THE DEVELOPMENT REPORT FOR THE 2007 INPATIENTS SURVEY

CO-ORDINATION CENTRE FOR THE NHS HOSPITALS PATIENT SURVEY PROGRAMME

Jason Boyd
Research Associate
Picker Institute Europe

picker INSTITUTE

making patients' views count

Date published: December 2007

Contacts

Co-ordination Centre for the NHS Hospitals Patient Survey Programme[1]
Picker Institute Europe
King's Mead House
Oxpens Road
Oxford
OX1 1RX

Tel: 01865 208127
Fax: 01865 208101
E-mail: acute@pickereurope.ac.uk
Website: www.nhssurveys.org

Key personnel

Jason Boyd

Sally Donovan
Esther Howell
Julia Martin
Helen Sheldon

[1] Previously the NHS Patient Survey Advice Centre

Contents

1 Executive summary

This document details the development of the questionnaire to be used for the 2007 inpatient survey of NHS trusts in England. Extensive stakeholder engagement was carried out to identify issues that could be included in the questionnaire, followed by cognitive testing of the proposed questionnaire. The questionnaire was then piloted, both to test the new questionnaire content and to assess three new survey methodologies for potential use in the acute survey programme.

The development work was carried out by the Picker Institute Europe as part of the national patient survey programme overseen by the Healthcare Commission.

1.1 Aims

The aims of the survey development work were:

- To identify any areas of acute NHS care not adequately assessed in the current inpatient questionnaire
- To design questions in collaboration with stakeholders that could be used for service improvement or measurement
- To ensure that the new questions are relevant and comprehensible by cognitively testing them with a diverse group of recent inpatients
- To pilot the revised questionnaire and to test the effectiveness of alternative methodologies to enhance response rates.

2 Changes to the questionnaire following consultation with stakeholders

2.1 Questions added for testing

The Co-ordination Centre met with various stakeholders to discuss new content for the 2007 inpatient survey in early 2007. We also examined comments submitted throughout the preceding six months on issues interested groups (both patient and NHS based) wanted to see added, as well as the findings of a report by the Co-ordination Centre working with hard-to-reach groups[2], then assessed if these were appropriate for this survey (see Appendix 4: Consulted stakeholders). Following agreement with the surveys teams at the Healthcare Commission and the Department of Health, the following changes were made to the 2006 inpatient survey for cognitive testing with recent inpatients.

Waiting list or planned admission

Thinking about when your GP referred you to see a specialist…

A6. Were you offered a choice of **hospital** for your first hospital appointment?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know / Can't remember

B9. Did you feel bothered or threatened during your stay in hospital by other patients or visitors?

1 ☐ Yes

2 ☐ No

B10. Did you have somewhere to keep your personal belongings whilst on the ward?

1 ☐ Yes, and I could lock it if I wanted to

2 ☐ Yes, but I could not lock it

3 ☐ No

4 ☐ I did not take any belongings to hospital

5 ☐ Don't know / Can't remember

[2] Sheldon, H., Graham, C., Pothecary, N., & Rasul, F. (2007) Increasing response rates amongst black and minority ethnic and seldom heard groups – a review of literature relevant to the national acute patients' survey. Oxford, UK: Picker Institute Europe.

H1. Did you feel you were involved in decisions about your discharge from hospital?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not need to be involved

H5a. Did a member of staff tell you how long the delay would be? (paired for comparison with question H5b)

1 ☐ Yes

2 ☐ No

H5b. Did a member of staff explain the reason for the delay? (paired for comparison with question H5a)

1 ☐ Yes

2 ☐ No

H6. Where did you spend your time waiting to be discharged from hospital?

1 ☐ In a bed on a ward

2 ☐ In a discharge / transport lounge

3 ☐ In the hospital reception

4 ☐ On a ward, but not in bed

5 ☐ Somewhere else

H7. Before you left hospital, did hospital staff spend enough time explaining about your health and care after your arrival home?

1 ☐ Yes, enough time

2 ☐ No, they spent some time, but not enough

3 ☐ No, they spent no time at all

H8. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

1 ☐ Yes

2 ☐ No

H12. Were you told how to **take** your medication in a way you could understand?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not need to be told how to take my medication

H16. After leaving hospital, do you think you received enough care and assistance from health or social services?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not need assistance from health or social services after leaving hospital

5 ☐ Don't know / Can't remember

K4. Are you confident that the hospital is keeping your personal information / medical records secure and confidential?

1 ☐ Yes

2 ☐ No

Religion

We added for testing a standardised question on religious denomination that was asked in the 2001 census and which the Office for National Statistics (ONS) said was "unlikely to change significantly before 2011".[3] Additionally, two other relevant questions on respect of beliefs and practicing beliefs in hospital were assessed for inclusion in the survey.

The following questions are optional. If you prefer, you may leave them blank.

L6. What is your religion?

1 ☐ None ➔ **Go to L9**

2 ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)➔ **Go to L7**

3 ☐ Muslim ➔ **Go to L7**

4 ☐ Hindu ➔ **Go to L7**

5 ☐ Sikh ➔ **Go to L7**

6 ☐ Jewish ➔ **Go to L7**

7 ☐ Buddhist ➔ **Go to L7**

8 ☐ Any other religion (Please write in box)

➔ **Go to L7**

L7. Were your religious beliefs respected by the hospital staff?

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

L8. Were you able to practise your religious beliefs in the way you want to in hospital?

1 ☐ Yes, all of the time

2 ☐ Most of the time

3 ☐ Some of the time

4 ☐ No

[3] *The 2011 census: development of a questionnaire for the 2007 Census Test. Office for National Statistics. Oct 2006.*

2.2 Questions removed

The following questions were removed from the 2007 inpatient survey because of low priority, replacement by more refined questions, or because these will be assessed in other, more appropriate, questionnaires. As always, the issue of having limited space in the questionnaire means that only the most important questions are retained in the core questionnaire; all questions will still be available to trusts to include from the question bank if these are issues of local relevance. They are numbered here as they appeared in the 2006 inpatient questionnaire.

Emergency care

Q2. Did you travel to the hospital by ambulance?

1 ☐ Yes ➔ **Go to Question 3**

2 ☐ No ➔ **Go to Question 6**

Q3. Were the ambulance crew reassuring?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ Don't know / Can't remember

Q4. Did the ambulance crew explain your care and treatment in a way you could understand?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ Don't know / Can't remember

Q5. Did the ambulance crew do everything they could to help control your pain?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not have any pain

2.3 Questions modified

Waiting list times to be admitted

Following communications with the 18-week waiting list team at the Department of Health, it was decided to modify Q11 from the 2006 questionnaire so that it would be more useful in measuring this target based upon patients' experience. It was important that the responses could be used to find out which patients said they were seen within the 18-week target. The Department of Health suggested using response categories in weeks but the Co-ordination Centre, based upon previous experience, suggested that two versions of this question be cognitively tested; A8a asks about waiting times in month response units, and A8b is asked using week response units. We used four months as the closest approximation to 18 weeks[4].

Previous version:
Q11. Overall, from the time you were first told you needed to be admitted to hospital, how long did you wait to be admitted?

1 ☐ Up to 1 month

2 ☐ 1 to 3 months

3 ☐ 3 to 6 months

4 ☐ 6 to 9 months

5 ☐ More than 9 months

6 ☐ Don't know / Can't remember

Revised version (months):
A8a. Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital? (paired for comparison with question A8b)

1 ☐ Up to 1 month

2 ☐ 1 to 2 months

3 ☐ 3 to 4 months

4 ☐ 5 to 6 months

5 ☐ More than 6 months

6 ☐ Don't know / Can't remember

[4] Four months represents one third of a year, or 17.3 weeks.

Revised version (weeks):
A8b. Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital? (paired for comparison with question A8a)

1 ☐ Up to 4 weeks

2 ☐ 5 – 9 weeks

3 ☐ 10 – 18 weeks

4 ☐ 19 – 26 weeks

5 ☐ More than 26 weeks

6 ☐ Don't know / Can't remember

Complaints in hospital

The Co-ordination Centre has revised the question on complaints used in the 2006 survey (Q68). This has been replaced with two new questions to clarify the issue of complaints. Specifically, we tested two versions of a question asking if information on how to complain was visible to those in hospital (ie posters and leaflets), followed by a question asking if staff provided information on how to complain if the patient wanted to.

Previous version:
Q68. Were you given information on how you could complain about the hospital care you received?

1 ☐ Yes

2 ☐ No

K6a. Was information on how you could complain about the hospital care you received on display? (paired for comparison with question K6b)

1 ☐ Yes

2 ☐ No

3 ☐ Don't know / Can't remember

Revised version:
K6b. While in hospital, did you see any posters or leaflets explaining how to complain about the care you received? (paired for comparison with question K6a)

1 ☐ Yes

2 ☐ No

3 ☐ Don't know / Can't remember

K7. If you wanted to complain about the care you received in hospital, did staff give you information on how to do this?

1 ☐ Yes, completely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not need to complain

Long-standing conditions

The Co-ordination Centre has revised the questions asking patients about long-standing conditions (Q73 and Q74). The format of the questions previously used was based upon the two questions used in the 2001 census. In the 2006 inpatient survey, 49% of respondents said they had a long-standing physical or mental health problem or disability. The Co-ordination Centre felt that treating these people as a single homogenous group was misleading and unhelpful for trusts trying to direct improvements to services. Additionally, in early 2007, the Office of National Statistics (ONS) stated "a strong potential use identified [for a disability question] was for policy monitoring after the introduction of the Disability Discrimination Act 1995 (DDA) for which the 2001 Census question is not suitable, since it does not distinguish between disability and illness".

The format of the new questions has been based upon the test questions for the 2007 census pilot. The first is based around the medical model of disability and allows us to identify and categorise people with long-standing conditions for sub-analysis. The second question is based on the social model of disability, and asks what the person has difficulty doing because of their condition and the barriers that exist in society that result from the disability. Information gained from the second component of the disability questions will allow trusts to identify areas that are perceived as disabling those with long-term conditions.

Previous version:
Q73. Do you have a long-standing physical or mental health problem or disability?

1 ☐ Yes ➔ **Go to Q74**

2 ☐ No ➔ **Go to Q75**

Q74. Does this problem or disability affect your day-to-day activities?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

Revised version:
L4. Do you have any of the following long-standing conditions? (Tick ALL that apply)

1 ☐ Deafness or severe hearing impairment ➔ **Go to L5**

2 ☐ Blindness or severe visual impairment ➔ **Go to L5**

3 ☐ A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying ➔ **Go to L5**

4 ☐ A learning disability, such as Down's syndrome or dyslexia ➔ **Go to L5**

5 ☐ A long-standing psychological or emotional condition ➔ **Go to L5**

6 ☐ Other, including any long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy ➔ **Go to L5**

7 ☐ No, I do not have a long-standing condition ➔ **Go to L6**

L5. Does this problem or disability cause you difficulty with any of the following activities (tick all that apply)?

1 ☐ Everyday activities that people your age can usually do

2 ☐ At work or school/training

3 ☐ Access to buildings, streets or transport vehicles

4 ☐ Written information or communication

5 ☐ People's attitudes to you because of your disability or medical condition

6 ☐ Communicating, mixing with others, or socialising

7 ☐ Any other activity

8 ☐ No difficulty with any of these

3 Testing the questionnaire: cognitive interviews

3.1 Introduction

Cognitive interviews were conducted with twelve ethnically diverse volunteers with recent experience of inpatient hospital stays in England. The testing was primarily used to assess understanding of new questionnaire content for the 2007 core questionnaire and question bank.

Participants were recruited from two sources; eight who answered an advertisement placed in a local online and printed newspaper, while four were recruited by a minister from the New Testament Church of God. The four who were selected all had long-standing physical and/or mental conditions which we hoped to use to assess the addition of new questions on both disability and religion.

During the interviews, participants were asked to read the instructions on the front of the questionnaire and then to read the entire questionnaire aloud, answering the questions as they would if it had arrived in the post. They were asked whether the instructions were clear and easy to understand, and were encouraged to comment on any thoughts they had whilst completing it. The researchers probed the participants whilst they were completing the questionnaire to assess their comprehension of the questions and to ensure that the given response options were a good fit with their experience. Special emphasis was given to the new questions on disability and religion.

3.2 Interviews

Interview 1: (White male, 34 yrs old), questionnaire version 1.

The interviewee skimmed the cover page of the questionnaire taking approximately 5 seconds to do so. This individual had a single night stay for an emergency surgical repair of his hand.

The interview took approximately 45 minutes and the interviewee thought the questionnaire to be simple to understand and quick to complete.

Specific comments on the questionnaire version 1

The interviewee did not spot the skip at the end of “the Emergency Department” section and moved straight onto question A6. This is most likely due to the space around these instructions being reduced to accommodate questionnaire length. This reinforces how important it is to maintain the space around this question.

He spotted that version 1 of the questionnaire has skips left for question A11 but which were formatted to the right-hand side of the questionnaire beside question B5. These should be removed for version 2.

B9. “Did you feel bothered or threatened during your stay in hospital by other patients or visitors?” We discussed this new question and the interviewee identified this appropriately as a question asking about security in hospital. When prompted, he felt that staff should not be included in this question and that the main threats to security were patients who “were drunk or on drugs”, patients with “mental problems” and people admitted to hospital following a fight.

Operations and procedures (**G7**); “Before the operation or procedure, did the anaesthetist explain how he or she would put you to sleep or control your pain in a way you could understand?” The interviewee did not know what an “anaesthetist” was. He inferred their role from the terms “put you to sleep or control your pain”. We should consider replacing this specialist term with something more accessible.

K4. “Are you confident that the hospital is keeping your personal information / health records secure and confidential?” The interviewee answered no to this question. When discussed, he admitted that neither he, nor anyone he knows, has had a breach of confidentiality but that media / news have discussed this as an issue. We could consider rephrasing this question in terms of experience i.e. “Has the hospital kept your personal information / health records secure and confidential?”, but the responsibility for this information very rarely sits within a single acute trust. We suspect that current and recent media coverage will greatly influence the response to this question, and that it will be of little use to trusts to include it in the questionnaire.

Two versions of the new complaints question were asked:

> **K6a.** Was information on how you could complain about the hospital care you received on display?
>
> 1 ☐ Yes
>
> 2 ☐ No
>
> 3 ☐ Don’t know / Can’t remember
>
> **K6b.** While in hospital, did you see any posters or leaflets explaining how to complain about the care you received?
>
> 1 ☐ Yes
>
> 2 ☐ No
>
> 3 ☐ Don’t know / Can’t remember

The interviewee preferred question K6B as it was worded better and the example of “posters or leaflets” was very useful for recall.

The follow-up question to this asked about information given by staff if a patient wanted to complain. The patient chose the response of “no” initially, but upon probing admitted that he did not want to complain. This highlights either the question wording could be improved or we should modify the response options. We decided to move option 4 “I did not need to complain” to the top of the list so patients can opt out early in the responses. This will be assessed in later cognitive interviews.

K7. If you wanted to complain about the care you received in hospital, did staff give you information on how to do this?

1 ☐ Yes, completely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not need to complain

The interviewee expressed dislike of question L3 "How old were you when you left full-time education?" As a mature study, he felt it outdated and elitist.

L4. "Do you have any of the following long-standing conditions? (Tick ALL that apply)". The interviewee had not heard of the "Disability Discrimination Act" but was able to work out what he was being questioned about. Specifically he mentioned protection in employment. He understood the full meaning of the first two options on hearing and visual conditions, and thought the examples for option 3 useful. For option 5 he was offered the choice of four options to describe service users of mental health services proposed by disability leads within the Healthcare Commission and the Department of Health:

- A mental health condition
- A mental health condition, such as depression or schizophrenia
- Anxiety, depression or other mental health condition
- A long-standing psychological or emotional condition

The interviewee preferred:

- A long-standing psychological or emotional condition,

because it would not be so daunting for mental health service users to respond to. For response option 6, the interviewee was very surprised cancer was included as he saw it as a "battle rather than a war" where you either live or die, and therefore not a long-term condition.

