it to the nurses"</p>
Ward environment	7	<p>"My wife was in hospital during the July 06 heat wave. She found the wards very hot and airless"</p> <p>"When I am an inpatient I find that the wards are too warm during the day and too cold at night. There is also not enough fresh air. This makes some of the wards stuffy"</p>
Other patients on the ward	6	<p>"For me, a single room is important so that I can sleep when I want to. When ill, the worst thing is trying to sleep with others in the ward making a noise e.g. snoring, entertaining visitors, speaking on a phone, etc"</p> <p>"I would like to make a point regarding visiting hours. If the restriction is two visitors only at a time, that rule should be strictly adhered to. Often patients are surrounded by up to six visitors which is sometimes disturbing"</p> <p>"That disruptive patients (those with social or mental health, or aged related problems) are monitored sufficiently and effectively so they do not become a nuisance to other patients"</p> <p>"Monitoring the amount of visitors per patient. There were 13 to 20 visitors per visit to the patient in the bed opposite me when I was in hospital!"</p> <p>"that patients are not left moaning in pain during the night keeping everyone awake while the nurses ignore them"</p> <p>"If possible, have similar aged patients in the same bays and beds"</p>
Medical note access	5	<p>"People should be allowed access to their medical notes if they ask"</p> <p>"Why can't I read my hospital notes when junior staff can read them and not me"</p>
Generic negative comment	5	<p>"I hated my time in hospital, the staff were ignorant and rude, and acted as if my incontinence was a personal attack on them"</p>
Toilets and bathrooms	4	<p>"Showers should be fitted in bathrooms"</p> <p>"Nurses and staff should not have a toilet reserved for them only"</p>
Bed availability (for planned admission)	4	<p>"Staff dealing with planned admissions should be aware and considerate of the stress caused by having to wait by a telephone from 10.30am on the proposed day of admission to learn whether or not a bed is going to be available on that day"</p> <p>"When ringing for a hospital bed at 8am, they told me there were no beds and to ring back at 9 or 10am. When you get to the hospital at 2pm, you</p>

		don't get your bed until 4pm"
Issues with the questionnaire	3	<p>"This questionnaire very pointedly does not ask the crucial question; "did the hospital actually treat your condition?" The answer is: no it didn't. After treating the initial emergency very effectively, it became clear after 5 weeks no one gave a damn what I thought"</p> <p>"This questionnaire was formulated as a wish list; the reality of staying in hospital is totally at odds to this. You asked how important people considered these things in an ideal world, not how they were dealt with in reality"</p> <p>"This survey is questioning what you expect out of a hospital. It should have been questions on what your actual experience was"</p>
Other	29	

3.4 Issues raised by this research

After reviewing the ranked aspects of care for all respondents (weighted for ethnic group), and for each ethnic group, we have made suggestions about certain question topics that could be included in future acute surveys, and some question topics that are of low priority to patients but which the Healthcare Commission or Department of Health may find desirable to include in the future.

Possible questions for inclusion

The ten most important aspects of care are all currently asked in the core questionnaire for the inpatient survey. The eleventh most important aspect “there is someone who can explain the risks and benefits of my treatment in a way that I can understand” is not asked. This statement was added to assess “**informed consent**” of patients to treatments they receive in hospital, and was linked to a second statement “I am given the option to refuse any treatment I do not agree with” which was placed at 43rd of 82 aspects (four places higher for white patients, three places lower for Asian patients). In “standards for better health”, C13b under the domain of patient focus says “appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information”. We suggest that a question to reflect the first statement on risks and benefits of treatments should be added. However, inclusion of the second “refusal” question needs further consideration as we believe it would be largely of academic interest, less salient to patients, and not useful for trusts.

Being told how to take medicines: Rated 12th of 82 aspects overall, this statement is much more important to those from Asian and black ethnic groups (ranked 5th and 6th place respectively) than white patients (31st place). We believe a question such as “were you told **how** to take your medicine in a way you could understand” should be added either under the section “your care and treatment” or the section “leaving hospital” with the other medicine questions. The Healthcare Commission’s domain for “better information, more choice” (based upon the Public Service Agreement (PSA) target) uses patient survey data on both the purposes and side effects of medicines to measure this target. We believe this question might add an additional component to enhance this domain. This question is also significantly more relevant for those from non-white ethnic groups and reflects their desire to know more about how to take their medicines. Receiving written or printed information about their medicine is also much more important to these ethnic groups, ranked 25th for Asian and 13th for black patients compared with 49th for white patients, and should be retained.

Two statements on **patient safety** were asked to reflect section C20a of the standards for better health for NHS services. These were “I am not bothered or threatened by any other patients or visitors”, and “there is somewhere secure to keep the personal possessions that I bring to hospital”. These questions were ranked 60th and 55th respectively, and rated more important by white patients. These questions would cover aspects of care that are currently not assessed by the inpatient survey and we suggest they are included for the 2007 inpatient survey. There has been significant interest in including these questions by the standards team at the Healthcare Commission and we are currently evaluating versions of these questions used in the 2006 and 2007 mental health surveys, as well as the pilots for these surveys. This is also a section of the annual health check that currently has no input from the acute patient survey programme and we feel it would greatly benefit patient information to include this data.

Doctors and nurses are reassuring: rated at 18th of 82 aspects, this is much more important to white patients (12th) than Asian patients (36th). This question is partially covered in the inpatient survey by two questions “if you had any worries or fears about your condition or treatment, did a doctor/nurse discuss them with you?” and “did you find someone on the hospital staff to talk to

about your worries and fears?” We believe these questions should be discussed and reassessed to find out if they do cover this important aspect (reassuring behaviour), and consider adding a question if this is not the case. This aspect is not covered by any of the standards or targets, and does not currently inform the annual health check. If it was asked, it could be included in the analysis of “will I be treated with dignity and respect” for each trust.

Questions of less importance

Religion: two statements on religion were asked of patients, that their religious beliefs are respected by the hospital staff (ranked 66th of 82 aspects for all patients), and the hospital providing facilities that allow them to practice their religious beliefs (ranked 78th). These statements were both rated much less important by those from a white ethnic group, more important by those from a black ethnic group, and most important for those from an Asian ethnic group. That hospital staff respect the religious beliefs of the patient is rated significantly higher than providing facilities for practising their religion.

As the inpatient questionnaire has limited space for adding questions, neither of these questions is so important to patients that they should be included based upon the results of the importance study alone. Nor are these questions explicitly covered in the core or developmental standards (other than in the broad introductory text for the domains on “patient focus” and “care environment and amenities”). However, if this aspect is felt to be key in understanding the needs of a diverse community, we suggest the question on hospital staff respecting the beliefs of patients should be included.

Noise during the day: this question is presently included in the question bank but has not been used in the core questionnaire in any of the four inpatient surveys to date (2002 to 2006). This is rated as the least important question to patients which supports the decision not to use this question. We should discuss whether this question should be removed from the question bank or a warning included about its low priority to patients. This question is not currently used to access any standards or targets, or contribute to any PSA domains.

Food available 24 hours: the second lowest rated statement overall (81st of 82 aspects), and not rated higher than 77th of 82 aspects of care by any group. Although this statement represents a standard of care (C15b), we do not recommend including a question on this topic.

Choice: in comparison with other aspects of care, choice (of hospital, admission date and information pertaining to these decisions) is an issue rated low in importance by all ethnic groups. While questions on choice were piloted for inclusion in the 2005 inpatients questionnaire and again considered for the 2006 inpatient questionnaire, it was decided that the national acute survey might not be the most appropriate tool to measure patient experience of choice and that the 2005 and 2006 surveys were too soon to measure patient choice. As having a choice of hospital and being given information to make that choice comprise two of the thirteen new national target performance indicators for acute trusts in 2007, inclusion of these questions should also be discussed. The only choice question currently included in the core questionnaire is “were you given a choice of admission date?” should be retained in the questionnaire.

Help eating food: we frequently receive comments on this topic from patients, with three specific comments on it in this study alone. However, even after removing those who felt this question did not apply to them, patients rated this topic of low importance. In the 2006 inpatient survey, over three quarters of respondents felt this question did not apply to them as they did not need help to eat their meals. If we removed this question, we could replace it with one more relevant to all patients, although we should discuss who currently uses this question before we take this action. This question is also used to measure standard C15b which states “...health care organisations

have systems in place to ensure that ... patient's individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding..."

