

THE DEVELOPMENT REPORT FOR THE NHS ADULT INPATIENT SURVEY 2015

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Making patients' views count

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1 Introduction

A national survey of adult inpatients was first carried out in all acute trusts¹ in England in 2002, and has been conducted annually since 2004. The average response rate across all trusts to the 2014 survey was 47%. In 2015 the survey will be conducted again, as part of the NHS Patient Survey Programme. The survey will give acute trusts information on inpatient care to facilitate targeted quality improvement.

Information drawn from the questions in the 2015 Adult Inpatient survey will be used by the Care Quality Commission (CQC) in its assessment of trusts in England. The results are also used by NHS England and the Department of Health for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), the NHS England overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

The survey methodology is largely comparable to that of the 2014 survey – trusts will send out a paper self-completion questionnaire to eligible adult inpatients – but there have been some notable changes, please see section 3 for details.

Summary of development

Consultation with key stakeholders (CQC, NHS England, and the Department of Health) identified that questions were needed to assess the patient experience of integrated care.

Nine new questions, focusing primarily on experiences of integrated care, were added to the 2014 questionnaire and this questionnaire underwent cognitive testing. This process tests both the new questions and the questions that have been used in previous years. If any issues were identified with previously used questions they would be considered for modification.

The questionnaire was tested in May 2015 with twelve people who had been an inpatient in an NHS hospital in the past 6 months. This testing took place primarily in Oxford and the surrounding areas. Two rounds of testing were completed. Alterations were made to some of the questions between rounds due to the feedback received from participants in the first round.

This document describes changes made to the 2014 questionnaire – new items added to the questionnaire for 2015 and changes to guidance documents and survey protocol.

¹ Those trusts that only treat children (Alder Hey Children's NHS Foundation Trust, Birmingham Children's Hospital NHS Foundation Trust, Great Ormond Street Hospital NHS Trust and Sheffield Children's NHS Trust) were not eligible for participation. Moorfields Eye Hospital NHS Foundation Trust has not participated in recent years as they treat too small a number of inpatients to make up an inpatient sample.

2 Amendments to the questionnaire for 2015

Four questions were selected to be added to the 2014 questionnaire. No questions present in the 2014 questionnaire were removed.

2.1 Questions added

Of the nine new questions that were tested, four were selected for inclusion in the 2015 questionnaire. These four questions are listed below, along with a summary of the feedback from the testing participants, an explanation for why they were selected for inclusion within the questionnaire and whether or not they were altered between rounds of testing.

The five questions that were not selected for inclusion in the 2015 questionnaire were rejected for a variety of reasons. Three of these were rejected because it was found during testing that they overlapped with questions already in the 2014 questionnaire. The other two questions tested well but had to be excluded due to space constraints on the 2015 questionnaire. The first of these questions was only applicable to patients who had planned admissions (39% of respondents in 2014), and the second was rejected by stakeholders as it did not assess a high priority aspect of patient experience.

The question numbers correspond to the numbering of the 2015 questionnaire.

31. In your opinion, did the members of staff caring for you work well together?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / can't remember

This question changed between round one and round two of testing.

Round one: "Did the members of staff caring for you work well together?"

The round one version of this question was found to be difficult to understand. One person selected the 'don't know/can't remember' response and stated that they wouldn't know as it happens "behind the scenes"; another commented that it's "just your impression as you can't really know" if the staff are working well together. One respondent talked about having to "assume" that the staff were working well together and another selected "Yes, always" as their response but commented this was chosen as she was "not aware of it being otherwise".

Most participants did not seem to understand that they were being asked for their assessment of how well the medical staff worked together to care for them.

Round two: “In your opinion, did the members of staff caring for you work well together?”

In round two, the wording of the question was modified to address the issue that arose in the first round of testing. “In your opinion” was added to the start of the question to try and make the purpose of the question clearer to respondents. This change seemed to have the desired effect as round two participants found the question easier to answer. There were no participants who raised concerns about not knowing what goes on behind the scenes.

The participants in round two viewed this question as covering a wide range of hospital staff involved in healthcare (i.e. doctors, nurses, care assistants, pharmacists). Participants saw this question as concerning communication between different hospital staff that were involved in their treatment.

For example, interviewees suggested that they would know there was an issue if, after a shift change, the new hospital staff had not carried out a dressing change or had not brought medicine that the patient needed. Another respondent mentioned that two of their doctors disagreed on what course of action to take but said that this did not affect their answer as it was not a communication issue, but a medical disagreement. One participant answered “Yes, always” and talked of how notes were passed between nurses, doctors and pharmacists so that they did not need to repeatedly ask the same questions.

This question was chosen to be included in the 2015 questionnaire as, after a slight modification, it was received well in testing. Based on the responses during testing it is thought that questionnaire respondents will answer negatively if they thought there was a problem in how the staff that cared for them worked together.

