

# NHS ADULT INPATIENT SURVEY 2017

## SURVEY DEVELOPMENT REPORT

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# 1 Background

The NHS Adult Inpatient Survey was first undertaken by all acute NHS trusts<sup>1</sup> in England in 2002, and has been conducted annually since 2004. The average response rate across all trusts for the 2016 survey was 44% (24.8%-66.3%). In 2017 the survey will be conducted again as part of the NHS Patient Survey Programme. The survey will give acute trusts information on inpatient care to facilitate targeted quality improvement.

Data collected from the 2017 Adult Inpatient survey will be used by the Care Quality Commission (CQC) in its assessment of trusts in England. The results are also used by NHS England and the Department of Health for performance assessment, improvement and regulatory purposes, with compound measures such as the NHS Outcomes Framework (Domain 4: Ensuring patients have a positive experience), or the NHS England overall patient experience measure. The data also constitute a National Statistic on patient experience in the NHS. Results from this survey (and any other patient experience collections) may be used by NHS trusts as evidence of adherence to NICE Quality Standards and used in Quality Accounts.

The survey methods used in this iteration are largely comparable to those of the 2016 survey. In preparation for the 2017 survey, some changes have been made to the content of the questionnaire in order to investigate patient experiences of areas where key stakeholder expressed concern. Minor adjustments have also been made to the covering letters to make the language more accessible. This report details such changes.

## 2 Stakeholder feedback

As in previous years, a consultation was undertaken in order to update the questionnaire for 2017. Amendments were made following:

- Consultation with the Inpatient Advisory Group (which includes patient representatives) and stakeholders at CQC, NHS England, and the Department of Health regarding any other topics that should be addressed either from a policy or service user perspective.
- Analysis of the 2016 survey data to examine item non-response rates (questions people have not answered, for example, because they felt did not apply to them), floor/ceiling effects (questions where the vast majority of respondents report a very positive or negative experience), and correlations (questions that people tend to answer in the same way suggesting a similar or the same underlying concept).

As is common practice in the NHS Patient Survey Programme (NPSP), the revision and redevelopment of all questionnaires followed best practice. All question changes, regardless of how minor, are cognitively tested with a group of recent NHS inpatients. Cognitive interviewing is a research method which tests both new questions, and questions used in previous years, to check if they are understood as intended by participants. It also tests whether respondents are able to answer them appropriately with the response options provided. The respondents were recruited via different mechanisms such as local advertisements in newspapers, mailing lists, online forums and websites (such as Gumtree) and social media (Twitter, Facebook). A number of different respondents were recruited to cover a wide demographic base and patient experience.

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<sup>1</sup> Those trusts that only treat children (Alder Hey Children's NHS Foundation Trust, Birmingham Children's Hospital NHS Foundation Trust, Great Ormond Street Hospital NHS Trust and Sheffield Children's NHS Trust) were not eligible for participation.

A total of 18 volunteers were interviewed during the development of the 2017 questionnaire:

- 10 Male
- 8 Female
- Aged 44 to 90 years old
- 10 emergency admissions
- 8 planned admissions

While all efforts were made to recruit people from a variety of ethnic backgrounds, unfortunately on this occasion the vast majority of the people interviewed were not from ethnic minorities. We recommend that the recruitment strategy is revisited in future surveys to ensure that ethnic groups are better represented during cognitive testing.

The questionnaire was tested in April 2017 in Oxford and the surrounding areas. Three waves of cognitive interviews were completed. After each wave, findings were analysed and discussed with stakeholders. Then, necessary changes were made and tested in the next wave of interviews.

### 3 Changes to the covering letters

Sampled patients are sent up to three letters. A few minor alterations have been made to the text of the mailing letters in order to make them easier to read. In addition, the answer to the second question in the Frequently Asked Questions at the back of the letter (*How are my details being used?*) has been modified to include a bit more detail about how data are handled and used in regards to potential safeguarding issues. The change below applies to the first mailing (initial contact with patient) and the third mailing (second reminder sent to patient).

Original text:

#### **How are my details being used?**

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice. **{IF CONTRACTOR USED: Your contact details have been passed to [survey contractor] only so that they can send you this questionnaire and process your response. [Survey contractor] will process your answers in confidence and keep them separate from your contact details.}** [NHS Trust name] has a leaflet that explains how we use and handle your personal information, and what your rights are under the Data Protection Act 1998. If you would like a leaflet or further information, please write to us, or call [Freephone survey helpline].