Did you get enough help from staff to eat your meals?

Response	Number	Percentage
Yes, always	11177	14%
Yes, sometimes	4024	5%
No	3840	5%
I did not need help to eat meals	59612	76%

Complaints: A new question added to the inpatient survey for 2006 was "were you given information about how you could complain about the hospital care you received?" The corresponding statement was rated 73rd of 82 aspects overall, and 2-3 places higher than this for the Asian and black ethnic groups. This question was added upon the request of the Department of Health. It also corresponds to core standard C14a where health care organisations must "have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services". Because of this, we do not recommend that this question is removed but that we could consider rephrasing it to align it with this standard.

Hospital asking for views on care: Newly introduced in 2005 to the inpatient survey, this question has a very low positive response (changing from 6.4% in 2005 to 6.5% in 2006). The findings of this survey show that patients currently believe feedback has a low priority in hospital, but as a patient-lead health service, patients should be asked for their feedback on the care they receive. This question is also covered by core standard C14a (see **Complaints** above) and we suggest this question continue to be included in the core questionnaire.

Noise at night: rated as 70th overall and one place higher by white patients, this statement corresponds to two questions in the national inpatient surveys. It is rated as comparatively unimportant to patients in this survey, but can cause patients to become very unhappy if they are unable to sleep. These responses to these questions have changed over the survey years and do not show any 'ceiling effect'. We also know this question is currently used by trusts and the standards team at the Healthcare Commission to rate trust performance, as well as being one component of the PSA domain "clean, comfortable, friendly place to be". Therefore, although the patients in this survey rate noise at night to be of relatively low importance, we suggest these questions still be included for 2007 due to their usefulness to trusts.

Sharing a room or bathroom: This aspect of care currently has a large section of the inpatient questionnaire (a total of five questions) devoted to it. However, patients ranked this of low importance, rating not sharing a room or bay as 62nd of 82 aspects and not sharing a bathroom as 64th. We suggest this section is appraised again for 2007 with the idea of reducing the number of questions or increasing the discriminative nature of these questions for healthcare organisations that use this data. The core standard C20b (privacy) and the developmental standard D12a (patient's preferences) both deal with an environment designed to accommodate both the patient and their medical care.

Other aspects of standards that are rated of low importance

Some of the aspects added because they feature in the core and developmental standards of care were rated as relatively unimportant, which are: being given information about ward routines (72nd), being told how long they have to wait for a bed once they arrive at hospital (63rd), name badges (56th) and staff introducing themselves to the patient (40th). We do not suggest any of these are added to the questionnaire for 2007.

4 Appendix 1: order of importance by ethnicity

The following table gives the aspects of care ranked in order of importance from 1 to 82 (1 being most important, 82 being least important). This is derived by calculating the mean score of all responses to each statement, and is weighted for proportion of ethnic groups to the general inpatient population of those trusts. The scoring for each question is as follows:

Very important (1)	= 1
(2)	= 2
(3)	= 3
(4)	= 4
Not at all important (5)	= 5
Not applicable	= not scored

Ranking for all responders; weighted for ethnicity to the standard sample population and excluding the response “not applicable (9)” from totals

Order of importance (All)	Statement	Mean
1	The doctors know enough about my medical history and treatment	1.18
2	The doctors can answer questions about my condition and treatment in a way that I can understand	1.19
3	I have confidence and trust in the hospital staff who treat me	1.20
4	The doctors wash or clean their hands between touching patients	1.23
5	The nurses know enough about my medical history and treatment	1.25
6	Before my operation or procedure, I get a clear explanation of what will happen	1.25
7	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	1.26
8	The nurses wash or clean their hands between touching patients	1.27
9	The rooms and ward are clean	1.27
10	The doctors and nurses are open with me about my treatment or condition	1.29
11	There is someone who can explain the risks and benefits of my treatment in a way that I can understand	1.30
12	I am told how I should take my medicines	1.30
13	I have privacy when I am being examined or treated by hospital staff	1.31
14	The bathrooms and toilets are clean	1.32
15	Hospital staff do everything they can to help control my pain	1.32
16	The nurses can answer questions about my condition and treatment in a way that I can understand	1.33
17	I am told how I can expect to feel after my operation or procedure	1.33
18	The doctors and nurses are reassuring	1.34
19	There are staff available to answer any questions I have about my operation or procedure	1.34
20	I am told about the purposes of the medicines that I take home with me	1.34
21	I have enough time to talk to the doctors about my condition and treatment	1.34
22	Staff tell me how my operation or procedure has gone in a way that I can understand	1.34
23	The ambulance crew do everything they can to help control my pain	1.34
24	The doctors and nurses work well together	1.35

25	I am told which doctor is in overall charge of my care	1.35
26	There are members of staff available to explain my hospital test results to me	1.36
27	I am told who to contact if I am worried about my condition after I leave the hospital	1.39
28	I am treated with respect and dignity by hospital staff	1.39
29	My family or someone close to me has the chance to talk to a doctor about my care	1.40
30	My condition or treatment is explained in a way that I can understand	1.41
31	I am told about the danger signals of my condition to watch for after I leave from hospital	1.43
32	I am told about the possible side effects of the medicines that I take home with me	1.44
33	There are enough nurses on duty to take care of me	1.45
34	I have privacy when I discuss my condition or treatment with hospital staff	1.45
35	I have privacy while being examined or treated in A&E	1.46
36	I am given written or printed information about the medicines that I take home with me	1.46
37	The ambulance crew are reassuring	1.47
38	I am involved in decisions about my care and treatment	1.48
39	I get assistance quickly after using the call button	1.49
40	The staff dealing with my care introduce themselves to me	1.50
41	Members of staff do not give me conflicting information	1.50
42	I receive enough information about my condition or treatment while in A&E	1.51
43	I am given the option to refuse any treatment I do not agree with	1.52
44	I have enough time to talk to the nurses about my condition and treatment	1.52
45	I am given printed information about my condition and treatment	1.56
46	My family or someone close to me is given enough information to help me recover	1.57
47	The ambulance crew explain my condition and treatment in a way that I can understand	1.58
48	I am told when I can resume normal activities (e.g. going to work or driving a car)	1.58
49	I can get healthy meals	1.60
50	The hospital will take notice of any complaints and act on them if necessary	1.63
51	I am on a waiting list for only a short time before being admitted to hospital	1.63
52	I do not have to wait too long to get to a bed after arriving at hospital	1.64
53	I have a choice of meals	1.65
54	The doctors and nurses do not talk in front of me as if I am not there	1.65
55	There is somewhere secure to keep the personal possessions that I bring to hospital	1.66
56	The staff wear name badges	1.66
57	I receive good quality food	1.71
58	There is someone on the hospital staff who I can talk to about my worries or fears	1.73
59	I receive copies of letters between the hospital doctors and my family doctor (GP)	1.75
60	I am not bothered or threatened by other patients or visitors	1.77
61	My permission is asked before medical students can attend my examinations	1.80
62	I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	1.81
63	I am told how long I shall have to wait for a bed after arriving at hospital	1.81
64	I do not have to share the same bathroom or shower facilities as patients of the opposite sex	1.82

65	I do not have to wait around on the day of my discharge from hospital	1.83
66	My religious beliefs are respected by the hospital staff	1.85
67	I receive printed information on my condition or treatment before admission	1.87
68	The hospital does not change my admission date	1.92
69	The hospital asks me for my views on the quality of the care I have received	1.92
70	I am not bothered by noise at night	1.93
71	I do not have to move wards too often	1.93
72	I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)	1.94
73	I am told how to make a complaint about the care I receive	2.03
74	I have a choice of admission dates	2.20
75	I receive printed information about the hospital before admission	2.20
76	I have a choice about which hospital I am admitted to	2.22
77	I receive help to eat my meals, at the time I need it	2.24
78	The hospital provides facilities that allow me to practice my religious beliefs	2.33
79	A translator or interpreter is provided by the hospital	2.37
80	I have enough information about different hospitals so I can make a choice	2.40
81	I have access to food when I am hungry (not just at mealtimes)	2.49
82	I am not bothered by noise during the day	2.58

Ranking for white responders; weighted for ethnicity to the standard sample population and excluding the response “not applicable (9)” from totals

