

THE DEVELOPMENT REPORT FOR THE 2009 INPATIENTS SURVEY

THE CO-ORDINATION CENTRE FOR THE
ACUTE SURVEY PROGRAMME

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making patients' views count

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Contents

1	Executive summary	1
1.1	Aims	1
2	Amendments made to the questionnaires	2
2.1	Questions added for testing	2
2.2	Questions modified	4
2.3	Questions removed	5
	Changes to guidance manual and survey protocol	Error! Bookmark not defined.

1 Introduction

This document details the development of the questionnaire used for the 2009 survey of adult inpatients in all NHS Acute trusts in England.

The inpatients question bank questionnaire was significantly redeveloped for the 2009 survey and the development report for this piece of work is available separately on our website at www.nhssurveys.org. The core questionnaire has consequently undergone some minor changes and this document details only the minor changes that were made to the core questionnaire since the 2008 survey.

The development work was carried out by the Picker Institute Europe as part of the national patient survey programme overseen by the Care Quality Commission (CQC)¹.

1.1 Aims

The aims of the development work were to:

- update the core questionnaire with questions relevant to new or amended policy
- make minor amendments to questions to improve their validity
- design questions in collaboration with stakeholders and project sponsors that could be used for service improvement or measurement

¹ Formerly the Healthcare Commission.

2 Amendments made to the questionnaires

2.1 Questions added for testing

Following agreement with the patient survey programme leads at the CQC and the Department of Health (DH), the following changes were made to the 2008 Inpatient questionnaire to be cognitively tested with recent inpatients.

Infection control

Managing to control the spread of healthcare acquired infections is a huge challenge faced by trusts. Participants in the focus groups voiced their concerns over infection control while cleanliness, including infection control, was rated jointly of most importance in the survey of trust leads. The Department of Health Estates and Facilities team also requested the inclusion of the following two questions in the core questionnaire.

Q26. Did you see any posters or leaflets on the ward asking patients and visitors to wash their hands or to use hand-wash gels?

- 1 Yes
- 2 No
- 3 Can't remember

Q27. Were hand-wash gels available for patients and visitors to use?

- 1 Yes
- 2 Yes, but they were empty
- 3 I did not see any hand-wash gels
- 4 Don't know / Can't remember

Communications between the hospital and GP

The NHS Plan states that “letters between clinicians about an individual patient’s care will be copied to the patient as of right”. This commitment is currently assessed in Q70 ‘Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?’. However, the CQC queried the quality of these communications and whether they are comprehensible to patients. For this reason the following question was added to the core questionnaire to evaluate this. Filter instructions have been added to Q70 so that patients who answered that they did not receive copies of letters do not answer Q71.

Q71. Were the letters written in a way that you could understand?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Not sure / Don't know

Inclusion of a standardised Quality of Life measure – the EQ-5D

These five questions, known as EQ-5D, are a validated measure of health and well-being. They replace the question 'Overall, how would you rate your health during the past 4 weeks?'. The new Standard NHS Contract for Acute Services, introduced in April 2008, includes a requirement to report on patient-reported outcome measures (PROMs). Guidance on the routine collection of PROMS, published by the DH, shows that EQ-5D is the recommended 'generic' instrument². Asking patients to rate their health on five dimensions rather than one also allows more precise analysis of survey results by self-reported health. EQ-5D has previously been included in the 2008 Emergency Department survey and 2009 Outpatients Department survey.