Improved text:

#### **How are my details being used?**

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice. [NHS Trust name] has a leaflet that explains how we use and handle your personal information, and what your rights are under the Data Protection Act 1998. If you would like a leaflet or further information, please write to us, or call [Freephone survey helpline].

**{IF CONTRACTOR USED: Your contact details have been passed to [survey contractor] so that they can send you this questionnaire and process your response. [Survey contractor] will process your answers securely, in accordance with our data confidentiality policy.}** For more information about how your personal data is handled for this survey, please see: [www.nhssurveys.org/faq](http://www.nhssurveys.org/faq).

Consequently, the text on the FAQ website was amended from:

Original text:

**How can I be sure that my personal data are kept confidential?**

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice. Your answers will be processed in confidence and will be kept separate from your contact details.

Improved text:

**How can I be sure that my personal data are kept confidential? (Data Confidentiality Policy)**

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

## 4 Changes to the questionnaire

Following consultation with stakeholders and cognitive testing with patients, a number of changes were made to the questionnaire: 13 questions were removed, nine new questions were added, and two questions were modified. This included the [redevelopment of the questions around Long Term Conditions](#).

These modifications brought the total number of questions from 84 in 2016 down to 80 questions in the 2017 questionnaire. The changes are detailed in the rest of this section.

### 4.1. Questions removed from the questionnaire

During discussions with the Inpatient Survey Advisory Group, it became apparent that there were a number of new topics about which questions needed to be added. Due to space restrictions, this required the removal of other questions. Additionally, there was a desire to shorten the questionnaire as much as was feasible, in order to reduce its burden to patients; though as ever this requirement had to be balanced against comprehensively covering a number of facets of patient experience. .

In total 13 questions were removed from the 2016 questionnaire. Factors considered with the advisory group when deciding on question removal included relevance to service improvement, patient experience and policy, current question usage, and the quality and usability of the data. It is worth noting that the questionnaire length was also considered, as research shows that questionnaires longer than 12 pages obtain lower response rates.

The following questions have been removed for 2017. The item numbers shown in this section are from the 2016 questionnaire, and the rationale for removing each question is explained below:

#### Questions 12-14

**Q12.** During your stay in hospital, how many wards did you stay in?

- 1 → Go to 14
- 2 → Go to 13
- 3 or more → Go to 13
- Don't know / can't remember → Go to 14

**Q13.** After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

- Yes
- No

**Q14.** While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

- Yes
- Yes, because it had special bathing equipment that I needed
- No
- I did not use a bathroom or shower
- Don't know / can't remember

The advisory group felt it was no longer necessary to continue including three separate questions on mixed sex accommodation/facilities, partly because trust performance on these measures is now much improved. Furthermore, for benchmarking purposes, questions 12 and 14 were scored together. Instead, a single question on whether patients ever stayed on a mixed sex accommodation was considered sufficient and will provide equivalent information for benchmarking. As such, questions 13 and 14 were removed, and question 11 was amended, as detailed in the [next section](#). Question 12 was also removed as this was previously only used as a filter for question 13.

#### Question 18

**Q18.** How clean were the toilets and bathrooms that **you** used in hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- I did not use a toilet or bathroom

This question was removed as it was felt that a single question on cleanliness would now suffice, given the improvements in this issue in recent years and the high correlation between the two cleanliness questions in the questionnaire. As such, the preceding question on cleanliness of rooms/wards was retained, and question 18 on toilets and bathrooms was removed. This decision was supported by cognitive testing, which found that patients will often consider toilets and bathrooms when answering the question on ward cleanliness.

#### Question 19

**Q19.** Did you feel threatened during your stay in hospital by other patients or visitors?

- Yes
- No

This question presented a high ceiling effect, with 96.7% of respondents answering “No” to it. As there is also relatively little variation between trusts, and no contextual information can be gathered, this question was considered less useful in understanding and improving patient experience than other questions in the survey.