L8. "Were you able to practise your religious beliefs in the way you want to in hospital?" The interviewee suggested the option 5 should have "whilst in hospital" added to it to read:

5 ☐ I do not want to practise my religious beliefs whilst in hospital

Amendments to version one of questionnaire

- Increased space around the skip at the end of the section on "the Emergency Department"
- Remove incorrectly retained skips to question A11
- Moved response option 4 to question K7 (information from staff on how to complain) to top of response options
- Added "whilst in hospital" to question L10, response option 5.

Interview 2: (White female, 26 yrs old), questionnaire version 2.

The interviewee took her time reading the cover page of the questionnaire and raised no issues with the instructions. She had a five night stay for an emergency admission, but had a very poor experience while in a local hospital. Due to repetitive postponements to her necessary operation, she spent four days in a Surgical Admissions Unit. The interview took approximately 45 minutes.

Specific comments on the questionnaire

Answering the questions on mixed sex wards it became evident that she counted her four night stay in the Surgical Admissions Unit as the first "ward" she stayed in. Ideally, this unit should not have been considered for this question and would normally count as an admitting unit. However, with the unusually long-stay in the unit, it did make sense for her to include this as her first "ward". She shared rooms with patients of the opposite sex during her entire stay.

B9. "Did you feel bothered or threatened during your stay in hospital by other patients or visitors?" The interviewee raised an issue with the use of the word "bothered". She felt this implied "annoyance" rather than safety, and although she felt very bothered by the loud snoring of male patients she was sharing her room with, she did not feel threatened.

H15. "Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?" The interviewee felt there should be another option reading "I did not need to be cared for by my family or friends". We felt this was adequately covered by option 5:

5 ☐ My family or friends did not want or need information

When asked about visually displayed information on how to complain, the interviewee preferred K6B both in terms of being better worded and having examples.

L4. "Do you have any of the following long-standing conditions? (Tick ALL that apply)". The interviewee preferred option 3 without the example, but that option 4 (learning disability) was better for having the example. Of the four options provided for mental health service users, she preferred:

- A mental health condition, such as depression or schizophrenia

L7. "Were your religious beliefs respected by the hospital staff?" The interviewee suggested there should be an opt-out here, especially for those of Christian religious background. She felt in most circumstances, hospital staff did not even know the religious background of most patients from a "white" ethnic group and that this did not affect their care in any way. We will include an opt-out for this in later versions.

L8. "Were you able to practise your religious beliefs in the way you want to in hospital?" The interviewee suggested this question might read better as "Were you able to practise your religious beliefs in the way you wanted to in hospital?" We will use this version.

Amendments to version two of questionnaire

- Changed the question wording of L10 to "Were you able to practise your religious beliefs in the way you wanted to in hospital?"

- Added a late question from the Department of Health:

Thinking about when your GP referred you to see a specialist…

A6. Were you offered a choice of hospital for your first hospital appointment?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know / Can't remember

Interview 3: (White female, 22 yrs old), questionnaire version 3.

The interviewee was an emergency admission and had a single night stay. She was unconscious when she arrived at hospital and raised this issue with questions in the section "the Emergency Department". Because these questions do not have a response of "don't know / can't remember", she either had to skip them or to answer "no" (a response that would be rated poorly in assessing performance through no fault of the hospital).
The interview took approximately 40 minutes.

Specific comments on the questionnaire

A1. "Was your most recent hospital stay planned in advance or an emergency?" The interviewee proposed that the response "something else" should be replaced by "don't know / can't remember". In effect, those selecting this response would not be included in reporting this question but we might have an unknown number of respondents moving from the emergency and planned groups into this category if it is changed. As we use this question for weighting the benchmarks, we suggest it is not changed at this time.

"**The Emergency Department**" – it is reasonable to assume that many emergency patients arrive at A&E unconscious and have no memory of the care they received there. We also think that few or no planned admission patients would arrive unconscious. Therefore it would be reasonable to add a response option of "don't know / can't remember" to the three current questions on patient's experiences of the emergency department. While this question change would affect comparability between years, it was agreed that the need to accommodate these patients compensated for this loss of data.

B10. "Did you have somewhere to keep your clothes and personal belongings?" The interviewee said that she did not have any personal possessions during her stay, and that she had to sleep in her clothes. She suggested a response option of "I did not take any belongings to hospital".

The interviewee preferred question **K6B** for visual information about complaining.

L4. "Do you have any of the following long-standing conditions? (Tick ALL that apply)". The interviewee thought that the example at response option 4 "learning disability, such as Down's Syndrome or dyslexia" showed two very different extremes of learning disability. She suggested that these examples might inhibit those with dyslexia from ticking this option because they do not

want to be clustered with such a severe condition as Down's syndrome. For option 5, she preferred:

- A long-standing psychological or emotional condition, such as depression or schizophrenia

Interview 4: (Iranian female, 42 yrs old), questionnaire version 3.

The interviewee has lived in England for eight year and was studying for her Masters in Law. Her English language was excellent and she rapidly read the instructions and statements on the cover page of the questionnaire, raising no issues. She had experienced a planned overnight stay in a single sex gynaecology ward.

The interview took approximately 50 minutes.

Specific comments on the questionnaire

A8a/A8b. "Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?" The interviewee was initially asked this question without seeing the response options. She answered 5-6 months. She was then shown the two options of weeks or months. She definitely preferred the units of months and said that "it was months ago, so months should be the standard unit of response". As the average waiting list patient received the 2006 questionnaire approximately 62 days after being discharged, had a variable length of stay in hospital, and was on the waiting list for approximately 4 months on average, this suggests a mean of 6 months (26 weeks) since seeing the GP for many patients. This would support the argument of using months, but we will continue to assess patient's responses to both questions.

B12. "Were you always offered a choice of food?" The interviewee thought it would be more appropriate to have response options of:
Yes, a good range of choices
Yes, but a poor range of choices
No, never

G8. "After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?" The interviewee mentioned this had occurred too soon after the operation while she was still sedated. Interviewee 3 also mentioned this, but this information was delayed until the next day leaving her anxious and worried. Maybe another follow-up question could be:

G9. "After the operation or procedure, when did a member of staff explain how the operation or procedure had gone?"
Too soon after the operation or procedure
The right amount of time after the operation or procedure
Too long after the operation or procedure

K4. "Are you confident that the hospital is keeping your personal information / health records secure and confidential?" The interviewee thought that more people would recognise the term "medical record" than "health record". We agreed and have changed this wording.

She preferred question **K6B** to **K6A** (the question on visual display of information on how to complain).

L4 (disability): She preferred all questions to include examples, and her choice for the response about mental health service users was:

- A long-standing psychological or emotional condition, such as depression or schizophrenia

Interview 5: (Asian female, 43 yrs old), questionnaire version 3.

The interviewee was a born in England and of Asian decent. She had experienced a 24 day stay in hospital following a motor vehicle accident. She arrived at hospital unconscious and went straight into surgery without gaining consciousness. This reinforces the earlier point of urgent admissions being unable to answer questions due to reduced consciousness after they arrive at hospital.

The interview took approximately 35 minutes.

Specific comments on the questionnaire

The interviewee preferred question **K6B** to **K6A** (the question on visual display of information on how to complain).

L4 (disability): The interviewee asked whether those wearing glasses or corrective lenses would be considered to have "blindness or severe visual impairment". We suggested two options for response 2 to this question and she preferred the second:

- Blindness or severe visual impairment (not corrected by glasses or contact lenses)
- Blindness or partially sighted

For response option 4, the interviewee preferred:

- A mental health condition

L6 (religious denomination) was identified as having two boxes labelled as "5". This was corrected.

Interview 6: (black female, 49 yrs old), questionnaire version 3.

The interviewee was born in Ghana and came to England approximately three years ago seeking asylum. She has learnt very good spoken English but her reading speed was slow. She stayed five days in hospital in a "woman's unit".

The interview took approximately 55 minutes.

Specific comments on the questionnaire

A8/A9. "Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?" The interviewee answered both these questions without really noticing the similarity until after she had responded. She selected a waiting time of "3 to 4 months" for A8, but said "I don't know how many weeks" and ticked the 19-26 week category. Upon probing this, she said it was easy to remember what month it was when she saw the doctor and when she was admitted, but that she wouldn't know which week these happened in.

B1/B3 (mixed sex wards): her only comment on this was that she was surprised there were mixed sex wards in English hospitals while they managed to segregate this in Ghana.

The interviewee preferred question **K6B** to **K6A** (the question on visual display of information on how to complain). She had significant trouble reading K6A aloud, stumbling over sentence phrasing.

L4 (disability): no substantial comments, but for response option 4, the interviewee preferred:

- A long-standing psychological or emotional condition, such as depression or schizophrenia

Interview 7: (white male, 48 yrs old), questionnaire version 3.

The interviewee works as a copy reader for a printing company. He read the cover page very carefully but raised no issues with it. He had a single overnight stay in hospital for an emergency admission.

The interview took approximately 50 minutes.

Specific comments on the questionnaire

B9. "Did you feel bothered or threatened during your stay in hospital by other patients or visitors?" The interviewee raised the point that questions B5 and B6 both use the term "bothered" to imply mild annoyance i.e. "were you ever bothered by noise at night from other patients/hospital staff?" He felt this previous use of the word detracted from the meaning in question B9 which refers to patient safety. We discussed other words to be considered such as "anxious", "nervous", "intimidated", "concerned", "worried" and "frightened".

B10. "Did you have somewhere to keep your clothes and personal belongings?" The interviewee agreed with an earlier interviewee that clothes were often kept in a standing wardrobe unit, but personal possessions such as mobile phones, MP3 players, wallets, etc could be kept in a locked draw. By removing the words "clothes and" from both the question and response option 4 we can focus on those small items most likely to be stolen.

G3. "Beforehand, did a member of staff explain what would be done during the operation or procedure?" The interviewee raised the issue that staff could explain this in plain English to patients but give an incomplete explanation because they are explaining this to people lacking a medical background. The first option "completely" implies that they managed this, whereas most patients are unable to assess this. After discussion, options were suggested of:

1 ☐ Yes, to my complete satisfaction
2 ☐ Yes, to some extent
3 ☐ No
3 ☐ I did not need an explanation

G6/G7 (anaesthesia): It is possible that the anaesthetics given are local anaesthetics or oral painkillers, especially for procedures and simpler operations. It is also possible that nurses or other staff will administer this to patients. The interviewee assumed that any person giving an anaesthetic would be called an anaesthetist when it actually refers to a specialist physician. We should consider other terms to use for anaesthetic / anaesthetist or incorporate into inpatient reports that G7 can be used to refer to staff other than just anaesthetists.

H7. "Before you left hospital, did the doctors and nurses spend enough time explaining about your health and care after you arrive home?" The interviewee thought this question did not flow well. Specifically, he suggested the last few words be changed to "after your arrival home". We also

discussed that staff other than doctors and nurses could discuss your care after arriving home and so change this to “did hospital staff spend…”

L4 (disability): The interviewee preferred the term “severely” to “substantially” currently used in response option 3. He felt this was more in line with options 1 and 2 which refer to severe hearing or visual impairment. We discussed how the term “substantially” is specifically used in the Disability Discrimination Act to discuss this type of impairment and that we could not alter this term.

Amendments to version three of questionnaire

B10 now reads:

B10. Did you have somewhere to keep your personal belongings?

1 ☐ Yes, and I could lock it if I wanted to

2 ☐ Yes, but I could not lock it

3 ☐ No

4 ☐ I did not take any belongings to hospital

5 ☐ Don’t know / Can’t remember

H7 now reads:

H7. Before you left hospital, did hospital staff spend enough time explaining about your health and care after your arrival home?

1 ☐ Yes, enough time

2 ☐ No, they spent some time, but not enough

3 ☐ No, they spent no time at all

K4 now reads:

K4. Are you confident that the hospital is keeping your personal information / medical records secure and confidential?

1 ☐ Yes

2 ☐ No

K6A has been removed and the complaints questions now read:

K6. While in hospital, did you see any posters or leaflets explaining how to complain about the care you received?

1 ☐ Yes

2 ☐ No

3 ☐ Don’t know / Can’t remember

K7. Did you want to complain about the care you received in hospital?

1 ☐ Yes

2 ☐ No

L6 has been modified for correct numbering of response boxes:

L6. What is your religion?

1 ☐ None ➔ **Go to L9**

2 ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations) ➔ **Go to L7**

3 ☐ Muslim ➔ **Go to L7**

4 ☐ Hindu ➔ **Go to L7**

5 ☐ Sikh ➔ **Go to L7**

6 ☐ Jewish ➔ **Go to L7**

7 ☐ Buddhist ➔ **Go to L7**

8 ☐ Any other religion (Please write in box)

➔ **Go to L7**

Interview 8: (black male, 64 yrs old), questionnaire version 4.

The interviewee was born in England and was both a mental health service user and had a severe hearing impairment. Communication was difficult during the interview and often assisted by his carer (his daughter). Their responses to the questionnaire were generally positive but with few additional comments. He spent three days in hospital for elective surgery. The interview took approximately 50 minutes.

Specific comments on the questionnaire

A8/A9. "Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?" The interviewee did not know how long he had waited and would have responded with "don't know / can't remember" but his daughter said it was more than six months. She did not think she would know it in weeks unless it were fewer than six weeks waiting time and said that we should use the month scale.

H5A/H5B (delayed discharge): We discussed the following two questions with the interviewee:
H5A. "Did a member of staff tell you how long the delay would be?"
H5B. "Did a member of staff explain the reason for the delay?"

They both thought that it was more important to be told how long the delay would be, although it would be "nice" to know the reason.

L4 (disability): Although this interviewee was hearing impaired and a mental health service user, he had few comments to make on this question. He thought option 1 appropriately described his hearing, and preferred the current version for option five:

- A long-standing psychological or emotional condition

L5. "Does this problem or disability cause you difficulty with any of the following activities (tick all that apply)?" The interviewee appreciated that we were asking for details about which activities were affected by his two disabilities. One issue raised was that it would not be possible to

differentiate which disability affects each activity. He felt this would be an issue for the "communicating, mixing with others, or socialising" response in particular. He also said that all activities he would take part in are included in the response list already (so he would not need the "any other activity" box).

Interview 9: (black female, 78 yrs old), questionnaire version 4.

The interviewee was born in St Lucia but has lived in England most of her life. She had several medical conditions, these being; diabetes, partial sight loss, severe mobility issues and "hard of hearing". The interview progressed slowly as she was unable to read the questionnaire (due to visual impairment) and had difficulty hearing it when read out (hearing impairment). She stayed eight days in hospital following a fall. She made very few comments about the questionnaire and many responses were "don't know / can't remember". It is unlikely this lady would have been able to complete and return the questionnaire if it arrived by post.

The interview took approximately 55 minutes.

Specific comments on the questionnaire

H5A/H5B (delayed discharge): We discussed the following two questions with the interviewee:

H5A. "Did a member of staff tell you how long the delay would be?"
H5B. "Did a member of staff explain the reason for the delay?"

The interviewee said she would like to be told how long she would be waiting before she got there so she could come later. She also thought people wanting to know the reason for the delay were just being "nosy".

L4 (disability): The interviewee would have preferred response option 2 to read:

- Blindness or partially sightedness

She also preferred the following example for mental health service users because it had an example:

- A long-standing psychological or emotional condition, such as depression or schizophrenia

L5 (activities affected by disability): all responses were ticked except for "no difficulty with any of these". We could consider having a category saying "my disability affects every activity I do", but we get much more information in the current format.

