

Advice Centre for NHS Patient Survey Programme



Development and Pilot testing of the NHS Acute Trust Outpatient Survey 2003

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1 Executive Summary

This report outlines the research carried out by the Picker Institute Europe to develop a survey for patients who attend Outpatients departments in the UK. It also describes the further development work carried out by NHS Survey Advice Centre (within Picker Institute Europe) to develop questionnaire and survey methodology for use by acute NHS Trusts in England during the spring 2003, as part of the NHS patient survey programme.

The questionnaire topics were designed to reflect issues that are important to patients and to take account of policy priorities. The questions were based on consultations with patients in focus group work, with NHS trust staff and the project sponsors (CHI). A short 'Importance' survey was also carried out with recent outpatients to investigate the priority of different aspects of outpatient care.

1.1 Aims

The aims of this work were:

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

1.2 Methods

The key stages were:

- Focus group discussions with patients.
- Discussions with project sponsors, Commission for Health Improvement (CHI), on the scope of topics to be covered and the information which might be required for the calculation of performance ratings.
- Development of new questions based on issues raised by patients during the focus group sessions.
- Cognitive interviews (face-to-face) to check patients' understanding of the questions.
- An 'Importance Study' to ask members of the public with a recent outpatient experience to complete a short (2-sided) survey to rate topics in terms of their importance to patients using outpatients services.
- Development of the Outpatient survey was undertaken in parallel with the Emergency Department survey, so there was some cross-referencing of issues raised during the development process.
- Refinement of questions based on all of the above to develop the pilot questionnaire.
- Consultation with CHI and NHS trusts to develop the sampling procedure.
- Mailing of a full scale (850 patients) pilot survey, with two follow-up reminders to non-responders.
- Refinement of the pilot questionnaire based on analysis of the quality of the pilot survey data and further feedback from CHI on policy issues to develop the main Outpatient questionnaire for 2003.

1.3 Results

Four focus groups were carried out. The discussions helped to identify the issues that are important to patients visiting outpatients departments in NHS hospitals.

The adult Outpatient Questionnaire (2001) was developed by Picker Institute Europe, based on the findings of the focus groups. After producing an initial draft of the questionnaire, it was tested in cognitive interviews with patients, redrafted and piloted in a postal survey. The Picker adult Outpatient Questionnaire was then successfully used in 15 hospitals across Great Britain. This questionnaire was used as the starting point in 2002 when further

development work was carried out to adapt the survey for use in the national survey of Outpatients Departments in 2003.

A 12-page 89-question questionnaire was developed and refined through further discussions with CHI and NHS trust staff, and was tested in cognitive interviews with patients. The sample of patients was drawn by the pilot trust, following written guidance. Completed questionnaires were returned to the Survey Advice Centre for analysis. The pilot survey found that a good response rate (60 percent) can be achieved using the 12-page Outpatients questionnaire and following the survey methodology described in the guidance manual (See NHS trust-based patient surveys: acute hospital trusts – Outpatients, available on the www.nhssurveys.org website.)

2 Background to the Outpatients Survey

2.1 The NHS National Patient Survey programme

Obtaining feedback from patients and taking account of their views and priorities is vital for bringing about improvements in the quality of care and placing the patient at the centre of health services.

The Commission for Health Improvement (CHI) has taken over responsibility for the national patient survey programme from the Department of Health, following the establishment of the Office for Information on Health Care Performance.

During 2002, all NHS acute trusts in England undertook a survey of inpatients. During spring 2003, acute trusts carried out surveys of outpatients and emergency department patients. The role of the NHS Survey Advice Centre includes developing the questionnaires and survey methodology for these surveys. This document describes the development work and pilot studies carried out in preparation for the 2003 Outpatients survey.

The patient survey results from each trust will be compiled into a national dataset and used for the 2003 trust performance indicators and ratings and to provide benchmarks for trust results. This information will be published by CHI. Trusts will also be able to use their own data at the local level to guide quality improvements.

2.2 Questionnaire design

Picker Institute Europe has developed a series of self-completion survey instruments which can be used to obtain detailed reports of patients' experiences.

Rather than ask patients to rate their level of satisfaction with services, the Picker surveys ask patients whether or not certain processes and events occurred during their care. The questions are designed so that the responses can easily be translated into actionable results for the trust. The information obtained is much more useful than asking patients to rate their satisfaction with aspects of their care, as 'satisfaction' depends on an individual patient's personal preferences and expectations, as much as their actual experience and it is impossible to separate out the effects of individual preferences and expectations when patients are asked to rate their satisfaction.

The topics covered are derived from extensive qualitative research with patients to determine which issues they regard as important. The conceptual basis and design of the Picker questionnaires has been described elsewhere (Cleary *et al.*, 1993; Coulter *et al.*, 2001, Jenkinson *et al.*, 2002).

3 Focus Groups

Focus groups were carried out during the initial development of the Picker Outpatient Survey (2001) for the UK. The primary purpose of these groups was to highlight the issues which were important to outpatients regarding the quality of care they had received at local British hospitals.

The focus groups were held during September 2000. The participants were all adults who had attended X-ray, ENT, orthopaedic or dermatology outpatient appointments during August 2000. They were invited to participate by a letter sent from the trust medical director. An accompanying letter from the Picker Institute provided details of the FREEPHONE number to ring if they wished to participate. The sessions were held in confidence and the names of the participants were not known to the trust. Four groups were held (afternoon and evening sessions), lasting between one and a half and two hours each. In total 33 patients participated. There were 15 females and 18 males, who took part in either single- and mixed-sex groups.

The discussions were moderated by experienced researchers, following a topic guide (Appendix 1. Appendix 2) and the discussions were recorded on audiocassette. The tapes were transcribed and analysed, taking care that any information that could identify individuals was omitted from reports. Patients were asked to discuss the outpatient process by drawing upon their own recent experiences. The discussion was structured around the following topics:

- Before the appointment

- Treatment
- Co-ordination of care
- Information and support
- Privacy
- Medical students

3.1 Before the appointment

Making an appointment

Patients were often referred to the outpatient clinic by their GP in the first instance and this usually meant waiting for the hospital to write to patients, offering an appointment. The length of wait varied. For example, to get an appointment with the dermatology clinic (also referred to as the skin clinic) some were “lucky” to wait only a couple of months while others waited over six months. Two ENT patients reported waiting nine months for an appointment.

Generally, patients wanted to be seen as soon as possible, and some found that the anxieties of waiting for diagnosis or treatment of a physical ailment added to the burden:

“It’s the waiting that plays on your mind. ...You’re going with a physical thing that’s wrong with you, and by the time you’re six months of that down the road, you’re mentally out of your trolley.”

A few patients felt helpless in the face of the appointment system. As one put it, “you are at their mercy”. Being aware of delays that can occur in getting an outpatient appointment, three female patients in one group agreed that they take what they are offered and “don’t make a fuss.”

However, several patients reported that there was some flexibility in the system, and that they were able to re-schedule appointments, either to suit their work commitments or to get seen sooner. A dermatology patient explained that a “normal” outpatient appointment at the skin clinic would involve a wait of about six months, but an “emergency” outpatient appointment could be arranged in two or three months, and how soon patients were seen depended on what they told “the person that is on the computer.” Another dermatology patient said she was in such agony when her psoriasis flared up that with the assistance of her GP and a lot of phoning and faxing, she managed to get seen at the clinic within three weeks. A third admitted that he had learned by experience that it paid to ring up and ask if there were any cancellations as it had enabled him to “jump the queue”.

A phone call to a *“very reassuring”* nurse enabled an orthopaedic patient with a badly set broken wrist to have her appointment brought forward a week. An ENT patient believed that her GP had *“pulled a few strings”* to get her a prompt appointment. In one instance a patient’s employer paid for him to *“go private”* as the wait for referral to a sleep clinic was taking too long and effecting his work.

Very few patients reported that they had had an outpatient appointment cancelled by the hospital, but one ENT patient recalled how she had been *“a wee bit miffed”* to find that her appointment had been re-scheduled from June to September. She was worried about the treatment she was receiving for glaucoma, and *“seven months was an awful long time to wait to find out if it was helping.”*

Getting there

Most of the comments about the potential difficulties of travelling to the outpatient clinics and the location of the new hospital were made by the all male group and concerned parking for cars.

One patient was worried that the closure of [Hospital A] and its re-location meant that access would be difficult as it would be *“way out in the sticks.”* Parking facilities for outpatients visiting [Hospital A] were criticised, and concerns were expressed about whether there would be adequate parking facilities at the new site.

A registered disabled male from another group commented that disabled parking was a problem because the spaces tend to be occupied by cars without disabled stickers: *“You check them off and there’s not one of them got an orange badge”*.

Waiting to be seen

There was a great deal of comment from patients in all groups about the time spent waiting for the appointment to begin once they had arrived. They appreciated being seen on time or only having to wait a few minutes. A patient receiving treatment for sinusitis summarised a recent satisfactory experience:

“I arrived there within about five minutes of when I was meant to arrive. Handed my card in, went to sit down and before I was even sat down I was being called through. Waited a couple of minutes to see the doctor and I was in.”

There were also reported cases of patients arriving at [Hospital B] clinics and being seen ahead of time. While a patient who was referred to the [Hospital C]

incontinence clinic said she was “*seen in a blink*”. One male dermatology patient always brought a book to read in case of delays but had never had to wait more than ten or fifteen minutes before being seen.

However, many patients said that they had experienced delays in being seen on one or more occasions. Several reported incidents of waiting for more than an hour, and one recalled a “*scandalous*” three hour wait at ENT - “*The Patient Charter right out the window.*”

An added irritation for some was that they found themselves being moved from one queue to another before actually seeing the person with whom they had the appointment. As one patient explained:

“I waited in one room for about forty minutes... they took me through and I sat in another room for another forty minutes. I was in at the doctor’s for less than five minutes so I waited nearly two hours and I’d only to see the doctor for five minutes”.

Patients might also have found themselves joining different queues when they had to see more than one member of hospital staff during an appointment.

One effect of the delays was overcrowding as patients waited to be seen. A [Hospital B] patient who accompanied his wife to a clinic said it was “*hell on earth... they were running about two hours late and people were sitting on the floor because there was no chairs to sit on.... It was like being at [a] Market.*”

The negative effects on individual patients of waiting for a long time included “*clock watching*”, bad temper, worry about losing one’s place in the queue, heightened anxiety about medical condition, fear of the examination or treatment - “*your nerves is literally shattered wondering what’s going to happen.*” Although only one patient reported giving up and leaving before being seen.

Getting seen quicker/queue jumping

Some people were thought to get preferential treatment or even to jump the outpatient queue. One patient said that in her experience arriving by hospital transport seemed to speed up the process in the hospital. Inpatients might be wheeled in from wards and “*mixed up with outpatients*”, but it was understood that it made sense for them to be brought in since consultants were available during clinics and radiology and other units were open. Although there was a concern from one patient that “*if there was any disease around, this would sort of spread it amongst the people who were healthy coming in.*”

But other infrequent categories of patient getting preferential treatment were less welcome, such as the *“odd couple coming in manacled to the police”* and private patients who could *“walk in, sit down, two seconds later they’re in... They’ve already gone and you’re sitting here for hours”*.

One dermatology patient thought that he was only seen when he was because he had caused a fuss after waiting almost two hours. The doctor he was due to see was busy and the sister refused to allow him to see another who was getting through appointments more quickly. Within a few minutes of requesting an outpatient advocate form he was seen by a doctor. A female ENT patient in the same group commented that she wouldn’t want to see other patients getting in ahead of her just because they are *“kicking up a stink”*, it would add to her delay in being seen and put the member of staff she was seeing *“into bad fettle”*.

Why delays occur/how the system works

There was speculation about the reasons for delays and why the appointment system works in the way that it does. Comments from various patients suggested that it was partly the fault of the visible administrative staff, ‘auxiliaries’ and nurses. One dermatology patient, for example, was most unhappy that the clinic could not even manage to start its first appointment of the day on time, yet *“there seems to be an abundance of staff just walking about and just hanging about”*. Another patient stated:

“It’s the auxiliary people, they’re the problem not the doctors or the consultant. All the nurses floating around, and all the auxiliary people up and down with their files”.

The [Hospital A] orthopaedic clinic was a *“great processing plant... on the whole its runs”*. But the pressures put on the system had led to patient notes being misfiled in the wrong pigeon holes on at least half of one patient’s appointments. Staff had to *“scrabble around”* to find them, and he wondered why the system was not computerised. He had also *“drifted through”* to see a consultant before he had an x-ray, and was sent back to *“enter the chain again”*.

Another patient recalled a situation several years earlier at the [Hospital A] clinic where they kept mislaying her notes. As she waited it annoyed her to:

“hear them through the door having long private conversations on the phone. ...the people that were supposed to be producing your notes were just having a good time as far as I could see. Not my idea of work at all.”

Consultants were also seen to be responsible for delays in that many calls were being made on their expertise at the same time. They might get called away from the outpatient clinic or delayed by urgent matters within the hospital. In one clinic the consultant in charge appeared to spend too much of his time answering his assisting doctor's queries, and not enough with patients.

It was suggested that one of the problems was that the same appointment time was given to three people. This allowed for cancellations and people not turning up but the consequences were that whoever of the three arrived first got seen first. The other two patients then had to wait, and unless they saw another doctor, their consultation/treatment could over run into the next appointment slot.

Keeping patients informed about delays

Many patients commented on the importance of being kept informed about the length of delay and the reason for it, as waiting was made more tolerable. In some cases patients felt that they were well treated. For example, orthopaedic clinic staff were described as *"very welcoming and... they tell you how long you're going to have to wait"*. A dermatology patient appreciated being told that the wait for her biopsy would be over an hour and that she might as well go to the canteen for a cup of tea. By keeping patients apprised of the situation it also showed that staff cared and were doing what they could to minimise delays - *"A wee bit of customer care."*

Not all patients felt they had been given adequate information about the delay in being seen. One recounted how he waited with nine other patients for over an hour before a nurse announced that the doctor had been called away on an emergency. Another said that after experiencing a *"nightmare"* two hour delay without explanation, the next time she attended she asked staff about how long she could expect to wait and was left with the impression that if she hadn't asked they wouldn't have told her. A third patient was told that the clinic was running ten minutes behind time and after waiting half an hour she walked out because she had an urgent appointment elsewhere: *"If I'd known that in the beginning I wouldn't have waited"*.

Comparisons were made with other situations where people have to wait. One patient said :

"People want to know why they are waiting, whether it's an airport or bus station, as long as they know and are given some sort of time-scale they will put up with it."

Another suggested that to improve the situation,

“the order you come in, you should be given a number, like you do in the supermarket, and then it gives you an idea who’s next, or how long the waiting is. Presumably if your appointment is supposed to be at eleven o’clock and you’re number eight, it’s only number four, you know it’s going to be a while.”

But it was also suggested that it wasn’t just a matter of receiving basic information from staff about waiting times. It was also a matter of the personal touch and treating everyone as an individual. Because there were so many people going through the outpatient system

“they are just going through the motions...you’re really just a number... there’s no personalization there at all”.

Hospital staff needed to treat patients with respect and courtesy – “in the same way as they would treat their own mother.”

3.2 Hospital environment/the waiting area

A few comments were made about the general hospital environment and about the reception and outpatient waiting areas.

A patient from one group said that [Hospital A] was the “*filthiest*” hospital he had been in, although he acknowledged that its poor state was probably exacerbated by its planned closure. Another patient whose wife had been a cleaner there many years ago agreed, blaming the decline of standards on the contracting out of cleaning services. By contrast, a patient said that [Hospital B] staff were “*quite meticulous about keeping the place clean, they have got high standards.*”

The orthopaedic clinic was described by one patient as:

“very crowded but it is reasonably clean... all sorts of cases moving, wheelchairs, crutches, it is not a terribly safe environment.”

Another said:

“they’ve got a little children’s area and they’ve got some posters up but they’re really grubby and ripped you know it’s just a bit sad.”

The suitability of some of the hospital seating was brought into question by a patient whose father is disabled: "...trying to get him up and down out of the chair sometimes. I mean they're so low."

Facilities for refreshment such as canteens or drinks machines were barely mentioned other than in acknowledgment that they existed, although one patient said that she was reluctant to go in search of refreshments while she was waiting for fear of missing her turn. She suggested signs to let patients know how near facilities are to the waiting area.

"Background music and posters on the wall", were suggested as a means to relieve the tedium of the wait to be seen,

"because there's nothing worse than sitting and waiting. And there's nothing to read and nothing to do and you're sitting looking at blank walls."

But the music suggestion was criticized by another patient who said he would never go near a hospital in that case – "I would go mad when there's that thump-thump-thump."

One patient summed up her views on the general outpatient environment by saying that there was already enough money "wasted" on the NHS, but the important thing is cleanliness and being able to be seen quickly – "I'm no caring if they've got a table with a table cloth on it. It's just in and out and be seen."

3.3 Treatment

Being seen by medical staff

The length of time spent during the course of the appointment – receiving treatment, being examined or having tests – varied. For some patients it was unproblematic, once they actually got to see the doctor or other medical staff. For others there was a feeling that they should not be wasting the medical staff's time, or that the process was over quicker than they might have liked. One ENT patient described it as a "sausage machine" system.

The length of time also depended upon why patients were there and what the doctors could do about their condition – whether they went for treatment rather than a "chat show." If patients were being seen about a "straightforward" uncomplicated condition that doctors thought they could treat, then the process would be quicker and less complicated than if they didn't know what to do. In the case of one dermatology patient, "they know they can't really treat me, they are

just observing me, big difference.” In his experience a patient might end up seeing various staff or having different things done to them over a “three hour period”, whereas on another occasion they are “out in an hour”. Hospital staff members were therefore unable to tell a patient how long they would be there, nor, in some cases, what would be happening to them, other than in general terms.

Other patients were bothered by not knowing what to expect during treatment. One patient said that he was unprepared for his plaster cast to be removed - *“They just decide it there and then”* - and when it was removed he was surprised to see wires sticking out of his thumb. He didn’t know they were there. Earlier, as he waited his turn, he could hear a young woman *“absolutely screaming”* in fear at the *“plaster guy”* with his electric saw –

“maybe they should have explained it a bit first, like ‘this won’t go right through into the skin’”.

Doctors/Consultants

Doctors have a central role in the treatment of patients and this appears to account for the emphasis that they were given by patients in discussing the outpatient process. With the exception of nurses, other categories of medical staff and auxiliaries were barely mentioned by patients in the group discussions.

At their worst doctors could be seen as arrogant, uncommunicative and offhand towards patients - *“they all think they are all gurus or gods.”* They could also be frightening. One particular senior consultant was criticised by several patients (from different groups) for his lack of interpersonal skills. On the other hand some patients spoke highly of the doctors they encountered, one describing the three doctors he had dealt with as *“human and humane.”* There was also a suggestion that perhaps doctors were not quite like they used to be. These days they were *“slightly more humble”*, and along with nurses were *“more open to tell you the answers”* than they had been in the past.

Communication

Patients wanted and expected information from doctors about their condition and its treatment, as well as how it affects their lives, in language they could understand. Some doctors seemed more able to provide it than others. As one patient explained, once she found a consultant who gave her *“the basics”*, she didn’t need to keep asking questions and it didn’t take too long –

“They take a look. They tell you what’s happening, tell you when it’s happening, tell you what you have to do, what you could do about it, and get on with it.”

But when doctors appeared not to listen to or to be interested it could be interpreted as them not caring about their patients.

Doctors did not always seem to have the answers, or necessarily understand the patient's perspective on the discomfort of a particular condition, since they had studied but not actually experienced it. And when treatment options were discussed it could appear to be more for the doctor's benefit, as though they were thinking aloud before telling the patient "*which one you're going to get.*" The quality and completeness of the information provided by doctors and other staff could also vary between appointments, depending upon what stage they were in the process. For example, one patient found that over the course of her visits answers to questions were vague and unsatisfactory, but once the consultant had decided to operate:

"I got the information and all the answers and where to go, maps and everything else, and that was fine."