#### Question 44

**Q44.** How many minutes after you used the call button did it usually take before you got the help you needed?

- 1 0 minutes / right away
- 2 1-2 minutes
- 3 3-5 minutes
- 4 More than 5 minutes
- 5 I never got help when I used the call button
- 6 I never used the call button

This question was thoroughly tested during cognitive testing, as some previous feedback had indicated that it was somewhat difficult to answer, and the advisory group had concerns around the usability and accuracy of the data. In order to address the same issue, a new question was developed (question 43 in the [next section](#)), which asks about waiting “a reasonable time”, instead of using time slots. Both questions were tested during cognitive interviewing and it was decided to remove this one, because recall problems meant that some respondents found it difficult to choose from options 1 to 3 (the options were seen as too specific and sometimes too similar).

#### Questions 46, 47, 50 and 51

**Q46.** Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

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

**Q47.** Beforehand, did a member of staff explain what would be done during the operation or procedure?

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

**Q50.** 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 51
- 2 No → Go to 52

**Q51.** Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?

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

The 2016 questionnaire included a total of 8 questions on operations and procedures, most of which related to information provision and were highly correlated with one another. As most of these questions are filtered (by whether patients had an operation, and also by whether anaesthetic was used or not) they were also only relevant to a subset of patients. As such it was considered beneficial to shorten this section.

### Question 73

- Q73.** During your time in hospital did you feel well looked after by hospital staff?
- Yes, always
  - Yes, sometimes
  - No

This question was removed as it had a high correlation with the question “Overall, did you feel you were treated with respect and dignity while you were in the hospital?”, and was not as specific or actionable as other questions.. Instead it was considered beneficial to devote space to adding more specific questions about the types of staff not already addressed in the questionnaire – hence the addition of questions on ‘other clinical staff’ and ‘non-clinical staff’ discussed further below.

## 4.2. Questions modified

Two items were modified following stakeholder feedback and cognitive testing:

### Question 11

As discussed above, in order to consolidate the questions on mixed sex accommodation/facilities into a single item, question 11 was changed from:

- Q11.** When you were **first** admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?
- Yes
  - No

To:

- Q11.** While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?
- Yes
  - No

### Question 68

This question was amended for 2017 to include “friends or carers”. This was particularly due to the desire to include “carers” in the question, as this would be relevant for patients who live in care homes, or are supported by care staff at their own home. Additionally, response option 6 was added based on the finding in cognitive testing that some patients do not want others to receive any information, and in such cases some participants previously answered ‘no’, which would inappropriately reflect negatively on the trust.

This question was changed from:

**Q68.** Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

- Yes, definitely
- Yes, to some extent
- No
- No family or friends were involved
- My family or friends did not want or need information

To:

**Q63.** Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?

- Yes, definitely
- Yes, to some extent
- No
- No family, friends or carers were involved
- My family, friends or carers did not want or need information
- I did not want my family, friends or carers to get information

The paragraph below was moved after Q72 (“Who was the main person or people that filled in this questionnaire?”) – it had previously been above the question.

**Reminder:** All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions.

The new location of the paragraph is considered a more appropriate place to remind patients who the questionnaire responses should refer to, as it now comes directly before the demographic questions (long term condition, age, gender, and so on) which should refer to the patient. The content of the paragraph has not changed.

### 4.3. Questions added to the questionnaire

The following nine questions were added to the questionnaire to address the needs of stakeholders and patients. All questions were thoroughly tested with patients in cognitive testing. The question numbers are from the proposed 2017 questionnaire.

#### Questions about changing wards at night

The Inpatient Survey Advisory Group felt that obtaining information about changing wards during the night was relevant. Equally, it was important to find out whether patients had been informed of the reasons for changing wards. The new questions 12 and 13 address these subjects.

**Q12** Did you change wards at night?

- Yes, but I would have preferred not to → **Go to 13**
- Yes, but I did not mind → **Go to 13**
- No → **Go to 14**

During the first wave of cognitive interviews, one of the respondents indicated that they had been moved to a different ward at 8pm but was unsure if this counted as night time.