Interview 10: (black male, 68 yrs old), questionnaire version 4.

The interviewee was born England and is a current mental health service user. He also has mobility issues, using a cane for walking. He progressed quickly through the cover page of the questionnaire and raised a single issue of having difficulty finding a pen sometimes, asking if a pencil would be acceptable. He spent 3 nights in hospital for elective surgery.

The interview took approximately 40 minutes.

Specific comments on the questionnaire

A8/A9. "Overall, from the time you first talked to your GP about being referred to a hospital, how long did you wait to be admitted to hospital?" The interviewee preferred months for the units as he would not be able to recall which week of the year he was admitted.

The interviewee's discharge was delayed and he preferred H5A to H5B:

H5A. "Did a member of staff tell you how long the delay would be?"
H5B. "Did a member of staff explain the reason for the delay?"

L4 (disability): The interviewee thought that response option 3 should simply read:

- A physical condition

He preferred the following term to be used to refer to him accessing mental health services:

- A mental health condition

L5 (activities affected by disability): because the interviewee is recently retired he ticked option 2 (at work or school/training), had some difficulty with access to buildings, streets or transport vehicles so ticked option 3, and had difficulty with "other activities" so ticked option 7. He defined "other activities" as "things he might do every few weeks or months, such as shopping for clothes".

Religion was very important to this interviewee and he was happy that the questions on religion L6-L8 covered all the important aspects for his stay in hospital.

Interview 11: (Asian male, 45 yrs old), questionnaire version 4.

The interviewee was born in Pakistan and has lived in England for 26 years. His English was excellent and spoken with a very strong Asian accent. He had a 3 nights stay in hospital for an emergency admission.

The interview took approximately 40 minutes and the interviewee had very few comments to make.

Specific comments on the questionnaire

L4 (disability): The interviewee thought that response option 5 should read:

- I have a mental health problem

We discuss the implication of this response option and how it could make services users feel uncomfortable. Of the response options provided, he preferred:

- A mental health condition

L6. "What is your religion?" The interviewee thought the additional descriptions for those from "Christian" background gave a sense of increased importance to this religious group. He thought if this was included then the same should be provided for those from a "Muslim" background i.e. Sunni, Shiite, Shia, etc. He also mentioned that the order of religions was biased towards Christians (who were the first religion listed) but thought this was reasonable that they were listed in descending order of followers (according to the 2001 census).

L7. "Were your religious beliefs respected by the hospital staff?" The interviewee thought this would be hard to know unless you made a special effort to have your religious beliefs brought to

the staff's knowledge. Also, "how would you know whether they truly respected your beliefs or were just humouring you?" He thought it was important to have option 4 as an opt-out.

L8. "Were you able to practice your religious beliefs in the way you want to in hospital?" The interviewee thought there were too many options in this question and that three options would be more appropriate, such as:

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No, never

4 ☐ I do not want to practice my religious beliefs whilst in hospital

He also noted that option 4 needs to be changed to "I did not want to practice my religious beliefs whilst in hospital"

Interview 12: (white female, 28 yrs old), questionnaire version 4.

The interviewee had a 4 nights stay in hospital after admission from a waiting list.

The interview took approximately 30 minutes as the interviewee progressed rapidly through the questionnaire.

Specific comments on the questionnaire

A8 (waiting list time in months) was much preferred to A9 (waiting list time in weeks). This was because recall would be in months as a basic unit for her, and weeks introduced too high a level of inaccuracy.

She did not share sleeping accommodation with patients of the opposite sex while in hospital but thought it would add to the questionnaire to have a question asking if people were actually upset when having to share. This question is currently in the question bank.

G3. "Beforehand, did a member of staff explain what would be done during the operation or procedure?" The interviewee felt that the scale of responses for this question was fairly arbitrary. For example, "yes to some extent" would mean an incomplete explanation but might be enough to satisfy the patient. Staff may have to use jargonistic language to describe technical details of the operation to provide a complete explanation but many patients would not understand this without medical background.

L4 (disability): the interviewee thought all the examples should be removed from the questions as they may result in patients only ticking a category if they have the disability given in the example (or some similar condition). The examples she pointed out specifically were for option 3 (physical impairment), option 4 (learning disability) and option 6 (disability from illness). The option she preferred for response 5 was:

- A mental health condition

Amendments to version four of questionnaire

We amended questions A3 to A5 to give extra options of “Don’t know / can’t remember” for patients who had a reduced state of consciousness on arrival to the emergency department.

A3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?

1 ☐ Not enough

2 ☐ Right amount

3 ☐ Too much

4 ☐ I was not given any information about my treatment or condition

5 ☐ Don’t know / Can’t remember

A4. Were you given enough privacy when being examined or treated in the Emergency Department?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ Don’t know / Can’t remember

A5. Following arrival at the hospital, how long did you wait before being admitted to a bed on a ward?

1 ☐ Less than 1 hour

2 ☐ At least 1 hour but less than 2 hours

3 ☐ At least 2 hours but less than 4 hours

4 ☐ At least 4 hours but less than 8 hours

5 ☐ 8 hours or longer

6 ☐ Don’t know / Can’t remember

7 ☐ I did not have to wait

The directions following the section on the Emergency Department were altered to include urgently admitted patients:

EMERGENCY OR URGENTLY ADMITTED PATIENTS, now please go to Question A11

Question A9 was removed as patients could not recall very well when using weeks instead of months for this question.

B10 has been amended to specifically refer to security of possessions while on the ward:

B10. Did you have somewhere to keep your personal belongings whilst in hospital?

1 ☐ Yes, and I could lock it if I wanted to

2 ☐ Yes, but I could not lock it

3 ☐ No

4 ☐ I did not take any belongings to hospital

5 ☐ Don't know / Can't remember

The question on receiving help to eat your meal has been moved from section E to section B to keep all questions on food together:

B13. Did you get enough help from staff to eat your meals?

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ I did not need help to eat meals

The two questions on pain have been moved to section E and are now as follows:

E8. Were you ever in any pain?

1 ☐ Yes ➔ **Go to Question E9**

2 ☐ No ➔ **Go to Question G1**

E9. Do you think the hospital staff did everything they could to help control your pain?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

G6 and G7 have been amended to improve understanding of the terms; anaesthesia and anaesthetist.

G6. Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

1 ☐ Yes ➔ **Go to Question G7**

2 ☐ No ➔ **Go to Question G8**

G7. Before the operation or procedure, did an anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?

1 ☐ Yes, completely

2 ☐ Yes, to some extent

3 ☐ No

H1 has been amended to give an option for those who did not feel they needed to be involved in their discharge plans:

H1. Did you feel you were involved in decisions about your discharge from hospital?

1 ☐ Yes, definitely

2 ☐ Yes, to some extent

3 ☐ No

4 ☐ I did not need to be involved

Removed question H5B as patients preferred staff to tell them how long they would be waiting to be discharged rather than what the reason might be.

The final version for piloting of the disability questions will be:

L4. Do you have any of the following long-standing conditions? (**Tick ALL that apply**)

1 ☐ Deafness or severe hearing impairment ➔ **Go to L5**

2 ☐ Blindness or partially sighted ➔ **Go to L5**

3 ☐ A long-standing physical condition ➔ **Go to L5**

4 ☐ A learning disability ➔ **Go to L5**

5 ☐ A mental health condition ➔ **Go to L5**

6 ☐ A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy ➔ **Go to L5**

7 ☐ No, I do not have a long-standing condition ➔ **Go to L6**

L5. Does this condition(s) cause you difficulty with any of the following? (**Tick ALL that apply**)

1 ☐ Everyday activities that people your age can usually do

2 ☐ At work, in education, or training

3 ☐ Access to buildings, streets or transport vehicles

4 ☐ Reading or writing

5 ☐ People's attitudes to you because of your condition

6 ☐ Communicating, mixing with others, or socialising

7 ☐ Any other activity

8 ☐ No difficulty with any of these

The final wording of the questions on religion will be:

The following questions are optional. If you prefer, you may leave them blank.

L6. What is your religion?

1 ☐ None ➔ **Go to L9**

2 ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations) ➔ **Go to L7**

3 ☐ Muslim ➔ **Go to L7**

4 ☐ Hindu ➔ **Go to L7**

5 ☐ Sikh ➔ **Go to L7**

6 ☐ Jewish ➔ **Go to L7**

7 ☐ Buddhist ➔ **Go to L7**

8 ☐ Any other religion (Please write in box)

➔ **Go to L7**

L7. Were your religious beliefs respected by the hospital staff?

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No

4 ☐ My beliefs were not an issue during my hospital stay

L8. Were you able to practise your religious beliefs in the way you wanted to in hospital?

1 ☐ Yes, always

2 ☐ Yes, sometimes

3 ☐ No, never

4 ☐ I did not want or need to practice my religious beliefs whilst in hospital

Conclusions

There have been significant changes to the questionnaire to be piloted for 2007. Many of these questions will not be used for the core questionnaire but can be added by trusts and contractors from the question bank.

Cognitive testing has resulted in refinement of the questions and response options used, primarily to the newly added questions but also to established questions.

4 Pilot survey

4.1 Investigation of new survey methodology

The piloting period for the 2007 inpatient survey was timed to allow investigation into new survey protocols designed at increasing the response rate to the survey. The methods to be piloted were selected from the findings of two 2007 reports by the Co-ordination Centre[5] [6] and were compared based upon:

- Their effectiveness at increasing the current inpatient survey response rate (approximately 60%)
- Effectively targeting groups with the lowest response rates to the acute patient surveys ie males, younger people and those from Black and minority ethnic (BME) groups
- Cost effectiveness; the largest increase in response rate for the level of funding invested.

Following considered debate on the quality of each protocol, the following three were selected:

- Pre-approach letter
- Personalised covering letters
- SMS text reminders to mobile telephones

As we hypothesised that all three methods might increase response rates to the survey, it was necessary to test the inter-relational effect on response rate and thus a factorial design of eight experimental groups (2x2x2) was proposed (as in Figure 1: Experimental groups for Inpatient 2007 pilot).

Pre-approach letter

A pre-approach letter was sent to patients detailing how the survey results are used and why we ask patients to tell us about their experiences, as well as giving a web address for the results of the 2006 inpatient survey. We also included an "opt-out" freephone number for participants to call if they did not want to participate in the survey. This letter was sent out one week before the first mailing of the questionnaire.

Personalised covering letters

Using Excel "mail merge" functions, the covering letters sent to patients were personalised. It was hoped that this 'personalisation' would increased engagement in the surveys and thus increase the response rate to the pilot. In their systematic review of response rates in surveys, Edwards et al (2002) report personalisation of covering letters has been shown to improve response rate by an odds ratio of 1.12 across a range of surveys (for example, this represents a 3-4 percentage point increase from a base response rate of 60%). The covering letters for the first and third mailings (those containing the questionnaires) replaced the generic salutation of "Dear patient" with the title, first and last name of the participant e.g. "Dear Mr John Smith". For those participants who also received the pre-approach letter, this was personalised also.

[5] Graham, C. (2007) Mixed mode surveys: a review for the NHS acute patient survey programme. Oxford, UK: Picker Institute Europe.

[6] Sheldon, H., Graham, C., Pothecary, N., & Rasul, F. (2007) Increasing response rates amongst black and minority ethnic and seldom heard groups – a review of literature relevant to the national acute patients' survey. Oxford, UK: Picker Institute Europe.

SMS text reminder

SMS text reminders were sent to the mobile telephones of patients one week after the first mailing, to coincide with the first (postal) reminder. Text messages were personalised to address the participant by title and last name e.g. "Dear Mr Smith" and contained the following brief reminder message:

"Dear [title] [last name], REMINDER - hospital questionnaire. Your views count, please complete and return. To opt out, text STOP"

Approximately 12.5% of the sample had a mobile phone number as one of their contact numbers (ranging from 6.3% to 27.0% across trusts). The cost of sending SMS texts is low compared to the cost of mailing a reminder (between 3-9p/message depending on volume) and only a small increase in response rate would be required from this approach to decrease the overall mailing cost of the survey.

Figure 1: Experimental groups for Inpatient 2007 pilot

	Pre-approach letter	Personalised covering letters (mail merge)	SMS text reminder
Group A	Y	Y	Y
Group B	Y	Y	N
Group C	Y	N	Y
Group D	Y	N	N
Group E	N	Y	Y
Group F	N	Y	N
Group G	N	N	Y
Group H	N	N	N

Experimental groups:

Group A: Pre-approach letter, personalised covering letters (mail merge), SMS text reminder
Group B: Pre-approach letter, personalised covering letters (mail merge), no SMS text reminder
Group C: Pre-approach letter, no personalisation on covering letters, SMS text reminder
Group D: Pre-approach letter, no personalisation on covering letters, no SMS text reminder
Group E: No pre-approach letter, personalised covering letters (mail merge), SMS text reminder
Group F: No pre-approach letter, personalised covering letters (mail merge), no SMS text reminder
Group G: No pre-approach letter, no personalisation on covering letters, SMS text reminder
Group H: No pre-approach letter, no personalisation on covering letters, no SMS text reminder

A submission was made to the Hammersmith, Queen Charlotte's and Chelsea Research Ethics Committee and a favourable ethical opinion was granted for this research on 21 June 2007 (REC reference number: 07/Q0406/67)

4.2 Sample size calculations

Sample size was decided based on power calculations for two-tailed t tests of differences in proportions, at the 95% confidence level, with 90% power. Given an expected baseline response rate of 59% for the control group (based upon the 2006 inpatient survey adjusted response rate), a sample size of 483 per group would be needed to detect an improvement of 10% in response rates. Therefore, we used a sample size of 500 recent patients per condition, giving an overall sample size of 4,000. We felt this would be a reasonable compromise between analytic power and overall cost when looking for differences between individual pairs of combinations. It would also allow more precise analysis to be undertaken by merging individual groups to look at the specific effect on response rate of each method.

4.3 Survey sample and mailing

Eight trusts were chosen to pilot the questionnaire out of 29 acute trusts who volunteered following a request for pilot trusts in the inpatient survey e-bulletin. The trusts were asked about how intact their patient records were for the mobile phone numbers of patients, this influencing the trusts chosen for each region of England. Trusts were then selected based upon geographical representation of England, with two trusts from the North, two from the Midlands, two from London, and two others from the South.

Each trust was asked to produce a sample of 500[7] consecutively discharged patients for the Co-ordination Centre. The inclusion and exclusion criterion were identical to those used in the 2006 inpatient survey:

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

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

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

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

The samples from each trust were then sent to the Co-ordination Centre using secure encryption where they were checked for sampling errors. One sample need to be returned to the trust as the patients had been sorted by consecutive **admission** dates rather than **discharge** date. Another pilot trust failed to submit the sample after numerous contacts and withdrew from the study. The seven trust samples were collated into a 'master' sample, and patients were randomly allocated to one of the eight experimental groups.

In conjunction with the detailed guidance provided on how to draw the sample, telephone and email support was available to all trusts taking part in this research. Honorary contracts were exchanged that allowed staff at the Co-ordination Centre to check the sample, and all questionnaire mailings and patient contact was carried out by the Picker Institute. We used the usual protocol of two reminders (posted at two and five weeks after the original questionnaire was mailed) for all patients, although some patients would also have received a pre-approach letter and/or a text reminder to their mobile telephone.

Multilanguage sheets were included in every mailing of the questionnaire to facilitate responses from any individual who might have difficulty with English language. These sheets gave directions to a free translation service that could advise them on completion of the questionnaire in 20 of the most common languages used in England, as well as EasyRead, a telephone service that is run by

[7] A sample of 550 patients is initially generated before being sent to the NHS Strategic Tracing Service (NSTS) for tracing, and any deceased patients are then removed from the sample. From the remaining sample list, the 500 most recently discharged patients were selected as participants.