It was important to some patients to:

"...ask all the questions, regardless if the answer is good bad or indifferent, just as long as it's accurate."

They preferred to know the truth about their own situation, even when the outlook was not good. For example, a patient was philosophical about a doctor admitting that he couldn't do anymore for him – "*it was the kind of feeling that he was at least admitting 'well I don't know'*". On the other hand, frankness from doctors could be disconcerting. An ENT patient said that it "*wasn't very impressive*" to be told by one doctor that an earlier operation under another doctor was not necessary or useful.

Some patients admitted that asking doctors questions was not an easy thing to do. A male patient said that he had only learned to "*..ask until I get the answer*" through the bitter experience of dealing with his parents' illnesses. While one who spoke positively about her consultant nevertheless said that whenever she asked him a question he was always appeared to be looking "*over his glasses as if to say, what a stupid question.*" Her feeling was that as he was the expert he should know best anyway. Another patient was concerned about keeping questions short as the consultant was busy.

Neither could patients always remember the questions they wanted to ask while they were seeing the doctor/consultant. One said she would think of questions as

she was leaving the consulting room but didn't think it appropriate to "*plough right back in*" again to ask. While another, with the same problem, suggested there should be a phone line so that if patients have questions for the consultant after their appointment they can just ring up and ask. A third said that she had adopted the strategy of writing down questions for the doctor the night before an appointment when her mind was clearer. On one occasion she sent a letter to the consultant by recorded delivery, so that her questions would be on file for the appointment.

For two patients the stresses of attending their appointments were compounded by difficulty in understanding what the doctor was saying because of his/her accent. One patient was "*a bundle of nerves*" as she received treatment and tried to comprehend what the doctor was saying to her at the same time. She would have preferred to have an explanation before treatment began, "*instead of doing it and jaggging you at the same time. It's quite off-putting.*" Another's distress at not seeing her usual doctor was compounded when she found that she couldn't understand "*half the time*" what the replacement doctor said.

Involvement in decisions

Receiving explanations and being consulted by the doctors was important to patients so that they could feel involved in decisions made about their treatment. And such decisions might have consequences for the rest of their lives. For example, one elderly patient with a spinal problem chose a surgical corset and painkillers for the rest of her life, rather than risk an operation that might leave her in a wheel chair.

But not all of them felt as though they were sufficiently involved in decisions made about their care and treatment. Doctors were accused of "*playing God*" with patients' lives, and one recalled how doctors at [Hospital A] ignored her as they discussed her case.

An explanation put forward for doctors' apparent attitudes towards patients was their lack of confidence about the patient's ability to comprehend or judge a situation. They decide on the important issues and allow patients to decide on the less important ones –

"We decide, we know best. Where it doesn't matter, we will listen to you. You can choose..."

On the other hand the comments of two dermatology patients suggest that some aspects of patient involvement in decisions about health care, and responsibility

for decisions made are not necessarily straightforward. Both objected to being required to sign “disclaimers” to protect staff against liability for the potential adverse effects of receiving “light treatment”. They needed relief of their condition and felt as though they had little option if they wanted treatment.

Continuity of care: knowing who to expect, and seeing them

Patients were not always given the name of the doctor or consultant they would be seeing and even when they were given a name they were not necessarily seen by that individual. Sometimes it might be a matter of being allocated to whoever was on duty. Patient files were shared out between whichever doctors were there.

One patient said that although he was always given the name of who he would see, it was never the same doctor twice and this was a particular problem because the doctors gave conflicting advice. His GP told him *“that’s what happens if you see too many people”*. Another saw so many doctors to begin with that he began to wonder if they were using him as a *“guinea pig.”* A third said that as there was not a name on the appointment card and she never found out on the day, she regretted that might never know who the first doctor was that she saw. The doctor was *“really nice, very considerate and I just felt comfortable with her”*.

Others were unhappy to be told they were seeing a particular senior doctor but then saw another because they thought they were being saddled with a junior. In one case – *“one of his sidekicks... I was really angry.”* In another case, a “student” standing in for the usual orthopaedic doctor told a patient that the stitches in her leg were “fine”, when in fact they had already been removed five weeks earlier.

It was not just a matter of familiarity and confidence that the doctor they were seeing knew their case. Seeing a different doctor could mean having to explain themselves each time. Some doctors asked questions that patient notes should tell them. As one said –

“It’s bad enough having, like, going through it yourself, without having to repeat it every week when you’re going in.”

Nurses

When patients spoke positively about nurses working in outpatient departments it was because they were seen as friendly, helpful, understanding or efficient. Patients valued them being welcoming and attentive. In the treatment area of the dermatology department:

“You walk in and they’re like ‘hi... how’re you doing today?’ You’re actually a person and it makes you feel so much better.”

An ENT patient also attending the diabetes clinic at [Hospital B] appreciated their understanding of his situation. It gave him confidence that they knew what they were talking about.

“It is particularly helpful if you find a diabetic nurse who was diagnosed with diabetes at the age of thirteen so she knows what she is talking about.”

It was suggested that nurses were “*the common factor*” in outpatient departments and were usually there all the time, whereas on inpatient wards there were more agency nurses who came and went, without necessarily having appropriate experience for the job. Outpatient nurses were also thought to be happier because they didn’t work “split shifts,” but they could be very busy and “*running like blue arsed flies*” because they are under-staffed.

When nurses were spoken about in a negative way, it tended to be because they were unhelpful. For example, a patient found senior nurses to be “*evasive*” on one occasion she had questions to ask. “*I thought, waste of time. There’s not any point*”.

3.4 Co-ordination of care

Co-ordination between departments, hospitals or other NHS services

Frequently, outpatients could expect to be sent to other departments for tests or referred to other specialists, hospitals, or even back to their own GP. Some patients were attending different clinics for different conditions or their outpatient appointment followed on from inpatient care. The co-ordination of a patient’s care between these different parties, or occasionally the lack of it, had become apparent to some of them over a period of time.

A patient who broke her wrist considered that as far as she was concerned “inter-departmental” communications were good as she progressed smoothly through the system, from A&E to orthopaedic outpatient, and then to [Hospital B] for physiotherapy.

“Everybody knew I was supposed to be there and what I was supposed to be doing, so it was pretty good.”

A male patient from the diabetes clinic was also pleased with the way he moved between departments. Clinic staff arranged an appointment for him with ENT in

two days time and gave him a typed letter for the consultant – *“I was skipping queues all along.”*

By contrast, an orthopaedic patient believed that there was *“a tremendous gap and lack of interdepartmental transfer of information and liaison”* within the NHS hospital system. A dermatology patient stated that if a patient has a condition with secondary problems:

“You have to go to different people, they don’t talk, nobody actually becomes responsible in the hospital for managing your overall health and for balancing all these things. You have just got to make sure it all happens and it comes together”.

He declared himself to have lost faith in the medical profession and to have developed an interest in herbalism. While a patient attending a *“surgical consultation department”* for almost three years thought the reason her diagnosis and treatment had taken so long was because of the practice where clinics referred her back to her GP rather directly to another clinic, adding time and costs to the treatment.

3.5 Information and support

While patients wanted and valued the information provided by doctors and consultants, they were not the only source. Other outpatient clinic staff also provided useful explanations of treatment and conditions, as well as more general information about the hospital and services.

Some patients received printed information on how to find their way to their appointment. For a CT scan at [Hospital B] one patient was given *“a nice little map of the grounds, how to get there and the number of buses.”* Printed information was also given to some patients about the treatment they were going to have. Examples included a patient who was due for a scan and an endoscopy. She was impressed by what she received and assuming that it was costly, tried to return it to hospital staff after she had finished with it. The information sent to another patient allayed her fears about having an enema.

Others were given useful verbal information by hospital staff. In one case, after a dermatology patient had seen the doctor he was handed over to two nurses who told him everything he needed to know about what would happen when he came back for his treatment, except that he would have his hair cut in a particular way.

An ENT patient was very complimentary about the staff at the [Hospital B] diabetes clinic that he also attended. They were welcoming, sympathetic and took the time to answer his questions –

“You are told everything, gradually, gently from day one. You can ask and you will be answered and it doesn't matter how often you are there... they will spend all the time in the world with you if you have more to ask about the situation. Phone anytime”.

The printed information given to patients might also include background information about current treatment and its options and implications.

“What treatment I might have had and what I actually have and what might happen... and an emergency number”.

Another patient said that when she first went for treatment at [Hospital A] dermatology department, she was given a leaflet and the staff member underlined a phone number saying:

“If you've any concerns or anything when you're at home please feel free to phone that number. And this is when we're open and we'll try and answer your questions over the telephone”.

Handing out written information on tests and treatment is clearly not always enough. The timing, co-ordination and responsibility for providing explanation and information are also important. One particular illustration of this was an orthopaedic patient sent over to [Hospital D] who was not given any information about what an “astrogram” would entail until she arrived. While she waited for the consultant, who was delayed, she was given information to read about the procedure. She was “horrified” to discover “they blow up your arm with air, so your arm is about three times the size.” She was “terrified” by the time the consultant arrived two hours later. Another patient claimed she too had not been told until she had it done, and she only got home because her flat mate had accompanied her to the hospital.

In one instance a patient being treated for psoriasis said that apart from the occasions when she asked staff questions the only time she got information from the outpatient department was when she picked up a few leaflets that were lying around. And the only reason she knew about the support group “is because it's on the wall.”

However, there were also patients who said that they would have liked to pick up leaflets with useful information but had never seen any in the outpatient

department they attended. It was also suggested that at [Hospital A] a notice on how to make a complaint in was in a “dark corner”.

3.6 Privacy

Concerns about privacy seemed to revolve around two main issues. The first was the discussion of personal patient details by or with staff. It was reported by a patient that in the waiting areas she had overheard staff on the phone discussing other patients - “now, you could know that person. There’s no discretion at all.” A female patient was embarrassed to be told by a nurse in front of a group of men that she had blood in her urine – “that, to me, was well out of order”.

The second aspect of privacy was concerned with the patients’ modesty and their wish not to be exposed to the public gaze while they were preparing for treatment. A patient attending [Hospital B] described the outpatient department as a “thoroughfare... not a private wee corner anywhere”. He resented being expected to change into an ill-fitting gown and wait in such a public area for a scan – “it was a humiliating experience.”

3.7 Medical students

All of the patients who mentioned having an examination or treatment in the presence of medical students were satisfied that they had been asked for permission first. One said that it was mentioned on his appointment card and then when he arrived a nurse asked “is that okay? So I was kept well informed about that.” Another stated confidently, “they’ll never ever allow the students near you if you didn’t agree”. But even patients giving permission could find the situation “a wee bit nervy” with so many people looking at them. However, a female patient found the occasion informative about her condition because she listened to the doctor explaining it to the students.

3.8 Focus group conclusions

There are consistencies between what was reported by the outpatient focus groups and earlier focus groups run with inpatients. For example, patients from both studies expressed the importance of:

- Communication with staff.
- The information they receive about their condition and treatment.
- The cleanliness of the hospital environment.
- The need for privacy.

However, there are obvious differences between the outpatient and inpatient processes. For example, outpatients can spend far more time waiting for their

appointment than in the actual treatment or consultancy, which might only last a few minutes. Thus, issues of *access*, in particular the processes of waiting to be seen, appear more prominently in the reports of outpatient experiences.

Much of the patients' emphasis was on their interaction with doctors and consultants. Nurses and other hospital staff featured far less in the group discussions. Clearly, however there is much of relevance to other staff and the way in which they interact with patients. Obvious examples are patients' concerns about receiving conflicting advice and being treated with courtesy. Similarly, patients attending for regular outpatient appointments valued seeing the same welcoming faces - nurses, doctors and other hospital staff.

3.9 Summary of key issues raised by the focus groups

Before the appointment

Making an appointment

- Waiting time for appointment
- Appointment options (being able to get an earlier appointment if possible e.g. due to cancellations)
- Re-scheduling of appointments by the hospital

Getting there

- Length of journey
- Parking

Waiting to be seen

- Waiting time in the clinic
- Overcrowding

Getting seen quicker/queue jumping

- Fairness of waiting system

Why delays occur/how the system works

- Efficiency of waiting system and administration

Keeping patients informed about delays

- Explanation about length of delay
- Explanation about reason for delay
- Being treated with respect and courtesy

Hospital environment/the waiting area

- Cleanliness
- Accessibility of refreshments
- Comfort and decor of waiting area
- Safety

Treatment

Being seen

- Length of consultation/treatment time
- Seeing different member of staff in one visit
- Being unprepared for what would happen

Doctors/Consultants

- Listening to patients
- Answering patient questions
- Clear explanations for treatment
- Patient involvement in decisions about their own health care

Continuity of care: knowing who to expect, and seeing them

- Being given the name of the doctor
- Seeing the expected (named) doctor
- Seeing the same doctor for consecutive appointments
- Conflicting advice from doctors
- Doctors not reading their notes

Nurses

- Being welcoming and helpful
- Listening to patients

- Answering patient questions
- Clear explanations for treatment/action

Co-ordination of care

Co-ordination between departments, hospitals or other NHS services

- Communication within the trust and with other local NHS services
- Referring patients to other staff or departments for treatment and tests

Information and support

- Explanations from staff about treatment and condition
- Co-ordination of information for and communication with patients
- Availability of written/printed information
- Information about who to contact

Privacy

- Discussion of patient details
- Physical privacy/modesty

Medical students

- Patient consent for medical students to be present at examination or treatment

4 CHI Consultation and Feedback from Trusts

CHI had a period of consultation on the proposed Outpatients survey. Details were circulated to trust Chief Executives and made available via the www.nhssurveys.org website. The feedback received covered general issues about the survey (such as sampling, costs and resources) and highlighted some topics which the trusts felt should be included:

- Booking systems
- Primary/secondary care interface (e.g. process for getting an Outpatient referral)
- Disability issues/access
- Sign posting

- Interpreting services
- Staff attitudes
- Facilities/environment for dealing with bad news.

New questions were developed to cover some of these issues.

Some trusts also queried why the issue of travel time was included (question A10), as they felt that this was outside of their control. However, the Importance study (reported later) found that having a short journey between home and the clinic was an important issue for patients (29% rated this as one of their 'most important' issues). Consequently, the question on journey time was included in the question bank for the main Outpatients survey so that trusts could include it, but it was not a core question or used for the calculation of performance ratings.

5 Sample Design for the Pilot Survey

5.1 General design

This was a retrospective random sample of recent attendances at Outpatient departments. It was not targeted towards any specific patient groups (based on patient characteristics or type of clinic attended, for example). Rather, it was as inclusive as possible (with some exceptions, listed below).

A key requirement was that the sample of attendances be representative of the clinics run by each trust. We looked at the lists of clinics run by a range of trusts and found that many clinics are run on a weekly basis, some are run every fortnight and a few are run on a monthly basis. Very few clinics are run less frequently. Therefore, the sampling period of one month was chosen so that attendees at the majority of clinics run by the trust would have a chance of being included in the sample.

5.2 Sampling frame

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

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

5.3 Inclusion and exclusion criteria

In general, the sample of attendances was as inclusive as possible, covering adult patients that had attended any outpatients department in the trust within the specified month. However, there were some exclusions because attendance for those reasons were thought to be too sensitive, or because it was thought that the questionnaire would not be appropriate for those patients groups.

Excluded attendances and patients

- Attendances at **Genito-Urinary Medicine** (GUM) or Sexually Transmitted Disease (STD) clinics.
- Attendances concerning **termination of pregnancy**.
- Attendances at **maternity** outpatient clinics.
- Attendances at **psychiatric** outpatient clinics.
- Attendances for day surgery or **day cases**.
- **Private patients**.
- Any patients who **did not attend** their outpatient appointment.
- **Children under 16** at the date of outpatient attendance (this is a survey of adults).
- Patients without a known UK address (e.g. who details indicate a temporary address, such as camping or caravan site, a hostel or a “c/o” address; a non-residential address, such as a PO Box number, a company address, a school address, a hospital address, a sports club; an entry of ‘unknown address’ or a non-UK address).
- Any patients who were known to be **current inpatients** at the time of the survey.
- Any patients who were **known to have died** (either by checking the trust’s own records or by using the NHS Strategic Tracing Service).

5.4 Sample size

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

5.5 Sampling strategy

The aim was to draw a sample which was representative of the population from which it was drawn and that did not systematically exclude any patient groups (apart from those previously defined as being excluded) or type of visit (such as first or follow-up attendances).

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

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

The next stage was to calculate the sampling fraction. This depends on the list size at this stage and is calculated by dividing the number of valid outpatient attendances by the required sample size (850). A new field was created in the sample list file which was populated with a repeating series of numbers, starting with 1 in the first row and numbering up to the value of the sampling fraction.

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

5.6 Running the sampling procedure using hospital patient record systems

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

6 Alterations to questionnaire

This section gives a summary of the changes made to the Picker Outpatient Questionnaire in order to develop the Outpatient questionnaire for use in the NHS patient survey programme. There were some changes to the wording of existing questions/response options and some new questions added, in response to discussions with the Department of Health and CHI. Some of the changes made to the wording of questions and/or response options were as a direct result of the way in which respondents had answered questions during the pilot survey. The development work on the Outpatient survey also took account of the qualitative research and pilot studies being undertaken for the Emergency Department survey, which was being developed in parallel.

6.1 Changes to sections

A number of modifications were made to the ordering and structure of the sections in the questionnaire (Table 1). Section B 'At the clinic' was split into two sections: *B: Waiting* and *C: Hospital environment and facilities*. Many of the questions from Section B (Picker 2001 survey) were moved into one of these new sections (B or C), which were more clearly defined. Section *G: Future health care* was renamed *Leaving the outpatients department* (Section H) and split into two sub-sections: *Medications* and *Information*. Many of the questions from Section G (Picker 2001 survey) were reorganised so that they appeared in the relevant part of Section H.

Table 1 - Picker Outpatient and Pilot Outpatient Questionnaire Sections

| Picker Outpatient Questionnaire 2001 Sections | | Outpatient Questionnaire 2003 Sections | |
|---|---|--|---|
| A | Before the appointment | A | Before the appointment |
| B | At the clinic | B | Waiting |
| | | C | Hospital environment and facilities |
| C | Seeing a doctor | D | Seeing a doctor |
| D | Seeing another health care professional | E | Seeing another healthcare professional |
| E | Overall about the appointment | F | Overall about the appointment |
| F | Tests/Treatment | G | Tests and treatment (Tests, Treatment) |
| G | Future Health Care | H | Leaving the outpatients department (Medications, Information) |
| H | Overall Impression | J | Overall impression |
| I | Your background | K | Your background |
| J | Any other comments | L | Any other comments |

6.2 Changes to questions

Many of the original Picker Outpatient questions were changed, even if very slightly, and some questions were reordered, both within and between sections of the questionnaire. The main changes are noted in the following sections and the full questionnaires (both the pilot Outpatient questionnaire and the final 2003 Outpatient questionnaire) are included as appendices to this report.

General Changes

There were some changes which were applied to all questions, wherever applicable.

Changes to format

- All underlined or capitalised words within questions and/or response options were changed to bold.
- On questions with skip instructions on some response options, appropriate 'go to' instructions were added to all of the response options.

Changes to question wording

- References to 'Out-patient' were changed to 'Outpatient'.
- References to 'Out-patient clinic' were changed to 'Outpatients Department'.
- References to 'someone' within a question were changed to 'a member of staff'.
- References to 'hospital staff' within a question were changed to 'a member of staff'.