Your own health state today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

Q80. Mobility

- 1 I have no problems in walking about
- 2 I have some problems in walking about
- 3 I am confined to bed

Q81. Self-Care

- 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself
- 3 I am unable to wash or dress myself

² Department of Health. Guidance on the Routine Collection of Patient Reported Outcome Measures (PROMs). Available at:

www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=156032&Rendition=W eb [Accessed January 2008]

Q82. Usual Activities (e.g. work, study, housework, family or leisure activities)

- 1 I have no problems with performing my usual activities
- 2 I have some problems with performing my usual activities
- 3 I am unable to perform my usual activities

Q83. Pain/Discomfort

- 1 I have no pain or discomfort
- 2 I have moderate pain or discomfort
- 3 I have extreme pain or discomfort

Q84. Anxiety/Depression

- 1 I am not anxious or depressed
- 2 I am moderately anxious or depressed
- 3 I am extremely anxious or depressed

2.2 Questions modified

A number of questions have been updated so that they remain relevant to patients, and so that the results can best be used for service improvements. Changes are shown with deletions struck-through and insertions underlined. Questions are numbered as they appeared in the 2008 Inpatient questionnaire.

The DH has informed the Co-ordination Centre that the department responsible for providing emergency care should be known as the A&E department, not the Emergency Department as in previous surveys. For this reason, the wording of the following questions about the A&E department was amended.

Q2. When you arrived at the hospital, did you go to the ~~Emergency~~ A&E Department (~~the Emergency Department~~ / Casualty / A&E / Medical or Surgical Admissions unit)?

- 1 Yes → **Go to Question 0**
- 2 No → **Go to Question 0**

Q3. While you were in the ~~Emergency~~ A&E 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

Q4. Were you given enough privacy when being examined or treated in the ~~Emergency~~ A&E Department?

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

The response options for the following question were amended to break down whether patients who were not offered a choice of hospital minded this. The question now reads:

Q6. When you were referred to see a specialist, were you offered a choice of **hospital** for your first hospital appointment?

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

2.3 Questions removed

As always, the issue of having limited space in the questionnaire means that only the most important questions are retained in the core questionnaire.

The following question (numbered as it appeared in the 2008 Inpatient questionnaire) was replaced by a validated measure of health and well-being, the EQ-5D, as discussed above in Section 2.1. Due to the high level of correlation between Q76 shown below and the EQ-5D (which were both used in the 2002 Adult Inpatient survey), these questions have previously

been viewed as interchangeable. Because of the recent priority given to PROMs, the EQ-5D was seen as the preferred format.

Q76. Overall, how would you rate your health during the **past 4 weeks**?

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

3 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 2009”) of the 2009 Inpatient Survey Guidance Manual.

Survey fieldwork period: The start date of the survey was scheduled for the **14th September 2009**. As in 2008, the allocated fieldwork period for the survey was 18 weeks. This means that the survey runs through the 2009 Christmas holidays and the date for final submission of data is the **15th January 2010**. We strongly encourage all trusts and survey contractors to make the most of the fieldwork period and to collect returned questionnaires for as long as possible before submitting data.

Demographics Batch Service (DBS): The NHS National Strategic Tracing Service has been replaced by the Demographics Batch Service. The DBS traces records against the Spine Personal Demographics Service (PDS). Patient lists will need to be checked for deaths using this new service. The DBS uses a file transfer application to send and receive files and will not accept files sent by encrypted email or through the post on physical media. You will need to ensure you are familiar with the new method for submitting patient lists to be checked.

New sample data requested: To allow more accurate interpretation of the data, we request that trusts submit an additional field containing data on the patient’s route of admission to hospital. Please enter the route of admission data for each patient as it appears on the PAS system. This field should be left empty (a blank or full-stop) if this information is not available.

Free text comments: For the 2009 NHS Adult Inpatient survey, the patients’ written free text comments should **not** be submitted to the Co-ordination Centre.

Choosing sampling month for 2009: Guidance suggests that trusts use the same month of sampling as used for the 2008 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.

Data protection guidance: The guidelines on data protection were revised, specifically those relating to sending patient details to contractors to further clarify the security settings that are required. This was to ensure that trusts are compliant with the most recent recommendations under the Data Protection Act 1998.

Page limit: A limit has been set on the maximum number of pages that can comprise the questionnaire booklet. This limit is set to 16 sides of A4 i.e. pages 1-16. 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. We recommend font size 12 for all questions and response options.

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.

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.