Mencap for those with poorer comprehension or understanding of English (specifically those with a learning disability).

Sample composition

The samples from each trust were then sent to the Co-ordination Centre using secure encryption where they were checked for sampling errors. One sample need to be returned to the trust as the patients had been sorted by consecutive admission dates rather than discharge date. Another pilot trust failed to submit the sample after numerous contacts and withdrew from the study. The seven trust samples were collated into a 'master' sample, and patients were randomly allocated to one of the eight experimental groups.

The general inpatient sample was comprised of 51% female and had a mean age of 60 years. Ethnic information was available for 78% of the sample with 82% being identified as coming from a white ethnic group, 9% as 'Asian or Asian British', 7% as 'Black or Black British' and less than 1% from either a mixed or Chinese ethnic group. Table 1 shows the demographic characteristics for the collated sample. The average length of stay was approximately seven days, ranging from 1-134 days. Thirteen percent of the sample had a valid mobile telephone number, ranging from 6-27% depending on the hospital trust.

Table 1: Sample characteristics

		Total sample	Inpatient survey 2006
Sex	Male	49%	47%
	Female	51%	53%
Ethnic Group	White	82%	91%
	Mixed	<1%	<1%
	Asian	9%	4%
	Black	7%	3%
	Chinese	<1%	<1%
Age Group	16-35	15%	16%
	36-50	19%	18%
	51-65	21%	22%
	66-80	29%	28%
	Over 80	16%	16%

Response rates

The adjusted response rate for the 2007 pilot survey was 57.4%, which was slightly lower than the 2006 inpatient survey (58.7%). The highest response rate was for patients from a mixed ethnic group (71.4%, albeit from a very small sample number) followed by white patients (65.5%).

Table 2: Overall response rate

Outcome	Pilot survey	Inpatient survey 2006
Returned useable questionnaire	1943	80694
Returned undelivered or pt moved house	52	1628
Patient died	47	2083
Too ill, opted out or returned blank questionnaire	198	7926
Patient not eligible to fill in questionnaire	13	340
Questionnaire not returned - reason not known	1246	48776
Total	**3499**	**141447**
Raw Response Rate (%)	**55.5%**	**57.0%**
Adjusted Response Rate (%)	**57.4%**	**58.7%**

Table 3: Response rates by ethnic group (only those who have a valid ethnic group code)

	Ethnic group					
	White	Mixed*	Asian	Black	Chinese or other ethnic group*	Total (all patients)
Completed useable questionnaires	1619	25	84	71	13	1812
Questionnaires returned undelivered	32	0	4	3	2	41
Patients reported deceased	33	1	2	2	0	38
Patient who opted out / too ill	137	1	7	4	1	150
Ineligible to take part in survey	10	0	0	1	0	11
Not returned – reason unknown	716	9	151	98	31	1005
Total	2547	36	248	179	47	3057
Raw Response Rate (%)	**63.6%**	**69.4%**	**33.9%**	**39.7%**	**27.7%**	**53.8%**
Adjusted Response Rate (%) - pilot	**65.5%**	**71.4%**	**34.7%**	**41.0%**	**28.9%**	**55.7%**
Adjusted Response Rate (%) – IP06	**64.9%**	**60.0%**	**44.3%**	**45.6%**	**25.9%**	**63.2%**

*caution – very low base sample sizes

Unfortunately, there were major disruptions to the running of the pilot which are likely to have adversely affected the response rate of the survey. There were two national industrial actions by the Royal Mail and significant flooding throughout England towards the end of the fieldwork period. While it is possible these disruptions to the postal survey may have affected certain areas and groups more than others, the randomisation of trust patients to each of the eight experimental groups should have minimised this effect. The pilot fieldwork period was also shorter at seven weeks rather than the 14 weeks allocated for the 2006 inpatient survey.

Table 4: Survey timetable for 2007 pilot survey

Month	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
June	4	5	6	7	8	9	10
June	11	12	**13**	14	15	16	17
June	18	19	**20**	21	22	23	24
June/July	25	26	**27**	**28**	**29**	30	1
July	2	3	4	5	6	7	8
July	9	**10**	11	12	**13**	14	15
July	16	17	18	19	20	21	22
July	23	24	25	26	27	28	29
July/August	30	**31**	1	2	3	4	5

13th June 2007 Pre-approach letters
20th June 2007 First mailing
27th June 2007 SMS text reminder

28th June 2007	First postal reminder
10th July 2007	Second postal reminder
31st July 2008	Fieldwork close date
29th June 2007	First Royal Mail strike
13th July 2007	Second Royal Mail strike

4.4 FREEPHONE calls

There were a very high number of calls taken during the pilot period. A log was kept of all calls requiring action, but many additional calls were taken to reassure callers that, due to the mail strikes, returned questionnaires and reminders were likely to have crossed in the mail. There were a total of 159 actionable calls (4.5% of the sample), compared 12 for the 2005 inpatient pilot (1.3% of the sample) and 28 for the 2006 importance study (2.3% of the sample). The calls can be categorised as follows:

- One hundred and five calls to say the participant was too ill to complete the questionnaire or chose to opt out of the survey
- Thirty-nine calls from family, friends or carers to say that the patient had died
- Thirteen calls to say they were ineligible for the survey due to only staying a few hours rather than overnight. These calls were spread across the pilot trusts.
- Two calls requiring translation (one Polish and one Bengali). Both of these calls were asking about their recent hospital tests and were referred to the trust's Patient Advisory Liaison office for follow-up

4.5 Investigation into piloted methods

We investigated the adjusted response rates of the eight groups using a variable referred to as 'useable' (and labelled 'enough responses?'). 'Usable' is a binary variable where "1" is where the participant did not respond or opted out and "2" represents where a questionnaire has been returned in a useable format. Other outcomes (patient deceased, patient ineligible, or returned undelivered) are set to 'missing' and thus excluded from this variable. In effect, the mean of the 'useable' variable is the adjusted response rate to the survey. Using a one-way ANOVA of 'useable' and the eight experimental groups, we found no significant difference between means (see Table 5: ANOVA of useable and experimental group).

Table 5: ANOVA of useable and experimental group

ANOVA

Enough responses?

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.526	7	.218	.891	.513
Within Groups	826.845	3379	.245		
Total	828.371	3386			

Furthermore, the means of these groups are very similar. As these means can be interpreted as the percentage of adjusted response rate, none of the groups have an adjusted response rate less than 3.2 percentage points less the mean of all groups, nor more than 3.5 percentage points greater (see Table 6: Descriptives of adjusted response rate between experimental groups). The post hoc tests (using the Scheffe test of equal variances and alpha = 0.05) in Appendix 1: Post hoc

test of response rates of experimental groups) show the interactions between groups in greater detail and reinforce that no significant differences exist between groups.

Table 6: Descriptives of adjusted response rate between experimental groups

Descriptives

Enough responses?

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
A	416	.57	.495	.024	.53	.62	0	1
B	419	.57	.495	.024	.53	.62	0	1
C	429	.56	.497	.024	.51	.61	0	1
D	429	.60	.491	.024	.55	.64	0	1
E	426	.54	.499	.024	.49	.59	0	1
F	423	.58	.494	.024	.53	.63	0	1
G	428	.61	.488	.024	.56	.66	0	1
H	417	.55	.498	.024	.50	.60	0	1
Total	3387	.57	.495	.008	.56	.59	0	1

Because one pilot trust pulled out at a very late point in the survey, we did not have the full sample of 4000, and were left with 3499 patients (one patient was removed as they were a private patient and there was not time to replace them). As there were no significant differences between groups, we decided to look at the effects of each protocol separately by banding the eight experimental groups into two groups for each investigation. Only participants who had an outcome that comprises 'useable' are included in the analysis, therefore only those who returned a useable questionnaire, opted out, or did not reply are included in the totals below.

Pre-approach letter

Pre-approach letters were sent to 1693 patients, approximately half of all patients. The adjusted response rate for this group was 58%, although this was not significantly different (p=0.793) from the group who did not receive the pre-approach letter (adjusted response rate of 57%).

The pre-approach letter had variable effects depending on the demographics of participants in the pilot (see Appendix 2: Effect of pre-approach letters of response rates by demographic groups). Black or Black British participants who received a pre-approach letter were much less likely to respond (35%), compared to those who did not (48%). Positive effects were noticed in those identifying themselves as of mixed ethnicity or from the Chinese or other ethnic groups, although the sample sizes in these groups are too small for this to be conclusive. We did see slight increases in the 36-50 and 51-65 year age bands (a six and four percentage point increase respectively), but there was a fall in response rates for the 16-35 and over 65 year age bands (a three and two percentage point decrease respectively). There were no significant differences due to gender or location (trusts based within and outside London).

Table 7: Descriptives of adjusted response rate for the pre-approach letter

Report

Enough responses?

PreApproach	Mean	N	Std. Deviation
Pre-approach letter sent	.58	1693	.494
No pre-approach letter sent	.57	1694	.495
Total	.57	3387	.495

Table 8: ANOVA of adjusted response rate for the pre-approach letter

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * PreApproach	Between Groups	(Combined)	.017	1	.017	.069	.793
	Within Groups		828.354	3385	.245		
	Total		828.371	3386			

Personalised letters

Personalised letters were sent to 1684 patients, while 1703 did not get sent personalised letters. The adjusted response rate for this group was 57%, and again this was not significantly different (p=0.485) from the group who did not receive the personalised letters (adjusted response rate of 58%).

As for pre-approach letters, personalising letters had no effect on the response rates of white participants and resulted in a decreased response rate from Black participants (by four percentage points) (see Appendix 3: Effect of personalised letters of response rates by demographic groups). However, it did result in a six percentage point increase in response rate from those aged16-35 years (36% compared to 30%). This group is identified as one that is "hard-to-reach" and personalisation of letters may increase the perceived relevance? of the survey for this group. Conversely, there was a four percentage point decrease for those aged over 65 years. Also, although the London population is generally younger, the response rate was less for this group (44%) than for those who did not receive a personalised letter. There was no significant difference for those seen in trusts outside London.

Table 9: Descriptives of adjusted response rate for the personalised letters

Report

Enough responses?

Personalised	Mean	N	Std. Deviation
Personalised letters sent	.57	1684	.496
No personalised letters sent	.58	1703	.494
Total	.57	3387	.495

Table 10: ANOVA of adjusted response rate for the personalised letters

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Personalised	Between Groups	(Combined)	.119	1	.119	.488	.485
	Within Groups		828.252	3385	.245		
	Total		828.371	3386			

SMS texts

Only 12.5% of patients in the sample had mobile phone numbers. These were randomly allocated at the start of the survey into each of the eight groups. Because of this, there were only 212 participants in the 1749 which comprised the SMS group and only 207 of these which can be compared using the 'useable' variable. These responses can be compared against the 3180 that were not sent SMS text reminders. Those who received a text reminder had an adjusted response rate of 47% compared to 58% for those who did not. This difference is highly significant (p=0.002). Therefore, those who were sent text reminders to complete the pilot survey were less likely to complete it.

Table 11: Descriptives of adjusted response rate for SMS text reminders

Report

Enough responses?

Was sent an SMS	Mean	N	Std. Deviation
Sent SMS reminder	.47	207	.500
Not sent SMS reminder	.58	3180	.494
Total	.57	3387	.495

Table 12: ANOVA of adjusted response rate for SMS text reminders

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Was sent an SMS reminder	Between Groups	(Combined)	2.434	1	2.434	9.97	.002
	Within Groups		825.937	3385	.244		
	Total		828.371	3386			

While mobile phone ownership is quickly becoming universal, earlier development work looking at text reminders stated higher levels of ownership in young and BME populations. This is a factor in the pilot with greater proportions of young and BME populations providing mobile numbers to the acute trusts for contact purposes. The composition of BME groups contributing valid mobile phone numbers in the sample was significantly greater than for white patients, with 12.4% of Asian or Asian British patients in the group with valid numbers (compared to 6.6% in the group without numbers) and 14.2% of Black or Black British patients (compared to 4.0% in the group without) (see Table 13: Ethnic group composition of those with and without valid mobile phone numbers). Likewise, age contributed significantly towards provision of a valid mobile phone number with 73.9% of those providing a number being aged under 50 years (compared to 28.0% for those who did not) (see Table 15: Age group composition of those with and without valid mobile phone numbers). The location of the trust also had a large effect on provision of valid numbers with the two London-based trusts providing almost half (47.8%) of mobile numbers, although there is a

significant ethnicity bias to this and a lesser age bias (see Table 17: London effect on composition of valid mobile phone numbers). There was no significant difference in composition due to gender or self-reported health status.

Table 13: Ethnic group composition of those with and without valid mobile phone numbers

Crosstab

			Mobile numbers		
			Valid number	No mobile number	Total
Ethnic group from response data else sample information if response missing	White	Count	265	2282	2547
		%	59.6%	78.1%	75.6%
	Mixed	Count	11	25	36
		%	2.5%	.9%	1.1%
	Asian or Asian British	Count	55	193	248
		%	12.4%	6.6%	7.4%
	Black or Black British	Count	63	116	179
		%	14.2%	4.0%	5.3%
	Chinese or Other Ethnic Group	Count	10	37	47
		%	2.2%	1.3%	1.4%
	Missing	Count	41	270	311
		%	9.2%	9.2%	9.2%
Total		Count	445	2923	3368
		%	100.0%	100.0%	100.0%

Table 14: Chi-Square tests of ethnic group composition for valid mobile phone numbers

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	122.442[a]	5	.000
Likelihood Ratio	98.878	5	.000
Linear-by-Linear Association	.000	1	.987
N of Valid Cases	3368		

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.76.

Table 15: Age group composition of those with and without valid mobile phone numbers

Crosstab

			Mobile numbers		
			Valid number	No mobile number	Total
Age group from response or sample age if missing	16-35	Count	182	347	529
		%	39.9%	11.4%	15.1%
	36-50	Count	155	504	659
		%	34.0%	16.6%	18.8%
	51-65	Count	76	669	745
		%	16.7%	22.0%	21.3%
	>65	Count	43	1523	1566
		%	9.4%	50.0%	44.8%
Total		Count	456	3043	3499
		%	100.0%	100.0%	100.0%

Table 16: Chi-Square tests for age group composition on valid mobile phone numbers

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	428.622[a]	3	.000
Likelihood Ratio	423.339	3	.000
Linear-by-Linear Association	423.741	1	.000
N of Valid Cases	3499		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 68.94.

Table 17: London effect on composition of valid mobile phone numbers

LondonOrNot * Valid numbers Crosstabulation

			Mobile numbers		
			Valid number	No mobile number	Total
LondonOrNot	London-based trust	Count	218	782	1000
		%	47.8%	25.7%	28.6%
	Not London-based trust	Count	238	2261	2499
		%	52.2%	74.3%	71.4%
Total		Count	456	3043	3499
		%	100.0%	100.0%	100.0%

Table 18: Chi-Square tests of London effect on composition of valid mobile phone numbers

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	94.967[b]	1	.000		
Continuity Correction[a]	93.886	1	.000		
Likelihood Ratio	87.665	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	94.939	1	.000		
N of Valid Cases	3499				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 130.32.

However, the effect of sending SMS text reminders had inconsistent effects depending on ethnic group of the participant. White participants were generally less likely to respond when sent a text reminder (58%), compared to 66% of those who did not get a text reminder, as were Asian participants (31%), compared to 35% of those who did not get the reminder. However, those from a Black ethnic group were more likely to respond (45%), compared to those who didn't get the reminder (40%). There were also positive effects on the response rates for participants from a mixed ethnic group and those from Chinese or other ethnic group, although the population in the sample for these groups is small and this should be taken into consideration when interpreting this effect (see Table 19: Descriptives of the effect of a SMS text reminder on response rate, by ethnic group).