Consequently, for the second wave of interviews a time frame was added (from 7pm to 7am). This, however, did not seem to improve the question, because respondents felt that what constitutes night time was a subjective measure to them and meant different things to different people (for instance, a respondent said that night time could be from 11pm to 6am, whereas another respondent felt that it was from 8pm to 8pm). Hence, during wave three, the question was left without the time frame and respondents were asked what time they were thinking of, and, despite most of them giving different answers, they all felt that the question worked well and was easy to answer. Thus, the final question was left without the time frame, ensuring that it captures the patient's experience.

**Q13** Did the hospital staff explain the reasons for being moved in a way you could understand?

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

This question initially had Yes/No response options. Following wave one of cognitive interviews, it was decided to modify the response options for consistency and for nuance. The question performed well and did not need any further changes.

### Question about hydration

Stakeholders in the Inpatient Advisory Group suggested the need for a question assessing whether hospitals did enough to keep patients sufficiently hydrated during their hospital stay. As such, the following question was introduced:

**Q22** During your time in hospital, did you get enough to drink?

- 1 Yes
- 2 No, because I did not get enough help to drink
- 3 No, because I was not offered enough drinks
- 4 No, for another reason

Most respondents during cognitive testing stated they were thinking of water when answering this question, although some also included tea and coffee. The question worked well and all respondents throughout the three waves were able to answer it correctly, including those respondents who answered negatively for a variety of reasons: for instance, a respondent who needed a straw to drink and wasn't offered help answered 2; a respondent who had a sore throat post-surgery answered 4; a respondent who was only brought coffee and tea once a day answered 3.

### Question about other clinical staff

Members of the Advisory Group felt that a question asking patients about their interaction with allied health care professionals was much needed, to complement those already present which ask about confidence and trust in doctors and nurses. Hence, question 31 on the next page was developed.

**Q31** Did you have confidence and trust in any **other clinical staff** treating you (e.g. physiotherapists, speech therapists, psychologists)?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> I was not seen by any other clinical staff

Respondents were able to answer correctly even if the other clinical staff that treated them were not in the examples provided (for instance, people who were treated by pharmacists, neurologists, radiographers, and occupational therapists).

### Question about waiting time to get help

As mentioned above, question 43 below was developed as a replacement for the question on how many minutes it usually took to get help after using the call button. The following question on response within a reasonable time was thoroughly tested and cognitive interviews showed that this angle was more easily answered and consistently interpreted by patients.

**Q43** If you needed attention, were you able to get a member of staff to help you **within a reasonable time**?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> I did not want / need this

The question performed well and did not need any changes during cognitive testing. Respondents were probed about what they thought “within a reasonable time” meant, and the responses were very subjective, which backed the choice for this question over the old one. In addition, respondents were able to take into account circumstances that might have reasonably increased response times, such as a localised emergency or a staff shortage (another question already collects information about whether there were enough nurses on duty).

### Question about non-clinical staff

Similarly to question 31, stakeholders in the Inpatient Advisory Group requested the addition of a question on non-clinical staff, to ensure that patients’ interactions with the full range of hospital staff are covered by the questionnaire. As such, question 71, below, has been added.

**Q71** Did you feel well looked after by the **non-clinical** hospital staff (e.g. cleaners, porters, catering staff)?

- <sup>1</sup> Yes, always
- <sup>2</sup> Yes, sometimes
- <sup>3</sup> No
- <sup>4</sup> I did not have contact with any non-clinical staff

Following the findings from the first wave of interviews, it was decided to add a non-specific response option (option 4) for those patients who had no contact with non-clinical staff. After this change, the question worked well and did not need any further modifications.

## 4.4. Redevelopment of the questions about long term conditions

The NPSP has routinely used questions about long term conditions (LTC) since 2005. The question used in the 2016 survey is below:

**Q78** Do you have any of the following long-standing conditions? (**Cross ALL boxes that apply**)

- 1  Deafness or severe hearing impairment → **Go to 79**
- 2  Blindness or partially sighted → **Go to 79**
- 3  A long-standing physical condition → **Go to 79**
- 4  A learning disability → **Go to 79**
- 5  A mental health condition → **Go to 79**
- 6  A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → **Go to 79**
- 7  No, I do not have a long-standing condition → **Go to 80**

**Q79** Does this condition(s) cause you difficulty with any of the following? (**Cross ALL boxes 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 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

These questions approached LTC from both a medical and social model. In the social model, the problem of a disability is seen as a barrier created by society, rather than a responsibility of the person with a disability. Within the social model paradigm, questions tend to focus on the barriers and difficulties experienced by people with disabilities; question 79 is a good example. Within the medical model, the emphasis tends to be on the illness or disability, for example, the diagnostic or symptoms; this is the approach that Q78 takes. However, it was felt that the set of questions could be improved to encourage greater alignment with other LTC questions used nationally, such as the UK Census<sup>2</sup> or the GP Patient Survey<sup>3</sup> (GPPS); while also creating more actionable data for trusts and other stakeholders. The new question was developed via a number of stages.