Order of importance (White)	Statement	Mean
1	The doctors know enough about my medical history and treatment	1.12
2	I have confidence and trust in the hospital staff who treat me	1.13
3	The doctors wash or clean their hands between touching patients	1.14
4	The nurses wash or clean their hands between touching patients	1.15
5	The doctors can answer questions about my condition and treatment in a way that I can understand	1.15
6	The bathrooms and toilets are clean	1.15
7	The rooms and ward are clean	1.18
8	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	1.19
9	The nurses know enough about my medical history and treatment	1.19
10	Before my operation or procedure, I get a clear explanation of what will happen	1.19
11	Hospital staff do everything they can to help control my pain	1.19
12	The doctors and nurses are reassuring	1.20
13	There is someone who can explain the risks and benefits of my treatment in a way that I can understand	1.21
14	Staff tell me how my operation or procedure has gone in a way that I can understand	1.22
15	The doctors and nurses are open with me about my treatment or condition	1.23
16	There are staff available to answer any questions I have about my operation or procedure	1.24
17	The nurses can answer questions about my condition and treatment in a way that I can understand	1.24
18	I have privacy when I am being examined or treated by hospital staff	1.25
19	The doctors and nurses work well together	1.26
20	I am told about the danger signals of my condition to watch for after I leave from hospital	1.27
21	I am told how I can expect to feel after my operation or procedure	1.28
22	I am told which doctor is in overall charge of my care	1.29
23	There are members of staff available to explain my hospital test results to me	1.29
24	I have enough time to talk to the doctors about my condition and treatment	1.29
25	I am told who to contact if I am worried about my condition after I leave the hospital	1.29
26	The ambulance crew do everything they can to help control my pain	1.30
27	The ambulance crew are reassuring	1.33
28	I receive enough information about my condition or treatment while in A&E	1.33
29	My condition or treatment is explained in a way that I can understand	1.33
30	I am told about the purposes of the medicines that I take home with me	1.34
31	I am told how I should take my medicines	1.35
32	I am told about the possible side effects of the medicines that I take	1.35

	home with me	
33	Members of staff do not give me conflicting information	1.37
34	I am treated with respect and dignity by hospital staff	1.37
35	There are enough nurses on duty to take care of me	1.38
36	My family or someone close to me has the chance to talk to a doctor about my care	1.40
37	I am involved in decisions about my care and treatment	1.40
38	I get assistance quickly after using the call button	1.40
39	I am given the option to refuse any treatment I do not agree with	1.42
40	I have enough time to talk to the nurses about my condition and treatment	1.43
41	I have privacy while being examined or treated in A&E	1.44
42	My family or someone close to me is given enough information to help me recover	1.46
43	I have privacy when I discuss my condition or treatment with hospital staff	1.47
44	The staff dealing with my care introduce themselves to me	1.48
45	I am on a waiting list for only a short time before being admitted to hospital	1.48
46	I am told when I can resume normal activities (e.g. going to work or driving a car)	1.49
47	The doctors and nurses do not talk in front of me as if I am not there	1.50
48	There is somewhere secure to keep the personal possessions that I bring to hospital	1.52
49	I am given written or printed information about the medicines that I take home with me	1.53
50	I am not bothered or threatened by other patients or visitors	1.53
51	I can get healthy meals	1.57
52	The hospital will take notice of any complaints and act on them if necessary	1.57
53	The ambulance crew explain my condition and treatment in a way that I can understand	1.58
54	I receive good quality food	1.62
55	I do not have to wait too long to get to a bed after arriving at hospital	1.63
56	I am given printed information about my condition and treatment	1.65
57	I have a choice of meals	1.69
58	There is someone on the hospital staff who I can talk to about my worries or fears	1.71
59	The staff wear name badges	1.71
60	I am told how long I shall have to wait for a bed after arriving at hospital	1.73
61	The hospital does not change my admission date	1.73
62	I receive printed information on my condition or treatment before admission	1.75
63	I receive copies of letters between the hospital doctors and my family doctor (GP)	1.77
64	I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	1.79
65	I do not have to share the same bathroom or shower facilities as patients of the opposite sex	1.82
66	I do not have to wait around on the day of my discharge from hospital	1.83
67	I am given information about ward routines (e.g. mealtimes, visiting	1.87

	hours, ward rounds, etc)	
68	The hospital asks me for my views on the quality of the care I have received	1.90
69	I am not bothered by noise at night	1.90
70	My permission is asked before medical students can attend my examinations	1.92
71	I do not have to move wards too often	1.92
72	I have a choice of admission dates	2.09
73	I am told how to make a complaint about the care I receive	2.09
74	I receive help to eat my meals, at the time I need it	2.15
75	I receive printed information about the hospital before admission	2.20
76	I have a choice about which hospital I am admitted to	2.22
77	My religious beliefs are respected by the hospital staff	2.25
78	I have enough information about different hospitals so I can make a choice	2.28
79	I am not bothered by noise during the day	2.51
80	I have access to food when I am hungry (not just at mealtimes)	2.55
81	The hospital provides facilities that allow me to practice my religious beliefs	2.75
82	A translator or interpreter is provided by the hospital	2.88

Ranking for Asian or Asian British; weighted for ethnicity to the standard sample population and excluding the response “not applicable (9)” from totals

Order of importance (Asian)	Statement	Mean
1	The doctors know enough about my medical history and treatment	1.22
2	The doctors can answer questions about my condition and treatment in a way that I can understand	1.22
3	I have confidence and trust in the hospital staff who treat me	1.29
4	The ambulance crew do everything they can to help control my pain	1.32
5	I am told how I should take my medicines	1.33
6	The nurses know enough about my medical history and treatment	1.33
7	The doctors wash or clean their hands between touching patients	1.35
8	The rooms and ward are clean	1.37
9	I am told which doctor is in overall charge of my care	1.37
10	My family or someone close to me has the chance to talk to a doctor about my care	1.38
11	I have privacy when I am being examined or treated by hospital staff	1.39
12	There are members of staff available to explain my hospital test results to me	1.39
13	The nurses can answer questions about my condition and treatment in a way that I can understand	1.42
14	Before my operation or procedure, I get a clear explanation of what will happen	1.44
15	The doctors and nurses are open with me about my treatment or condition	1.45
16	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	1.45
17	The nurses wash or clean their hands between touching patients	1.46
18	The bathrooms and toilets are clean	1.47
19	I have a choice of meals	1.48
20	I am treated with respect and dignity by hospital staff	1.49
21	Hospital staff do everything they can to help control my pain	1.49
22	There is someone who can explain the risks and benefits of my treatment in a way that I can understand	1.50
23	I have privacy when I discuss my condition or treatment with hospital staff	1.50
24	Staff tell me how my operation or procedure has gone in a way that I can understand	1.52
25	I am given written or printed information about the medicines that I take home with me	1.52
26	I am told about the purposes of the medicines that I take home with me	1.54
27	There are enough nurses on duty to take care of me	1.54
28	I am told how I can expect to feel after my operation or procedure	1.54
29	The doctors and nurses work well together	1.55
30	I have privacy while being examined or treated in A&E	1.55
31	I can get healthy meals	1.56
32	There are staff available to answer any questions I have about my operation or procedure	1.56
33	My religious beliefs are respected by the hospital staff	1.57
34	The ambulance crew explain my condition and treatment in a way that I	1.58