Table 19: Descriptives of the effect of a SMS text reminder on response rate, by ethnic group

Report

Enough responses?

Ethnic group from	Was sent an SMS	Mean	N	Std. Deviation
White	Sent SMS reminder	.58	114	.496
	Not sent SMS reminder	.66	2358	.474
	Total	.65	2472	.475
Mixed	Sent SMS reminder	.75	4	.500
	Not sent SMS reminder	.71	31	.461
	Total	.71	35	.458
Asian or Asian British	Sent SMS reminder	.31	26	.471
	Not sent SMS reminder	.35	216	.479
	Total	.35	242	.477
Black or Black British	Sent SMS reminder	.45	33	.506
	Not sent SMS reminder	.40	140	.492
	Total	.41	173	.493
Chinese or Other Ethnic Group	Sent SMS reminder	.60	5	.548
	Not sent SMS reminder	.25	40	.439
	Total	.29	45	.458
Total	Sent SMS reminder	.46	182	.500
	Not sent SMS reminder	.56	2785	.496
	Total	.56	2967	.497

Table 20: ANOVA of the effect of a SMS text reminder on response rate, by ethnic group

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Ethnic group from response data else sample information if response missing	Between Groups	(Combined)	131.851	5	26.370	127.58	.000
	Within Groups		671.751	3250	.207		
	Total		803.602	3255			

The effect of age upon response rate when sent a text reminder is more consistent. Patients 50 years and younger show a slight decrease in response rate when sent text reminders, patients over 65 years show a slight increase in response rate (not significant), but patients aged 51-65 show an increase of six percentage points in the adjusted response rate. Unfortunately, this group only makes up 16.7% of those with mobile numbers and so the overall improvement is small (see Table 21: Descriptives of the effect of a SMS text reminder on response rate, by age group). Even if mobile phone numbers were available for a greater proportion of this demographic, this age group already has the highest response rate to the inpatient survey and we would need to sacrifice the response rates of younger respondents to do so.

Table 21: Descriptives of the effect of a SMS text reminder on response rate, by age group

Report

Enough responses?

Age group from response	Was sent an SMS	Mean	N	Std. Deviation
16-35	Sent SMS reminder	.31	71	.466
	Not sent SMS reminder	.34	442	.473
	Total	.33	513	.472
36-50	Sent SMS reminder	.42	74	.497
	Not sent SMS reminder	.49	567	.500
	Total	.48	641	.500
51-65	Sent SMS reminder	.74	39	.442
	Not sent SMS reminder	.68	687	.466
	Total	.69	726	.464
>65	Sent SMS reminder	.65	23	.487
	Not sent SMS reminder	.64	1484	.480
	Total	.64	1507	.480
Total	Sent SMS reminder	.47	207	.500
	Not sent SMS reminder	.58	3180	.494
	Total	.57	3387	.495

Table 22: ANOVA of the effect of a SMS text reminder on response rate, by age group

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Age group from response or sample age if missing	Between Groups	(Combined)	51.182	3	17.061	74.263	.000
	Within Groups		777.189	3383	.230		
	Total		828.371	3386			

Although London-based trusts (one quarter of all trusts) contributed almost half the mobile phone contacts, this group still saw a decrease in overall response rate when sent SMS reminders (see Table 23: Descriptives of the effect of a SMS text reminder on response rate, by location) although this was smaller than the decrease in trusts based outside London. Location of trust has little effect on response to SMS reminder, most of which is due to the ethnic group of the sample.

Table 23: Descriptives of the effect of a SMS text reminder on response rate, by location

Report

Enough responses?

LondonOrNot	Was sent an SMS	Mean	N	Std. Deviation
London-based trust	Sent SMS reminder	.42	104	.496
	Not sent SMS reminder	.46	852	.499
	Total	.46	956	.499
Not London-based trust	Sent SMS reminder	.51	103	.502
	Not sent SMS reminder	.62	2328	.485
	Total	.62	2431	.486
Total	Sent SMS reminder	.47	207	.500
	Not sent SMS reminder	.58	3180	.494
	Total	.57	3387	.495

Table 24: ANOVA of the effect of a SMS text reminder on response rate, by age group

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * LondonOrNot	Between Groups	(Combined)	17.132	1	17.132	71.486	.000
	Within Groups		811.239	3385	.240		
	Total		828.371	3386			

Conclusions

None of the piloted methods showed significant overall improvement and we do not recommend changing the survey protocol to include these methodologies. When analysed at a demographic level, there is evidence to suggest that personalised letters may improve the response rate of younger adults at the cost of a slight decrease in response rates from adults aged over 65 years. This is a significant difference, although the overall response rate would remain unchanged. SMS text reminders reduced the response rate overall, but specifically for younger participants (aged 50 years or less) whom we hoped would respond most positively to this method. There was a mixed effect by ethnic group where white and Asian participants were less likely to respond if they received a text and Black participants more likely to (NB: not controlled for age). Due to the low proportion of patients for whom a mobile phone number is recorded, it is difficult to draw definite conclusions on this issue; we suggest this might still be an effective methodology for the future.

4.6 Questionnaire content recommendations

When compared with the 2006 core questionnaire, there were nineteen new questions, eight which had been removed from the core questionnaire, three questions which had moved sections, and six questions which had their wording and/or response options modified. The changes made to the questionnaire, frequency tables for modified or added questions, and the suggestions of the Co-ordination Centre for these questions are as follows:

Question A3: We added an additional response option of “Don’t know / Can’t remember” to this question following cognitive interviews. Recent emergency department patients identified that patients frequently had a decreased level of consciousness during their time in the emergency department, making this question difficult to answer. When compared to the question format in 2006, the percentage of missing responses has decreased and this suggests that respondents answering the pilot question thought that the new response option was a more appropriate than not responding to this question at all. This decrease in missing responses (from 4.1% to 2.1%) does not explain where all of the respondents who selected “Don’t know / Can’t remember” came from (11.1% of all responses to this question), however, there has also been a decrease in the proportion of respondents saying they received the ‘right amount’ of information (down from 68.4% in the 2006 survey to 63.2%), suggesting that the “Don’t know / Can’t remember” option is more appropriate for these people that other specific response options. These findings suggest that some respondents from each of the groups thought this was a more appropriate response when compared directly to the question available in 2006.

Recommendation: this response option should be included for 2007.

Table 25: IP07 pilot findings for information in the emergency department

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not enough	164	4.7	14.9	14.9
	Right amount	695	19.9	63.2	78.1
	Too much	5	.1	.5	78.5
	I was not given any information about my treatment/condition	91	2.6	8.3	86.8
	Don't know / Can't remember	122	3.5	11.1	97.9
	Missing responses	23	.7	2.1	100.0
	Total	1100	31.4	100.0	
Missing	System	2399	68.6		
Total		3499	100.0		

Table 26: IP06 national survey findings for information in the emergency department

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not enough	6354	4.5	16.3	16.3
	Right amount	26596	18.8	68.4	84.7
	Too much	158	.1	.4	85.1
	I was not given any information about my treatment/condition	4207	3.0	10.8	95.9
	Missing responses	1590	1.1	4.1	100.0
	Total	38905	27.5	100.0	
Missing	System	102542	72.5		
Total		141447	100.0		

Question A4: Again, we added an additional response option of “Don’t know / Can’t remember” following cognitive interviews. This also resulted in an improvement in the percentage of missing responses (decreasing from 3.1% to 2.0%), but this was a smaller proportion compared to the new version of question A3 (4.3%). However, there has also been a large negative shift in the findings for this question when compared to 2006, making it difficult to know which 2006 response options have moved into the “Don’t know / Can’t remember” option. While analysis of this question is not as conclusive as for A3, the logic of providing a response option for confused or unconscious patients remains strong and lower proportion of missing responses support this.

Recommendation: this response option should be included for 2007.

Table 27: IP07 pilot findings for privacy in the emergency department

Were you given enough privacy when being examined or treated in the Emergency Department?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	694	19.8	62.7	62.7
	Yes, to some extent	301	8.6	27.2	89.9
	No	42	1.2	3.8	93.7
	Don't know / Can't remember	48	1.4	4.3	98.0
	Missing responses	22	.6	2.0	100.0
	Total	1107	31.6	100.0	
Missing	System	2392	68.4		
Total		3499	100.0		

Table 28: IP06 national survey findings for privacy in the emergency department

Were you given enough privacy when being examined or treated in the Emergency Department?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	29013	20.5	74.4	74.4
	Yes, to some extent	7973	5.6	20.4	94.9
	No	797	.6	2.0	96.9
	Missing responses	1208	.9	3.1	100.0
	Total	38991	27.6	100.0	
Missing	System	102456	72.4		
Total		141447	100.0		

Question A6: This question was newly added at the request of the Department of Health towards the end of the cognitive interviewing stage of development. This question had the greatest proportion of missing responses in the questionnaire (14%), although the proportion answering "Don't know / Can't remember" is low (3.2%). This would suggest the wording of the question caused some confusion leading patients to skip past it without answering this question. Due to this, we would usually remove this question from the core questionnaire pending further development work.

Recommendation: We advise this question is not included in the 2007 core questionnaire in its current format, but realise that there may be Department of Health priorities for including it.

Table 29: IP07 pilot survey findings for choice of first hospital appointment

Were you offered a choice of hospital for your first hospital appointment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	197	5.6	23.5	23.5
	No	497	14.2	59.3	82.8
	Don't know/ Can't remember	27	.8	3.2	86.0
	Missing responses	117	3.3	14.0	100.0
	Total	838	23.9	100.0	
Missing	System	2661	76.1		
Total		3499	100.0		

Question A8: The question wording and response options for this question were changed at the request of the Department of Health. The question wording has changed from "overall, from the time you were first told you needed to be admitted to hospital…" to "overall, from the time you first talked to your GP about being referred to hospital…". We believe the change in the question wording explains the negative shift in the one response option that remained unchanged from 2006 ("up to 1 month"), with 18.5% selecting this in the pilot compared to 28.7% in 2006.

The initial request was for response options in weeks that could be used for additional assessment against the waiting list 18 week target, but response options using weeks performed poorly in cognitive testing. A decision was made to continue using months but to change the scale to reflect the 18 week target (four months equalling 17.3 weeks). The unit ranges are now much more discrete, in blocks of two months rather than quarterly as in the 2006 question. A larger proportion in the pilot survey ticked "Don't know / Can't remember" (6.3%) than in 2006 (2.8%), and there were slightly more missing responses (9%, compared to 8.7% in 2006). Based on these findings, respondents seemed to find the broader categories used in previous surveys easier to respond to than the two month blocks in the pilot, but these options would not be able to provide any evidence for the 18 week target.

Recommendation: The piloted version should be used in the 2007 questionnaire.

Table 30: IP07 pilot survey findings for waiting list times

Overall, from the time you first talked to your GP about being referred to hospital, how long did you wait to be admitted?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Up to 1 month	154	4.4	18.5	18.5
	1 to 2 months	134	3.8	16.1	34.7
	3 to 4 months	150	4.3	18.1	52.7
	5 to 6 months	103	2.9	12.4	65.1
	More than 6 months	163	4.7	19.6	84.7
	Don't know / Can't remember	52	1.5	6.3	91.0
	Missing responses	75	2.1	9.0	100.0
	Total	831	23.7	100.0	
Missing	System	2668	76.3		
Total		3499	100.0		

Table 31: IP06 national survey findings for waiting list times

Overall, from the time you were first told you needed to be admitted to hospital, how long did you wait to be admitted?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Up to 1 month	11685	8.3	28.7	28.7
	1 to 3 months	9838	7.0	24.2	53.0
	3 to 6 months	8638	6.1	21.3	74.2
	6 to 9 months	4003	2.8	9.8	84.1
	More than 9 months	1826	1.3	4.5	88.5
	Don't know/ Can't remember	1119	.8	2.8	91.3
	Missing responses	3536	2.5	8.7	100.0
	Total	40645	28.7	100.0	
Missing	System	100802	71.3		
Total		141447	100.0		

Question B9: This question was designed to provide patient-experience based evidence on safety and security in hospital. A similar question was used in the emergency patient survey in 2005. Few patients said they felt threatened while in hospital (4.6%), and this question had a low rate of missing responses (1.7%). However, this varied across the trusts and, on average, those seen in London trusts were more likely to feel threatened (8.4%) than those outside London (3.5%). This question demonstrates some ceiling effect, but does show sensitivity across trusts and provides evidence for the Standards for Better Health based upon patient experience.

Recommendation: this question should be added to the 2007 core questionnaire.

Table 32: IP07 pilot survey findings on personal safety in hospital

Did you feel threatened during your stay in hospital by other patients or visitors?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	90	2.6	4.6	4.6
	No	1820	52.0	93.7	98.3
	Missing responses	33	.9	1.7	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Table 33: IP07 pilot survey findings on personal safety in hospital by trust

id you feel threatened during your stay in hospital by other patients or visitors? by trus

	Did you feel threatened during your stay in hospital by other patients or visitors?		
	Yes	No	Missing responses
Newham University Hospital NHS Trust	6.2%	93.3%	.5%
Taunton and Somerset NHS Trust	2.2%	95.6%	2.2%
County Durham and Darlington NHS	1.6%	97.2%	1.3%
The Royal Wolverhampton Hospitals	4.4%	94.2%	1.5%
Mayday Healthcare NHS Trust	10.6%	87.3%	2.0%
Southampton University Hospitals NHS	6.4%	91.9%	1.7%
Peterborough and Stamford Hospitals	3.0%	94.6%	2.4%
Total	4.6%	93.7%	1.7%

Question B10: This is also a new question designed to provide evidence regarding hospital security, this time of personal possessions. Missing responses were low (1.6%), as were the proportion answering "Don't know / Can't remember" (0.8%). This question provides a wide range of data on where patients could keep personal possessions and whether they could lock these units.

Recommendation: this question should be added to the 2007 core questionnaire.

Table 34: IP07 pilot survey findings on securing personal possessions while in hospital

Did you have somewhere to keep your personal belongings whilst on the ward?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, and I could lock it if I wanted to	448	12.8	23.1	23.1
	Yes, but I could not lock it	1189	34.0	61.2	84.3
	No	87	2.5	4.5	88.7
	I did not take any belongings to hospital	173	4.9	8.9	97.6
	Don't know / Can't remember	15	.4	.8	98.4
	Missing responses	31	.9	1.6	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Question B13: This question was moved from section E (your care and treatment) to section B (the hospital and ward) to locate all food questions in one section. In the pilot, there was a slight decrease in the proportion who said they did not need help eating, but an increase in the proportion who said help was always available. Missing responses have increased from 2.5% to 3.1% in the pilot, but there is little evidence to suggest that moving this question has affected how it is responded to.

Recommendation: this question should be moved to Section B of the 2007 core questionnaire.

Table 35: IP07 pilot survey findings on help eating food

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, always	344	9.8	17.7	17.7
	Yes, sometimes	115	3.3	5.9	23.6
	No	112	3.2	5.8	29.4
	I did not need help to eat meals	1312	37.5	67.5	96.9
	Missing responses	60	1.7	3.1	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Table 36: IP06 national survey findings on help eating food

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, always	11177	7.9	13.9	13.9
	Yes, sometimes	4024	2.8	5.0	18.8
	No	3840	2.7	4.8	23.6
	I did not need help to eat meals	59612	42.1	73.9	97.5
	Missing responses	2041	1.4	2.5	100.0
	Total	80694	57.0	100.0	
Missing	System	60753	43.0		
Total		141447	100.0		

Question E8: This question was moved from section F (pain) to section E (your care and treatment) and section F subsequently removed from the questionnaire. Consequentially, all the question bank questions on pain have also been moved to section E. There were fewer missing responses after the move and little change in the responses.