Changes to response options

- The response option 'Can't remember' was changed to 'Don't know/ Can't remember' wherever applicable.
- The response option 'Can't say' was changed to 'Don't know/ Can't say' wherever applicable.
- The response option 'Not sure' was changed to 'Not sure/ Can't remember' wherever applicable.
- The response option 'Yes, completely' was changed to 'Yes, definitely' wherever applicable.
- Response options worded 'I didn't need an explanation' or 'I didn't want an explanation' were changed to 'I did not need an explanation' or 'I did not want an explanation'.
- Response options relating to time periods were modified for simplicity and checked to ensure that they were mutually exclusive (non-overlapping). For example:

Waited between 5 and 14 minutes

was changed to:

Waited 5 – 14 minutes

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

The following sections outline the major changes to the wording of questions and response options, by section. These tables do not include details of the general changes made (outlined above). Other minor changes, such as the use of bold

text to add emphasis to particular words, are not itemised. The full text of the pilot Outpatient questionnaire and the final extended Outpatient questionnaire used in the national survey (2003) are included in the appendices.

Section A – Before the Appointment

Question A1 (Picker 2001) was rephrased in simpler language for the pilot survey (A1). Following the pilot survey, the skip instructions were removed from response options 2, 3 and 4 because the pilot survey results indicated that very few patients actually went to the outpatients department without an appointment (less than 1% of respondents). Wherever possible, skip instructions are avoided as they tend to cause confusion for respondents. So the skips were omitted, rather than having skip instructions on all of the response options, simply to ensure that those few respondents who didn't have an appointment skipped to question A10. An additional response option was added to the following question (A2) so that all respondents could answer it, even if they had gone to the clinic without an appointment. Note that this was not included as a core question.

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|---|
| A1. Who was it that made your <u>last</u> out-patient appointment? | A1. Who made your last outpatient appointment? |
| 1 <input type="checkbox"/> The appointment was made by my family doctor/GP | 1 <input type="checkbox"/> The appointment was made by my GP /family doctor |
| 2 <input type="checkbox"/> The appointment was made by someone at the hospital – Go to A3 | 2 <input type="checkbox"/> The appointment was made by someone at the hospital |
| 3 <input type="checkbox"/> I made the appointment myself – Go to A3 | 3 <input type="checkbox"/> I made the appointment myself |
| 4 <input type="checkbox"/> I went to the out-patient clinic without an appointment – Go to A10 | 4 <input type="checkbox"/> I went to the out-patient clinic without an appointment |
| 5 <input type="checkbox"/> Can't remember | 5 <input type="checkbox"/> Don't know/Can't remember |

The Picker Outpatient question A2 was reworded for the pilot survey to make clearer to respondents the period of time being measured. That is, to avoid confusion between the appointment date itself and the receipt of a letter giving the date of the appointment. An additional response option (7. Don't know/

Can't remember) was included for respondents who were unsure about how long they had waited.

Following the pilot survey, a new response option was added to enable all respondents to complete this question, even if they had attended Outpatients without an appointment. In addition, response options 3 and 4 were modified by changing the time period 3-6 months to 3-5 months. This was in order that responses to waiting times for appointments could be analysed in terms of current access targets. There are targets for being seen within 13 weeks (3 months), 21 weeks (5 months) and 26 weeks (6 months). In terms of recall, respondents find it easier to remember the time they had waited in terms of months, rather than weeks, so the response options were given in months. Finally, the time periods were specified as non-overlapping periods (e.g. a respondent who had waited exactly 3 months would answer option 2; in the pilot question, response options 2 and 3 were not mutually exclusive and one respondent ticked both boxes). Note that this was a core question (A1) in the main Outpatients survey 2003.

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|--|
| <p>A2. How long did you have to wait for an appointment from when you were first told you needed one?</p> <p>1 <input type="checkbox"/> Less than 1 month</p> <p>2 <input type="checkbox"/> At least 1 month but less than 3 months</p> <p>3 <input type="checkbox"/> At least 3 months but less than 6 months</p> <p>4 <input type="checkbox"/> At least 6 months but less than 12 months</p> <p>5 <input type="checkbox"/> At least 12 months but less than 18 months</p> <p>6 <input type="checkbox"/> 18 months or more</p> | <p>A1. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?</p> <p>1 <input type="checkbox"/> Up to 1 month</p> <p>2 <input type="checkbox"/> More than 1 month but no more than 3 months</p> <p>3 <input type="checkbox"/> More than 3 months but no more than 5 months</p> <p>4 <input type="checkbox"/> More than 5 months but no more than 12 months</p> <p>5 <input type="checkbox"/> More than 12 months but no more than 18 months</p> <p>6 <input type="checkbox"/> More than 18 months</p> <p>7 <input type="checkbox"/> I went to Outpatients without an appointment</p> <p>8 <input type="checkbox"/> Don't know / Can't remember</p> |

The Picker Outpatient question A7 was rephrased to reflect the fact that appointments are usually re-arranged, rather than cancelled completely and also that the question only needs to ask whether the dates were changed by the hospital (changes made by the patient are not relevant to measuring hospital

performance). The response options were also changed and the focus shifted to determine whether and if so, how many times, appointments had been re-arranged by the hospital. There was no change to this question following the pilot survey (it became core question A4 in the Outpatients survey 2003).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|--|
| <p>A7. Was your appointment ever cancelled?</p> <p>1 <input type="checkbox"/> Yes, by me 2 <input type="checkbox"/> Yes, by the hospital 3 <input type="checkbox"/> No</p> | <p>A4. Was your appointment changed by the hospital?</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, once 3 <input type="checkbox"/> Yes, 2 or 3 times 4 <input type="checkbox"/> Yes, 4 times or more</p> |

The Picker Outpatient question A10 response options were rephrased for the pilot survey and an additional response option (6. Don't know/ Can't remember) was included, to allow everyone to answer this question, even if they were unsure of the time taken to get to the clinic. Following the pilot, the time periods were checked to ensure they were mutually exclusive. The response option for the longest period ('More than 4 hours') was cut and the longest time period given was 'More than 2 hours'. Note that this was not included as a core question in the main Outpatients survey 2003.

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|---|
| <p>A10. How long did it take you to get from home to the Outpatient clinic?</p> <p>1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> At least 30 minutes but less than 1 hour 3 <input type="checkbox"/> At least 1 but less than 2 hours 4 <input type="checkbox"/> At least 2 but less than 4 hours 5 <input type="checkbox"/> More than 4 hours</p> | <p>A10. How long did it take you to get from home to the Outpatients Department?</p> <p>1 <input type="checkbox"/> Up to 30 minutes 2 <input type="checkbox"/> 31 – 60 minutes 3 <input type="checkbox"/> More than 1 hour but no more than 2 hours 4 <input type="checkbox"/> More than 2 hours 5 <input type="checkbox"/> Don't know / Can't remember</p> |

The Picker Outpatient question A11 was modified for the pilot survey because there were problems with it, particularly for respondents who had not driven themselves to the hospital. Response option 3 was rephrased so that it could be ticked by people who did not need to park, whether they came by car (driven by someone else or a taxi) or by public transport. There was no change to this question following the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (A11).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|--|--|
| <p>A11. Was it easy to find a convenient place to park?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I did not drive to the hospital</p> | <p>A11. If you arrived by car, were you able to find a convenient place to park?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I did not need to find a place to park</p> |

Section B – At the Clinic / Waiting

There was no change to the Picker Outpatient question B1 for the pilot survey. Following the pilot, the response options on question B1 were modified so that the time periods matched existing access targets (see response options 3, 4 and 5). The publication "Your Guide to the NHS" (at www.nhs.uk/nhsguide) states "at the outpatient clinic you should be seen within 30 minutes of your appointment time". This question was included as a core question (B1) in the Outpatients survey 2003.

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|---|
| <p>B1. How long after the STATED APPOINTMENT TIME did the appointment start?</p> <p>1 <input type="checkbox"/> Seen on time, or early – Go to B5 2 <input type="checkbox"/> Waited less than 5 minutes 3 <input type="checkbox"/> Waited between 5 and 14 minutes 4 <input type="checkbox"/> Waited between 15 and 29 minutes 5 <input type="checkbox"/> Waited between 30 and 59 minutes 6 <input type="checkbox"/> Waited at least 1 hour but less than 2 hours 7 <input type="checkbox"/> Waited 2 hours or longer 8 <input type="checkbox"/> Can't remember</p> | <p>B1. How long after the stated appointment time did the appointment start?</p> <p>1 <input type="checkbox"/> Seen on time, or early – Go to C1 2 <input type="checkbox"/> Waited up to 5 minutes – Go to C1 3 <input type="checkbox"/> Waited 6 – 15 minutes – Go to C1 4 <input type="checkbox"/> Waited 16 – 30 minutes – Go to B2 5 <input type="checkbox"/> Waited 31 – 60 minutes – Go to B2 6 <input type="checkbox"/> Waited more than 1 hour but no more than 2 hours – Go to B2 7 <input type="checkbox"/> Waited more than 2 hours – Go to B2 8 <input type="checkbox"/> Don't know / Can't remember – Go to B2</p> |

Questions B2 and B3 were transposed between the Picker Outpatient Questionnaire and the Outpatient Questionnaire 2003 (pilot and main survey). The original Picker question B2 was rephrased to refer to waiting (for the appointment to start), rather than a 'delay'. This was because the use of the word 'delay' was interpreted differently by different people – some did not regard a short wait at the clinic to go into their appointment as a delay, even though this question should have been completed by everyone unless they were seen on time (or early). An additional response option (4) was added to enable all respondents to complete this question, even if they were unsure about whether

they had been told why they had to wait. This question was included as a core question (B3) in the main Outpatients survey (2003).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|--|
| <p>B2. Did someone explain the reason for the delay?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, but I would have liked an explanation 3 <input type="checkbox"/> No, but I didn't mind</p> | <p>B3. Were you told why you had to wait?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, but I would have liked an explanation 3 <input type="checkbox"/> No, but I didn't mind 4 <input type="checkbox"/> Don't know / Can't remember</p> |

The Picker Outpatient question B3 also relates to waiting for the appointment to start. It was rephrased from 'Did someone explain...' to 'Were you told how long...' because patients do want to know how long they will have to wait, but they don't always expect an explanation for not being seen at the stated appointment time. This is indicated in the original Picker response options (2, 3) which reflect the comments made during the focus group sessions (that people don't expect an explanation from staff because it is usually obvious to those sitting in a crowded waiting room that they will have to wait because the surgery is busy). However, the emphasis of this question was altered from asking whether an explanation for the wait was given and if not, whether the patient would have liked an explanation or not, to instead asking whether patients were told the length of time they would have to wait and if so, whether they actually had a shorter or a longer wait than they were told. This question was also rephrased to refer to the length of 'wait', rather than 'delay'. Finally, an additional response option (5) was added to enable all respondents to complete this question, even those who were unsure about whether they had been told how long they would have to wait. This question was included as a core question (B2) in the Outpatients survey (2003).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|---|
| <p>B3. Did someone explain how long the delay would be?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, but I would have liked an explanation 3 <input type="checkbox"/> No, but I didn't mind</p> | <p>B2. Were you told how long you would have to wait?</p> <p>1 <input type="checkbox"/> Yes, but the wait was shorter 2 <input type="checkbox"/> Yes, and I had to wait about as long as was told 3 <input type="checkbox"/> Yes, but the wait was longer 4 <input type="checkbox"/> No, I was not told 5 <input type="checkbox"/> Don't know / Can't remember</p> |

There was one new question added to Section B, which was included as an optional question in the extended bank of questions (B5), but not in the core questionnaire. This covered the issue of comfortable seating in the waiting area, which came out of the focus group discussions (particularly for patients with restricted mobility or disabilities) and was included in the Importance study.

Section B - At the Clinic / Section C - Hospital Environment and Facilities

For the pilot survey, the Picker Outpatient question B5 was moved to a new section (Section C) and rephrased, so that the emphasis of the question was more clearly on whether the patient was able to get any refreshments, rather than whether they wanted any (and were able to get them or not). This change made the question clearer and meant that the response options could be shorter. Response options 3 and 4 were transposed. There was no change to this question following the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (C3).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|--|--|
| <p>B5. Did you want any refreshments when you were at the out-patient clinic?</p> <p>1 <input type="checkbox"/> Yes, and I was able to get some at the hospital</p> <p>2 <input type="checkbox"/> Yes, but I was unable to get any at the hospital</p> <p>3 <input type="checkbox"/> No, I did not want any</p> <p>4 <input type="checkbox"/> I was told not to eat or drink</p> | <p>C3. Were you able to get suitable refreshments when you were in the Outpatients Department?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I was told not to eat or drink</p> <p>4 <input type="checkbox"/> I did not want any refreshments</p> |

For the pilot survey, the Picker Outpatient question B6 was moved to the new section C and rephrased slightly. More importantly, the response options were expanded to distinguish between whether patients had wanted to use a public or a mobile phone. The original response options did not provide any information about why those respondents who had wished to make a telephone call were unable to do so. The new response options allow the trusts to see whether patients are experiencing any problems with using the public phones within the outpatients departments. For example, focus group comments suggest that there may not be a problem with the phones themselves, but if they are inconveniently situated, the patient is afraid of missing their appointment if they leave the waiting area to make a call. It also gives an indication of the number of patients who would have used a mobile phone if this were permitted. There was no change to this question following the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (C4).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|---|
| <p>B6. Did you want to make a telephone call when at the out-patient clinic?</p> <p>1 <input type="checkbox"/> Yes, and I was able to make one 2 <input type="checkbox"/> Yes, but I was unable to make one 3 <input type="checkbox"/> No, I did not want to make one</p> | <p>C4. Did you want to make a telephone call when you were in the Outpatients Department?</p> <p>1 <input type="checkbox"/> Yes, I used a public phone 2 <input type="checkbox"/> Yes, I used my mobile phone 3 <input type="checkbox"/> I wanted to use my mobile phone but I was not allowed to 4 <input type="checkbox"/> I wanted to use the public phone but I couldn't 5 <input type="checkbox"/> I did not want to make a telephone call</p> |

For the pilot survey, the Picker Outpatient question B7 was also moved to the new Section C. The question was shortened, from 'How would you describe the cleanliness of the toilets...' to 'How clean were the toilets...'. More importantly, the response options were changed from a 5-point generic rating scale to four options to describe the cleanliness and a fifth option for those patients who did not use a toilet or bathroom. These changes were made to bring this question into line with the equivalent question used in the Inpatient Survey (2002). There was no change to this question following the pilot survey and it was included as a core question in the Outpatients survey 2003 (C2).

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (core) |
|---|---|---|
| <p>B7. How would you describe the cleanliness of the toilets at the out-patient clinic?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor 6 <input type="checkbox"/> Can't say / I didn't use the toilets</p> | <p>17. How clean were the toilets and bathrooms that you used in hospital?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean 5 <input type="checkbox"/> I did not use a toilet or bathroom</p> | <p>C2. How clean were the toilets at the Outpatients Department?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean 5 <input type="checkbox"/> I did not use a toilet</p> |

Finally, the Picker Outpatient overall question on cleanliness (H3) was moved into the new Section C (from Section H) and was rephrased for comparability with the Inpatient Survey (2002). The response options were changed from a 5-point generic rating scale to four options to describe the cleanliness, plus an additional response option (5) for 'Can't say'. Following the pilot survey, there was no change to this question and it was included as a core question in the Outpatients survey 2003.

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (core) |
|---|---|---|
| <p>H3. How would you describe the cleanliness of the out-patient clinic you visited?</p> <p>1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Fair 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Very Good 5 <input type="checkbox"/> Excellent</p> | <p>16. In your opinion, how clean was the hospital room or ward that you were in?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean</p> | <p>C1. In your opinion, how clean was the Outpatients Department?</p> <p>1 <input type="checkbox"/> Very clean 2 <input type="checkbox"/> Fairly clean 3 <input type="checkbox"/> Not very clean 4 <input type="checkbox"/> Not at all clean 5 <input type="checkbox"/> Can't say</p> |

Section C / D - Seeing a Doctor

There were no major changes to the Picker Outpatient questions C1 (D1) or C3 (D4) for the pilot survey, apart from renumbering them in Section D and the general changes listed above.

The Picker Outpatient questions C2 and C6 were combined and rephrased into a new question, to ask specifically about whether the patient felt they had enough time for discussion with the doctor (D2). This was tested in the pilot survey and included as a core question in the Outpatients survey 2003 (D2).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|--|
| <p>C2. Did you have a chance to discuss your health or medical problem with the doctor?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> <p>C6. In your opinion, was this the right amount of time, too little time, or too much time?</p> <p>1 <input type="checkbox"/> Right amount of time 2 <input type="checkbox"/> Too little time 3 <input type="checkbox"/> Too much time</p> | <p>D2. Did you have enough time to discuss your health or medical problem with the doctor?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> |

The Picker Outpatient question C5, which asked about the duration of the consultation, was moved so that it followed on immediately (D3). The new question D2 (above) can be analysed in combination with D3 to see how the patients' views of the amount of time available are related to the actual time they had with the doctor. There was no change to the wording of the Picker

Outpatient question C5 or the time periods given in the response options, but after the pilot survey the response options were modified slightly. This was included as a core question in the Outpatients survey 2003 (D3).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|--|
| <p>C5. How long were you with the doctor?</p> <p>1 <input type="checkbox"/> Less than 5 minutes 2 <input type="checkbox"/> Between 5 and 9 minutes 3 <input type="checkbox"/> Between 10 and 19 minutes 4 <input type="checkbox"/> Between 20 and 29 minutes 5 <input type="checkbox"/> Between 30 and 39 minutes 6 <input type="checkbox"/> 40 minutes or longer 7 <input type="checkbox"/> Can't remember</p> | <p>D3. How long were you with the doctor?</p> <p>1 <input type="checkbox"/> Up to 5 minutes 2 <input type="checkbox"/> 6 - 10 minutes 3 <input type="checkbox"/> 11 - 20 minutes 4 <input type="checkbox"/> 21 - 30 minutes 5 <input type="checkbox"/> 31 - 40 minutes 6 <input type="checkbox"/> More than 40 minutes 7 <input type="checkbox"/> Can't remember</p> |

The Picker Outpatient question C4 was modified for the pilot survey so that the emphasis shifted from asking what proportion of the patients' questions had been answered by the doctor to asking whether the patient was given answers that they could understand by the doctor. This brought the question more into line with the equivalent question in the 2002 Inpatient survey (2002). The response option for those patients who did not ask any questions was also expanded into two options, to distinguish between those who felt they did not need to ask and those who wanted to ask questions, but did not have an opportunity to do so. There were no changes to this question following the pilot survey and it was included as a core question in the Outpatients survey 2003 (D5).