	can understand	
35	I have enough time to talk to the doctors about my condition and treatment	1.58
36	The doctors and nurses are reassuring	1.59
37	I do not have to wait too long to get to a bed after arriving at hospital	1.60
38	My condition or treatment is explained in a way that I can understand	1.60
39	I am involved in decisions about my care and treatment	1.60
40	I get assistance quickly after using the call button	1.62
41	I am given printed information about my condition and treatment	1.64
42	I am told about the possible side effects of the medicines that I take home with me	1.66
43	I am told who to contact if I am worried about my condition after I leave the hospital	1.66
44	The ambulance crew are reassuring	1.67
45	My family or someone close to me is given enough information to help me recover	1.68
46	I am given the option to refuse any treatment I do not agree with	1.69
47	I am told about the danger signals of my condition to watch for after I leave from hospital	1.69
48	Members of staff do not give me conflicting information	1.70
49	The staff dealing with my care introduce themselves to me	1.71
50	The staff wear name badges	1.72
51	I receive enough information about my condition or treatment while in A&E	1.74
52	I receive good quality food	1.74
53	The hospital will take notice of any complaints and act on them if necessary	1.75
54	I receive copies of letters between the hospital doctors and my family doctor (GP)	1.75
55	I have enough time to talk to the nurses about my condition and treatment	1.78
56	I am on a waiting list for only a short time before being admitted to hospital	1.79
57	I am told when I can resume normal activities (e.g. going to work or driving a car)	1.82
58	I do not have to wait around on the day of my discharge from hospital	1.85
59	My permission is asked before medical students can attend my examinations	1.87
60	A translator or interpreter is provided by the hospital	1.90
61	The hospital provides facilities that allow me to practice my religious beliefs	1.90
62	I am not bothered or threatened by other patients or visitors	1.91
63	The doctors and nurses do not talk in front of me as if I am not there	1.91
64	I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	1.94
65	I do not have to share the same bathroom or shower facilities as patients of the opposite sex	1.94
66	There is somewhere secure to keep the personal possessions that I bring to hospital	1.96
67	There is someone on the hospital staff who I can talk to about my worries or fears	1.97
68	I am told how long I shall have to wait for a bed after arriving at hospital	2.03
69	The hospital asks me for my views on the quality of the care I have	2.04

	received	
70	I am told how to make a complaint about the care I receive	2.05
71	I am not bothered by noise at night	2.07
72	I receive printed information on my condition or treatment before admission	2.09
73	I do not have to move wards too often	2.14
74	The hospital does not change my admission date	2.15
75	I have a choice of admission dates	2.19
76	I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)	2.19
77	I receive help to eat my meals, at the time I need it	2.38
78	I receive printed information about the hospital before admission	2.39
79	I have a choice about which hospital I am admitted to	2.60
80	I am not bothered by noise during the day	2.60
81	I have access to food when I am hungry (not just at mealtimes)	2.61
82	I have enough information about different hospitals so I can make a choice	2.64

Ranking for Black or Black British; weighted for ethnicity to the standard sample population and excluding the response “not applicable (9)” from totals

Order of importance (Black)	Statement	Mean
1	Before my operation or procedure, I get a clear explanation of what will happen	1.14
2	I have enough time to talk to the doctors about my condition and treatment	1.15
3	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	1.16
4	I am told about the purposes of the medicines that I take home with me	1.17
5	I have confidence and trust in the hospital staff who treat me	1.18
6	I am told how I should take my medicines	1.18
7	The doctors can answer questions about my condition and treatment in a way that I can understand	1.19
8	The doctors know enough about my medical history and treatment	1.21
9	The doctors and nurses are open with me about my treatment or condition	1.22
10	I am told how I can expect to feel after my operation or procedure	1.22
11	The doctors wash or clean their hands between touching patients	1.24
12	There is someone who can explain the risks and benefits of my treatment in a way that I can understand	1.25
13	I am given written or printed information about the medicines that I take home with me	1.25
14	The nurses know enough about my medical history and treatment	1.26
15	There are staff available to answer any questions I have about my operation or procedure	1.27
16	I am told who to contact if I am worried about my condition after I leave the hospital	1.29
17	The nurses wash or clean their hands between touching patients	1.29
18	I have privacy when I am being examined or treated by hospital staff	1.30
19	The doctors and nurses are reassuring	1.30
20	The doctors and nurses work well together	1.30
21	I am treated with respect and dignity by hospital staff	1.31
22	The rooms and ward are clean	1.32
23	The staff dealing with my care introduce themselves to me	1.33
24	I am given printed information about my condition and treatment	1.34
25	My condition or treatment is explained in a way that I can understand	1.34
26	I am told which doctor is in overall charge of my care	1.36
27	I have privacy when I discuss my condition or treatment with hospital staff	1.36
28	I am told about the possible side effects of the medicines that I take home with me	1.36
29	I have privacy while being examined or treated in A&E	1.37
30	Hospital staff do everything they can to help control my pain	1.37
31	The nurses can answer questions about my condition and treatment in a way that I can understand	1.37
32	Staff tell me how my operation or procedure has gone in a way that I can understand	1.38
33	My family or someone close to me has the chance to talk to a doctor	1.38

	about my care	
34	I have enough time to talk to the nurses about my condition and treatment	1.38
35	The bathrooms and toilets are clean	1.41
36	I am told about the danger signals of my condition to watch for after I leave from hospital	1.42
37	There are members of staff available to explain my hospital test results to me	1.43
38	The ambulance crew do everything they can to help control my pain	1.44
39	The ambulance crew are reassuring	1.45
40	There are enough nurses on duty to take care of me	1.47
41	The staff wear name badges	1.48
42	I am involved in decisions about my care and treatment	1.49
43	I am given the option to refuse any treatment I do not agree with	1.49
44	I get assistance quickly after using the call button	1.52
45	There is somewhere secure to keep the personal possessions that I bring to hospital	1.52
46	I am told when I can resume normal activities (e.g. going to work or driving a car)	1.52
47	Members of staff do not give me conflicting information	1.54
48	My religious beliefs are respected by the hospital staff	1.54
49	I receive enough information about my condition or treatment while in A&E	1.56
50	There is someone on the hospital staff who I can talk to about my worries or fears	1.57
51	My permission is asked before medical students can attend my examinations	1.58
52	The hospital will take notice of any complaints and act on them if necessary	1.59
53	The doctors and nurses do not talk in front of me as if I am not there	1.63
54	The ambulance crew explain my condition and treatment in a way that I can understand	1.63
55	My family or someone close to me is given enough information to help me recover	1.67
56	I can get healthy meals	1.69
57	I am on a waiting list for only a short time before being admitted to hospital	1.71
58	I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	1.71
59	I receive copies of letters between the hospital doctors and my family doctor (GP)	1.71
60	I have a choice of meals	1.72
61	I do not have to wait too long to get to a bed after arriving at hospital	1.73
62	I do not have to move wards too often	1.75
63	I do not have to share the same bathroom or shower facilities as patients of the opposite sex	1.75
64	I do not have to wait around on the day of my discharge from hospital	1.75
65	I am told how long I shall have to wait for a bed after arriving at hospital	1.78
66	I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)	1.79
67	I receive printed information on my condition or treatment before admission	1.79
68	I receive good quality food	1.80

69	The hospital asks me for my views on the quality of the care I have received	1.84
70	I am not bothered by noise at night	1.86
71	I am told how to make a complaint about the care I receive	1.88
72	I have a choice about which hospital I am admitted to	1.89
73	I am not bothered or threatened by other patients or visitors	1.94
74	The hospital does not change my admission date	1.94
75	I receive printed information about the hospital before admission	1.96
76	The hospital provides facilities that allow me to practice my religious beliefs	2.08
77	A translator or interpreter is provided by the hospital	2.14
78	I have access to food when I am hungry (not just at mealtimes)	2.23
79	I receive help to eat my meals, at the time I need it	2.27
80	I have enough information about different hospitals so I can make a choice	2.37
81	I have a choice of admission dates	2.42
82	I am not bothered by noise during the day	2.65

Ranking for Mixed, Chinese or other ethnic groups; weighted for ethnicity to the standard sample population and excluding the response “not applicable (9)” from totals

Order of importance (Other)	Statement	Mean
1	I am told about the purposes of the medicines that I take home with me	1.14
2	The doctors and nurses are open with me about my treatment or condition	1.28
3	The nurses wash or clean their hands between touching patients	1.29
4	The doctors wash or clean their hands between touching patients	1.33
5	I am told who to contact if I am worried about my condition after I leave the hospital	1.33
6	My condition or treatment is explained in a way that I can understand	1.35
7	I am told how I can expect to feel after my operation or procedure	1.37
8	The ambulance crew explain my condition and treatment in a way that I can understand	1.38
9	There is someone who can explain the risks and benefits of my treatment in a way that I can understand	1.38
10	The doctors and nurses work well together	1.38
11	The staff dealing with my care introduce themselves to me	1.38
12	The doctors know enough about my medical history and treatment	1.39
13	The doctors can answer questions about my condition and treatment in a way that I can understand	1.39
14	My permission is asked before medical students can attend my examinations	1.39
15	The nurses know enough about my medical history and treatment	1.40
16	There are members of staff available to explain my hospital test results to me	1.40
17	I am told how I should take my medicines	1.40
18	Staff tell me how my operation or procedure has gone in a way that I can understand	1.41
19	The ambulance crew do everything they can to help control my pain	1.41
20	Hospital staff do everything they can to help control my pain	1.41
21	The rooms and ward are clean	1.42
22	The doctors and nurses are reassuring	1.43
23	I have privacy when I am being examined or treated by hospital staff	1.43
24	Before my operation or procedure, I get a clear explanation of what will happen	1.44
25	I am told about the possible side effects of the medicines that I take home with me	1.45
26	I receive enough information about my condition or treatment while in A&E	1.45
27	I am involved in decisions about my care and treatment	1.46
28	I have enough time to talk to the doctors about my condition and treatment	1.47
29	I get assistance quickly after using the call button	1.47
30	There are staff available to answer any questions I have about my operation or procedure	1.48