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<sup>2</sup> Census Programme. Final recommended questions for the 2011 Census in England and Wales. 2010.

<sup>3</sup> Ipsos MORI Social Research Institute. GP Patient Survey Technical Annex. 2016.

#### 4.4.1. Consultation with stakeholders

The development of this new set of questions included a review of best practice as well as a stakeholder consultation with several teams at CQC, NHS England, Department of Health, approved survey contractors, trusts, and third sector organisations representing patients. Ten structured interviews were conducted with the following stakeholders:

CQC	Richard Bove	Analyst Team Leader Acute Intelligence Monitoring, Provider Analytics – Hospitals
	Krishna Patel	Statistician
	Lucy Wilkinson	Equality, Diversity and Human Rights Manager
NHSE	Hannah Atherton	Senior Insight Account Manager
	Chris Branson	Insight & Feedback Specialist
	Jacqui White	Deputy Director Long Term Conditions, Older People & EoLC
	Sarah Marsay	Public Engagement Manager NHS England lead for Accessible information Standard
DH	Steve Atkinson	Long Term Conditions
Patient stakeholders	Don Redding	National Voices, Director of Policy
	Bernd Sass	Disability Rights UK Strategic Partnership Manager Win-Win Alliance

#### Feedback from CQC

CQC stakeholders used the data from the current LTC questions in a variety of ways; examples of this are the *State of Care*<sup>4</sup> and *Better Care in our Hands*<sup>5</sup> reports, which include data generated by these questions, filtered by conditions such as learning disabilities or mental health conditions. They also linked the data from NPSP and GPPS in order to explore the experience of patients with LTC across different NHS settings: hospitals, GP surgeries and Adult Social Care services. CQC interviewees only used data from Q78; none used Q79.

Interviewees were asked if they thought a filter question asking respondents whether they had a LTC would be necessary. There were mixed opinions, with one person thinking that it would be a necessary addition, and another person feeling that the questions worked fine as they currently stand. It was also feared that a filter question may lead to underrepresentation, as some people would answer 'no' despite having a disability. For example, an older respondent who uses a Zimmer frame may not perceive themselves as disabled, but rather would view this as part of getting older. However, according to the Equality Act<sup>6</sup> they would be classed as a person with a disability.

<sup>4</sup> Care Quality Commission. *State of Care*. The state of health care and adult social care in England 2015/16. 2016.

<sup>5</sup> Care Quality Commission. *Better care in my hands*. A review of how people are involved in their care. 2016. Available from: [http://www.cqc.org.uk/sites/default/files/20160519\\_Better\\_care\\_in\\_my\\_hands\\_FINAL.pdf](http://www.cqc.org.uk/sites/default/files/20160519_Better_care_in_my_hands_FINAL.pdf)

<sup>6</sup> Office for Disability Issues. *Equality Act 2010 - Guidance on matters to be taken into account in determining questions relating to the definition of disability* [Internet]. 2011. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/570382/Equality\\_Act\\_2010-disability\\_definition.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf)

## Feedback from NHS England

None of the NHS England stakeholders interviewed were current users of the LTC data generated by the surveys within NPSP. However there was a considerable interest in exploring ways of using the data from a revised question, either in combination with GPPS or independently.

The general view was that people with LTC/disabilities tend to be underreported, as they see their condition as part of their identity, and not as a LTC/disability. For instance, it was pointed out that older people with a hearing impairment might see it as part of their identity and thus not report themselves as a person with a disability in a survey. However under the Equality Act 2010, such conditions are classed as disabilities. Hence, there was a concern around being able to capture this population with the redeveloped questions.