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (core) |
|--|--|---|
| <p>C4. Did the doctor answer any questions that you asked?</p> <p>1 <input type="checkbox"/> He/she answered all of my questions 2 <input type="checkbox"/> He/she answered some of my questions, but not all 3 <input type="checkbox"/> He/she did not answer any of my questions 4 <input type="checkbox"/> I did not ask any questions</p> | <p>21. When you had important questions to ask a doctor, did you get answers that you could understand?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I had no need to ask</p> | <p>D5. If you had important questions to ask the doctor, did you get answers that you could understand?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need to ask 5 <input type="checkbox"/> I did not have an opportunity to ask</p> |

The Picker Outpatient question C9 was included in the pilot questionnaire (Section D). Following the pilot survey, the response options were expanded, so that people could give an intermediate response. This was included as a core question in the Outpatients survey 2003 (D6).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|--|
| <p>C9. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>D6. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> |

The Picker Outpatient question C8 was shortened slightly for the pilot survey (D7) and there was an important change of emphasis in the response options. Rather than asking patients to indicate how well they were able to understand the explanation given by the doctor, the revised question asked how far patients agreed that the doctor had given a clear explanation of the reasons for any treatment. This change brought the question into line with the equivalent question in the 2002 Inpatient survey. Following the pilot survey, response option 1 was changed slightly (from 'Yes, definitely') and the question was moved to earlier in section D. It was included as a core question (D4) in the Outpatients Survey (2003).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2002 |
|--|--|
| <p>C8. Did the doctor explain the reasons for any treatment or action in a way that you found easy to understand?</p> <p>1 <input type="checkbox"/> Very easy to understand 2 <input type="checkbox"/> Fairly easy to understand 3 <input type="checkbox"/> Fairly difficult to understand 4 <input type="checkbox"/> Very difficult to understand 5 <input type="checkbox"/> Reasons were not explained at all 6 <input type="checkbox"/> No treatment or action was needed</p> | <p>D4. Did the doctor explain the reasons for any treatment or action in a way that you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need an explanation 5 <input type="checkbox"/> No treatment or action was needed</p> |

Section D / E - Seeing another Health Care Professional

The Picker Outpatient question D2 was modified slightly for the pilot survey (E2) to make it clearer that the respondent should not include the doctor when identifying the main 'other' person they had seen during their outpatient appointment. There was no change to the response options. There was no change to this question following the pilot survey and it was included as a core question in the Outpatients survey 2003 (E2).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|--|
| <p>D2. Who was the <u>main</u> person you saw?</p> <p>1 <input type="checkbox"/> A nurse 2 <input type="checkbox"/> A physiotherapist 3 <input type="checkbox"/> A dietician 4 <input type="checkbox"/> A pharmacist 5 <input type="checkbox"/> A radiographer 6 <input type="checkbox"/> Someone else: (please write in box)</p> | <p>E2. Who was the main other person you saw?</p> <p>1 <input type="checkbox"/> A nurse 2 <input type="checkbox"/> A physiotherapist 3 <input type="checkbox"/> A dietician 4 <input type="checkbox"/> A pharmacist 5 <input type="checkbox"/> A radiographer 6 <input type="checkbox"/> Someone else: (please write in box)</p> |

The Picker Outpatient questions D3 and D8 were combined and rephrased for the pilot survey, to ask a new single question specifically about whether the patient felt they had enough time for discussion with the doctor (E3). An additional response option (4) was added so that even those who did not need to discuss their health problem with the other health care professional could still answer the question. This new question was tested in the pilot survey and included in the extended Question Bank for the Outpatients survey 2003 (E3).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|--|---|
| <p>D3. Did you have a chance to discuss your health or medical problem with him/her?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> <p>D8. In your opinion, was this the right amount of time, too little time, or too much time?</p> <p>1 <input type="checkbox"/> Right amount of time 2 <input type="checkbox"/> Too little time 3 <input type="checkbox"/> Too much time</p> | <p>E3. Did you have enough time to discuss your health or medical problem with him/her?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need to discuss it with him/her</p> |

The Picker Outpatient question D7, which asked about the duration of the consultation, was moved so that it followed on immediately after the revised question E3 (and renumbered as E4) for the pilot survey. An additional response option was added to separate out the time period 20-39 minutes into 20-29 minutes and 30-39 minutes. The new questions E3 and E4 can be analysed in combination to see how the patients' view of the amount of time available and the actual time they had with the doctor are related.

After the pilot study the response options on the new question E4 were modified slightly, to bring the time periods in line with the similar question in section D (D3 in the core Outpatients questionnaire). This question was included in the extended Question Bank for the Outpatients survey 2003 (E4).

| Pilot Outpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (extended) |
|--|---|
| <p>E4. How long were you with him/her?</p> <p>1 <input type="checkbox"/> Less than 5 minutes 2 <input type="checkbox"/> 5 - 9 minutes 3 <input type="checkbox"/> 10 - 19 minutes 4 <input type="checkbox"/> 20 - 29 minutes 5 <input type="checkbox"/> 30 - 39 minutes 6 <input type="checkbox"/> 40 minutes or longer 7 <input type="checkbox"/> Can't remember</p> | <p>E4. How long were you with him/her?</p> <p>1 <input type="checkbox"/> Up to 5 minutes 2 <input type="checkbox"/> 6 - 10 minutes 3 <input type="checkbox"/> 11 - 20 minutes 4 <input type="checkbox"/> 21 - 30 minutes 5 <input type="checkbox"/> 31 - 40 minutes 6 <input type="checkbox"/> More than 40 minutes 7 <input type="checkbox"/> Can't remember</p> |

The Picker Outpatient question D5 was modified for the pilot survey so that the emphasis shifted from asking what proportion of the patients' questions had been answered by the doctor to instead asking how strongly the patient agreed that they were given answers which they could understand by the doctor. The response option for those patients who did not ask any questions was also expanded into two options, to distinguish between those who felt they did not need to ask and those who wanted to ask questions, but did not have an opportunity to do so. There was no change to this question following the pilot survey and it was included as a core question in the Outpatients survey 2003 (E3).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|--|
| <p>D5. Did he/she answer any questions that you asked?</p> <p>1 <input type="checkbox"/> He/she answered all of my questions 2 <input type="checkbox"/> He/she answered some of my questions, but not all 3 <input type="checkbox"/> He/she did not answer any of my questions 4 <input type="checkbox"/> I did not ask any questions</p> | <p>E3. If you had important questions to ask him/her, did you get answers that you could understand?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need to ask 5 <input type="checkbox"/> I did not have an opportunity to ask</p> |

The Picker Outpatient question D10 was used in the pilot survey (E7). Following the pilot survey, the response options for this question were expanded, so that people could give an intermediate response. This question was included in the extended Question Bank for the Outpatients survey 2003 (E7).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|--|
| <p>D10. Did you think that he/she was deliberately not telling you certain things that you wanted to know?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>E7. Did you think that he/she was deliberately not telling you certain things that you wanted to know?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> |

The Picker Outpatient question D9 was shortened slightly and there was an important change of emphasis in the response options. Rather than asking patients to indicate how well they were able to understand the explanation given by the doctor, the revised pilot question (E8) asked how far patients agreed that the doctor had given a clear explanation of the reasons for any treatment. In addition, a new response option was added, to cater for those patients who felt they did not need an explanation of the reasons for the treatment or action (4). There was no change to this question following the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (E8).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|---|
| <p>D9. Did he/she explain the reasons for any treatment or action in a way that you found easy to understand?</p> <p>1 <input type="checkbox"/> Very easy to understand 2 <input type="checkbox"/> Fairly easy to understand 3 <input type="checkbox"/> Fairly difficult to understand 4 <input type="checkbox"/> Very difficult to understand 5 <input type="checkbox"/> Reasons were not explained at all 6 <input type="checkbox"/> No treatment or action was needed</p> | <p>E8. Did he/she explain the reasons for any treatment or action in a way that you could understand?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't need an explanation 5 <input type="checkbox"/> No treatment or action was needed</p> |

Section E / F – Overall about the Appointment

The Picker Outpatient question E1 was rephrased slightly for the pilot survey, to make it clearer that it was referring to the level of privacy in the reception area (i.e. whilst talking to the receptionist), rather than whilst waiting for the appointment to start (which could be in a separate waiting area). There was no change to this question after the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (F1).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|--|---|
| <p>E1. Were you given enough privacy when waiting to be seen?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>F1. Were you given enough privacy when you arrived at reception?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> |

The Picker Outpatient question C10 (Section C. Seeing a Doctor) was included in the pilot survey (Section F. Overall about the appointment). Following the pilot survey, the response options were expanded, so that people could give an intermediate response. This question was included in the core Outpatients survey 2003 (F3).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|--|
| <p>C10. Did doctors and/or other staff talk in front of you as if you weren't there?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>F3. Did doctors and/or other staff talk in front of you as if you weren't there?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> |

The Picker Outpatient question E11 was used for the pilot survey (F10), with a small change to bring the question into line with the equivalent question in the 2002 Inpatient survey (question 29) and the final response option was expanded from 'No' to 'No, I was involved as much as I wanted to be'. After the pilot survey, this question was rephrased and response option 3 reverted back to 'No' (in line with the response options used in the Inpatient survey, 2002). This question was included as a core question in the Outpatients survey 2003 (F6).

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (core) |
|--|---|---|
| <p>E11. Did you want to be more involved in decisions made about your care?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> | <p>29. Did you want to be more involved in decisions made about your care and treatment?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> | <p>F6. Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> |

The text of the Picker Outpatient questions E2 and E3 was unchanged for the pilot survey (renumbered as questions F7 and F8), although the final part of these questions was printed in bold to emphasize the different situations referred to in these otherwise very similar questions. An additional response option was added to allow people to give an intermediate response ('Yes, to some extent'), if they felt they could have been given more privacy. This brought the question into line with a similar question in the Inpatient survey (2002), which had three response options (although the wording was different). There was no change to questions F7 and F8 following the pilot survey and they were included in the extended Question Bank for the Outpatients survey 2003 (F7, F8).

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (extended) |
|--|--|--|
| <p>E2. Were you given enough privacy when discussing your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>E3. Were you given enough privacy when being examined or treated?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>32. Were you given enough privacy when discussing your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p> <p>33. Were you given enough privacy when being examined or treated?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p> | <p>F7. Were you given enough privacy when discussing your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> <p>F8. Were you given enough privacy when being examined or treated?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> |

The Picker Outpatient questions E4 and E5 were merged into a single new question for the pilot survey, asking whether the staff had introduced themselves (F16). The new question focused more on whether staff had tried to establish a good relationship with patients – the previous questions could be interpreted as asking respondents whether they could recall the names and job titles of staff. Also, this provided a good opportunity to economise on the number of questions. There was no change to this new question after the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (F16).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|--|---|
| <p>E4. Did you know the names of all the staff you spoke to?</p> <p>1 <input type="checkbox"/> Yes, I knew who all of them were 2 <input type="checkbox"/> Yes, I knew who some of them were 3 <input type="checkbox"/> No, I didn't know who any of them were 4 <input type="checkbox"/> Can't remember</p> <p>E5. Did you know the job titles of the staff you spoke to?</p> <p>1 <input type="checkbox"/> Yes, I knew who all of them were 2 <input type="checkbox"/> Yes, I knew who some of them were 3 <input type="checkbox"/> No, I didn't know who any of them were 4 <input type="checkbox"/> Can't remember</p> | <p>F16. Did the staff treating and examining you introduce themselves?</p> <p>1 <input type="checkbox"/> Yes, all of the staff introduced themselves 2 <input type="checkbox"/> Some of the staff introduced themselves 3 <input type="checkbox"/> Very few or none of the staff introduced themselves 4 <input type="checkbox"/> Don't know/Can't remember</p> |

The Picker Outpatient question E6 was shortened slightly and the response options were modified (particularly option 3) for the pilot survey (F17). There was no change to this question after the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (F17).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|--|
| <p>E6. Did members of staff wear name badges?</p> <p>1 <input type="checkbox"/> Yes, all staff wore name badges 2 <input type="checkbox"/> Yes, some of the staff wore name badges 3 <input type="checkbox"/> No, none of the staff wore name badges 4 <input type="checkbox"/> Can't remember</p> | <p>F17. Did staff wear name badges?</p> <p>1 <input type="checkbox"/> Yes, all of the staff wore name badges 2 <input type="checkbox"/> Some of the staff wore name badges 3 <input type="checkbox"/> Very few or none of the staff wore name badges 4 <input type="checkbox"/> Don't know/Can't remember</p> |

The Picker Outpatient Questionnaire (2001) had as question E7: *'Was there one consultant in overall charge of the out-patient clinic?'* This was cut completely from the pilot Outpatient questionnaire because it would not be very useful for deriving performance measures.

The Picker Outpatient question E8 was modified slightly for the pilot survey (F9), to make it more clearly related to outpatients by including the word clinic. The response options were also modified from reporting on how often the issue had happened to how strongly the patient agreed they had experienced this problem (whether different staff gave conflicting information). This question was not changed after the pilot survey and was included as a core question in the Outpatients survey 2003 (F5).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|---|
| <p>E8. Sometimes in a hospital, one member of staff will say one thing and another will say something quite different. Did this happen to you?</p> <p>1 <input type="checkbox"/> Yes, often 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p> | <p>F6. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No</p> |

The Picker Outpatients question E10 was shorted to simplify the language for the pilot survey (F19). There were no changes to the response options. This question was included, unchanged, in the extended Question Bank for the Outpatients survey 2003 (F19).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|--|--|
| <p>E10. Why did you not discuss these questions? (Tick all that apply)</p> <p>1 <input type="checkbox"/> I was embarrassed about mentioning them 2 <input type="checkbox"/> I forgot to mention them 3 <input type="checkbox"/> I didn't have time to mention them 4 <input type="checkbox"/> The member of staff didn't have time to listen 5 <input type="checkbox"/> There were too many interruptions 6 <input type="checkbox"/> There was not enough privacy</p> | <p>F19. Why didn't you discuss these questions? (Tick all that apply)</p> <p>1 <input type="checkbox"/> I was embarrassed about mentioning them 2 <input type="checkbox"/> I forgot to mention them 3 <input type="checkbox"/> I didn't have time to mention them 4 <input type="checkbox"/> The member of staff didn't have time to listen 5 <input type="checkbox"/> There were too many interruptions 6 <input type="checkbox"/> There was not enough privacy</p> |

The Picker Outpatient questions E12 and E13 were simplified for the pilot survey, to make them easier to read. There were no changes to the response options. These questions were included, unchanged, in the extended Question Bank for the Outpatients survey 2003 (F11, F12).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|--|
| <p>E12. Did doctors, nurses or other hospital staff ask your <u>name and address</u> more often than you thought should have been necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>E13. Did doctors, nurses or other hospital staff ask you to give details of your <u>condition or illness</u> more often than you thought was necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>F11. Were you asked your name and address more often than you thought should have been necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>F12. Were you asked to give details of your condition or illness more often than you thought should have been necessary?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> |

New questions on understanding English and information given to the family

There were some completely new questions added to section F for the pilot survey. In response to the feedback received from trusts, questions were written to ask about the need for help in understanding English amongst patients. Question F2 asks whether respondents needed help understanding English or not. This can be analysed to assess the level of need for this type of support. It also acts as a filter for question F3, which asks whether help was available and if so, the source of this support. After the pilot survey, question F3 was rephrased from *'Was there someone in the Outpatients Department who could interpret for you?'* to *'When you were in the Outpatients Department, was there someone who could interpret for you?'* There were no changes to the response options. These questions were included in the core Outpatients survey 2003 (F1 and F2).

Another new question was included in the pilot survey (F6) to ask about the amount of information about the patient's condition or treatment that was given to their family or someone close to them. This was similar to a question in the Inpatient survey (2002) which asked *'Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?'* This new question was tested in the pilot survey and included in the extended Question Bank for the Outpatients survey 2003 (F6).

| Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (extended) |
|---|---|
| <p>44. Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> No family or friends were involved 5 <input type="checkbox"/> My family or friends didn't want or need information</p> | <p>F6. How much information about your condition or treatment was given to your family or someone close to you?</p> <p>1 <input type="checkbox"/> Not enough 2 <input type="checkbox"/> Right amount 3 <input type="checkbox"/> Too much 4 <input type="checkbox"/> No family or friends were involved 5 <input type="checkbox"/> My family didn't want or need information 6 <input type="checkbox"/> I didn't want my family or friends to have any information</p> |

Section F / G – Tests and Treatment

The Picker Outpatient question F1 was reworded slightly for the pilot survey (G1), and the word 'biopsies' replaced by 'scans'. There was no change to the response options. This question was included, unchanged, in the core Outpatients survey 2003 (G1).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|--|
| F1. During your out-patient appointment, did you have any tests to help find out more about your condition (e.g. blood tests, x-rays, or biopsies)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | G1. During your outpatients appointment, did you have any tests (such as blood tests, x-rays, or scans) to help find out more about your condition? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

The Picker Outpatient question F5 was reworded for the pilot survey and the response options were modified to clarify their meaning and allow for cases where patients knew they would not get their results until later. In the original Picker question (F5), response option 4 ('I have not been told the test results') did not indicate whether the patient had not been told results when they should have been, or whether they knew they would have to wait for their results. There was no change to the wording of this question following the pilot survey, but the response options were shortened and reordered for this core Outpatients question (G4).

| Picker Outpatient Questionnaire 2001 | Pilot Outpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (core) |
|---|---|---|
| F5. Did someone explain the results in a way that you could understand? 1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> The results were explained, but I couldn't understand them 4 <input type="checkbox"/> I have not been told the test results 5 <input type="checkbox"/> Not sure | G5. Did a member of staff explain the results of the tests in a way you could understand? 1 <input type="checkbox"/> Yes, I understood completely 2 <input type="checkbox"/> Yes, I understood to some extent 3 <input type="checkbox"/> No, I didn't understand what I was told 4 <input type="checkbox"/> I was told that the results of the tests would be given to me at a later date 5 <input type="checkbox"/> I was not told how I would get the results 6 <input type="checkbox"/> Not sure / Can't remember | G4. Did a member of staff explain the results of the tests in a way you could understand? 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Not sure / Can't remember 5 <input type="checkbox"/> I was told that the results of the tests would be given to me at a later date 6 <input type="checkbox"/> I was never told the results of the tests |

The Picker Outpatient question F7 was unchanged, apart from a slight modification to response option 2, to make it clearer that the respondent didn't mind that they hadn't been told that they would be undergoing treatment. The original response option 2 could be misread to mean that they didn't mind that they would be undergoing treatment. There was no change to this question

following the pilot survey and it was included in the extended Question Bank for the Outpatients survey 2003 (G7).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (extended) |
|---|--|
| <p>F7. Before your appointment, did you know that you would be undergoing treatment?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, and I didn't mind 3 <input type="checkbox"/> No, but I would have liked to know</p> | <p>G7. Before your appointment, did you know that you would be undergoing treatment?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, and I didn't mind that I wasn't told 3 <input type="checkbox"/> No, but I would have liked to know</p> |

The Picker Outpatient question F11 was included in the pilot survey (G8), with the general changes listed earlier and modifications to response options 3 and 4, to clarify their meaning by relating them back to the question asked. There were no further changes after the pilot survey and this question was included in the extended Question Bank for the Outpatients survey 2003 (G11).

| Picker Outpatient Questionnaire 2001 | Pilot Outpatient Questionnaire 2002 |
|--|--|
| <p>F11. Afterwards, did someone explain how the treatment had gone in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> They explained it to someone else</p> | <p>G11. Afterwards, did a member of staff explain how the treatment had gone in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No, I did not get an explanation I could understand 4 <input type="checkbox"/> No, but they explained it to a friend or family member</p> |

Section G – Future Health Care / Section H – Leaving the Outpatients Department

The Picker Outpatient question G1 (*‘Did hospital staff explain what to do if problems or symptoms continued, got worse, or came back?’*) was not included in the pilot survey. This section was renamed to ‘Leaving the Outpatients Department’ and divided into two sub-sections, on ‘Medications’ and ‘Information’.

New Questions on Medications

The sub-section on ‘Medications’ began with a new question (H1) which asked whether patients were given a new prescription before leaving the Outpatients Department. In addition to providing information on how frequently this occurs,

the main purpose of the question is to filter out patients who were not given a new prescription (they are asked to skip to the following sub-section on 'Information'). This question was tested in the pilot survey and included as a core question in the Outpatients survey 2003 (H1).

The pilot survey included another new question (H2), asking 'Did a member of staff explain to you **how to take** the new medications?' Again, there were no problems identified with this question from the pilot survey and it was included as a core question in the Outpatients survey 2003 (H2).

Question G4 from the Picker Outpatient survey followed on from this in the pilot questionnaire. It was altered slightly ('medicines' was changed to 'medications') and the final response option and skip instruction was omitted because this filter had already been applied at the beginning of the 'Medications' sub-section. This question was included, unchanged, as a core question in the Outpatients survey 2003 (H3).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|---|
| <p>G4. Did hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't need an explanation 5 <input type="checkbox"/> I had no medicines Go to G6</p> | <p>H3. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need an explanation</p> |

The Picker Outpatient question G5 was moved to the new sub-section on 'Medications' and the text simplified for the pilot survey. This was possible because the context of the question was now much clearer, given its position with this sub-section. Response option 4 was changed from 'I didn't need an explanation' to 'I did not need this type of information', which was consistent with the wording of the final response option for questions within the 'Information' sub-section. This question was included, unchanged, as a core question in the Outpatients survey 2003 (H4).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|---|
| <p>G5. Did hospital staff tell you about any side effects to watch for from the medicines you were given when you went home?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I didn't need an explanation</p> | <p>H4. Did a member of staff tell you about medication side effects to watch for?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need this type of information</p> |

The 'Medication' sub-section finishes with another new question introduced for the pilot survey: 'Did the Outpatients Department staff give you a **printed information leaflet** about your medicines?' This was included in the extended Question Bank for the Outpatients survey 2003 (H5).