Recommendation: this question should be moved to Section E of the 2007 core questionnaire.

Table 37: IP07 pilot survey findings on pain

Were you ever in any pain?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1217	34.8	62.6	62.6
	No	677	19.3	34.8	97.5
	Missing responses	49	1.4	2.5	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Table 38: IP06 national survey findings on pain

Were you ever in any pain?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51403	36.3	63.7	63.7
	No	26007	18.4	32.2	95.9
	Missing responses	3284	2.3	4.1	100.0
	Total	80694	57.0	100.0	
Missing	System	60753	43.0		
Total		141447	100.0		

Question E9: This question was moved from section F (pain) to section E (your care and treatment) and section F subsequently removed from the questionnaire. Again, there were fewer missing responses after the move and little change in response pattern.

Recommendation: this question should be moved to Section E of the 2007 core questionnaire.

Table 39: IP07 pilot survey findings on help with controlling pain

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	866	24.7	69.6	69.6
	Yes, to some extent	288	8.2	23.1	92.7
	No	78	2.2	6.3	99.0
	Missing responses	13	.4	1.0	100.0
	Total	1245	35.6	100.0	
Missing	System	2254	64.4		
Total		3499	100.0		

Table 40: IP06 national survey findings on help with controlling pain

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	37694	26.6	71.4	71.4
	Yes, to some extent	11737	8.3	22.2	93.7
	No	2591	1.8	4.9	98.6
	Missing responses	741	.5	1.4	100.0
	Total	52763	37.3	100.0	
Missing	System	88684	62.7		
Total		141447	100.0		

Question G6: This question wording was changed following cognitive interviewing when we found a number of people did not know what the word “anaesthetic” meant. Most were able to infer meaning due to rest of the question (specifically “to put you to sleep or control your pain”), but in keeping with good survey practice, we simplified this question. It now reads “…were you given an anaesthetic or medication to put you to sleep…”. The response pattern is largely unchanged, although missing responses have increased from 2.1% to 3.1%.

Recommendation: the new question wording should be used in the 2007 core questionnaire.

Table 41: IP07 pilot survey findings on anaesthetics

Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1054	30.1	82.3	82.3
	No	186	5.3	14.5	96.9
	Missing responses	40	1.1	3.1	100.0
	Total	1280	36.6	100.0	
Missing	System	2219	63.4		
Total		3499	100.0		

Table 42: IP06 national survey findings on anaesthetics

Before the operation or procedure, were you given an anaesthetic to put you to sleep or control your pain?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	44748	31.6	83.2	83.2
	No	7900	5.6	14.7	97.9
	Missing responses	1134	.8	2.1	100.0
	Total	53782	38.0	100.0	
Missing	System	87665	62.0		
Total		141447	100.0		

Question G7: Similar problems were found with the term (anaesthetic) for this question so we simplified the question also. It now reads "…did an anaesthetist or another member of staff explain how…". The response pattern is largely unchanged, and this time missing responses have decreased from 1.4% to 1.1%.

Recommendation: the new question wording should be used in the 2007 core questionnaire.

Table 43: IP07 pilot survey findings on help with controlling pain

Before the operation or procedure, did an anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, completely	905	25.9	83.3	83.3
	Yes, to some extent	116	3.3	10.7	93.9
	No	54	1.5	5.0	98.9
	Missing responses	12	.3	1.1	100.0
	Total	1087	31.1	100.0	
Missing	System	2412	68.9		
Total		3499	100.0		

Table 44: IP06 national survey findings on help with controlling pain

Before the operation or procedure, did the anaesthetist explain how he or she would put you to sleep or control your pain in a way you could understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, completely	37567	26.6	82.7	82.7
	Yes, to some extent	5159	3.6	11.4	94.1
	No	2039	1.4	4.5	98.6
	Missing responses	634	.4	1.4	100.0
	Total	45399	32.1	100.0	
Missing	System	96048	67.9		
Total		141447	100.0		

Question H1: This question was suggested by a discharge specialist at one of the English acute trusts to provide more information on discharge procedure. The question has fairly low missing responses (2.1%) and most people thought it applied to them (only 5.1% saying they did not need to be involved). This is a succinct question answered by the majority of respondents.

Recommendation: this question should be added to the 2007 core questionnaire.

Table 45: IP07 pilot survey findings on being involved about your discharge

Did you feel you were involved in decisions about your discharge from hospital?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	952	27.2	49.0	49.0
	Yes, to some extent	539	15.4	27.7	76.7
	No	311	8.9	16.0	92.7
	I did not need to be involved	100	2.9	5.1	97.9
	Missing responses	41	1.2	2.1	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Question H5: This question was also suggested to the Co-ordination Centre by the discharge specialist, and was asked if patients reported that their discharge was delayed. Again, there are low missing responses (1.4%) and there is no ceiling effect.

Recommendation: this question should be added to the 2007 question bank, allowing trusts to select it based upon local requirements.

Table 46: IP07 pilot survey findings on being informed about discharge delays

Did a member of staff tell you how long the delay would be?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	243	6.9	33.0	33.0
	No	483	13.8	65.6	98.6
	Missing responses	10	.3	1.4	100.0
	Total	736	21.0	100.0	
Missing	System	2763	79.0		
Total		3499	100.0		

Question H6: This is the last of the questions suggested about discharge and deals with where patients spent their time waiting to be discharged. Waiting on the ward, whether in a bed or not, were the most common responses, and missing responses were fairly low (2.6%). This question is useful from an audit perspective, but we doubt it's effectiveness in leading to service improvements.

Recommendation: this question should be added to the 2007 question bank, allowing trusts to select it based upon local requirements.

Table 47: IP07 pilot survey findings on location waited in to be discharged

Where did you spend your time waiting to be discharged from hospital?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	In a bed on a ward	327	9.3	44.1	44.1
	In a discharge / tansport lounge	64	1.8	8.6	52.8
	In the hospital reception	14	.4	1.9	54.7
	On a ward, but not in bed	297	8.5	40.1	94.7
	Somewhere else	20	.6	2.7	97.4
	Missing responses	19	.5	2.6	100.0
	Total	741	21.2	100.0	
Missing	System	2758	78.8		
Total		3499	100.0		

Question H7: This question was designed in consultation with the Commission for Social Care Inspection to investigate discharge procedures. Missing responses are more common for this question (3.9%) than the previous questions on discharge, but still of an acceptable level. The responses to this question are curious as respondents were more polarised to the two extremes of response options, which is unusual in the patient surveys. This would suggest the response options should be just "yes, enough time" or "no, not enough time", or even just "yes/no". As this question does not represent a target/standard and due to space limitations in the core questionnaire, we thought this question might be best placed in the question bank where trusts could use it as they like.

Recommendation: this question should be added to the 2007 question bank, allowing trusts to select it based upon local requirements. We also recommend the response options are revised to simply "yes" and "no".

Table 48: IP07 pilot survey findings on discussing health and care post-discharge

Before you left hospital, did hospital staff spend enough time explaining about your health and care after your arrival home?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, enough time	1294	37.0	66.6	66.6
	No, they spent some time, but not enough	257	7.3	13.2	79.8
	No, they spent no time at all	317	9.1	16.3	96.1
	Missing responses	75	2.1	3.9	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Question H8: This question was highlighted by the Commission for Social Care Inspection as one they would like to see included in the core questionnaire. Previously, it was included in the question bank, and we had no information on how it was answered by respondents. Missing responses are at an acceptable level (3.4%), and there is evidently room for improvement on this issue (only 53.5% say they were given information). However, written or printed discharge information is not a requirement upon discharge so we suggest the question be retained in the question bank rather than take up limited space in the core questionnaire.

Recommendation: this question should be added to the 2007 question bank, allowing trusts to select it based upon local requirements.

Table 49: IP07 pilot survey findings on written information on discharge

Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1040	29.7	53.5	53.5
	No	836	23.9	43.0	96.6
	Missing responses	67	1.9	3.4	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Question H9: The wording of this question was revised following palliative care staff commenting that not all patients are expected to recover. The wording was changed to "…all the information they needed to help care for you", instead of "…to help you recover". There is little effect on the response pattern or on missing responses.

Recommendation: the new question wording should be used in the 2007 core questionnaire.

Table 50: IP07 pilot survey findings on information given to family

Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	549	15.7	28.3	28.3
	Yes, to some extent	340	9.7	17.5	45.8
	No	470	13.4	24.2	69.9
	No family or friends were involved	242	6.9	12.5	82.4
	My family or friends did not want or need information	263	7.5	13.5	95.9
	Missing responses	79	2.3	4.1	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Table 51: IP06 national survey findings on information given to family

Did the doctors or nurses give your family or someone close to you all the information they needed to help you recover?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	22880	16.2	28.4	28.4
	Yes, to some extent	12704	9.0	15.7	44.1
	No	18098	12.8	22.4	66.5
	No family or friends were involved	10748	7.6	13.3	79.8
	My family or friends did not want or need information	12748	9.0	15.8	95.6
	Missing responses	3516	2.5	4.4	100.0
	Total	80694	57.0	100.0	
Missing	System	60753	43.0		
Total		141447	100.0		

Question H12: This aspect of care was rated as highly important in a recent "importance study" (12th of 82 items) so we added it for piloting. Missing responses were low (1.3%) and, although many respondents said they didn't need to be told (22.3%), the remaining respondents reported a range of experiences.

Recommendation: this question should be added to the 2007 core questionnaire.

Table 52: IP07 pilot survey findings on how to take your medicines

Were you told how to take your medication in a way you could understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	938	26.8	56.5	56.5
	Yes, to some extent	221	6.3	13.3	69.8
	No	110	3.1	6.6	76.4
	I did not need to be told how to take my medication	370	10.6	22.3	98.7
	Missing responses	21	.6	1.3	100.0
	Total	1660	47.4	100.0	
Missing	System	1839	52.6		
Total		3499	100.0		

Question H16: This is another question suggested by the Commission for Social Care Inspection and refined by the Co-ordination Centre. It asks about aspects of care largely beyond the remit of acute trusts and for this reason we suggest it be placed in the question bank. Missing responses are at 3.8%, and 39.4% of respondents said they did not need any further assistance from health or social services. This question tested well and does not require further refinement.

Recommendation: this question should be added to the 2007 question bank, allowing trusts to select it based upon local requirements.

Table 53: IP07 pilot survey findings on post-discharge care

After leaving hospital, do you think you received enough care and assistance from health or social care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	619	17.7	31.9	31.9
	Yes, to some extent	238	6.8	12.2	44.1
	No	238	6.8	12.2	56.4
	I did not need assistance from health or social services	765	21.9	39.4	95.7
	Don't know/ Can't remember	10	.3	.5	96.2
	Missing responses	73	2.1	3.8	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Question K4: This question was proposed by an information specialist at a London-based trust. This question tested poorly in cognitive interviewing, with perceptions being split into two camps; approximately 80% unconcerned about their hospital records, and another 20% who felt any form of electronic record was suspect. No interviewees had ever experienced an issue with the security of their own medical records, nor anyone close to them. For the interviewees who said they were not sure about security of medical records, adverse media coverage was most often cited as the cause of this anxiety. Missing responses were high (6.4%) and most respondents were confident about record security.

Recommendation: this question should not be included in either the core questionnaire or question bank. It does not report on the experiences of the respondent during their stay in hospital and exhibits bias.

Table 54: IP07 pilot survey findings on record security

Are you confident that the hospital is keeping your personal information / medical records secure and confidential?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1636	46.8	84.2	84.2
	No	182	5.2	9.4	93.6
	Missing responses	125	3.6	6.4	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Question K6-8: This set of questions replaced a question on complaints procedure added by the Department of Health after the question testing phase for the 2006 inpatient survey. The original question had moderately high missing responses (5.2%) and attracted some criticism from trusts due to ambiguity of the question wording ie not specific about whether all patients should get this information or just those wanting to complain.

Table 55: IP06 national survey findings on complaints

Were you given information on how you could complain about the hospital care you received?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13948	9.9	17.3	17.3
	No	62531	44.2	77.5	94.8
	Missing responses	4215	3.0	5.2	100.0
	Total	80694	57.0	100.0	
Missing	System	60753	43.0		
Total		141447	100.0		

The questions were revised and rigorously tested in cognitive interviews. They were designed to reflect guidelines that information on how to complain should be visible in the hospital, and that information should be freely given if a patient wished to complain. For the first component (K6), missing responses were low (1.7%) although many respondents could not remember whether or not they had seen any posters or leaflets about complaints (22.2%).

Only a small proportion of respondents wanted to complain (approx 8%) but, of these, few managed to get information from staff on how to (23.6% said ‘completely’ or ‘to some extent’). Missing responses are moderately low for K7 and K8 (3%). These questions need to be added as a set and we feel that being able to complain is a vital component for any system of feedback.

Recommendation: these questions should be added to the 2007 core questionnaire.

Table 56: IP07 pilot survey findings on visible materials on complaints procedure (K6)

While in hospital, did you see any posters or leaflets explaining how to complain about the care you receive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	542	15.5	27.9	27.9
	No	937	26.8	48.2	76.1
	Don't know/ Can't remember	431	12.3	22.2	98.3
	Missing responses	33	.9	1.7	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Table 57: IP07 pilot survey findings on if patient wanted to complain (K7)

Did you want to complain about the care you received in hospital?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	148	4.2	7.6	7.6
	No	1736	49.6	89.3	97.0
	Missing responses	59	1.7	3.0	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Table 58: IP07 pilot survey findings on staff providing complaints information (K8)

Did hospital staff give you the information you needed to do this?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, completely	20	.6	12.1	12.1
	Yes, to some extent	19	.5	11.5	23.6
	No	121	3.5	73.3	97.0
	Missing responses	5	.1	3.0	100.0
	Total	165	4.7	100.0	
Missing	System	3334	95.3		
Total		3499	100.0		

Question L4: This question is the first component of the two revised questions on long-standing conditions which replace previous questions, themselves based upon the 2001 census questions. The 2006 questions provide little useful information to trusts in terms of improving services and have been redeveloped to be much more comprehensive. There was significant stakeholder engagement in the design of the final questions, much of it from people with long-standing conditions. In 2006, 4.7% of responses were missing and there were almost equal numbers of those with or without a disability:

Table 59: IP06 national survey findings on disability

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37996	26.9	47.1	47.1
	No	38943	27.5	48.3	95.3
	Missing responses	3755	2.7	4.7	100.0
	Total	80694	57.0	100.0	
Missing	System	60753	43.0		
Total		141447	100.0		

The new questions lists a range of conditions and respondents were able to select more than one option (this is why the middle column below totals to 129%). The most frequent conditions were a long-standing illness and a long-standing physical condition. However, only 36% of respondents said they did not have a long-standing condition, which is significantly lower than survey findings in 2006 (48%). It is hypothesised that a more complete list of conditions encourages respondents to include themselves where they might not have previously, as might removing the word “disability” from the question (as this is still frequently perceived as stigmatised).

Table 60: IP07 pilot survey findings on disability

L4. Do you have any of the following long-standing conditions?