56. Where did you go after leaving hospital?

- 1 I went home **→ Go to 57**
- 2 I went to stay with family or friends **→ Go to 57**
- 3 I was transferred to another hospital **→ Go to 58**
- 4 I went to a residential nursing home **→ Go to 58**
- 5 I went somewhere else **→ Go to 59**

This question was not changed between round one and round two of testing. This question was answered easily by all participants. It is necessary to be included as it is used to route participants to two of the other new questions (Q57 and Q58). This question is not used for evaluation.

57. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?

- 1 Yes, definitely → **Go to 59**
- 2 Yes, to some extent → **Go to 59**
- 3 No, but support would have been useful → **Go to 59**
- 4 No, but I did not need any support → **Go to 59**

This question changed between round one and round two of testing. In round one of testing there were only three responses (“Yes”, “No, but support would have been useful” and “No, I did not need any support”).

Round one: “Did you have any continuing support from health or social care professionals to help you recover and manage your condition at home?”

Participants found this question easy to answer, but we found that the phrase “any continuing support” was slightly misleading participants and was not guaranteeing a good measure of integrated care. For example, one participant replied “yes” despite not receiving any in-home care. The change of wording and the alterations to the responses were made to try and resolve this issue and allow for respondents to tell us not only whether there was relevant support, but whether this support was sufficient to meet their needs.

Round two: “After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition at home?”

The wording of the question in round two did not cause any issues, participants were able to understand and answer the question easily. Some participants viewed support as being something as minor as being told who to call if there were any problems, but most participants understood the question to be referring to home visits from health or social care professionals.

This question was included as it, along with Q56 and Q57, provides a potential measure of a trusts integrated care performance.

Please note: the wording of this question was slightly amended (“at home” was removed from the end of the question) post-testing at the request of stakeholders. It was thought that the “at home” phrase could confuse respondents who had been directed to this question

when answering Q56 with the “I went to stay with friends or family” response. This question will be monitored and kept under review.

58. When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing your care?

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

This question was not changed between round one and round two of testing.

During cognitive testing, none of the participants were routed to this question. Due to this, we cannot provide any findings for how participants responded to this question. This question was included at the request of stakeholders as it was felt to assess an important aspect of integrated care – how well patients moving between care environments are handled.

The co-ordination centre would recommend further testing of this question if it is to be included in future iterations of the inpatient survey.

3 Changes to survey protocol

3.1 Increased sample size

The sample size has been increased from 850 to 1250. This larger sample size will mean the data gathered is more reliable and it will allow more granular analysis on the data. Alongside the collection of ICD-10² chapter codes the larger sample size should enable trusts to pinpoint specific departments that are excelling, or which need improvement, when it comes to patient care.

3.2 Collection of ICD-10 chapter codes

New to the 2015 survey is the collection of ICD-10 chapter code information for each patient in the sample. This is the first year that such information has been collected and it will enable more detailed analysis of the inpatient experience across England.

3.3 Fixed sampling month

In previous years, trusts were able to select their sample month (June, July or August). This year, the sample month has been fixed to July, so all trusts must draw their sample of 1250 from patients discharged in July 2015. Where this is not possible (a few trusts are too small to reach this number from one month alone) trusts are able to sample back as far as January 2015 to meet the required sample size.

3.4 New questionnaire fields

Two fields have been added to the questionnaire this year. One field on the front page is for approved contractors and in-house trusts to enter their helpline number. The second field is located on the bottom of the back page and allows approved contractors and in-house trusts to enter the address to which the questionnaire should be posted (if the respondent has lost the freepost envelope included in the questionnaire mailing). The purpose of adding these fields is to allow respondents to complete the questionnaire in full and return it, even if they have lost every other accompanying document.

² ICD-10: This refers to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems. ICD-10 codes refer to specific diagnoses, ICD-10 chapter codes refer to broad groups of diagnoses (e.g. Diseases of the respiratory system).

3.5 Removal of additional text in mailing letters

In 2014, for the first time, trusts were given the opportunity to include additional text in their mailing letters, informing respondents about the changes that were made based upon feedback received from the 2013 inpatient survey. However, it was found to be problematic for contractors to implement and only a small number of trusts decided to utilise this space. Due to this, the space for this additional text has been removed from the 2015 mailing letters and trusts will not be allowed to include such text.

3.6 Pilot study - Improving response rates

A pilot study is being run alongside the 2015 survey to test two methods (pre-approach letters and a re-designed questionnaire) that may help to boost response rates. The response rate for the inpatient survey has slowly declined over the last few years and, if the pilot study provides evidence of their efficacy, they could be included as part of the standard survey protocol in future years.

Pre-approach letters will be sent out approximately two weeks before participants receive their first survey mailing. The re-designed questionnaire includes a number of changes, a significant one being that the entire questionnaire is now in colour, rather than just the front page.

Four trusts have been recruited to run a study that is testing the two aforementioned methods. Each trust will draw a sample of 625 eligible patients (using the same eligibility criteria as in the national survey) in addition to their national survey sample.