Information

The Picker questions G2, G3, G6 and G7 were moved to the new subsection on 'Information' for the pilot survey. The Picker question G2 was rephrased slightly (and renumbered to H8), but there was no change to the text of question G3 (renumbered to H7).

On questions G2, G3 and G7 (which became H8, H7 and H6 respectively in the pilot questionnaire), the final response option (4) was changed from 'It wasn't necessary' to 'I did not need this type of information', to emphasize its meaning within the context of the 'Information' sub-section.

Following the pilot survey, questions H6 and H7 were included in the extended Question Bank for the main Outpatients survey (as H6 and H7 respectively) and Question H8 was included as a core question (H5) in the Outpatients Survey 2003.

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|---|
| <p>G2. Did hospital staff tell you if there were any warning signs regarding your illness or treatment to watch for after you went home?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> It wasn't necessary</p> | <p>H5. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?</p> <p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need this type of information</p> |

The Picker Outpatients Question G6 was reworded for the pilot survey and three additional response options were added (options 2, 3 and 8) in response to

comments from the CHI and others. Following the pilot, this question was included as a core question in the Outpatients survey 2003 (H6).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|---|
| <p>G6. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the appointment?</p> <p>1 <input type="checkbox"/> Yes, they told me to contact my GP/Family Doctor 2 <input type="checkbox"/> Yes, I was told to dial 999 3 <input type="checkbox"/> Yes, they told me to contact a member of staff at the hospital 4 <input type="checkbox"/> Yes, I was told to contact someone else 5 <input type="checkbox"/> No, I was not told who to contact 6 <input type="checkbox"/> Can't remember</p> | <p>H9. Did hospital staff tell you who to contact after you got home if you were worried about your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes, they told me to contact my GP 2 <input type="checkbox"/> Yes, they told me to contact the practice nurse at my local health centre 3 <input type="checkbox"/> Yes, they told me to contact NHS Direct 4 <input type="checkbox"/> Yes, I was told to dial 999 5 <input type="checkbox"/> Yes, they told me to contact a hospital doctor or nurse 6 <input type="checkbox"/> Yes, I was told to contact someone else 7 <input type="checkbox"/> No, I was not told who to contact 8 <input type="checkbox"/> I did not need this type of information 9 <input type="checkbox"/> Don't know/Can't remember</p> |

The Picker Outpatient question G7 was reworded for the pilot survey (as H6), for consistency with the 2003 Emergency Department survey. Following the pilot survey, the emphasis (bold text) in question H6 was shifted and the response option 2 was modified to make it easier to distinguish responses which indicated a problem. This was included in the extended Question Bank for the Outpatients survey 2003 (H6).

| Picker Outpatient Questionnaire 2001 | Pilot Outpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (extended) |
|---|---|--|
| <p>G7. During the appointment, were you given any written or printed information about your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, but I would have liked some 3 <input type="checkbox"/> No, but it wasn't necessary</p> | <p>H6. Before you left the Outpatients Department, were you given any written or printed information about your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I did not need this type of information</p> | <p>H6. Before you left the Outpatients Department, were you given any written or printed information about your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, but I would have liked it 3 <input type="checkbox"/> No, but I did not need this type of information</p> |

Section H / J – Overall Impression

There was no major change to the Picker Outpatient question H1 for the pilot survey (J1), apart from changing response option 2 from ‘Yes, somewhat’ to ‘Yes, to some extent’ for consistency with this question in the Emergency Department survey and other questions throughout both pilot surveys. Following the pilot survey, question J1 was rephrased from ‘*Was the main reason you went to the Outpatients Department addressed to your satisfaction?*’ to ‘*...dealt with to your satisfaction?*’ in order to make it easier to read. This was included in the extended Question Bank for the Outpatients survey 2003 (J1).

Similarly, the Picker Outpatient question H2 was modified for the pilot survey (as noted under ‘General changes’) and response option 2 was changed from ‘Somewhat organised’ to ‘Fairly organised’. This question was included, unchanged, as a core question in the Outpatients survey 2003 (J1).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|---|---|
| <p>H2. How well organised was the out-patient clinic you visited?</p> <p>1 <input type="checkbox"/> Not at all organised 2 <input type="checkbox"/> Somewhat organised 3 <input type="checkbox"/> Very well organised</p> | <p>J1. How well organised was the Outpatients Department you visited?</p> <p>1 <input type="checkbox"/> Not at all organised 2 <input type="checkbox"/> Fairly organised 3 <input type="checkbox"/> Very well organised</p> |

The Picker Outpatients question H4 was included in the pilot survey (J3). Following the pilot, the response options were changed to shorter words (from ‘Yes, always’ to ‘Yes, all of the time’ and ‘Yes, sometimes’ to ‘Yes, some of the time’). This was included as a core question in the Outpatients survey 2003 (J2).

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|--|
| <p>H4. Overall, did you feel you were treated with respect and dignity while you were at the out-patient clinic?</p> <p>1 <input type="checkbox"/> Yes, always 2 <input type="checkbox"/> Yes, sometimes 3 <input type="checkbox"/> No</p> | <p>J2. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?</p> <p>1 <input type="checkbox"/> Yes, all of the time 2 <input type="checkbox"/> Yes, some of the time 3 <input type="checkbox"/> No</p> |

The Picker Outpatient question H3 was moved to Section C ‘Hospital Environment and Facilities’ (the changes were described earlier, under Section B/C).

The Picker Outpatient question H5 ('How would you rate how well the doctors, nurses and other staff worked together?') was cut out of the Outpatient Pilot survey.

The Picker Outpatient question H6 was modified slightly, to specify that it was referring to the care received at the Outpatients Department. An additional response option was added ('very poor'). The order in which the response options were listed was reversed, so that the first option was 'Excellent'. This change was made for consistency with the 2002 Inpatient survey. This question was unchanged after the pilot survey and included as a core question in the Outpatients survey 2003 (J3).

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (core) |
|--|--|--|
| <p>H6. Overall, how would you rate the care you received?</p> <p>1 <input type="checkbox"/> Poor 2 <input type="checkbox"/> Fair 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Very Good 5 <input type="checkbox"/> Excellent</p> | <p>47. Overall, how would you rate the care you received?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p> | <p>J4. Overall, how would you rate the care you received at the Outpatients Department?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor 6 <input type="checkbox"/> Very poor</p> |

The Picker Outpatient question H7 was modified slightly, to refer to 'this Outpatients Department', rather than 'this hospital' for the pilot survey (J5. 'Would you recommend this Outpatients Department to your family and friends?'). This question was included, unchanged, in the extended Question Bank for the Outpatients survey 2003 (J5).

The last few questions in Section H of the Picker Outpatient questionnaire, regarding whether patients had confidence and trust in the doctors (H8), nurses (H9) and other staff (H10) were modified and moved to sections D (Seeing a Doctor) and E (Seeing another Health Care Professional) of the pilot survey.

Following the pilot survey, the main change to Section J was the addition of a completely new question (J6), asking whether respondents knew how to complain about the care they received. This was added in response to feedback from trusts/CHI. It was not included in the core questionnaire, but is available to trusts who wish to select additional questions from the extended Question Bank for the Outpatients survey 2003 (J6).

J6. If you needed to complain about the care you received, did you know how to do this?

1 Yes

2 No, but I would have liked to know

3 I had no need to complain

Section I / K – Your Background

There was no change to the Picker Outpatient question I1 for the pilot survey (K1. Are you male or female?). This was a core question in the Outpatients survey 2003 (K1).

The Picker Outpatient question I2 was changed significantly for the pilot survey, from asking respondents for their full date of birth to a tick-box question to indicate which of five age bands they were in (K2). Following the pilot survey, the age bands were altered, for consistency with the Emergency Survey 2003. This was a core question in both the Emergency and Outpatients surveys 2003.

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

A question which had been omitted from the pilot survey (Picker Outpatient question I4) was reinstated as a core question (K3). This question asked 'How old were you when you completed your formal full-time education?' This information can be used as a proxy measure of social class and was required for the analysis of inequalities nationally from the main survey results, rather than being used by individual trusts. The question and response options for the main 2003 Outpatient survey were worded to be consistent with the 2002 Inpatient survey.

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 | Outpatient Questionnaire 2003 (core) |
|---|--|--|
| <p>I4. How old were you when you completed your formal full-time education?</p> <p>1 <input type="checkbox"/> 16 years or under 2 <input type="checkbox"/> 17 / 18 3 <input type="checkbox"/> 19 or over 4 <input type="checkbox"/> Still at school 5 <input type="checkbox"/> Still at college or university</p> | <p>K3. How old were you when you left full-time education?</p> <p>1 <input type="checkbox"/> 16 years or less 2 <input type="checkbox"/> 17 or 18 years 3 <input type="checkbox"/> 19 years or over 4 <input type="checkbox"/> Still in full-time education</p> | <p>K3. How old were you when you left full-time education?</p> <p>1 <input type="checkbox"/> 16 years or less 2 <input type="checkbox"/> 17 or 18 years 3 <input type="checkbox"/> 19 years or over 4 <input type="checkbox"/> Still in full-time education</p> |

The Picker Outpatient question I3 was reworded slightly and the response options were updated, from eight ethnic groups (based on the 1991 Census categories for ethnicity) to sixteen ethnic categories (based on the 2001 Census classification). This change was necessary because trusts have been required to use the 2001 Census codes when collecting this information since April 2001 and for consistency with the 2002 Inpatient survey. Because the larger number of categories required a full column of the questionnaire form, this question was moved to the end of section K for the pilot survey. This question was included, unchanged, as a core question in the Outpatients survey 2003 (K5).

Finally, the Picker Outpatient question I6 was modified for the pilot survey so that the question wording and response options were consistent with the Inpatient survey (2002). This was included as a core question in the Outpatients survey 2003 (K4).

| Picker Outpatient Questionnaire 2001 | Inpatient Questionnaire 2002 and Outpatient Questionnaire 2003 (core) |
|---|---|
| <p>I6. In general, would you say your health is... ?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p> | <p>K4. Overall, how would you rate your health during the past 4 weeks?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor 6 <input type="checkbox"/> Very poor</p> |

| Picker Outpatient Questionnaire 2001 | Outpatient Questionnaire 2003 (core) |
|--|---|
| <p>13. Which of these groups do you consider yourself to belong to?</p> <p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black - Caribbean 3 <input type="checkbox"/> Black - African 4 <input type="checkbox"/> Indian 5 <input type="checkbox"/> Pakistani 6 <input type="checkbox"/> Bangladeshi 7 <input type="checkbox"/> Chinese 8 <input type="checkbox"/> Other (please write in the box):</p> <div data-bbox="284 619 667 667" style="border: 1px solid black; height: 23px; width: 236px;"></div> | <p>K5. To which of these ethnic groups would you say you belong? (tick one only)</p> <p>a. WHITE 1 <input type="checkbox"/> British 2 <input type="checkbox"/> Irish 3 <input type="checkbox"/> Any other White background (Please write in box)</p> <div data-bbox="881 520 1265 569" style="border: 1px solid black; height: 23px; width: 236px;"></div> <p>b. MIXED 4 <input type="checkbox"/> White and Black Caribbean 5 <input type="checkbox"/> White and Black African 6 <input type="checkbox"/> White and Asian 7 <input type="checkbox"/> Any other Mixed background (Please write in box)</p> <div data-bbox="881 825 1265 873" style="border: 1px solid black; height: 23px; width: 236px;"></div> <p>c. ASIAN OR ASIAN BRITISH 8 <input type="checkbox"/> Indian 9 <input type="checkbox"/> Pakistani 10 <input type="checkbox"/> Bangladeshi 11 <input type="checkbox"/> Any other Asian background (Please write in box)</p> <div data-bbox="881 1129 1265 1178" style="border: 1px solid black; height: 23px; width: 236px;"></div> <p>d. BLACK OR BLACK BRITISH 12 <input type="checkbox"/> Caribbean 13 <input type="checkbox"/> African 14 <input type="checkbox"/> Any other Black background (Please write in box)</p> <div data-bbox="881 1402 1265 1451" style="border: 1px solid black; height: 23px; width: 236px;"></div> <p>e. CHINESE OR OTHER ETHNIC GROUP 15 <input type="checkbox"/> Chinese 16 <input type="checkbox"/> Any other ethnic group (Please write in box)</p> <div data-bbox="881 1648 1265 1696" style="border: 1px solid black; height: 23px; width: 236px;"></div> |

7 Importance Study

The aim of this exercise was to determine how recent outpatients rated the importance of different aspects of their outpatient experiences, in order that the views of patients should have a bearing on which questions were included in the 'core' questionnaire (i.e. become mandatory questions which could be used for the calculation of trust performance ratings), and which should be optional questions, that trusts could add from the question bank.

Respondents with a recent outpatient attendance were recruited by placing adverts in the local media and posters in trust outpatient departments, asking for volunteers to call a FREEPHONE number if they were interested in taking part. Those people who telephoned were screened for eligibility, to ensure that their outpatient visit had taken place at a general acute hospital within the last year and that they were over 18. Attendances at psychiatric hospitals were not eligible for inclusion. The 'Importance Survey' was then sent to participants for self-completion. Despite the various methods used to recruit respondents, the number of volunteers was low. One reason for this low response might be that no incentives (such as gift vouchers) were offered. However, 16 people did take part in this study, an equal number of men and women. They ranged in age from 39 to 85. Most had their last outpatient appointment 1-6 months ago.

Respondents were asked to rate each aspect of care as 'most important' (coded 1); 'quite important' (coded 2) or 'least important' (coded 3); issues which were 'not applicable' or not rated at all were treated as missing data. The purpose of this exercise was to help determine whether those issues rated as 'most important' by patients were covered by the core (mandatory) questions in the outpatient survey.

Table 2 shows the various aspects of care listed in descending order of importance, based on the percentage of respondents who rated each issue as 'most important' (scored 1). The right-hand column in Table 2 indicates whether the issue was included in the 'core' questionnaire for the 2003 Outpatients Survey, or was an optional question for trusts running an 'extended' questionnaire. The decision on which questions should be included in the core questionnaire was based partly on the importance study, but also takes account of the need to include questions which relate to Department of Health policy issues and specified targets (especially in terms of access, such as being seen on time in the clinic).

All of the respondents rated the following issues as 'most important':

- Confidence and trust in doctors;
- Being listened to by the doctors and nurses;
- The doctor explaining my treatment in a way I could understand

The least important issues identified by patients were:

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

Over half of the respondents rated these issues as 'least important'.

Table 2 - Patient ratings of 46 aspects of outpatient care

| Aspect of care | Percentage rating issue "Most Important" | 2003 Outpatient Survey |
|---|---|-------------------------------|
| Confidence and trust in doctors | 100 % | Core |
| Being listened to by the doctors and nurses | 100 % | Core |
| The doctor explaining my treatment in a way I could understand | 100 % | Core |
| Confidence and trust in the nurses/other healthcare professionals | 94 % | Core |
| Having enough time to discuss my health or medical problem with a doctor | 94 % | Core |
| The doctor (and nurses) being open with me | 94 % | Core |
| Being involved in decisions about my care and treatment | 94 % | Core |
| Being told about medication side effects | 94 % | Core |
| Being treated with respect | 88 % | Core |
| Being given an explanation about why I needed a test or X-ray | 88 % | Core |
| Being told what to do if problems got worse or came back after the appointment | 88 % | n/a |
| Being told the results of my test or X-ray in a way I could understand | 88 % | Core |
| Someone explaining the risks and benefits of my treatment in a way I could understand | 88 % | Core |
| The doctor being aware of my medical history | 81 % | Core |
| Being told about the purposes of medicines | 81 % | Core |
| Not having to wait a long time for an appointment date | 79 % | Core |
| Being told how I would find out the results of my tests or X-rays | 75 % | Core |
| Knowing whom to contact if I had concerns after the appointment | 75 % | Core |
| Being given an explanation for any delay | 75 % | Core |
| Being told how long the delay would be | 75 % | Core |
| Knowing in advance the reason for my appointment | 73 % | Core |
| Being given the same advice from all members of staff | 69 % | Core |

| | | |
|---|------|----------|
| Privacy when being examined or treated | 69 % | Extended |
| Not having the appointment cancelled | 67 % | Core |
| Having contact details before my appointment (in case my condition or symptoms got worse) | 67 % | Core |
| Cleanliness of the toilets at the outpatient clinic | 67 % | Core |
| Being told when I could resume my normal activities, such as going to work or driving a car | 64 % | Extended |
| Overall cleanliness of the outpatient clinic | 63 % | Core |
| Privacy when discussing my condition or treatment | 63 % | Extended |
| Being given written information about my condition and treatment | 60 % | Extended |
| The fairness of the system for who saw the doctor next whilst waiting for my appointment | 56 % | n/a |
| Knowing what would happen during my appointment | 50 % | Extended |
| Ease of parking | 50 % | Extended |
| My permission being asked if medical students wanted to attend | 50 % | Extended |
| Having suitable seating in the waiting area | 44 % | Extended |
| Being seen on time in the clinic | 40 % | Core |
| Knowing in advance the name of the person I would be seeing at that appointment | 39 % | Extended |
| Having a choice of appointment times | 33 % | Extended |
| A short journey between home and the clinic | 29 % | Extended |
| Privacy when giving my details to the receptionist | 19 % | Extended |
| Being told the job titles of the staff I met | 19 % | Extended |
| Being able to make a telephone call while waiting | 13 % | Extended |
| Being told the names of the staff I met | 13 % | Extended |
| Not being asked details of my condition or illness too often | 13 % | Extended |
| Not being asked my name and address too often | 13 % | Extended |
| Being able to get refreshments while waiting | 13 % | Extended |

Note. Number of respondents=16.

7.1 Comments from patients

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

Some patients gave a positive comment which was largely concerned with their view of the staff:

"... in last 6 months. On each visit I would rate staff excellent .."

"Had to attend the casualty department. Returned 3 times for treatment at the outpatients department. Was impressed with the way in which the staff went about their work...."

Other patients had a bad experience:

"...Waited 2.25 hours for my appointment. Place is uncomfortable & crowded; like 3rd World; previously walked out after 1.5 hours and had 2 private appointments; no dignity; people won't complain; worst aspects of NHS; all aspects on questionnaire important."

"Having waited an hour without being seen or being told the reason for the delay I cancelled the appointment. I felt as if the staff thought that I was lucky to be seen and should accept whatever they decided was good enough."

These comments highlight the issues of: waiting for appointments; waiting areas which are uncomfortable and overcrowded; being told the reasons for any delays and being treated with respect and dignity.

Other respondents made suggestions for improvements:

"Having an information desk near to the entry of the OP Dept. Receiving a plan of the location of the clinic in the department. Provide adequate parking facilities for disabled drivers. Having wheelchairs available near the entry point (in easy reach of car park."

"It would have been helped had I been told the name of the doctor I saw, rather than meeting a complete stranger and not the scheduled doctor."

"After my operation I tried for 3 weeks to speak to a sister about aftercare. ... it was difficult to get beyond switchboard. Care was good in hospital, but lack of liaison between GPs caused confusion and upset."

These comments identify the issues of: being given information about the appointment, such as how to get there and who they would be seen by; adequate

car parking; easy access for wheelchairs; seeing the named doctor at the appointment; knowing who to contact for follow-up after leaving hospital.