31	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	1.48
32	There is someone on the hospital staff who I can talk to about my worries or fears	1.48
33	The bathrooms and toilets are clean	1.48
34	The nurses can answer questions about my condition and treatment in a way that I can understand	1.50
35	I have privacy when I discuss my condition or treatment with hospital staff	1.50
36	I do not have to wait too long to get to a bed after arriving at hospital	1.52
37	I am told about the danger signals of my condition to watch for after I leave from hospital	1.52
38	I am treated with respect and dignity by hospital staff	1.52
39	Members of staff do not give me conflicting information	1.52
40	I have confidence and trust in the hospital staff who treat me	1.55
41	I am given the option to refuse any treatment I do not agree with	1.57
42	I am told when I can resume normal activities (e.g. going to work or driving a car)	1.57
43	My family or someone close to me is given enough information to help me recover	1.58
44	I am given written or printed information about the medicines that I take home with me	1.59
45	I am given printed information about my condition and treatment	1.59
46	There are enough nurses on duty to take care of me	1.59
47	The ambulance crew are reassuring	1.59
48	I do not have to share the same bathroom or shower facilities as patients of the opposite sex	1.60
49	My family or someone close to me has the chance to talk to a doctor about my care	1.61
50	I have enough time to talk to the nurses about my condition and treatment	1.62
51	I am told how long I shall have to wait for a bed after arriving at hospital	1.63
52	I receive copies of letters between the hospital doctors and my family doctor (GP)	1.67
53	My religious beliefs are respected by the hospital staff	1.67
54	I am on a waiting list for only a short time before being admitted to hospital	1.68
55	The hospital will take notice of any complaints and act on them if necessary	1.69
56	I have privacy while being examined or treated in A&E	1.70
57	The staff wear name badges	1.73
58	I can get healthy meals	1.77
59	I have a choice of meals	1.77
60	I am not bothered by noise at night	1.77
61	I am told which doctor is in overall charge of my care	1.77
62	The doctors and nurses do not talk in front of me as if I am not there	1.83
63	I do not have to move wards too often	1.83
64	I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	1.84
65	I receive good quality food	1.90
66	The hospital asks me for my views on the quality of the care I have received	1.93

67	I receive printed information on my condition or treatment before admission	1.96
68	I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)	2.00
69	There is somewhere secure to keep the personal possessions that I bring to hospital	2.03
70	I do not have to wait around on the day of my discharge from hospital	2.03
71	The hospital does not change my admission date	2.04
72	I have a choice of admission dates	2.04
73	I have a choice about which hospital I am admitted to	2.05
74	I am told how to make a complaint about the care I receive	2.14
75	I receive help to eat my meals, at the time I need it	2.15
76	I am not bothered or threatened by other patients or visitors	2.23
77	I receive printed information about the hospital before admission	2.28
78	I have enough information about different hospitals so I can make a choice	2.38
79	I have access to food when I am hungry (not just at mealtimes)	2.50
80	The hospital provides facilities that allow me to practice my religious beliefs	2.55
81	A translator or interpreter is provided by the hospital	2.67
82	I am not bothered by noise during the day	2.73

5 Appendix 2: order of importance by gender

Order of importance (weighted for ethnicity)	Statement	Order of importance (men)	Order of importance (women)
1	The doctors know enough about my medical history and treatment	3	2
2	The doctors can answer questions about my condition and treatment in a way that I can understand	1	7
3	I have confidence and trust in the hospital staff who treat me	2	4
4	The doctors wash or clean their hands between touching patients	12	1
5	The nurses know enough about my medical history and treatment	5	6
6	Before my operation or procedure, I get a clear explanation of what will happen	10	3
7	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	9	5
8	The nurses wash or clean their hands between touching patients	8	8
9	The rooms and ward are clean	4	12
10	The doctors and nurses are open with me about my treatment or condition	11	11
11	There is someone who can explain the risks and benefits of my treatment in a way that I can understand	7	16
12	I am told how I should take my medicines	23	10
13	I have privacy when I am being examined or treated by hospital staff	28	9
14	The bathrooms and toilets are clean	20	13
15	Hospital staff do everything they can to help control my pain	17	14
16	The nurses can answer questions about my condition and treatment in a way that I can understand	6	29
17	I am told how I can expect to feel after my operation or procedure	18	21
18	The doctors and nurses are reassuring	19	19
19	There are staff available to answer any questions I have about my operation or procedure	14	24
20	I am told about the purposes of the medicines that I take home with me	26	15
21	I have enough time to talk to the doctors about my condition and treatment	24	17
22	Staff tell me how my operation or procedure has gone in a way that I can understand	22	18
23	The ambulance crew do everything they can to help control my pain	13	25
24	The doctors and nurses work well together	25	22
25	I am told which doctor is in overall charge of my care	16	27
26	There are members of staff available to explain my hospital test results to me	15	31
27	I am told who to contact if I am worried about my condition after I leave the hospital	34	20
28	I am treated with respect and dignity by hospital staff	31	28
29	My family or someone close to me has the chance to talk	29	32

	to a doctor about my care		
30	My condition or treatment is explained in a way that I can understand	21	39
31	I am told about the danger signals of my condition to watch for after I leave from hospital	30	37
32	I am told about the possible side effects of the medicines that I take home with me	32	35
33	There are enough nurses on duty to take care of me	36	33
34	I have privacy when I discuss my condition or treatment with hospital staff	39	30
35	I have privacy while being examined or treated in A&E	43	26
36	I am given written or printed information about the medicines that I take home with me	46	23
37	The ambulance crew are reassuring	27	47
38	I am involved in decisions about my care and treatment	40	34
39	I get assistance quickly after using the call button	38	38
40	The staff dealing with my care introduce themselves to me	42	36
41	Members of staff do not give me conflicting information	37	41
42	I receive enough information about my condition or treatment while in A&E	33	51
43	I am given the option to refuse any treatment I do not agree with	41	40
44	I have enough time to talk to the nurses about my condition and treatment	35	45
45	I am given printed information about my condition and treatment	48	43
46	My family or someone close to me is given enough information to help me recover	45	48
47	The ambulance crew explain my condition and treatment in a way that I can understand	44	53
48	I am told when I can resume normal activities (e.g. going to work or driving a car)	50	44
49	I can get healthy meals	51	50
50	The hospital will take notice of any complaints and act on them if necessary	49	56
51	I am on a waiting list for only a short time before being admitted to hospital	59	42
52	I do not have to wait too long to get to a bed after arriving at hospital	53	55
53	I have a choice of meals	54	54
54	The doctors and nurses do not talk in front of me as if I am not there	52	57
55	There is somewhere secure to keep the personal possessions that I bring to hospital	47	61
56	The staff wear name badges	58	52
57	I receive good quality food	55	60
58	There is someone on the hospital staff who I can talk to about my worries or fears	56	63
59	I receive copies of letters between the hospital doctors and my family doctor (GP)	57	64
60	I am not bothered or threatened by other patients or visitors	62	62
61	My permission is asked before medical students can attend my examinations	64	58
62	I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	72	49
63	I am told how long I shall have to wait for a bed after arriving at hospital	66	59
64	I do not have to share the same bathroom or shower	73	46

	facilities as patients of the opposite sex		
65	I do not have to wait around on the day of my discharge from hospital	60	67
66	My religious beliefs are respected by the hospital staff	63	69
67	I receive printed information on my condition or treatment before admission	61	72
68	The hospital does not change my admission date	70	65
69	The hospital asks me for my views on the quality of the care I have received	65	71
70	I am not bothered by noise at night	67	70
71	I do not have to move wards too often	71	66
72	I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)	69	68
73	I am told how to make a complaint about the care I receive	68	74
74	I have a choice of admission dates	74	78
75	I receive printed information about the hospital before admission	75	77
76	I have a choice about which hospital I am admitted to	76	75
77	I receive help to eat my meals, at the time I need it	79	73
78	The hospital provides facilities that allow me to practice my religious beliefs	78	79
79	A translator or interpreter is provided by the hospital	81	76
80	I have enough information about different hospitals so I can make a choice	77	81
81	I have access to food when I am hungry (not just at mealtimes)	82	80
82	I am not bothered by noise during the day	80	82