Each pilot trust will then be assigned to one of four conditions: 1) A control that just receives the standard national survey mailings 2) The trust's sample will receive both the pre-approach letter and the re-designed questionnaire 3) The trust's sample will receive just the pre-approach letter 4) The trust's sample will receive just the re-designed questionnaire. Each of the four conditions will have a sample size of 625.

These two methods will be evaluated by comparing the response rates achieved by the four pilot trusts in their national survey sample to the response rates of their pilot sample. It is expected that both of these measures will increase response rates. Condition 1 (the control) are expected to have the lowest response rate of the four pilot conditions and condition 2 (receiving both the pre-approach letters and the re-designed questionnaire) are expected to have the highest. Condition 3 and 4 are expected to have higher response rates than Condition 1, but lower than Condition 2.

4 Appendix A: Summary of changes to the inpatient questionnaire, 2014-2015

Q number	Question wording	Summary of change *
Q1	Was your most recent hospital stay planned in advance or an emergency?	
Q2	When you arrived at the hospital, did you go to the A&E Department (also known as the Emergency Department, Casualty, Medical or Surgical Admissions unit)?	
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	
Q5	When you were referred to see a specialist, were you offered a choice of hospital for your first hospital appointment?	
Q6	How do you feel about the length of time you were on the waiting list before your admission to hospital?	
Q7	Was your admission date changed by the hospital?	
Q8	In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	
Q10	While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?	
Q11	When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?	
Q12	During your stay in hospital, how many wards did you stay in?	

Q13	After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?	
Q14	While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?	
Q15	Were you ever bothered by noise at night from other patients?	
Q16	Were you ever bothered by noise at night from hospital staff?	
Q17	In your opinion, how clean was the hospital room or ward that you were in?	
Q18	How clean were the toilets and bathrooms that you used in hospital?	
Q19	Did you feel threatened during your stay in hospital by other patients or visitors?	
Q20	Were hand-wash gels available for patients and visitors to use?	
Q21	How would you rate the hospital food?	
Q22	Were you offered a choice of food?	
Q23	Did you get enough help from staff to eat your meals?	
Q24	When you had important questions to ask a doctor, did you get answers that you could understand?	
Q25	Did you have confidence and trust in the doctors treating you?	
Q26	Did doctors talk in front of you as if you weren't there?	
Q27	When you had important questions to ask a nurse, did you get answers that you could understand?	
Q28	Did you have confidence and trust in the nurses treating you?	
Q29	Did nurses talk in front of you as if you weren't there?	
Q30	In your opinion, were there enough nurses on duty to care for you in hospital?	
Q31	In your opinion, did the members of staff caring for you work well together?	New question
Q32	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	
Q33	Were you involved as much as you wanted to be in decisions about your care and treatment?	
Q34	Did you have confidence in the decisions made about your condition or treatment?	

Q35	How much information about your condition or treatment was given to you?	
Q36	Did you find someone on the hospital staff to talk to about your worries and fears?	
Q37	Do you feel you got enough emotional support from hospital staff during your stay?	
Q38	Were you given enough privacy when discussing your condition or treatment?	
Q39	Were you given enough privacy when being examined or treated?	
Q40	Were you ever in any pain?	
Q41	Do you think the hospital staff did everything they could to help control your pain?	
Q42	How many minutes after you used the call button did it usually take before you got the help you needed?	
Q43	During your stay in hospital, did you have an operation or procedure?	
Q44	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	
Q45	Beforehand, did a member of staff explain what would be done during the operation or procedure?	
Q46	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	
Q47	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	
Q48	Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?	
Q49	Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?	
Q50	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	
Q51	Did you feel you were involved in decisions about your discharge from hospital?	
Q52	Were you given enough notice about when you were going to be discharged?	
Q53	On the day you left hospital, was your discharge delayed for any reason?	
Q54	What was the MAIN reason for the delay?	
Q55	How long was the delay?	

Q56	Where did you go after leaving hospital?	New question
Q57	After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	New question
Q58	When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing your care?	New question
Q59	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	
Q60	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	
Q61	Did a member of staff tell you about medication side effects to watch for when you went home?	
Q62	Were you told how to take your medication in a way you could understand?	
Q63	Were you given clear written or printed information about your medicines?	
Q64	Did a member of staff tell you about any danger signals you should watch for after you went home?	
Q65	Did hospital staff take your family or home situation into account when planning your discharge?	
Q66	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	
Q67	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	
Q68	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?	
Q69	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)	
Q70	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	
Q71	During your time in hospital did you feel well looked after by hospital staff?	
Q72	Overall...	
Q73	During your hospital stay, were you ever asked to give your views on the quality of your care?	
Q74	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	
Q75	Who was the main person or people that filled in this questionnaire?	

Q76	Do you have any of the following long-standing conditions?	
Q77	Does this condition(s) cause you difficulty with any of the following?	
Q78	Are you male or female?	
Q79	What was your year of birth?	
Q80	What is your religion?	
Q81	Which of the following best describes how you think of yourself?	
Q82	What is your ethnic group?	

*If cell is blank, there has been no change since 2014.