8 Implementation of the pilot surveys

8.1 Drawing the pilot samples

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

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

8.2 Survey administration

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

8.3 FREEPHONE calls

Covering letters enclosed with the questionnaires included a FREEPHONE number that patients could call if they had any questions, queries or complaints about the survey. A few people called because they had received a reminder note, but had not received the initial mailing, which must have gone astray (4 out of the 850 posted). In these cases, the respondents agreed that they would complete the questionnaire, which would be sent with the third mailing.

The calls received did not indicate any major problems with the sample of respondents drawn or the survey administration. That is, there was no indication that any ineligible patients had been included in the sample, although there were a few cases indicating the problems which inevitably occur due to the time elapsed between drawing the sample and starting the mailing process. There was one call from a relative to say that the addressee was recently deceased; one call from a relative because the addressee had recently been admitted to a residential care home (i.e. they were not currently living at that address). Another caller reported that their relative had recently been admitted to hospital, although they would be happy to complete a questionnaire when they came home. The list had been checked for current inpatients by the trust, although this can only refer to the date the check was run.

Finally, the calls can also provide a guide to any difficulties respondents may have about the survey. In this pilot, there was only one query about completing the Outpatients questionnaire. This was from someone who had regular outpatient appointments and wanted to know which one to refer to when completing the questionnaire, even though this information (that it should be the **most recent appointment**) is stated on the first page, under 'What is the survey about?' and reiterated in a box at the top of the first page of questions.

8.4 Data protection issues

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

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

9 Pilot Outpatient Survey Response Rates

9.1 Response rates (after each mailing)

The pilot Outpatient survey achieved a response rate of 59.9% (after adjusting for questionnaires returned undelivered and deceased patients), with 504 completed questionnaires returned.

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

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

from people who wanted to opt out, but most of the non-responders simply did not return a questionnaire.

Table 3 also shows that the initial response rate after the first mailing (covering letter and questionnaire) was 41%. This increased only slightly (to 43%) after the first reminder letter, but increased substantially (to 60%) after the second reminder (enclosing a letter and another questionnaire).

Table 3 – Pilot Outpatient Survey Response rates

| Outcome | Mailing 1 28 th Nov 2002 | Mailing 2 23 rd Dec 2002 | Mailing 3 16 th Jan 2003 |
|-------------------------------|---|---|---|
| Returned completed | 348 | 364 | 504 |
| Returned undelivered | 2 | 2 | 4 |
| Respondent deceased | 1 | 4 | 4 |
| Respondent too ill | 0 | 0 | 2 |
| Respondent opted out | 8 | 8 | 8 |
| Questionnaire not returned | 491 | 472 | 328 |
| Totals | 850 | 850 | 850 |
| Raw Response Rate | 40.9% | 42.8% | 59.3% |
| Adjusted Response Rate | 41.1% | 43.1% | 59.9% |

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

9.2 Non-response bias

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

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

Response Rates by Gender

The response rates for men and women are given in Table 4. Although the response rates for men appear to be slightly higher than for women, these differences were not statistically significant.

It is also useful to compare the percentages of men and women amongst the non-respondents to the original sample. This indicates that women are slightly less likely to respond than men because they account for 56.4% of the sample, but 57.4% of the non-respondents.

Table 4 – Response rates for men and women

| Sex | Eligible Sample Size | | Respondents | | Non-Respondents | | Adjusted Response Rate (percent) |
|-------|----------------------|---------|-------------|---------|-----------------|---------|----------------------------------|
| | Count | Percent | Count | Percent | Count | Percent | |
| Men | 367 | 43.6 % | 223 | 44.2 % | 144 | 42.6 % | 60.8 % |
| Women | 475 | 56.4 % | 281 | 55.7 % | 194 | 57.4 % | 59.2 % |
| All | 842 | 100.0 % | 504 | 99.9 % | 338 | 100.0 % | 59.9 % |

Note. The figures in this table exclude the 8 non-contacts from the initial 850 sample (4 questionnaires returned undelivered and 4 deceased).

A more detailed analysis of the response rates for age/sex groups is shown in

Table 5. The response rates were lower than the target response rate of 60% among younger men (aged 16-35 and 36-50), younger women (aged 16-35) and also among older women (aged 81 plus). The differences in response rates were statistically significant ($p=.005$) and indicate that the achieved sample is unrepresentative of these particular age/sex groups.

Table 5 – Response rates by age/sex group

| Age/Sex group | Eligible Sample Size | | Adjusted Response Rate (percent) |
|---------------|----------------------|---------|----------------------------------|
| | Count | Percent | |
| Men 16-35 | 48 | 5.6 % | 41.7 % |
| Men 36-50 | 70 | 8.2 % | 44.3 % |
| Men 51-65 | 98 | 11.5 % | 66.0 % |
| Men 66-80 | 118 | 13.9 % | 70.9 % |
| Men 81+ | 36 | 4.2 % | 71.4 % |
| Women 16-35 | 73 | 8.6 % | 37.0 % |
| Women 36-50 | 104 | 12.2 % | 59.6 % |
| Women 51-65 | 121 | 14.2 % | 65.0 % |
| Women 66-80 | 128 | 15.1 % | 68.5 % |
| Women 81+ | 54 | 6.4 % | 53.7 % |

| | | | |
|------------|------------|---------------|---------------|
| All | 850 | 99.9 % | 59.9 % |
|------------|------------|---------------|---------------|

The response rates for each ethnic group are given in Table 6. There was a large difference in response rates between the white (61.1%) and non-white groups (41.1%), which were statistically significant ($p=.05$). There were also differences between the non-white groups, with significantly lower response rates among the Asian respondents (37%) and the Chinese and other ethnic groups (40%). Although the response rate was slightly higher amongst the Black respondents (64%), this was based on a small number of patients (9 out of the 14 Black patients sampled returned a completed questionnaire).

Table 6 – Response rates for Ethnic groups

| Ethnic category | Sample size | | Adjusted Response Rate (percent) |
|---------------------|-------------|----------------|----------------------------------|
| | Count | Percent | |
| White | 562 | 86.1 % | 61.1 % |
| Mixed | 0 | 0 % | 0 % |
| Asian | 72 | 11.0 % | 36.6 % |
| Black | 14 | 2.1 % | 64.3 % |
| Chinese & other | 5 | 0.8 % | 40.0 % |
| All | 653 | 100.0 % | 59.9 % |
| <i>Missing data</i> | <i>197</i> | | |

9.3 Reasons for non-response

Among the FREEPHONE calls, there were eight calls from people who rang to say that they did not wish to participate in the survey. Four of these callers said they were not interested in the survey. Another two said they were too ill to complete the questionnaire. There was one call from a relative to advise that the patient was recently deceased. The other caller wanted to opt out because they had difficulties understanding written and spoken English. Where possible, we asked callers if they would like to complete the questionnaire verbally and there was one FREEPHONE call from a patient who had difficulty reading English, but was happy to complete the questionnaire over the telephone.

9.4 Item non-response

Table 7 shows the non-response rate for each question. This is based on the number of missing values on a question, as a percentage of the total number of respondents who should have answered the question. Some questions have skip instructions. The non-response rate was adjusted to take account of the number of respondents who were eligible to answer the question (depending on their response to a previous filter question). After this adjustment, the questions with the highest non-response rates (greater than 20%) are E2, F3 and F19. Of these,

only E2 'Who was the main other person you saw?' and F3 'Was there someone in the Outpatients Department who could interpret for you?' were included as core questions in the national Outpatients Survey 2003. Question F19 was included in the extended question bank. The use of filter questions was minimised in the final version of the national Outpatients questionnaire 2003 (changes to questions are detailed in Section 5.2 of this report).

Table 7 – Item non-response rates

| Pilot Outpatients Questions | Responses adjusted for filter questions (excluding respondents who should have skipped question) | | | |
|--|---|---------|-------|-----------------------------|
| | Valid | Missing | Total | Non-response rate (percent) |
| A1. Who made your last outpatient appointment? | 493 | 9 | 502 | 1.8 |
| A2. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment? | 487 | 11 | 498 | 2.2 |
| A3. Were you given choice of appointment times? | 489 | 9 | 498 | 1.8 |
| A4. Before your appointment, did you know the reason for the appointment? | 493 | 5 | 498 | 1.0 |
| A5. Before your appointment, did you know what would happen to you during the appointment? | 491 | 7 | 498 | 1.4 |
| A6. Before your appointment, did you know who to contact if your symptoms or condition got worse? | 486 | 12 | 498 | 2.4 |
| A7. Was your appointment changed by the hospital? | 491 | 7 | 498 | 1.4 |
| A8. Before your appointment, were you given the name of the person that the appointment was with? | 485 | 13 | 498 | 2.6 |
| A9. When you arrived, was your appointment with the person you were told it would be with? | 370 | 17 | 387 | 4.4 |
| A10. How long did it take you to get from home to the Outpatient clinic? | 492 | 10 | 502 | 2.0 |
| A11. If you arrived by car, were you able to find a convenient place to park? | 455 | 47 | 502 | 9.4 |
| B1. How long after the stated appointment time did the appointment start? | 495 | 7 | 502 | 1.4 |
| B2. Were you told how long you would have to wait? | 263 | 4 | 267 | 1.5 |
| B3. Did a member of staff explain why you had to wait? | 259 | 8 | 267 | 2.9 |
| B4. Did someone apologise for delay? | 254 | 13 | 267 | 4.9 |
| C1. In your opinion, how clean was the Outpatients Department? | 500 | 2 | 502 | 0.4 |
| C2. How clean were the toilets at the Outpatients Department? | 500 | 2 | 502 | 0.4 |
| C3. Were you able to get refreshments when you were in the Outpatients Department? | 496 | 6 | 502 | 1.2 |
| C4. Did you want to make a telephone call when you were in | 497 | 5 | 502 | 1.0 |

| | | | | |
|---|-----|----|-----|-------------|
| the Outpatients Department? | | | | |
| D1. Was all or part of your outpatient appointment with a doctor? | 490 | 12 | 502 | 2.4 |
| D2. Did you have enough time to discuss your health or medical problem with the doctor? | 406 | 6 | 412 | 1.5 |
| D3. How long were you with the doctor? | 407 | 5 | 412 | 1.2 |
| D4. Did the doctor listen to what you had to say? | 406 | 6 | 412 | 1.5 |
| D5. If you had important questions to ask the doctor, did you get answers that you could understand? | 403 | 9 | 412 | 2.2 |
| D6. Did you think that the doctor was deliberately not telling you certain things that you wanted to know? | 403 | 9 | 412 | 2.2 |
| D7. Did the doctor explain the reasons for any treatment or action in a way that you could understand? | 406 | 6 | 412 | 1.5 |
| D8. Did you have confidence and trust in the doctor examining and treating you? | 406 | 6 | 412 | 1.5 |
| D9. Did the doctor seem aware of your medical history? | 405 | 7 | 412 | 1.7 |
| E1. Was all or part of your outpatient appointment with any member of staff, other than a doctor? | 485 | 17 | 502 | 3.4 |
| E2. Who was the main other person you saw? | 218 | 60 | 278 | 21.6 |
| E3. Enough time to discuss prob with him/her? | 265 | 13 | 278 | 4.7 |
| E4. How long were you with him/her? | 266 | 12 | 278 | 4.3 |
| E5. Did he/she listen to what you had to say? | 260 | 18 | 278 | 6.5 |
| E6. If you had important questions to ask him/her, did you get answers that you could understand? | 264 | 14 | 278 | 5.0 |
| E7. Did you think that he/she was deliberately not telling you certain things that you wanted to know? | 261 | 17 | 278 | 6.1 |
| E8. Did he/she explain the reasons for any treatment or action in a way that you could understand? | 258 | 20 | 278 | 7.2 |
| E9. Did you have confidence and trust in him/her? | 260 | 18 | 278 | 6.5 |
| E10. Did he/she seem aware of your medical history? | 258 | 20 | 278 | 7.2 |
| F1. Were you given enough privacy when you arrived at reception? | 492 | 10 | 502 | 2.0 |
| F2. Do you need any help understanding English? | 493 | 9 | 502 | 1.8 |
| F3. Was there someone in the Outpatients Department who could interpret for you? | 19 | 13 | 32 | 40.6 |
| F4. Did doctors and/or other staff talk in front of you as if you weren't there? | 484 | 18 | 502 | 3.6 |
| F5. While you were in the Outpatients Department, how much information about your condition or treatment was given to you? | 487 | 15 | 502 | 3.0 |
| F6. How much information about your condition or treatment was given to your family or someone close to you? | 487 | 15 | 502 | 3.0 |
| F7. Were you given enough privacy when discussing your condition or treatment? | 496 | 6 | 502 | 1.2 |
| F8. Were you given enough privacy when being examined or treated? | 492 | 10 | 502 | 2.0 |
| F9. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you? | 492 | 10 | 502 | 2.0 |
| F10. Did you want to be more involved in decisions made about your care and treatment? | 489 | 13 | 502 | 2.6 |
| F11. Were you asked your name/address more often than you thought should have been necessary? | 492 | 10 | 502 | 2.0 |

| | | | | |
|---|-----------|-----------|-----------|-------------|
| F12. Were you asked to give details of your condition or illness more often than you thought should have been necessary? | 493 | 9 | 502 | 1.8 |
| F13. Were medical students present when you were being treated or examined? | 493 | 9 | 502 | 1.8 |
| F14. Were you asked for permission for medical students to be present when you were being treated or examined? | 96 | 10 | 106 | 9.4 |
| F15. Were you upset because medical students were present? | 96 | 10 | 106 | 9.4 |
| F16. Did the staff treating and examining you introduce themselves? | 488 | 14 | 502 | 2.8 |
| F17. Did staff wear name badges? | 494 | 8 | 502 | 1.6 |
| F18. Did you have any questions about your care and treatment that you wanted to discuss but did not? | 491 | 11 | 502 | 2.2 |
| F19. Why didn't you discuss these questions? | 63 | 24 | 87 | 27.6 |
| F20. Have you ever visited this Outpatient clinic before, for the same condition? | 487 | 15 | 502 | 3.0 |
| F21. Do you see same doctor or other member of staff whenever you go to the Outpatient clinic? | 294 | 11 | 305 | 3.6 |
| G1. During your outpatients appointment, did you have any tests (such as blood tests, x-rays, or scans) to help find out more about your condition? | 488 | 14 | 502 | 2.8 |
| G2. Did a member of staff explain why you needed these test(s) in a way you could understand? | 329 | 12 | 341 | 3.5 |
| G3. Did a member of staff tell you how you would find out the results of your test(s)? | 329 | 12 | 341 | 3.5 |
| G4. Did a member of staff tell you when you would find out the results of your test(s)? | 325 | 16 | 341 | 4.7 |
| G5. Did a member of staff explain the results of the tests in a way you could understand? | 325 | 16 | 341 | 4.7 |
| G6. During your outpatient appointment did you have any treatment for your condition? | 489 | 13 | 502 | 2.6 |
| G7. Before your appointment, did you know that you would be undergoing treatment? | 160 | 13 | 173 | 7.5 |
| G8. Before the treatment did a member of staff explain what would happen? | 158 | 15 | 173 | 8.7 |
| G9. Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand? | 156 | 17 | 173 | 9.8 |
| G10. Before the treatment did a member of staff answer your questions in a way you could understand? | 157 | 16 | 173 | 9.2 |
| G11. Afterwards, did a member of staff explain how the treatment had gone in a way you could understand? | 151 | 22 | 173 | 12.7 |
| H1. Before you left the Outpatients Department, were any new medications prescribed or ordered for you? | 493 | 9 | 502 | 1.8 |
| H2. Did a member of staff explain to you how to take the new medications? | 139 | 8 | 147 | 5.4 |
| H3. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand? | 138 | 9 | 147 | 6.1 |
| H4. Did a member of staff tell you about medication side effects to watch for? | 139 | 8 | 147 | 5.4 |
| H5. Did the Outpatients Department staff give you a printed information leaflet about your medicines? | 136 | 11 | 147 | 7.5 |

| | | | | |
|--|-----|----|-----|-----|
| H6. Before you left the Outpatients Department, were you given any written or printed information about your condition or treatment? | 483 | 19 | 502 | 3.8 |
| H7. Did hospital staff tell you when you could resume your usual activities, such as when to go back to work or drive a car? | 475 | 27 | 502 | 5.4 |
| H8. Did a member of staff tell you about danger signals regarding your illness or treatment to watch for after you went home? | 480 | 22 | 502 | 4.4 |
| H9. Did hospital staff tell you who to contact after you got home if you were worried about your condition or treatment? | 478 | 24 | 502 | 4.8 |
| J1. Was the main reason you went to the Outpatients Department addressed to your satisfaction? | 488 | 14 | 502 | 2.8 |
| J2. How well organised was the Outpatients Department you visited? | 490 | 12 | 502 | 2.4 |
| J3. Overall, did you feel you were treated with respect and dignity while you were at the Outpatient clinic? | 490 | 12 | 502 | 2.4 |
| J4. Overall, how would you rate the care you received at the Outpatients Department? | 489 | 13 | 502 | 2.6 |
| J5. Would you recommend this Outpatients Department to your family and friends? | 485 | 17 | 502 | 3.4 |
| K1. Are you male or female? | 491 | 11 | 502 | 2.2 |
| K2. How old are you? | 492 | 10 | 502 | 2.0 |
| K3. How many hospital Outpatient appointments have you had in the past six months? | 485 | 17 | 502 | 3.4 |
| K4. Overall, how would you rate your health during the past 4 weeks? | 489 | 13 | 502 | 2.6 |
| K5. To which of these ethnic groups would you say you belong? | 490 | 12 | 502 | 2.4 |

9.5 Other issues with the pilot questions

The main issue which arose was that a small number of respondents ticked more than one response option on some questions (see Table 8). The questions were intended to have mutually exclusive response options, although there were no instructions to tell respondents to ‘tick one response only’.

Table 8 – Questions with multiple responses incorrectly ticked

| Question | | Problem |
|----------|--|--|
| A2 | How long did you wait for appt? | 1 respondent ticked two options: 2. 1-3 months and 3. 3-6 months |
| A8 | Were you given name of person appt was with? | 1 respondent ticked two options: 1. Yes and 2. No |
| A9 | Was your appt with the person you were told? | 1 respondent ticked two options: 1. Yes and 2. No |
| B1 | Appt on time? | 1 respondent ticked two options: 4. 15-29 minutes and 5. 30-59 minutes |

| | | |
|-----|---|--|
| C3 | Were you able to get refreshments? | 1 respondent ticked two options: 1. Yes and 4. I did not want any refreshments |
| C4 | Did you want to make a phone call? | 1 respondent ticked two options: 1. Yes, I used a public phone and 5. I did not want to make a telephone call |
| D1 | Was all/part of appt with dr? | 1 respondent ticked two options: 1. Yes and 2. No |
| E2 | Who was the main other person you saw? | 5 respondents ticked 2 or more options, usually a nurse and someone else. |
| F19 | Why didn't you discuss these q's? | 1 respondent ticked 2 options: 1. I was embarrassed about mentioning them and 2. I forgot to mention them; 1 respondent ticked 3 options: 1, 2 and 6. There was not enough privacy |
| G1 | Any tests? | 1 respondent ticked two options: 1. Yes and 2. No |
| G4 | Did staff tell you when you would find out results? | 1 respondent ticked 2 options: 2. No 3. Not sure/Can't remember |
| G5 | Did staff explain test results comprehensively? | 1 respondent ticked 2 options: 2. Yes, I understood to some extent 4. I was told that the results of the tests would be given to me at a later date |
| H4 | Did staff tell you about side effects? | 2 respondents ticked 2 options: 3. No 4. I did not need this type of information |
| H5 | Were you given info leaflet about medicines? | 1 respondent ticked two options: 1. Yes and 2. No |
| H6 | Were you given info about cond/treatment? | 4 respondents ticked 2 options: 2. No 3. I did not need this type of information |
| H7 | Were you told when to resume usual activities? | 1 respondent ticked 2 options: 3. No 4. I did not need this type of information |
| H8 | Were you told about danger signals to watch for? | 2 respondents ticked 2 options: 3. No 4. I did not need this type of information |
| H9 | Were you told who to contact if worried? | 1 respondent ticked 3 options: 1. Yes, they told me to contact my GP 4. Yes, I was told to dial 999 5. Yes, they told me to contact a hospital doctor or nurse |

Following the pilot survey, the response options for question A2 were amended so that the time periods were mutually exclusive (as core question A1 in the national Outpatients survey) – see Section 5.2 for full details. Otherwise, there were no changes made to the response options as a result of analysing the questions where respondents had ticked more than one box.