	Number	% (Base: Respondents)	% (Base: Responses)
I have a long-standing condition involving deafness or hearing impairment	257	14%	11%
I have a long-standing condition involving blindness or partially sighted	86	5%	4%
I have a long-standing condition involving a physical condition	589	33%	25%
I have a long-standing condition involving a learning disability	31	2%	1%
I have a long-standing condition involving a mental health condition	91	5%	4%
I have a long-standing condition involving an illness suc as cancer, HIV, diabetes, CHD, or epilepsy	606	34%	26%
I do not have a long-standing condition	654	36%	28%
Total	1793	129%	100%
Missing responses	150		

Answered by all

Question L5: The second component of the long-term condition questions asks about the effect of these condition(s) on activities. This question should be of great use to trusts in improving services for those with disabilities and is answered by all those with a long-term condition. In 2006, missing responses were very low (0.8%) and most said it affects their day-to-day activities to some (unknown) degree:

Table 61: IP06 national survey findings on effects of disability

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, definitely	20825	14.7	53.2	53.2
	Yes, to some extent	15419	10.9	39.4	92.7
	No	2553	1.8	6.5	99.2
	Missing responses	319	.2	.8	100.0
	Total	39116	27.7	100.0	
Missing	System	102331	72.3		
Total		141447	100.0		

In the pilot, missing responses were 7.6%, but this was not unexpected due to the question length and mental effort required to complete it. Multiple responses were possible again and, as the second column sums to 190%, we can infer that a single long-term condition can cause problems with many different activities. Most common was the broad category of "everyday activities that people of my age can usually do", followed by access to buildings, streets and vehicles. Twenty-seven percent said their condition affected none of these compared to 6.5% in 2006.

Table 62: IP07 pilot survey findings on effects of disability

L5. Does this condition(s) cause you difficulty with any of the following?

	Number	% (Base: Respondents)	% (Base: Responses)
This condition causes me difficulty with everyday activities that people of my age can usually do	682	60%	32%
This condition causes me difficulty at work, in education, or training	171	15%	8%
This condition causes me difficulty with access to buildings, streets, or transport vehicles	334	29%	15%
This condition causes me difficulty with reading or writing	139	12%	6%
This condition causes me difficulty with people's attitudes to me because of my condition	126	11%	6%
This condition causes me difficulty with communicating, mixing with others, or socialising	205	18%	9%
This condition causes me difficulty with other activities	190	17%	9%
This condition does not cause me difficulty with any of these	311	27%	14%
Total	1133	190%	100%
Missing responses	93		

Answered by those with a long-standing condition

Recommendation: these two questions (L4 and L5) should replace the existing questions in the core questionnaire for 2007. We also suggest slight revision of the wording for option 3 on L5 to:

"Access to buildings, streets, or vehicles".

Question L6-8: These are a new range of demographic questions asking about respondents' religion and how it impacted upon their hospital stay. The first question is designed based on the 2007 census pilot question, listed in descending order according to incidence in the population but with "none" at the top of list. Missing responses were high (8.7%). Most respondents said they were Christian; the next largest group said "none". There were a total of 50 respondents who identified themselves as Muslim (2.8% of valid responses to this question) and 28 who identified themselves as Hindu (1.6% of valid responses). The remaining response options (Sikh, Jewish, Buddhist, and Any other religion) were represented by very few respondents and we are unable to comment on the responses of these groups with any degree of certainty for questions L6-8. The values for these groups is included in the frequency tables for these questions (tables 63, 65 and 66) but we advise caution for any interpretations of the findings for these religious groups.

Table 63: IP07 pilot survey findings on religion

What is your religion?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	220	6.3	11.3	11.3
	Christian	1451	41.5	74.7	86.0
	Muslim	50	1.4	2.6	88.6
	Hindu	28	.8	1.4	90.0
	Sikh	11	.3	.6	90.6
	Jewish	1	.0	.1	90.6
	Buddhist	5	.1	.3	90.9
	Any other religion	7	.2	.4	91.3
	Missing responses	170	4.9	8.7	100.0
	Total	1943	55.5	100.0	
Missing	System	1556	44.5		
Total		3499	100.0		

Respondents were able to enter their religious denomination as free text if they selected "any other religion" as their group. Most common were those from Christian groups who had not classified themselves as such, especially those identifying themselves as Church of England (9 respondents), Catholic (9 respondents), and Jehovah's Witness (10 respondents, multiple versions of spelling). These could all be re-classified using a filter in the analysis phase of the 2007 survey.

Table 64: IP07 pilot survey findings on other religious groups

L6_Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3456	98.8	98.8	98.8
	Baptist	1	.0	.0	98.8
	Catholic	5	.1	.1	98.9
	Christian	1	.0	.0	99.0
	Christian Spiritualist	1	.0	.0	99.0
	Church of England	9	.3	.3	99.3
	Church of Scotland	1	.0	.0	99.3
	It's Private!	1	.0	.0	99.3
	It doesn't matter.	1	.0	.0	99.3
	Jain	1	.0	.0	99.4
	Jehovah's witness	1	.0	.0	99.4
	Jehovah's Witness	4	.1	.1	99.5
	Jehovah Witness	3	.1	.1	99.6
	Jehovahs Witness	1	.0	.0	99.6
	Jehoval's Waitness	1	.0	.0	99.7
	Methodist	1	.0	.0	99.7
	Muslim	1	.0	.0	99.7
	Oman Catholic	1	.0	.0	99.7
	Pagan	1	.0	.0	99.8
	Roman Catholic	3	.1	.1	99.9
	Spiritualist	2	.1	.1	99.9
	The Salvation Army	1	.0	.0	99.9
	United Reform Church	1	.0	.0	100.0
	Welsh Baptist	1	.0	.0	100.0
	Total	3499	100.0	100.0	

When asked if their hospital beliefs were respected by staff, most (65.5% of respondents) said that their beliefs were not an issue during their hospital stay. Missing responses were at an acceptable level for this question of 4.9%, however, this means only three in ten (29.7%) of those respondents who should have answered this question gave a valid response. Of the three most represented religions in the pilot, respondents identifying themselves as Muslim were least likely to say that their beliefs were not an issue while in hospital. They were also most likely of to say their beliefs were not respected while in hospital (see

Table 66: IP07 pilot survey findings on crosstab of religious group and staff respect), although this proportion was still small (4.0%).

Table 65: IP07 pilot survey findings on staff respecting religion

Were your religious beliefs respected by the hospital staff?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, always	422	12.1	26.3	26.3
	Yes, sometimes	32	.9	2.0	28.3
	No	22	.6	1.4	29.6
	My beliefs were not an issue during my hospital stay	1052	30.1	65.5	95.1
	Missing responses	79	2.3	4.9	100.0
	Total	1607	45.9	100.0	
Missing	System	1892	54.1		
Total		3499	100.0		

Table 66: IP07 pilot survey findings on crosstab of religious group and staff respect

What is your religion? * Were your religious beliefs respected by the hospital staff? Crosstabulation

		Were your religious beliefs respected by the hospital staff?					
		Yes, always	Yes, sometimes	No	My beliefs were not an issue during my hospital stay	Missing responses	Total
Christian	Count	359	20	17	978	77	1451
	%	24.7%	1.4%	1.2%	67.4%	5.3%	100.0%
Muslim	Count	30	5	2	12	1	50
	%	60.0%	10.0%	4.0%	24.0%	2.0%	100.0%
Hindu	Count	9	4	0	14	1	28
	%	32.1%	14.3%	.0%	50.0%	3.6%	100.0%
Sikh	Count	5	1	2	3	0	11
	%	45.5%	9.1%	18.2%	27.3%	.0%	100.0%
Jewish	Count	1	0	0	0	0	1
	%	100.0%	.0%	.0%	.0%	.0%	100.0%
Buddhist	Count	0	0	1	4	0	5
	%	.0%	.0%	20.0%	80.0%	.0%	100.0%
Any other religion	Count	1	1	0	5	0	7
	%	14.3%	14.3%	.0%	71.4%	.0%	100.0%
Missing responses	Count	17	1	0	36	0	54
	%	31.5%	1.9%	.0%	66.7%	.0%	100.0%
Total	Count	422	32	22	1052	79	1607
	%	26.3%	2.0%	1.4%	65.5%	4.9%	100.0%

Seventy-two percent of respondents said they did not want or need to practice their religious beliefs while in hospital and another 6.8% of responses were 'missing'. Therefore, of those who could answer this question, only one in five respondents gave a valid response. Additionally, only a small percentage said they were unable to practice their beliefs in hospital (1.2% of all those who should have answered this question, or 5.9% of valid response options). As this question will apply only to a small proportion of respondents nationally, it is not appropriate for the core questionnaire; however, trust with a diverse population may find this question useful at a local level.

Table 67: IP07 pilot survey findings on practicing religious beliefs in hospital

Were you able to practice your religious beliefs in the way you wanted to in hospital?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, always	272	7.8	16.9	16.9
	Yes, sometimes	49	1.4	3.0	20.0
	No	20	.6	1.2	21.2
	I did not want or need to practice my religious beliefs	1157	33.1	72.0	93.2
	Missing responses	109	3.1	6.8	100.0
	Total	1607	45.9	100.0	
Missing	System	1892	54.1		
Total		3499	100.0		

Table 68: IP07 pilot survey findings on practicing religious beliefs in hospital

What is your religion? * Were you able to practice your religious beliefs in the way you wanted to in hospital? Crosstabulation

		Were you able to practice your religious beliefs in the way you wanted to in hospital?					
		Yes, always	Yes, sometimes	No	I did not want or need to practice my religious beliefs	Missing responses	Total
Christian	Count	235	38	14	1061	103	1451
	%	16.2%	2.6%	1.0%	73.1%	7.1%	100.0%
Muslim	Count	14	5	3	25	3	50
	%	28.0%	10.0%	6.0%	50.0%	6.0%	100.0%
Hindu	Count	3	3	1	20	1	28
	%	10.7%	10.7%	3.6%	71.4%	3.6%	100.0%
Sikh	Count	3	1	0	5	2	11
	%	27.3%	9.1%	.0%	45.5%	18.2%	100.0%
Jewish	Count	1	0	0	0	0	1
	%	100.0%	.0%	.0%	.0%	.0%	100.0%
Buddhist	Count	0	0	1	4	0	5
	%	.0%	.0%	20.0%	80.0%	.0%	100.0%
Any other religion	Count	0	1	0	6	0	7
	%	.0%	14.3%	.0%	85.7%	.0%	100.0%
999	Count	16	1	1	36	0	54
	%	29.6%	1.9%	1.9%	66.7%	.0%	100.0%
Total	Count	272	49	20	1157	109	1607
	%	16.9%	3.0%	1.2%	72.0%	6.8%	100.0%

Generally, the questions on religion are not appropriate for this survey for all of England. Most respondents reported they were Christian or atheist, and it was common to report that their religious beliefs were not an issue during their hospital stay, or that they did not want to practice their beliefs while in hospital. This may be because hospitals in England are already geared towards Christian worship and culture. Trusts catering to communities with a diverse population may find these questions more useful and should consider adding these questions from the question bank. For those trusts with a homogenous population, especially those of white British ancestry, who want to investigate the effect of religious demographics on the care they provide, we recommend focus groups and other qualitative techniques as the most efficient way to do this. The national survey is not the most suitable method for assessing minority groups

Recommendation: the religion questions (L6-8) should be placed in the question bank and not in the core questionnaire. They may be highly relevant to some trusts in England, but not the majority of trusts, and the decision for inclusion should be made at the local level.

5 Changes to guidance manual and survey protocol

The guidance manual is updated before every survey. It contains all the instructions needed to carry out the survey and what is required from each trust. Major changes to the survey methodology are discussed below but a full list of all changes can be found in chapter 3 ("what's new for 2007") of the 2007 inpatient survey guidance manual.

Extended collection period: The survey fieldwork period has been extended by four weeks, over the 2007 Christmas holidays, to early January 2008. This is due to research carried out by the Co-ordination Centre which shows that recent patients from Black and minority ethnic (BME) groups tend to take longer to respond to mailed surveys than recent patients from white ethnic groups. The latest date for submission of data is 4th January 2008. All dates in this document have been amended to accommodate this change.

Embargo on results: trust-level findings for the national inpatient survey 2007 should not be released outside the hospital/trust until the national results are published by the Healthcare Commission. Please continue to use the results from your in-house survey teams or approved contractor to improve services, but wait until the survey results for all trusts are published by the Healthcare Commission before promoting your results in any way (either on your website, in press releases or any other external publicity) to the local community and media. You will receive, along with communications staff in your trust, advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

Choosing sampling month for 2007: We suggest that trusts use the same month of sampling as used for the 2006 inpatient survey to maximise comparability between years. However, recent work by the Co-ordination Centre has shown minimal seasonal effect between choosing any one of the three months and trusts can choose to use the month most reflective of their normal performance. Please contact the Co-ordination Centre if you plan to change your sampling month so that we can monitor the effect upon survey findings.

Data protection guidance: There has been some revision of the guidelines on data protection, specifically those relating to sending patient details to contractors. This should further clarify the security settings that are required. Following this revised guidance will ensure that trusts are compliant with the most recent recommendations under the Data Protection Act 1998.

Page limit: Due to the expansion of the question bank and the potential for trusts to add many more questions of local relevance, we are asking that trusts do not exceed 16 A4 pages in the questionnaire that is used for the 2007 inpatient survey. Previous research carried out by the Picker Institute has shown that a patient questionnaire with more than 16 pages can result in a dramatic decrease in response rate.

Current inpatients: Trusts are instructed to exclude current inpatients from the sample when generated. This should be the only time current inpatients are excluded from the survey process. When checks for deceased patients are carried out immediately prior to each mailing, do not check for, or exclude, current inpatients at these times.

Ethnic category: There has been a change to the coding used for the patient sample for this, and future, inpatient surveys. We will now be requesting ethnic category, rather than ethnic group. Ethnic category, as defined by the NHS Dictionary maintained by Connecting for Health, should now be used instead of ethnic group. Ethnic category is a 17 item alphabetical code that will replace the 6 item code previously used in patient surveys. The code "Z" should now be used instead of a blank or full-stop to indicate where hospital records do not state the ethnic category. Ethnic category is the default coding of ethnicity that trusts should already be using and using this coding should result in fewer errors due to converting current data to new variables.

Patient record number: The patient record number is vital for the survey process in that it allows sample and response information to be matched in a manner that isolates the patients' names from their reporting of hospital experience. The survey participant will need to access this number when communicating on the helpline and the number should be central and visible. Following consultation with the Royal National Institute of the Blind, we recommend a minimum font size of 14, and that it is located inside the box on the lower half of the front page of the questionnaire. As some respondents purposefully obscure or delete this number, the guidance manual also covers what actions should be taken to deal with this situation.

Sampling period: Trusts can now sample back as far as the 1st January 2007 to generate their sample if required. In previous surveys, trusts which needed to do this had to seek permission from the co-ordination centre first.

6 References

Martin S, Sheldon TA, Smith P. (1995). *Interpreting the new illness question in the UK census for health research on small areas*. J Epidemiol Community Health. Dec; 49(6): 634-41.

Edwards, P, Roberts, I, Clarke, M, DiGuiseppi, C, Pratap, S, Wentz, R, & Kwan, I. (2002) *Increasing response rates to postal questionnaires: systematic review*. BMJ, 324, 1183.

Boynton, P. M, Wood, G. W, & Greenhalgh, T. (2004). *Reaching beyond the white middle classes*. BMJ, 328, 1433-1436.

Appendix 1: Post hoc test of response rates of experimental groups

Multiple Comparisons

Dependent Variable: Enough responses?