6 Appendix 3: order of importance by age

Order of importance (weighted for ethnicity)	Statement	Rank (16-35)	Rank (36-50)	Rank (51-65)	Rank (66-80)	Rank (<80)
1	The doctors know enough about my medical history and treatment	3	5	2	1	10
2	The doctors can answer questions about my condition and treatment in a way that I can understand	8	1	4	2	16
3	I have confidence and trust in the hospital staff who treat me	5	8	1	3	2
4	The doctors wash or clean their hands between touching patients	4	2	8	12	3
5	The nurses know enough about my medical history and treatment	23	11	6	7	9
6	Before my operation or procedure, I get a clear explanation of what will happen	11	3	3	13	52
7	The risks and benefits of my operation or procedure are explained to me in a way that I can understand	20	4	5	9	45
8	The nurses wash or clean their hands between touching patients	24	7	10	14	1
9	The rooms and ward are clean	2	23	9	8	11
10	The doctors and nurses are open with me about my treatment or condition	6	21	22	5	8
11	There is someone who can explain the risks and benefits of my treatment in a way that I can understand	38	15	7	16	12
12	I am told how I should take my medicines	1	16	12	22	28
13	I have privacy when I am being examined or treated by hospital staff	15	12	21	11	20
14	The bathrooms and toilets are clean	13	24	18	17	5
15	Hospital staff do everything they can to help control my pain	31	13	14	18	15
16	The nurses can answer questions about my condition and treatment in a way that I can understand	30	18	20	15	17
17	I am told how I can expect to feel after my operation or procedure	21	6	13	29	55
18	The doctors and nurses are reassuring	33	33	16	10	4
19	There are staff available to answer any questions I have about my operation or procedure	19	14	17	24	40
20	I am told about the purposes of the medicines that I take home with me	10	10	19	35	32
21	I have enough time to talk to the doctors about my condition and treatment	22	9	29	23	29
22	Staff tell me how my operation or procedure has gone in a way that I can understand	7	20	11	27	57
23	The ambulance crew do everything they can to help control my pain	14	26	32	4	24
24	The doctors and nurses work well together	32	17	31	19	7
25	I am told which doctor is in overall charge of my care	26	22	15	20	37
26	There are members of staff available to	17	32	23	28	13

	explain my hospital test results to me					
27	I am told who to contact if I am worried about my condition after I leave the hospital	9	19	30	30	54
28	I am treated with respect and dignity by hospital staff	35	25	25	26	34
29	My family or someone close to me has the chance to talk to a doctor about my care	27	41	44	6	6
30	My condition or treatment is explained in a way that I can understand	49	29	28	21	14
31	I am told about the danger signals of my condition to watch for after I leave from hospital	25	36	27	25	61
32	I am told about the possible side effects of the medicines that I take home with me	18	35	38	36	43
33	There are enough nurses on duty to take care of me	12	44	34	42	22
34	I have privacy when I discuss my condition or treatment with hospital staff	16	43	39	31	46
35	I have privacy while being examined or treated in A&E	36	30	37	45	21
36	I am given written or printed information about the medicines that I take home with me	34	27	40	47	23
37	The ambulance crew are reassuring	48	47	24	34	26
38	I am involved in decisions about my care and treatment	44	37	33	39	42
39	I get assistance quickly after using the call button	39	46	36	44	18
40	The staff dealing with my care introduce themselves to me	37	28	45	49	27
41	Members of staff do not give me conflicting information	28	62	26	38	51
42	I receive enough information about my condition or treatment while in A&E	46	38	41	43	36
43	I am given the option to refuse any treatment I do not agree with	43	42	35	40	60
44	I have enough time to talk to the nurses about my condition and treatment	41	34	51	41	25
45	I am given printed information about my condition and treatment	52	49	47	33	38
46	My family or someone close to me is given enough information to help me recover	45	59	55	32	19
47	The ambulance crew explain my condition and treatment in a way that I can understand	50	50	43	48	39
48	I am told when I can resume normal activities (e.g. going to work or driving a car)	40	40	42	56	68
49	I can get healthy meals	53	52	46	50	31
50	The hospital will take notice of any complaints and act on them if necessary	60	45	50	37	63
51	I am on a waiting list for only a short time before being admitted to hospital	29	61	49	54	70
52	I do not have to wait too long to get to a bed after arriving at hospital	56	55	48	46	56
53	I have a choice of meals	58	31	61	61	35
54	The doctors and nurses do not talk in front of me as if I am not there	55	39	52	60	50
55	There is somewhere secure to keep the personal possessions that I bring to hospital	51	54	60	55	30
56	The staff wear name badges	42	56	65	51	44
57	I receive good quality food	69	57	59	53	33
58	There is someone on the hospital staff who I	57	60	57	59	59

	can talk to about my worries or fears					
59	I receive copies of letters between the hospital doctors and my family doctor (GP)	59	65	66	57	41
60	I am not bothered or threatened by other patients or visitors	66	69	56	52	49
61	My permission is asked before medical students can attend my examinations	47	58	69	65	69
62	I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	72	48	62	64	62
63	I am told how long I shall have to wait for a bed after arriving at hospital	54	63	54	70	75
64	I do not have to share the same bathroom or shower facilities as patients of the opposite sex	73	53	64	67	47
65	I do not have to wait around on the day of my discharge from hospital	61	71	53	69	58
66	My religious beliefs are respected by the hospital staff	65	51	68	66	71
67	I receive printed information on my condition or treatment before admission	70	66	67	63	74
68	The hospital does not change my admission date	67	73	63	71	67
69	The hospital asks me for my views on the quality of the care I have received	71	70	73	62	53
70	I am not bothered by noise at night	64	67	58	75	73
71	I do not have to move wards too often	62	64	72	72	48
72	I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)	63	68	71	68	65
73	I am told how to make a complaint about the care I receive	74	72	77	58	77
74	I have a choice of admission dates	78	80	70	74	76
75	I receive printed information about the hospital before admission	76	75	79	73	80
76	I have a choice about which hospital I am admitted to	79	74	74	76	66
77	I receive help to eat my meals, at the time I need it	68	77	75	79	64
78	The hospital provides facilities that allow me to practice my religious beliefs	77	79	81	78	72
79	A translator or interpreter is provided by the hospital	80	76	78	80	79
80	I have enough information about different hospitals so I can make a choice	81	81	76	77	78
81	I have access to food when I am hungry (not just at mealtimes)	75	78	82	82	81
82	I am not bothered by noise during the day	82	82	80	81	82

7 Appendix 4: Importance study questionnaire



PATIENT FEEDBACK SURVEY

INPATIENTS

What is the survey about?

We are interested in finding out what aspects of inpatient care are most important to people who use hospital services in England.

Who is carrying out the survey?

The survey is being carried out by Picker Institute Europe working with your local hospital, and has been commissioned by the Healthcare Commission.

Completing the questionnaire

The following pages show a list of statements describing different aspects of hospital care. Please place a cross inside one box for each statement to indicate how important you feel this aspect of care is to you.

You may feel that some statements do not apply to you. Please place a cross inside the 'not applicable' box for these questions.

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

Don't worry if you make a mistake; simply scribble out the mistake and put a cross 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 52 73**.

Your participation in this survey is voluntary.

Your answers will be treated in confidence.



What do you think is most important about your inpatient stay?