9.6 Recommendations for the national NHS Acute Trust Outpatients Survey 2003

The target response rate for the national Outpatients survey 2003 should be 60% and a minimum number of 500 completed returns (as for the previous Inpatients survey, 2002).

10 Outpatients Pilot Survey – Results

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

Table 9 – Coding of questions to create problem scores

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

Black boxes indicate responses coded as a 'problem'.

Were you given a choice of appointment times?

- 1 Yes
- 2 No, but I did not need a choice
- 3 No, but I would have liked a choice
- 4 Can't remember

Before your appointment, did you know the reason for the appointment?

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

Before your appointment, did you know who to contact if your symptoms or condition got worse?

- 1 Yes
- 2 No

The pilot survey questions were analysed in terms of 'problem scores'. The results are presented in Table 10.

Table 10 – Problem scores in the pilot trust

| Question | Problem Score |
|---|----------------------|
| A. Before the appointment | |
| A2 Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment? | 6.1 % |
| A3 Were you given a choice of appointment times? | 20.4 % |
| A4 Before your appointment, did you know the reason for the appointment? | 17.6 % |
| A5 Did you know what would happen to you during the appointment? | 60.6 % |
| A6 Before your appointment, did you know who to contact if your symptoms or condition got worse? | 22.1 % |
| A7 Was your appointment changed by the hospital? | 18.1 % |
| A8 Before your appointment, were you given the name of the person it was with? | 23.3 % |
| A9 When you arrived, was your appointment with the person you were told? | 27.0 % |
| A11 If you arrived by car, were you able to find a convenient place to park? | 16.4 % |
| B. Waiting | |
| B1 How long after the stated appointment time did the appointment start? | 23.2 % |
| B2 Were you told how long you would have to wait? | 76.4 % |
| B3 Did a member of staff explain why you had to wait? | 75.7 % |
| B4 Did someone apologise for the delay? | 72.0 % |
| C. Hospital environment and facilities | |
| C1 In your opinion, how clean was the Outpatients Department? | 3.2 % |
| C2 How clean were the toilets at the Outpatients Department? | 7.4 % |
| C3 Were you able to get refreshments when you were in the Outpatients Department? | 10.9 % |
| C4 Did you want to make a telephone call when you were in the Outpatients Department? | 1.2 % |
| D. Seeing a doctor | |
| D2 Did you have enough time to discuss your health or medical | 30.6 % |

| | |
|---|--------|
| problem with the doctor? | |
| D3 How long were you with the doctor? | 9.3 % |
| D4 Did the doctor listen to what you had to say? | 20.8 % |
| D5 If you had important questions to ask the doctor, did you get answers that you could understand? | 36.2 % |
| D6 Did you think that the doctor was deliberately not telling you certain things that you wanted to know? | 8.1 % |
| D7 Did the doctor explain the reasons for any treatment or action in a way that you could understand? | 22.7 % |
| D8 Did you have confidence and trust in the doctor examining and treating you? | 20.0 % |
| D9 Did the doctor seem aware of your medical history? | 20.1 % |
| E. Seeing another health care professional | |
| E3 Did you have enough time to discuss your health or medical problem with him/her? | 25.6 % |
| E4 How long were you with him/her? | 22.5 % |
| E5 Did he/she listen to what you had to say? | 33.3 % |
| E6 If you had important questions to ask another health professional, did you get answers that you could understand? | 26.0 % |
| E7 Did you think he/she was deliberately not telling you certain things that you wanted to know? | 5.3 % |
| E8 Did he/she explain the reasons for any treatment or action in a way that you could understand? | 24.3 % |
| E9 Did you have confidence and trust in him/her? | 24.9 % |
| E10 Did he/she seem aware of your medical history? | 25.1 % |
| F. Overall about the appointment | |
| F1 Were you given enough privacy when you arrived at reception? | 12.8 % |
| F3 Was there someone in the Outpatients Department who could interpret for you? | 52.6 % |
| F4 Did doctors and/or other staff talk in front of you as if you weren't there? | 7.6 % |
| F5 While you were in the Outpatients Department, how much information about your condition or treatment was given to you? | 20.0 % |
| F6 How much information about your condition or treatment was given to your family or someone close to you? | 9.2 % |
| F7 Were you given enough privacy when discussing your condition or treatment? | 15.5 % |
| F8 Were you given enough privacy when being examined or treated? | 10.3 % |
| F9 Sometimes in a hospital or clinic, a member of staff will say one | 15.6 % |

| | |
|---|--------|
| thing and another will say something quite different. Did this happen to you? | |
| F10 Did you want to be more involved in decisions made about your care and treatment? | 35.0 % |
| F11 Were you asked your name and address more often than you thought should have been necessary? | 8.1 % |
| F12 Were you asked to give details of your condition or illness more often than you thought should have been necessary? | 7.9 % |
| F14 Were you asked for permission for medical students to be present when you were being treated or examined? | 21.9 % |
| F15 Were you upset because medical students were present? | 7.3 % |
| F16 Did the staff treating and examining you introduce themselves? | 35.7 % |
| F17 Did staff wear name badges? | 20.2 % |
| F18 Did you have any questions about your care and treatment that you wanted to discuss but did not? | 15.4 % |
| F19_1 Did not discuss these questions because too embarrassed | 1.2 % |
| F19_2 Did not discuss these questions because forgot to mention them | 3.2 % |
| F19_3 Did not discuss these questions because I didn't have time | 3.4 % |
| F19_4 Did not discuss these questions because staff didn't have time | 3.4 % |
| F19_5 Did not discuss these questions because there were too many interruptions | 1.0 % |
| F19_6 Did not discuss these questions because there was not enough privacy | 0 % |
| F21 Do you see the same doctor or other member of staff whenever you go to the Outpatient clinic? | 69.7 % |
| G. Tests and treatment | |
| G2 Did a member of staff explain why you needed these tests in a way you could understand? | 34.5 % |
| G3 Did a member of staff tell you how you would find out the results of your tests? | 27.6 % |
| G4 Did a member of staff tell you when you would find out the results of your test(s)? | 34.3 % |
| G5 Did a member of staff explain the results of the tests in a way you could understand? | 20.1 % |
| G7 Before your appointment, did you know that you would be undergoing treatment? | 23.5 % |
| G8 Before the treatment did a member of staff explain what would happen? | 26.7 % |
| G9 Before the treatment did a member of staff explain any risks and/or | 34.6 % |

| | |
|---|--------|
| benefits in a way you could understand? | |
| G10 Before the treatment, did a member of staff answer your questions in a way you could understand? | 24.4 % |
| G11 Afterwards, did a member of staff explain how the treatment had gone in a way you could understand? | 29.9 % |
| H. Leaving the outpatients department | |
| H2 Did a member of staff explain to you how to take the new medications? | 13.7 % |
| H3 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand? | 15.9 % |
| H4 Did a member of staff tell you about medication side effects to watch for? | 43.8 % |
| H5 Did the Outpatients Department staff give you a printed information leaflet about your medicines? | 47.8 % |
| H6 Before you left the Outpatients Department, were you given any written or printed information about your condition or treatment? | 52.2 % |
| H7 Did hospital staff tell you when you could resume your usual activities, such as when to go back to work or drive a car? | 23.7 % |
| H8 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home? | 35.8 % |
| H9 Did hospital staff tell you who to contact after you got home if you were worried about your condition or treatment? | 10.4 % |
| J. Overall impression | |
| J1 Was the main reason you went to the Outpatients Department addressed to your satisfaction? | 27.7 % |
| J2 How well organised was the Outpatients Department you visited? | 42.5 % |
| J3 Overall, did you feel you were treated with respect and dignity while you were at the Outpatient clinic? | 16.3 % |
| J4 Overall, how would you rate the care you received at the Outpatients Department? | 7.1 % |
| J5 Would you recommend this Outpatients Department to your family and friends? | 3.9 % |

11 References

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12 Appendices

Appendix 1. Outpatient Focus Group Topic Guide

The issues and problems raised by patients in the focus group discussions were used to help develop the Picker adult Outpatient Questionnaire (2001). The main aim of the focus group sessions was to draw upon the recent experiences of outpatients in order to explore their views and expectations of the care received in hospital outpatient departments and to help identify issues that are important to patients in the quality of the health care that they receive.

1. Introduction

Introduce self and explain:

- nature and purpose of research;
- who research is for.

Introduce tape recorder

Stress confidentiality

Set ground rules:

- important that everyone's views are heard;
- only one person to speak at a time.

2. Background

Ask each person in turn to briefly introduce themselves with the following information: *their name, where they live, which outpatient clinic they last attended at the Trust and what for? How long they have been receiving treatment for this condition and whether treatment is ongoing/further treatment expected.*

3. Overview of the recent outpatient experience

Thinking about your recent out-patient experience/visit, what would you say were examples of 'good practice' in your care and treatment, and what didn't work so well?

Explore positive and negative aspects.

4. Information and communication in the outpatient process

GETTING THERE

Thinking back to when you were told that you needed to visit the hospital outpatient department...

Explore whether they got the sort of information needed/wanted about the treatment they would receive:

- Why you need to go
- What will happen to you there
- Who you will see

Whether they got the information needed on getting there:

- When to attend
- How to get there
- Where to go on arrival

Whether they felt they had sufficient options/choices in making the appointment?

BEING THERE

Thinking back to your arrival at the out-patient department...

Explore issues:

What sorts of information were needed and from whom ...

Whether they got information in a comprehensible way (clear explanations)...

Whether they felt able to ask questions until fully satisfied – why/why not?

- if not, what prevented them

Whether got a consistent 'story' about their care from hospital staff (e.g. doctors and nurses) about their treatment

- probe the effects of consistency

5. Coordination of outpatient care

Explore views on consistency of the outpatient process and how it works, from referral to examination/treatment.

TREATMENT

- How long they waited at hospital to be seen, and whether it matters.
- Views on transition/referral to other departments or admission.
- Views about treatment – unexpected procedures or examinations.
- Involvement in decisions – did they have enough say? Were they offered options? Explanations of tests/treatment?

PERSONNEL

Did they know the name, or job-title of hospital personnel giving treatment – does it matter?

Whether it matters to see a different doctor or other health professional to the one expected?

6. Experiences of physical and emotional support

Thinking now about what's important in helping you feel comfortable while in the outpatient department. What are the things that are really important in helping you feel at ease?

PHYSICAL CARE

Explore:

- Pain management
- Handling by staff during procedures or treatment
- Fitting for special equipment
- Other aspects

CARING ENVIRONMENT

Explore:

- Privacy while being treated or examined
- Cleanliness
- General comfort of the waiting areas – chairs, decoration, light, etc.
- Noise levels – ability to relax
- Respectfulness/attitude of staff to patients
- Catering/vending machines/shops

EMOTIONAL CARE

What kind of emotional care and support do outpatients need?

Explore:

- Examples of situations where they needed emotional support
- Whether they got it or not
- What would kind of emotional support would have helped?
- Who should have provided help, and why?

7. After the outpatient visit

*Thinking about what happened as a **result** of your outpatient visit...*

What went well/less well?

- Whether got continuing support/treatment needed
- Whether got information needed
- Whether they got special resources/equipment needed

8. Summing up – the principles of outpatient care

Finally, looking back on your experience as an outpatient, what advice would you give the Trust about what is important in providing outpatient care?

Ask each person to say what would be the most important message to take back to the Trust about the quality of care that outpatients should be able to expect, and why.

....END.



PATIENT FEEDBACK SURVEY

Outpatients

What is the survey about?

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

Who is carrying out the survey?

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

Completing the questionnaire

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

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

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

Questions or help?

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

Which aspects of outpatient care are most important to you?

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

Please tick one box on each line

| | MOST IMPORTANT | QUITE IMPORTANT | LEAST IMPORTANT | NOT APPLICABLE | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----|
| Not having to wait a long time for an appointment date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| Not having the appointment cancelled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| Having a choice of appointment times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 |
| A short journey between home and the clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 |
| Knowing in advance the reason for my appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| Knowing what would happen during my appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 |
| Confidence and trust in the nurses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 |
| Having contact details before my appointment (in case my condition or symptoms got worse) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 |
| Knowing in advance the name of the person I would be seeing at that appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 |
| Privacy when giving my details to the receptionist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 |
| Ease of parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 |
| Confidence and trust in doctors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 |
| Being seen on time in the clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 |
| Being given an explanation for any delay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 |
| Being told how long the delay would be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| Cleanliness of the toilets at the outpatient clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 |
| The fairness of the system for who saw the doctor next whilst waiting for my appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 |
| Having suitable seating in the waiting area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 |
| Being able to make a telephone call while waiting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19 |
| Overall cleanliness of the outpatient clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 |
| Having enough time to discuss my health or medical problem with a doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21 |
| My permission being asked if medical students wanted to attend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 |

Please tick one box on each line

| | MOST IMPORTANT | QUITE IMPORTANT | LEAST IMPORTANT | NOT APPLICABLE | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----|
| Being listened to by the doctors and nurses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23 |
| Being able to get refreshments while waiting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 |
| Not being asked my name and address too often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 |
| Being treated with respect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26 |
| The doctor being aware of my medical history | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27 |
| Being given the same advice from all members of staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28 |
| The doctor explaining my treatment in a way I could understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29 |
| Privacy when discussing my condition or treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 |
| The doctors and nurses being open with me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31 |
| Privacy when being examined or treated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32 |
| Being told the names of the staff I met | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33 |
| Being told the job titles of the staff I met | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34 |
| Being involved in decisions about my care and treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 |
| Being told about the purposes of medicines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36 |
| Being told about medication side effects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37 |
| Being given an explanation about why I needed a test or X-ray | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38 |
| Not being asked details of my condition or illness too often | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39 |
| Being told how I would find out the results of my tests or X-rays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 |
| Being told what to do if problems got worse or came back after the appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41 |
| Being told the results of my test or X-ray in a way I could understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42 |
| Someone explaining the risks and benefits of my treatment in a way I could understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43 |
| Being told when I could resume my normal activities, such as going to work or driving a car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44 |
| Knowing whom to contact if I had concerns after the appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45 |
| Being given written information about my condition and treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46 |

About you

1. Are you male or female?

- 1 Male
2 Female

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

19

| | |
|--|--|
| | |
|--|--|

3. Approximately when was your **last** outpatient appointment?

- 1 Less than 1 month ago
2 1-6 months ago
3 6-12 months ago
4 More than 12 months ago

Other Comments

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

THANK YOU VERY MUCH FOR YOUR HELP

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.

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

Appendix 3. The Pilot Outpatient Questionnaire (2002)



Outpatients Questionnaire

What is the survey about?

This survey is about your most recent Outpatients appointment at the National Health Service hospital named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

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

Who is carrying out the survey?

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

Completing the questionnaire

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

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

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

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

Questions or help?

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

Please Return to:
Picker Institute Europe
FREEPOST (SCE10829)
OXFORD
OX1 1YE

NNNN

Your participation in this survey is voluntary.

If you choose to take part, your answers will be treated in confidence.

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

A. BEFORE THE APPOINTMENT

A1. Who made your **last** outpatient appointment?

- 1 The appointment was made by my **GP/ family doctor** → **Go to A13**
- 2 The appointment was made by **someone at the hospital** → **Go to A13**
- 3 I made the appointment **myself** → **Go to A13**
- 4 I went to the Outpatient clinic without an appointment → **Go to A21**
- 5 Don't know/ Can't remember → **Go to A13**

A2. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?

- 1 Less than 1 month
- 2 1 - 3 months
- 3 3 - 6 months
- 4 6 - 12 months
- 5 12 - 18 months
- 6 More than 18 months
- 7 Don't know/ Can't remember

A3. Were you given a choice of appointment times?

- 1 Yes
- 2 No, but I did not need a choice
- 3 No, but I would have liked a choice
- 4 Don't know/ Can't remember

A4. Before your appointment, did you know the reason for the appointment?

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

A5. Before your appointment, did you know what would happen to you during the appointment?

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

A6. Before your appointment, did you know who to contact if your symptoms or condition got worse?

- 1 Yes
- 2 No

A7. Was your appointment changed by the hospital?

- 1 No
- 2 Yes, once
- 3 Yes, 2 or 3 times
- 4 Yes, 4 times or more

A8. Before your appointment, were you given the **name** of the person that the appointment was with?

- 1 Yes → **Go to A20**
- 2 No → **Go to A21**

A9. When you arrived, was your appointment with the person you were told it would be with?

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

A10. How long did it take you to get from home to the Outpatient clinic?

- 1 Less than 30 minutes
- 2 30 minutes to 1 hour
- 3 1 - 2 hours
- 4 2 - 4 hours
- 5 More than 4 hours
- 6 Don't know/ Can't remember

A11. If you arrived by car, were you able to find a convenient place to park?

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

B. WAITING

B1. How long after the **stated appointment time** did the appointment start?

- 1 Seen on time, or early → Go to C5
- 2 Waited less than 5 minutes → Go to C5
- 3 Waited 5 - 14 minutes → Go to C5
- 4 Waited 15 - 29 minutes → Go to B6
- 5 Waited 30 - 59 minutes → Go to B6
- 6 Waited 1-2 hours → Go to B6
- 7 Waited longer than 2 hours → Go to B6
- 8 Don't know/ Can't remember → Go to B6

B2. Were you told **how long** you would have to wait?

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

B3. Did a member of staff explain **why** you had to wait?

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

B4. Did someone apologise for the delay?

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

C. HOSPITAL ENVIRONMENT AND FACILITIES

- C1.** In your opinion, how clean was the Outpatients Department?
- 1 Very clean
 - 2 Fairly clean
 - 3 Not very clean
 - 4 Not at all clean
 - 5 Don't know/ can't say
- C2.** How clean were the toilets at the Outpatients Department?
- 1 Very clean
 - 2 Fairly clean
 - 3 Not very clean
 - 4 Not at all clean
 - 5 I did not use a toilet
- C3.** Were you able to get refreshments when you were in the Outpatients Department?
- 1 Yes
 - 2 No
 - 3 I was told not to eat or drink
 - 4 I did not want any refreshments
- C4.** Did you want to make a telephone call when you were in the Outpatients Department?
- 1 Yes, I used a public phone
 - 2 Yes, I used my mobile phone
 - 3 I wanted to use my mobile phone but I was not allowed to
 - 4 I wanted to use the public phone but I couldn't
 - 5 I did not want to make a telephone call

D. SEEING A DOCTOR

- D1.** Was all or part of your outpatient appointment with a **doctor**?
- 1 Yes → **Go to D11**
 - 2 No → **Go to E11**
- D2.** Did you have **enough time** to discuss your health or medical problem with the doctor?
- 1 Yes, completely
 - 2 Yes, to some extent
 - 3 No
- D3.** How long were you with the doctor?
- 1 Less than 5 minutes
 - 2 5 - 9 minutes
 - 3 10 - 19 minutes
 - 4 20 - 29 minutes
 - 5 30 - 39 minutes
 - 6 40 minutes or longer
 - 7 Can't remember
- D4.** Did the doctor listen to what you had to say?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
- D5.** If you had important questions to ask the doctor, did you get answers that you could understand?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not need to ask
 - 5 I did not have an opportunity to ask

D6. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?

1 Yes

2 No

D7. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

1 Yes, definitely

2 Yes, to some extent

3 No

4 I didn't need an explanation

5 No treatment or action was needed

D8. Did you have confidence and trust in the doctor examining and treating you?