Scheffe

(I) Group_numeric	(J) Group_numeric	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
A	B	.002	.034	1.000	-.13	.13
	C	.015	.034	1.000	-.11	.14
	D	-.022	.034	1.000	-.15	.11
	E	.032	.034	.996	-.10	.16
	F	-.007	.034	1.000	-.14	.12
	G	-.035	.034	.994	-.16	.09
	H	.023	.034	1.000	-.11	.15
B	A	-.002	.034	1.000	-.13	.13
	C	.013	.034	1.000	-.11	.14
	D	-.024	.034	.999	-.15	.10
	E	.031	.034	.997	-.10	.16
	F	-.009	.034	1.000	-.14	.12
	G	-.037	.034	.991	-.16	.09
	H	.021	.034	1.000	-.11	.15
C	A	-.015	.034	1.000	-.14	.11
	B	-.013	.034	1.000	-.14	.11
	D	-.037	.034	.990	-.16	.09
	E	.017	.034	1.000	-.11	.14
	F	-.022	.034	1.000	-.15	.11
	G	-.050	.034	.947	-.18	.08
	H	.008	.034	1.000	-.12	.14
D	A	.022	.034	1.000	-.11	.15
	B	.024	.034	.999	-.10	.15
	C	.037	.034	.990	-.09	.16
	E	.054	.034	.920	-.07	.18
	F	.015	.034	1.000	-.11	.14
	G	-.013	.034	1.000	-.14	.11
	H	.045	.034	.972	-.08	.17
E	A	-.032	.034	.996	-.16	.10
	B	-.031	.034	.997	-.16	.10
	C	-.017	.034	1.000	-.14	.11
	D	-.054	.034	.920	-.18	.07
	F	-.039	.034	.987	-.17	.09
	G	-.068	.034	.782	-.19	.06
	H	-.009	.034	1.000	-.14	.12
F	A	.007	.034	1.000	-.12	.14
	B	.009	.034	1.000	-.12	.14
	C	.022	.034	1.000	-.11	.15
	D	-.015	.034	1.000	-.14	.11
	E	.039	.034	.987	-.09	.17
	G	-.028	.034	.998	-.16	.10
	H	.030	.034	.998	-.10	.16
G	A	.035	.034	.994	-.09	.16
	B	.037	.034	.991	-.09	.16
	C	.050	.034	.947	-.08	.18
	D	.013	.034	1.000	-.11	.14
	E	.068	.034	.782	-.06	.19
	F	.028	.034	.998	-.10	.16
	H	.058	.034	.891	-.07	.19
H	A	-.023	.034	1.000	-.15	.11
	B	-.021	.034	1.000	-.15	.11
	C	-.008	.034	1.000	-.14	.12
	D	-.045	.034	.972	-.17	.08
	E	.009	.034	1.000	-.12	.14
	F	-.030	.034	.998	-.16	.10
	G	-.058	.034	.891	-.19	.07

Appendix 2: Effect of pre-approach letters of response rates by demographic groups

Report

Enough responses?

Ethnic group from	PreApproach	Mean	N	Std. Deviation
White	Pre-approach letter sent	.65	1249	.477
	No pre-approach letter sent	.66	1223	.474
	Total	.65	2472	.475
Mixed	Pre-approach letter sent	.82	17	.393
	No pre-approach letter sent	.61	18	.502
	Total	.71	35	.458
Asian or Asian British	Pre-approach letter sent	.35	116	.480
	No pre-approach letter sent	.34	126	.476
	Total	.35	242	.477
Black or Black British	Pre-approach letter sent	.35	89	.479
	No pre-approach letter sent	.48	84	.502
	Total	.41	173	.493
Chinese or Other Ethnic Group	Pre-approach letter sent	.48	23	.511
	No pre-approach letter sent	.09	22	.294
	Total	.29	45	.458
Total	Pre-approach letter sent	.56	1494	.497
	No pre-approach letter sent	.55	1473	.497
	Total	.56	2967	.497

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Ethnic group from response data else sample information if response missing	Between Groups	(Combined)	131.851	5	26.370	127.6	.000
	Within Groups		671.751	3250	.207		
	Total		803.602	3255			

Report

Enough responses?

Age group from response	PreApproach	Mean	N	Std. Deviation
16-35	Pre-approach letter sent	.32	254	.467
	No pre-approach letter sent	.35	259	.477
	Total	.33	513	.472
36-50	Pre-approach letter sent	.51	334	.501
	No pre-approach letter sent	.45	307	.498
	Total	.48	641	.500
51-65	Pre-approach letter sent	.71	340	.455
	No pre-approach letter sent	.67	386	.472
	Total	.69	726	.464
>65	Pre-approach letter sent	.63	765	.483
	No pre-approach letter sent	.65	742	.477
	Total	.64	1507	.480
Total	Pre-approach letter sent	.58	1693	.494
	No pre-approach letter sent	.57	1694	.495
	Total	.57	3387	.495

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Age group from response or sample age if missing	Between Groups	(Combined)	51.182	3	17.061	74.26	.000
	Within Groups		777.189	3383	.230		
	Total		828.371	3386			

Report

Enough responses?

LondonOrNot	Was sent an SMS	Mean	N	Std. Deviation
London-based trust	Sent SMS reminder	.42	104	.496
	Not sent SMS reminder	.46	852	.499
	Total	.46	956	.499
Not London-based trust	Sent SMS reminder	.51	103	.502
	Not sent SMS reminder	.62	2328	.485
	Total	.62	2431	.486
Total	Sent SMS reminder	.47	207	.500
	Not sent SMS reminder	.58	3180	.494
	Total	.57	3387	.495

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * LondonOrNot	Between Groups	(Combined)	17.132	1	17.132	71.49	.000
	Within Groups		811.239	3385	.240		
	Total		828.371	3386			

Appendix 3: Effect of personalised letters of response rates by demographic groups

Report

Enough responses?

Ethnic group from	Personalised	Mean	N	Std. Deviation
White	Personalised letters sent	.65	1230	.478
	No personalised letters sent	.66	1242	.473
	Total	.65	2472	.475
Mixed	Personalised letters sent	.82	17	.393
	No personalised letters sent	.61	18	.502
	Total	.71	35	.458
Asian or Asian British	Personalised letters sent	.36	126	.481
	No personalised letters sent	.34	116	.474
	Total	.35	242	.477
Black or Black British	Personalised letters sent	.39	90	.490
	No personalised letters sent	.43	83	.499
	Total	.41	173	.493
Chinese or Other Ethnic Group	Personalised letters sent	.38	21	.498
	No personalised letters sent	.21	24	.415
	Total	.29	45	.458
Total	Personalised letters sent	.55	1484	.497
	No personalised letters sent	.56	1483	.496
	Total	.56	2967	.497

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Ethnic group from response data else sample information if response missing	Between Groups	(Combined)	131.851	5	26.370	127.58	.000
	Within Groups		671.751	3250	.207		
	Total		803.602	3255			

Report

Enough responses?

Age group from response	Personalised	Mean	N	Std. Deviation
16-35	Personalised letters sent	.36	256	.482
	No personalised letters sent	.30	257	.461
	Total	.33	513	.472
36-50	Personalised letters sent	.47	300	.500
	No personalised letters sent	.49	341	.501
	Total	.48	641	.500
51-65	Personalised letters sent	.68	373	.468
	No personalised letters sent	.69	353	.461
	Total	.69	726	.464
>65	Personalised letters sent	.62	755	.486
	No personalised letters sent	.66	752	.473
	Total	.64	1507	.480
Total	Personalised letters sent	.57	1684	.496
	No personalised letters sent	.58	1703	.494
	Total	.57	3387	.495

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * Age group from response or sample age if missing	Between Groups	(Combined)	51.182	3	17.061	74.26	.000
	Within Groups		777.189	3383	.230		
	Total		828.371	3386			

Report

Enough responses?

LondonOrNot	Personalised	Mean	N	Std. Deviation
London-based trust	Personalised letters sent	.44	497	.497
	No personalised letters sent	.48	459	.500
	Total	.46	956	.499
Not London-based trust	Personalised letters sent	.62	1187	.485
	No personalised letters sent	.61	1244	.487
	Total	.62	2431	.486
Total	Personalised letters sent	.57	1684	.496
	No personalised letters sent	.58	1703	.494
	Total	.57	3387	.495

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
Enough responses? * LondonOrNot	Between Groups	(Combined)	17.132	1	17.132	71.49	.000
	Within Groups		811.239	3385	.240		
	Total		828.371	3386			

Appendix 4: Consulted stakeholders

Name	Organisation
Alan Rosenbach	Commission for Social Care Inspection
Alex Kafetz	The Healthcare Commission - Standards
Amjad Taha	Project Administrator - The Race for Health Programme
Andy Windross	Homerton University Hospital NHS Foundation Trust
Angela Bellis	Department of Health
Anna Coote	The Healthcare Commission - Healthcare Commission, Patient and Public Engagement Team
Anna D'Agostini	BME development officer, Help the Aged
Anurita Mulchand	Project Administrator - The Race for Health Programme
Asmina Remtulla	Continence Advisor, Finchley Memorial Hospital
BME Health Forum	PCT and St Mary's and Chelsea and Westminster Hospitals
Board of Trust Governors	Homerton University Hospital NHS Foundation Trust
Brian Colman, Equality and Diversity Manager	Westminster Primary Care Trust
Brian Derry	Leeds Teaching Hospitals NHS Trust
Bridget Hopwood	Picker Institute Europe
Bunia Gorelick	Homerton University Hospital NHS Foundation Trust
Carl Beech	Swindon NHS Trust
Caroline Lecko	National Patient Safety Agency
Caroline Mills	Brighton & Sussex University Hospitals NHS Trust
Cathy Peacock	Leeds Teaching Hospitals NHS Trust
Charlotte Brown	Patientline
Chief Executive	South Essex Partnership NHS Foundation Trust
Chris Foy	Gloucestershire Royal Hospital
Clare Dulap	The Healthcare Commission - Healthcare Commission, Patient and Public Engagement Team
Clare Jowett	Shrewsbury and Telford Hospitals NHS Trust
Diabetes Newham Group	Newham University Hospital NHS Trust
Dr Keith Meadows	Tower Hamlets PCT and North East London Consortium for Research and Development (NELCRAD)
Dr Kiran Patel	Consultant Cardiologist and Honorary Senior Lecturer Sandwell and West Birmingham Hospitals NHS Trust
Dr Margaret Stone	University of Leicester
Dr Paramjit S Gill	Department of Primary Care and General Practice University of Birmingham Edgbaston Birmingham
Dr Vina Mayor	Bedford Hospital Trust
Edd Berry	Salford Royal NHS Foundation Trust
Elias Phiri	Sector Development Officer – African Communities, Terrence Higgins Trust
Elizabeth Alarcon	Leeds Teaching Hospitals NHS Trust
Gillian Francis-Musanu	Ealing Hospital NHS Trust
H. Hall	Northumbria Trust
Head of PPI	Ealing Hospital NHS Trust
Helen Dorr	Coordinator, National Family Carer Network (for people with learning disabilities)
Helen Hally	Director, Race for Health
Hospital Trust Deputy Chief Exec and Diversity, PPI and Survey leads	Bradford Teaching Hospitals NHS Foundation Trust
Ian Seccombe	The Healthcare Commission

Irene Schlewa	Patientline
Jason Cox	Department of Health
Jennie Negus	Homerton University Hospital NHS Foundation Trust
Jenny Sleight	Leeds Older People's Forum
Jez Buffin	Centre for Ethnicity and Health, UCLAN
Jo Setter	The Healthcare Commission
Jose King	The Healthcare Commission - Healthcare Commission, Patient and Public Engagement Team
Julia Schofield	Tameside MBC
Kimberley Pollard	Quality Health
Kiran Patel	The South Asian Health Foundation
Leeds University Hospital NHS Trust: Directors	Leeds Teaching Hospitals NHS Trust
Leeds University Hospital NHS Trust: Survey / PPI Survey Lead	Leeds Teaching Hospitals NHS Trust
Margaret Stone	Leicester University
Mark Johnson	Centre for Evidence in ethnicity, health and diversity
Mark Stilling	Chelsea and Westminster
Mixed representatives from Birmingham and Leeds	South Asian Health Foundation, Department of Primary Healthcare, University of Birmingham, Birmingham City Hospital and Leicester University representatives
Nick Miller	Commission for Social Care Inspection
Non-Executive Directors	Bedford Hospital NHS Trust
Older People's Reference Group	Newham University Hospital NHS Trust
Pamaljit Gill	The South Asian Health Foundation
Paul Burns	Refugee and Asylum Seeker Link Work / Befriending Scheme, Mind in Harrow
PCT Equalities Lead	Bradford Teaching Hospitals NHS Foundation Trust
PCT Public Health Officers	Heart of Birmingham Teaching PCT
Peter Mansell	Patient Engagement and Involvement Director, National Patients Safety Agency
PPI Committee	Homerton University Hospital NHS Foundation Trust
PPI group	Newham University Hospital NHS Trust
PPI Lead	National Patient Safety Agency
PPI Manager and Deputy Director of Nursing	Homerton University Hospital NHS Foundation Trust
Prof Colin Harbury	West Suffolk Hospitals NHS Trust
Professor Raj Bhopal	Public Health Sciences Section,
R&D Manager	Homerton University Hospital NHS Foundation Trust
Raj Bhopal	University of Edinburgh
Ralph Messersmith	North Cumbria Acute Hospitals NHS Trust
Raymond Warburton	Equality & Human Rights Group, Department of Health
Rehana Ahmed	Heart of Birmingham PCT
Rick Robson	National Access to Acute (A2A) Network
Rick Robson	Adult Learning Disability Division (Health), Shropshire County PCT
Sadhna Chand	Homerton University Hospital NHS Foundation Trust
Safina Islam	The Healthcare Commission - Diversity
Sam Turner	Policy Research Institute on Ageing and Ethnicity (PRIAE)
Sarah Mudd	Barts and the London NHS Trust
Shahid Sardar	Newham University Hospital NHS Trust
Shrewsbury and Telford Hospitals NHS Trust: survey leads	Shrewsbury and Telford Hospital NHS Trust

Shropshire PCT Learning Disability Forum	Shropshire PCT
Shropshire PCT Race Equality Committee	Shropshire PCT
Simon Higgs	Royal West Sussex
Sonia Patel	The Healthcare Commission - Standards
Sophie Wainwright	Information Centre about Asylum and Refugees (ICAR), School of Social Sciences, City University
Standards team	The Healthcare Commission
Stuart Richardson	Leeds Teaching Hospitals NHS Trust
Sue Butler	Sheffield Teaching Hospitals NHS Foundation Trust
Sukhbir Dulai	Newham University Hospital NHS Trust
Survey Leads	University Hospitals Birmingham Trust
Suvarna Sansom	Brighton & Sussex University Hospitals NHS Trust
Toby Knightly-Day	Fr3dom
Tom Livock	Voxgen Ltd
Various	Customer Research Technology (CRT)
Vicky Lowe	Shrewsbury and Telford
Organisation consulted	ARC – people with learning disabilities
Organisation consulted	BMEforum@nhsconfederation.org.
Organisation consulted	BMEspark
Organisation consulted	Centre for Research in Ethnic Relations, University of Warwick
Organisation consulted	CHAIN 1
Organisation consulted	Commission for Racial Equality
Organisation consulted	Help the Aged
Organisation consulted	ICAR, Information Centre about Asylum and Refugees in the UK
Organisation consulted	National Institute for Mental Health in England (NIMHE)
Organisation consulted	National Network for Learning Disability Nurses (Access to Acute) interest group
Organisation consulted	NHS Networks (www.networks.nhs.uk)
Organisation consulted	Refugee Council
Organisation consulted	Refugee Health Network
Organisation consulted	REU – promoting race equality in social support and social care
Organisation consulted	Taking Part-Shropshire / Telford & Wrekin Self Advocacy group.
Organisation consulted	The Afiya Trust
Organisation consulted	The Black Health Agency
Organisation consulted	The Centre for Ethnicity and Health
Organisation consulted	The Runnymede Trust
Organisation consulted	TRIPOD (network of those with and working with learning disabilities).