Please cross one box on each line

	VERY IMPORTANT	←—————→			NOT AT ALL IMPORTANT	NOT APPLICABLE
AMBULANCE CARE						
The ambulance crew are reassuring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 1
The ambulance crew explain my condition and treatment in a way that I can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 2
The ambulance crew do everything they can to help control my pain	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 3
EMERGENCY ADMISSIONS						
I receive enough information about my condition or treatment while in A&E	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 4
My condition or treatment is explained in a way that I can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 5
I have privacy while being examined or treated in A&E	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 6
WAITING LIST ADMISSIONS						
I receive printed information on my condition or treatment before admission	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 7
I receive printed information about the hospital before admission	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 8
I have a choice about which hospital I am admitted to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 9
I have enough information about different hospitals so I can make a choice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 10
I have a choice of admission dates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 11
The hospital does not change my admission date	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 12
I am on a waiting list for only a short time before being admitted to hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 13
HOSPITAL ENVIRONMENT AND FACILITIES						
I do not have to wait too long to get to a bed after arriving at hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 14
I am told how long I shall have to wait for a bed after arriving at hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 15
I receive good quality food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 16

Please cross one box on each line

	VERY IMPORTANT	←————→			NOT AT ALL IMPORTANT	NOT APPLICABLE	
I have a choice of meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	17
I can get healthy meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	18
I have access to food when I am hungry (not just at mealtimes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	19
I receive help to eat my meals, at the time I need it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	20
The rooms and ward are clean	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	21
The bathrooms and toilets are clean	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	22
I do not have to move wards too often	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	23
I am given information about ward routines (e.g. mealtimes, visiting hours, ward rounds, etc)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	24
I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	25
I do not have to share the same bathroom or shower facilities as patients of the opposite sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	26
I am not bothered by noise at night	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	27
I am not bothered by noise during the day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	28
I am not bothered or threatened by other patients or visitors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	29
There is somewhere secure to keep the personal possessions that I bring to hospital	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	30
STAFF							
The doctors know enough about my medical history and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	31
The nurses know enough about my medical history and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	32
The doctors can answer questions about my condition and treatment in a way that I can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	33
The nurses can answer questions about my condition and treatment in a way that I can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	34
I have confidence and trust in the hospital staff who treat me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	35
The doctors and nurses are reassuring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	36
I am told which doctor is in overall charge of my care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	37

Please cross one box on each line

	VERY IMPORTANT	←—————→			NOT AT ALL IMPORTANT	NOT APPLICABLE
The doctors and nurses are open with me about my treatment or condition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 38
I have enough time to talk to the doctors about my condition and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 39
I have enough time to talk to the nurses about my condition and treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 40
The doctors wash or clean their hands between touching patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 41
The nurses wash or clean their hands between touching patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 42
The doctors and nurses work well together	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 43
The staff dealing with my care introduce themselves to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 44
The staff wear name badges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 45
There are enough nurses on duty to take care of me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 46
The doctors and nurses do not talk in front of me as if I am not there	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 47

YOUR CARE AND TREATMENT

	VERY IMPORTANT	←—————→			NOT AT ALL IMPORTANT	NOT APPLICABLE
There is someone who can explain the risks and benefits of my treatment in a way that I can understand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 48
I am given the option to refuse any treatment I do not agree with	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 49
I get assistance quickly after using the call button	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 50
There is someone on the hospital staff who I can talk to about my worries or fears	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 51
My permission is asked before medical students can attend my examinations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 52
Members of staff do not give me conflicting information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 53
I have privacy when I discuss my condition or treatment with hospital staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 54
I have privacy when I am being examined or treated by hospital staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 55
My family or someone close to me has the chance to talk to a doctor about my care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 56

Please cross one box on each line

I am involved in decisions about my care and treatment

VERY IMPORTANT	←—————→				NOT AT ALL IMPORTANT	NOT APPLICABLE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	57

There are members of staff available to explain my hospital test results to me

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	58
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Hospital staff do everything they can to help control my pain

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	59
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OPERATIONS AND PROCEDURES

Before my operation or procedure, I get a clear explanation of what will happen

VERY IMPORTANT	←—————→				NOT AT ALL IMPORTANT	NOT APPLICABLE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	60

There are staff available to answer any questions I have about my operation or procedure

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	61
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The risks and benefits of my operation or procedure are explained to me in a way that I can understand

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	62
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I am told how I can expect to feel after my operation or procedure

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	63
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Staff tell me how my operation or procedure has gone in a way that I can understand

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	64
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LEAVING THE HOSPITAL

I do not have to wait around on the day of my discharge from hospital

VERY IMPORTANT	←—————→				NOT AT ALL IMPORTANT	NOT APPLICABLE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	65

I am told about the purposes of the medicines that I take home with me

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	66
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

I am told about the possible side effects of the medicines that I take home with me

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	67
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

I am told how I should take my medicines

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	68
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

I am given written or printed information about the medicines that I take home with me

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	69
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

I am given printed information about my condition and treatment

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	70
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I am told about the **danger signals** of my condition to watch for after I leave hospital

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	71
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I am told when I can resume normal activities (e.g. going to work or driving a car)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	72
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I am told who to contact if I am worried about my condition after I leave the hospital

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	73
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Please cross one box on each line

My family or someone close to me is given enough information to help me recover

VERY IMPORTANT	←—————→				NOT AT ALL IMPORTANT	NOT APPLICABLE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	74

I receive copies of letters between the hospital doctors and my family doctor (GP)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	75
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OVERALL

The hospital asks me for my views on the quality of the care I have received

VERY IMPORTANT	←—————→				NOT AT ALL IMPORTANT	NOT APPLICABLE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	76

I am treated with respect and dignity by hospital staff

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	77
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

I am told how to make a complaint about the care I receive

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	78
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

The hospital will take notice of any complaints and act on them if necessary

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	79
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

My religious beliefs are respected by the hospital staff

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	80
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

The hospital provides facilities that allow me to practice my religious beliefs

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	81
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

A translator or interpreter is provided by the hospital

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	82
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----

Is there **anything else** about your inpatient care that is important to you?

If so, please write it in the box below

A1. Are you male or female?

- 1 Male
2 Female

A2. What is your year of birth?
(Please write in)

Y	Y	Y	Y
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A3. Was your most recent hospital stay planned in advance or an emergency?

- 1 Emergency or urgent
2 Waiting list or planned in advance
3 Something else

A4. Do you have a long-standing physical or mental health problem or disability?

- 1 Yes → **Go to A5**
2 No → **Go to A6**

A5. Does this problem or disability affect your day-to-day activities?

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

A6. 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

A7. To which of these ethnic groups would you say you belong?

- 1 White
2 Mixed
3 Asian or Asian British
4 Black or Black British
5 Chinese
6 Any other ethnic group

(Please write in box below)

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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.

8 Appendix 5: cognitive interviews

8.1 Testing the questionnaire: cognitive interviews

Introduction

Cognitive interviews were conducted with eight ethnically diverse volunteers with recent experience of inpatient hospital stays in England. Testing was primarily for understanding of the questionnaire instructions, understanding of the Likert scales used, and comprehension of the statements about aspects of care asked in the questionnaire. Volunteers answered an advertisement placed in a local online and printed newspaper.

During the interviews, participants were asked to read the instructions on the front of the questionnaire and to answer the questions. They were asked whether the instructions were clear and easy to understand, and were encouraged to comment on any thoughts they had whilst completing it. The researchers probed the participants whilst they were completing the questionnaire to assess their comprehension of the questions and to ensure that the given response options were a good fit with their experience. Questions were asked about understanding of the Likert scale and when a response of 'not applicable' might be selected.

Interviews

Interview 1: (Chinese female, 40 yrs old), questionnaire version 1.

The interviewee read the cover page of the questionnaire in a slow, considered manner. She did not feel there was enough information on the cover to fully inform her about the purpose of the questionnaire. She was provided with a copy of the cover letter to be used and thought that this answered all of her questions. This individual had a two night stay for an elective surgical admission.

The interview took approximately 40 minutes and the interviewee thought the questionnaire to be simple to understand, quick to complete, but not very interesting to do or salient to reporting her hospital experiences. She did not tick the "not applicable" box for any statement and, when asked about this, said she did know it was an option but that she viewed the questionnaire as a 'wish list' and so rated every statement as if it were applicable to her.

Specific comments on the questionnaire

Operations and procedures (Q66); "there are staff who can tell me how my operation or procedure has gone in a way that I can understand". She felt this was misleading because, although there were staff who could tell you this, it did not necessarily mean that they will. She suggested this is changed to "Staff do tell me how my operation or procedure has gone in a way I can understand".

Additional items to add:

Diagnosis – I am told my diagnosis, a correct diagnosis was made, I could discuss my diagnosis, etc

Interview 2: (White female, 28 yrs old), questionnaire version 1.