1 Yes, definitely

2 Yes, to some extent

3 No

D9. Did the doctor seem aware of your medical history?

1 He/she knew enough

2 He/she knew something but not enough

3 He/she knew little or nothing

4 Don't know/ can't say

E. SEEING ANOTHER HEALTH CARE PROFESSIONAL

E1. Was all or part of your outpatient appointment with any member of staff, **other than a doctor**?

1 Yes → **Go to E12**

2 No → **Go to F22**

E2. Who was the **main** other person you saw?

1 A nurse

2 A physiotherapist

3 A dietician

4 A pharmacist

5 A radiographer

6 Someone else (**Please write in box**)

E3. Did you have **enough time** to discuss your health or medical problem with him/her?

1 Yes, definitely

2 Yes, to some extent

3 No

4 I did not need to discuss it with him/her

E4. How long were you with him/her?

1 Less than 5 minutes

2 5 - 9 minutes

3 10 - 19 minutes

4 20 - 29 minutes

5 30 - 39 minutes

6 40 minutes or longer

7 Can't remember

E5. Did he/she listen to what you had to say?

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

E6. If you had important questions to ask him/her, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask

E7. Did you think that he/she was deliberately not telling you certain things that you wanted to know?

- 1 Yes
- 2 No

E8. Did he/she explain the reasons for any treatment or action in a way that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I didn't want an explanation
- 5 No treatment or action was needed

E9. Did you have confidence and trust in him/her?

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

E10. Did he/she seem aware of your medical history?

- 1 He/she knew enough
- 2 He/she knew something but not enough
- 3 He/she knew little or nothing
- 4 Can't say

F. OVERALL ABOUT THE APPOINTMENT

F1. Were you given enough privacy when you arrived at reception?

- 1 Yes
- 2 No

F2. Do you need any help understanding English?

- 1 Yes → Go to F24
- 2 No → Go to F25

F3. Was there someone in the Outpatients Department who could interpret for you?

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

F4. Did doctors and/or other staff talk in front of you as if you weren't there?

- 1 Yes
- 2 No

F5. While you were in the Outpatients Department, how much information about your condition or treatment was given to **you**?

- 1 Not enough
- 2 Right amount
- 3 Too much

F6. How much information about your condition or treatment was given to your **family or someone close to you**?

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

F7. Were you given enough privacy when **discussing your condition or treatment**?

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

F8. Were you given enough privacy when **being examined or treated**?

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

F9. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?

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

F10. Did you want to be more involved in decisions made about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, I was involved as much as I wanted to be

F11. Were you asked your **name and address** more often than you thought should have been necessary?

- 1 Yes
- 2 No

F12. Were you asked to give details of your **condition or illness** more often than you thought should have been necessary?

- 1 Yes
- 2 No

F13. Were medical students present when you were being treated or examined?

- 1 Yes → **Go to F35**
- 2 No → **Go to F37**

F14. Were you asked for permission for medical students to be present when you were being treated or examined?

- 1 Yes
- 2 No

F15. Were you upset because medical students were present?

- 1 Yes
- 2 No

F16. Did the staff treating and examining you introduce themselves?

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

F17. Did staff wear name badges?

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

F18. Did you have any questions about your care and treatment that you wanted to discuss but did not?

- 1 Yes → **Go to F40**
- 2 No → **Go to F41**

F19. Why **didn't** you discuss these questions?

(Tick all that apply)

- 1 I was embarrassed about mentioning them
- 2 I forgot to mention them
- 3 I didn't have time to mention them
- 4 The member of staff didn't have time to listen
- 5 There were too many interruptions
- 6 There was not enough privacy

F20. Have you ever visited this Outpatient clinic before, for the same condition?

- 1 Yes → **Go to F42**
- 2 No → **Go to G12**

F21. Do you see the same doctor or other member of staff whenever you go to the Outpatient clinic?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, never
- 4 Can't remember

G. TESTS and TREATMENT

Tests

G1. During your outpatients appointment, did you have any tests (such as blood tests, x-rays, or scans) to help find out more about your condition?

- 1 Yes → **Go to G13**
- 2 No → **Go to G17**

G2. Did a member of staff explain **why you needed these test(s)** in a way you could understand?

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

G3. Did a member of staff tell you **how** you would find out the results of your test(s)?

- 1 Yes
- 2 No
- 3 Not sure/ Can't remember

G4. Did a member of staff tell you **when** you would find out the results of your test(s) ?

- 1 Yes
- 2 No
- 3 Not sure/ Can't remember

G5. Did a member of staff explain **the results of the tests** in a way you could understand?

- 1 Yes, I understood completely
- 2 Yes, I understood to some extent
- 3 No, I didn't understand what I was told
- 4 I was told that the results of the tests would be given to me at a later date
- 5 I was not told how I would get the results
- 6 Not sure/ Can't remember

Treatment

G6. During your outpatient appointment did you have any treatment for your condition?

- 1 Yes → **Go to G18**
- 2 No → **Go to H10**

G7. Before your appointment, did you know that you would be undergoing treatment?

- 1 Yes
- 2 No, and I didn't mind that I wasn't told
- 3 No, but I would have liked to know

G8. Before the treatment did a member of staff explain what would happen?

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

G9. Before the treatment did a member of staff explain any **risks and/or benefits** in a way you could understand?

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

G10. Before the treatment did a member of staff answer your questions in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I didn't have any questions

G11. Afterwards, did a member of staff explain how the treatment had gone in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No, I did not get an explanation I could understand
- 4 No, but they explained it to a friend or family member

H. LEAVING THE OUTPATIENTS DEPARTMENT

Medications

H1. Before you left the Outpatients Department, were any new medications prescribed or ordered for you?

- 1 Yes → **Go to H11**
- 2 No → **Go to H15**

H2. Did a member of staff explain to you **how to take** the new medications?

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

H3. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

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

H4. Did a member of staff tell you about **medication side effects** to watch for?

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

H5. Did the Outpatients Department staff give you a **printed information leaflet** about your medicines?

- 1 Yes
- 2 No

Information

H6. Before you left the Outpatients Department, were you given any written or printed information about **your condition or treatment**?

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

H7. Did hospital staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?

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

H8. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

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

H9. Did hospital staff tell you **who to contact** after you got home if you were worried about your condition or treatment?

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

J. OVERALL IMPRESSION

- J1.** Was the main reason you went to the Outpatients Department addressed to your satisfaction?
- 1 Yes, completely
2 Yes, to some extent
3 No
- J2.** How well organised was the Outpatients Department you visited?
- 1 Not at all organised
2 Fairly organised
3 Very well organised
- J3.** Overall, did you feel you were treated with respect and dignity while you were at the Outpatient clinic?
- 1 Yes, always
2 Yes, sometimes
3 No
- J4.** Overall, how would you rate the care you received at the Outpatients Department?
- 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Very poor
- J5.** Would you recommend this Outpatients Department to your family and friends?
- 1 Yes, definitely
2 Yes, probably
3 No

K. YOUR BACKGROUND

- K1.** Are you male or female?
- 1 Male
2 Female
- K2.** How old are you?
- 1 16-29 years
1 30-44 years
2 45-59 years
3 60-79 years
4 80 years or older
- K3.** How many hospital outpatient appointments have you had in the past six months?
- 1 One
2 Two or three
3 Four or more
- K4.** Overall, how would you rate your health during the **past 4 weeks**?
- 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Very poor

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

a. WHITE

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

b. MIXED

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

c. ASIAN OR ASIAN BRITISH

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

d. BLACK OR BLACK BRITISH

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

e. CHINESE OR OTHER ETHNIC GROUP

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

L. ANY OTHER COMMENTS

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

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

Was there anything that could have been improved?

Anything else?

THANK YOU VERY MUCH FOR YOUR HELP

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

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.

Picker Institute Europe

FREEPOST (SCE10829), OXFORD, OX1 1YE

Appendix 4. The Outpatient Covering Letter

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

[Date]

Dear Patient

Re: Outpatients survey

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

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

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

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

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

Yours faithfully

Chief Executive [or similar]
[NHS Trust name]

Appendix 5. Outpatient Survey – First Reminder Letter

Text in square brackets needs to be edited.

[Date]

[Name of NHS Trust]

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

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

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

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

Appendix 6. Outpatient Survey – Second Reminder Letter

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

[Date]

Re: Outpatients survey

Dear Patient,

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

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

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

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

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

If you would like more information about the survey, or you have any questions on how to complete the questionnaire, you can call [us/our FREEPHONE help line] on **[phone number]** [at no cost to yourself]. The line is open between [opening time] and [closing time], [days] and we will try our best to answer any questions you may have.

Yours faithfully
[signature]

[print name of signatory]
Chief Executive [or similar]
[NHS Trust name]

Appendix 7. NHS Acute Trust Outpatient Questionnaire (2003 – extended version)



Outpatients Questionnaire

What is the survey about?

This survey is about your most recent Outpatients appointment at the National Health Service hospital named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

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

Completing the questionnaire

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

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

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

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

Questions or help?

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

Your participation in this survey is voluntary.
Your answers will be treated in confidence.

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

A. BEFORE THE APPOINTMENT

- A12.** Who made your **last** outpatient appointment?
- 1 The appointment was made by my **GP/ family doctor**
 - 2 The **appointment was made by someone at the hospital**
 - 3 I made the appointment **myself**
 - 4 I went to Outpatients without an appointment
 - 5 Don't know/ Can't remember
- A13.** Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?
- 1 Up to 1 month
 - 2 More than 1 month but no more than 3 months
 - 3 More than 3 months but no more than 5 months
 - 4 More than 5 months but no more than 12 months
 - 5 More than 12 months but no more than 18 months
 - 6 More than 18 months
 - 7 I went to Outpatients without an appointment
 - 8 Don't know/ Can't remember
- A14.** Were you given a choice of appointment times?
- 1 Yes
 - 2 No, but I did not need a choice
 - 3 No, but I would have liked a choice
 - 4 Don't know/ Can't remember
- A15.** Before your appointment, did you know the reason for the appointment?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
- A16.** Before your appointment, did you know what would happen to you during the appointment?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
- A17.** Before your appointment, did you know who to contact if your symptoms or condition got worse?
- 1 Yes
 - 2 No
- A18.** Was your appointment changed by the hospital?
- 1 No
 - 2 Yes, once
 - 3 Yes, 2 or 3 times
 - 4 Yes, 4 times or more
- A19.** Before your appointment, were you given the **name** of the person that the appointment was with?
- 1 Yes → **Go to A20**
 - 2 No → **Go to A21**
- A20.** When you arrived, was your appointment with the person you were told it would be with?
- 1 Yes
 - 2 No
 - 3 Don't know/ Can't remember

A21. How long did it take you to get from home to the Outpatients Department?

- 1 Up to 30 minutes
- 2 31 - 60 minutes
- 3 More than 1 hour but no more than 2 hours
- 4 More than 2 hours
- 5 Don't know/ Can't remember

A22. If you arrived by car, were you able to find a convenient place to park?

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

B. WAITING

B5. How long after the **stated appointment time** did the appointment start?

- 1 Seen on time, or early → **Go to C5**
- 2 Waited up to 5 minutes → **Go to C5**
- 3 Waited 6 - 15 minutes → **Go to C5**
- 4 Waited 16 - 30 minutes → **Go to B6**
- 5 Waited 31 - 60 minutes → **Go to B6**
- 6 Waited more than 1 hour but no more than 2 hours → **Go to B6**
- 7 Waited more than 2 hours
→ **Go to B6**
- 8 Don't know/ Can't remember
→ **Go to B6**

B6. Were you told **how long** you would have to wait?

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

B7. Were you told **why** you had to wait?

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

B8. Did someone apologise for the delay?

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

B9. Were you able to find a comfortable place to sit in the waiting area?

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

C. HOSPITAL ENVIRONMENT AND FACILITIES

C5. In your opinion, how clean was the Outpatients Department?

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

C6. How clean were the toilets at the Outpatients Department?

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

C7. Were you able to get suitable refreshments when you were in the Outpatients Department?

- 1 Yes
- 2 No
- 3 I was told not to eat or drink
- 4 I did not want any refreshments

C8. Did you want to make a telephone call when you were in the Outpatients Department?

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

D. SEEING A DOCTOR

D10. Was all or part of your outpatient appointment with a **doctor**?

- 1 Yes → **Go to D11**
- 2 No → **Go to E11**

D11. Did you have **enough time** to discuss your health or medical problem with the doctor?

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

D12. How long were you with the doctor?

- 1 Up to 5 minutes
- 2 6 - 10 minutes
- 3 11 - 20 minutes
- 4 21 - 30 minutes
- 5 31 - 40 minutes
- 6 More than 40 minutes
- 7 Can't remember

D13. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 5 No treatment or action was needed

D14. Did the doctor listen to what you had to say?

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

D15. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?

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

D16. If you had important questions to ask the doctor, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask

D17. Did you have confidence and trust in the doctor examining and treating you?

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

D18. Did the doctor seem aware of your medical history?

- 1 He/she knew enough
- 2 He/she knew something but not enough
- 3 He/she knew little or nothing
- 4 Don't know/ Can't say

E. SEEING ANOTHER HEALTH CARE PROFESSIONAL

E11. Was all or part of your outpatient appointment with any member of staff, **other than a doctor**?

- 1 Yes → **Go to E12**
- 2 No → **Go to F22**

E12. Who was the **main** other person you saw?

- 1 A nurse
- 2 A physiotherapist
- 3 A dietician
- 4 A pharmacist
- 5 A radiographer
- 6 Someone else (**Please write in box**)

E13. Did you have **enough time** to discuss your health or medical problem with him/her?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to discuss it with him/her

E14. How long were you with him/her?

- 1 Up to 5 minutes
- 2 6 - 10 minutes
- 3 11 - 20 minutes
- 4 21 - 30 minutes
- 5 31 - 40 minutes
- 6 More than 40 minutes
- 7 Can't remember

E15. Did he/she listen to what you had to say?

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

E16. If you had important questions to ask him/her, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask

E17. Did you think that he/she was deliberately not telling you certain things that you wanted to know?

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

E18. Did he/she explain the reasons for any treatment or action in a way that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want an explanation
- 5 No treatment or action was needed

E19. Did you have confidence and trust in him/her?

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

E20. Did he/she seem aware of your medical history?

- 1 He/she knew enough
- 2 He/she knew something but not enough
- 3 He/she knew little or nothing
- 4 Can't say

F. OVERALL ABOUT THE APPOINTMENT

F22. Were you given enough privacy when you arrived at reception?

- 1 Yes
- 2 No

F23. Do you need any help understanding English?

- 1 Yes → **Go to F24**
- 2 No → **Go to F25**

F24. When you were in the Outpatients Department, was there someone who could interpret for you?

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

F25. Did doctors and/or other staff talk in front of you as if you weren't there?

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

F26. While you were in the Outpatients Department, how much information about your condition or treatment was given to **you**?

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

F27. How much information about your condition or treatment was given to your **family or someone close to you**?

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

F28. Were you given enough privacy when **discussing your condition or treatment**?

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

F29. Were you given enough privacy when **being examined or treated**?

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

F30. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?

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

F31. Were you involved as much as you wanted to be in decisions about your care and treatment?

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

F32. Were you asked your **name and address** more often than you thought should have been necessary?

- 1 Yes
- 2 No

F33. Were you asked to give details of your **condition or illness** more often than you thought should have been necessary?

- 1 Yes
- 2 No

F34. Were medical students present when you were being treated or examined?

- 1 Yes → **Go to F35**
- 2 No → **Go to F37**

F35. Were you asked for permission for medical students to be present when you were being treated or examined?

- 1 Yes
- 2 No

F36. Were you upset because medical students were present?

- 1 Yes
- 2 No

F37. Did the staff treating and examining you introduce themselves?

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

F38. Did staff wear name badges?

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

F39. Did you have any questions about your care and treatment that you wanted to discuss but did not?

- 1 Yes → **Go to F40**
- 2 No → **Go to F41**

F40. Why **didn't** you discuss these questions?

(Tick all that apply)

- 1 I was embarrassed about mentioning them
- 2 I forgot to mention them
- 3 I didn't have time to mention them
- 4 The member of staff didn't have time to listen
- 5 There were too many interruptions
- 6 There was not enough privacy

F41. Have you ever visited this Outpatients Department before, for the same condition?

- 1 Yes → **Go to F42**
- 2 No → **Go to G12**

F42. Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, never
- 4 Can't remember

G. TESTS and TREATMENT

Tests (e.g. x-rays or scans)

G12. During your outpatients appointment, did you have any tests (such as blood tests, x-rays, or scans) to help find out more about your condition?

- 1 Yes → **Go to G13**
- 2 No → **Go to G17**

G13. Did a member of staff explain **why you needed these test(s)** in a way you could understand?

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

G14. Did a member of staff tell you **when** you would find out the results of your test(s)?

- 1 Yes
- 2 No
- 3 Not sure/ Can't remember

G15. Did a member of staff tell you **how** you would find out the results of your test(s)?

- 1 Yes
- 2 No
- 3 Not sure/ Can't remember

G16. Did a member of staff explain the results of the tests in a way you could understand?

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

Treatment

G17. During your outpatient appointment did you have any treatment for your condition?

- 1 Yes → **Go to G18**
- 2 No → **Go to H10**

G18. Before your appointment, did you know that you would be undergoing treatment?

- 1 Yes
- 2 No, and I didn't mind that I wasn't told
- 3 No, but I would have liked to know

G19. Before the treatment did a member of staff explain what would happen?

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

G20. Before the treatment did a member of staff explain any **risks and/or benefits** in a way you could understand?

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

G21. Before the treatment did a member of staff answer your questions in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I didn't have any questions

G22. Afterwards, did a member of staff explain how the treatment had gone in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No, I did not get an explanation I could understand
- 4 No, but they explained it to a friend or family member

H. LEAVING THE OUTPATIENTS DEPARTMENT

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

H10. Before you left the Outpatients Department, were any new medications prescribed or ordered for you?

- 1 Yes → **Go to H11**
- 2 No → **Go to H15**

H11. Did a member of staff explain to you **how to take** the new medications?

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

H12. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

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

H13. Did a member of staff tell you about **medication side effects** to watch for?

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

H14. Did the Outpatients Department staff give you a **printed information leaflet** about your medicines?

- 1 Yes
- 2 No

Information

H15. Before you left the Outpatients Department, were you given any **written or printed information** about your condition or treatment?

- 1 Yes
- 2 No, but I would have liked it
- 3 No, but I did not need this type of information

H16. Did hospital staff tell you when you could **resume your usual activities**, such as when to go back to work or drive a car?

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

H17. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

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

H18. Did hospital staff tell you **who to contact** after you got home if you were worried about your condition or treatment?

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

J. OVERALL IMPRESSION

J6. Was the main reason you went to the Outpatients Department dealt with to your satisfaction?

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

J7. How well organised was the Outpatients Department you visited?

- 1 Not at all organised
- 2 Fairly organised
- 3 Very well organised

J8. Overall, did you feel you were treated with respect and dignity while you were at the Outpatient Department?

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

J9. Overall, how would you rate the care you received at the Outpatients Department?

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

J10. Would you recommend this Outpatients Department to your family and friends?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No

J11. If you needed to complain about the care you received, did you know how to do this?

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

K. YOUR BACKGROUND

K6. Are you male or female?

- 1 Male
- 2 Female

K7. How old are you?

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

K8. How old were you when you left full-time education?

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

K9. How many hospital outpatient appointments have you had in the past six months?

- 1 One
- 2 Two or three
- 3 Four or more

K10. 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

K11. To which of these ethnic groups would you say you belong?

a. WHITE

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

b. MIXED

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

c. ASIAN OR ASIAN BRITISH

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

d. BLACK OR BLACK BRITISH

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

e. CHINESE OR OTHER ETHNIC GROUP

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

L. ANY OTHER COMMENTS

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

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

Was there anything that could have been improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

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

No stamp is needed.