The interviewee was highly educated and born in Poland. English was not her first language, but she was competent if not fluent. She read the cover page of the questionnaire at an even pace and demonstrated full understanding of the instructions provided. She had experienced a three day stay under the specialty of gynaecology.

The interview took approximately 35 minutes and the interviewee progressed quickly through the questionnaire. She ticked “not applicable” for all statements pertaining to ambulance and emergency admission as her admission was a planned and she did not feel these were relevant to her.

Specific comments on the questionnaire

The interviewee thought the addition of arrow bars (↔) between the ratings “very important” and “not at all important” would imply a scale or continuum for answering the questionnaire. The interviewee noticed that Q31 “I have confidence and trust in the doctors who treat me” had the word ‘personal’ added to the end of it. This should be removed. Q62 “I get a clear understanding of what will happen during my operation or procedure” was confusing. She interpreted this to mean the explanation would happen at the same time and, as she was unconscious due to anaesthesia, this couldn’t happen. Interviewee also thought Q66 should be reworded to “staff do tell me how my operation or procedure has gone in a way I can understand”.

Additional items to add:

Interviewee would have liked to see a statement on parking added and specified availability of parking and cost, both to patients and visitors. She also mentioned the ease of getting tokens or change for parking.

Interview 3: (White female, 42 yrs old), questionnaire version 1.

The interviewee was English and raised no issues with the instructions or statements on the cover page of the questionnaire. This lady had experienced a single overnight stay for an emergency admission.

The interview took approximately 30 minutes and the interviewee progressed quickly through the questionnaire. She did not tick the “not applicable” box for any statement.

Specific comments on the questionnaire

This interviewee agreed that the addition of arrow bars (↔) between the ratings would improve interpretation of the scale by patients. She also picked up the error in Q31 - “I have confidence and trust in the doctors who treat me” had the word ‘personal’ added to the end of it. Q80 “I am told how to make a complaint about the care I received” – the interviewee thought this presented two issues; if patients were told how to complain upon admission, or if they were told when they had need to complain. She wanted clarification on this. Following discussion with the Healthcare Commission, we decided this statement should be left broad and not to amend this question.

Additional items to add:
None raised.

Amendments to version one of questionnaire

Arrow bars (↔) have been inserted between the ratings of “very important” and “not at all important” to imply a continuous scale between these options. These headings have also been added at the top of each new section as well as at the top of each page.

Q31 now reads “I have confidence and trust in the doctors who treat me”.

Q62 now reads “Before my operation or procedure, I get a clear explanation of what will happen”.

Q66 now reads: “Staff tell me how my operation or procedure has gone in a way I can understand”.

Interview 4: (White male, 25 yrs old), questionnaire version 2.

The interviewee was born in England and raised no issues with the instructions or statements on the cover page of the questionnaire. He had experienced a four day stay for an emergency admission and was undergoing continual care in the community. He rates his current health as ‘poor’.

The interview took approximately 25 minutes and the interviewee progressed quickly through the questionnaire. The “not applicable” box was only selected for the statements on religion and a hospital translator (Q80-82) as the interviewee felt unable to comment on these statements that “he could not imagine ever applying to him”.

Specific comments on the questionnaire

Q23 “I do not have to share a sleeping area (e.g. a room or bay with patients of the opposite sex)”. The interviewee thought the brackets for Q23 in version 2 of the questionnaire should have ended before the end of the sentence. This was a typing error and has been amended (see “amendments to version 2 of questionnaire” below).

He commented on the rating ‘very important’. He felt this was an “emotionally loaded term” that may “blackmail” respondents into selecting a certain option. He felt media pressure and political correctness may influence this, and this may have had an impact on his choice to select “not applicable” for the religion and translator statements. He suggested the use of ‘most important’ or ‘more important’.

Additional items to add:
Information about scheduling of procedures or tests, and being given information or reasons on why they did not occur.

Interview 5: (Asian male, 61 yrs old), questionnaire version 2.

The interviewee was born in Sri Lanka and learned English at the age of 22 when he first planned on moving to England. Although he was a slow reader, he raised no issues with the instructions or statements on the cover page of the questionnaire. He had experienced a six day stay for a planned orthopaedic admission.

The interview took approximately 45 minutes and the interviewee progressed slowly through the questionnaire. He asked a direct question of the interviewer to establish whether his answers to the questionnaire should be based on his actual experiences or “what I think the best hospital would be”. It was not possible to evade this question, so we confirmed the second option was correct. He did not tick any “not applicable” boxes.

Specific comments on the questionnaire

Due to his age and poor vision, the interviewee had difficulty reading across the page without more cues. It was proposed to him that we would include shading of every second row and he thought this would help greatly.

The interviewee thought the placement of the questions on religion and translator services at the end of the questionnaire implied they were unimportant and should be put at the start, immediately following ambulance services.

Additional items to add:

More statements addressing religious needs.

Statements on visual disability and signage.

Amendments to version two of questionnaire

Q23 now reads “I do not have to share a sleeping area (e.g. a room or bay) with patients of the opposite sex.

It was decided not to change the rating terms used. In consultation with the Healthcare Commission it was decided that ‘most important’ implies there could only be one item ticked for this category, and the term ‘more important’ would require a frame of reference that would most likely vary depending on the statement immediately above it.

The Acute Co-ordination Centre decided not to relocate the questions on religion and translator services as the current format of the importance questionnaire is ordered appropriately to reflect the 2006 inpatient survey and the demographic section, “about you”, is where these questions should be placed.

The questionnaire was shaded so that every second row is in a faded grey. This will be assessed for ease of use.

Interview 6: (Japanese female, 28 yrs old), questionnaire version 3.

The interviewee was born in Japan but educated at an English language college in Munich and was an undergraduate at Oxford University. She rapidly read the instructions and statements on the cover page of the questionnaire with no issues. She had experienced an overnight stay following a fainting episode.

The interview took approximately 20 minutes and raised no questions about the statements, ratings, or format.

Specific comments on the questionnaire

The interviewee was shown two versions of the questionnaire, versions 2 and 3. Version 3 was perceived as being of a higher professional standard and finish, and considered easier to read due to the alternate grey shading.

Additional items to add:
None raised.

Interview 7: (black male, 34 yrs old), questionnaire version 3.

The interviewee was born in Britain and had a two day stay in hospital following a fall. He quickly read the instructions and statements on the cover page of the questionnaire with no issues.

The interview took approximately 25 minutes.

Specific comments on the questionnaire

The interviewee was shown two versions of the questionnaire, versions 2 and 3. Version 3 was perceived as being “much flashier”, and considered easier to read due to the alternate grey shading.

The interviewee felt there should be more statements about how members of the patient’s family were treated by hospital staff. We discussed the statements that were included and the interviewee agreed that these did cover all of the issues he could think of.

Additional items to add:

As mentioned above, more questions on support for members of the patient’s family, their treatment by staff, and the courtesy of all hospital staff towards them.

Interview 8: (white male, 19 yrs old), questionnaire version 3.

The interviewee was born in Britain and had a five day stay in hospital for an orthopaedic repair of his anterior cruciate ligaments (knee surgery). He read the instructions and statements on the cover page of the questionnaire and raised no issues.

The interview took approximately 20 minutes.

Specific comments on the questionnaire

The interviewee was shown two versions of the questionnaire, versions 2 and 3. He preferred version 3 but wasn’t sure why.

He did not make comment on any further questions other than to suggest that Q72 - “I am told when I can resume normal activities (e.g. going to work or driving a car) – should include advice on when to return to sports too.

Additional items to add:

None raised.

Amendments to version three of questionnaire

The consensus was that shading of alternate rows made the questionnaire more professional and easier to read. This version was adopted for the survey mailing.

It was decided not to add 'sports' to the examples at Q72 in order to maintain comparability with the current inpatient question on resuming normal activities. We could consider altering this statement to include this option for the 2007 questionnaire.

As no substantive comments were made about version three of the questionnaire, we completed cognitive testing at this point.

Conclusions

Cognitive testing has led to refinement of some of the statements used and to the format of the questionnaire, but no changes were made to overall content. The revised questionnaire included almost all of the questions that were used in the inpatient 2006 core questionnaire and a number of additional questions discussed above.

9 References

Department of Health (2004). Standards for better health, Department of Health; London.