The current wording of the question (Do you have any of these long-standing conditions?) was deemed too narrow and alternative wordings that captured LTC more broadly were suggested, such as "disability, impairment, or sensory loss"; following the Equality Act definition closely was also proposed.

## Feedback from Department of Health

The DH stakeholder indicated that his team does not use the data generated by these current questions, and instead tends to use the LTC data from GPPS. Their interest around LTC tends to be focused on specific conditions or disabilities, and the current format of the questions does not allow analysis by specific condition (for instance, diabetes, epilepsy or Parkinson's disease). It was also felt that response option 6 in Q78 ("a long standing illness such as cancer, HIV, diabetes, chronic heart disease or epilepsy") was the only item that gathered useful information by focusing on specific illnesses, but it also lacked granularity. In general, it was felt that a more comprehensive list of conditions would be necessary in order to generate relevant data.

## Feedback from Patient Stakeholders

Unfortunately, the patient stakeholders that we contacted for this project were not currently using the data generated by the LTC questions. Their interest seemed to focus around the qualitative data generated by patient workshops or focus groups. However, all patient stakeholders highlighted the importance of asking about LTC in the surveys and welcomed this redevelopment work.

## Feedback from CQC-approved contractors

We asked CQC-approved contractors if they receive requests from trusts around LTC. All contractors indicated that it is unusual for trusts to ask for such analysis, and that the current questions do not provide the analysis that trusts would be interested in. There was general interest in having a binary question: "Do you have a LTC/disability? Yes/No", as it was felt that this would give trusts a simple yet effective way to analyse their data, a good indication about the proportion of people with disabilities in their sample, and allow them to see how their trust is performing in this area for the different aspects of care. This could then be followed by more LTC-specific questions.

A draft set of questions was developed based on a rapid literature review and the interviews with stakeholders. The draft questions were then tested using two different methods: omnibus testing and cognitive interviews. The results from both methods are detailed below.

### 4.4.2. Omnibus testing

Omnibus testing is a quantitative research method by which a question(s) is tested with a large number of respondents to assess its feasibility and applicability. The question set was tested in three consecutive online rounds of over 2,000 people each (total n=6,000). The sample used was nationally representative for Great Britain in terms of age, gender, region, social grade and education level.

Following the rapid literature review and the consultation with stakeholders, two question sets were

tested in the first round of omnibus testing. In this instance, this was done using a split sample, whereby the two sets are tested simultaneously with an equal number of participants from the same sample (n=1,000 per group). The two question sets tested in this first round were:

## QUESTION SET 1A

- 1** Do you have any long-term physical or mental illnesses, impairments or disabilities that have lasted or are expected to last at least one year?

Include problems related to old age.

- <sup>1</sup>  Yes [Route to Q2]  
<sup>2</sup>  No [Route past Q2 & 3]

- 2** Do you have any of the following? (Cross ALL boxes that apply)

- <sup>1</sup>  Alzheimer's disease or dementia  
<sup>2</sup>  Angina or long-term heart problem  
<sup>3</sup>  Arthritis or long-term joint problem  
<sup>4</sup>  Asthma or long-term chest problem  
<sup>5</sup>  Blindness or severe visual impairment  
<sup>6</sup>  Cancer in the last 5 years  
<sup>7</sup>  Deafness or severe hearing impairment  
<sup>8</sup>  Diabetes  
<sup>9</sup>  Epilepsy  
<sup>10</sup>  High blood pressure  
<sup>11</sup>  Kidney or liver disease  
<sup>12</sup>  Learning disability  
<sup>13</sup>  Long-term back problem  
<sup>14</sup>  Long-term mental health problem  
<sup>15</sup>  Long-term neurological problem  
<sup>16</sup>  Another long-term condition  
<sup>17</sup>  None of the above<sup>7</sup>

- 3** Do any of these reduce your ability to carry out day-to-day activities?

- <sup>1</sup>  Yes, a lot  
<sup>2</sup>  Yes, a little  
<sup>3</sup>  No, not at all

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<sup>7</sup> Please note that this response option "none of the above" was only included for the purposes of the online omnibus testing. In the postal questionnaire, respondents who indicated that they do not have a LTC will be instructed to skip the two following questions. The same applies to the other versions tested via omnibus panels.

## QUESTION SET 1B

- 1 Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Include problems related to old age.

- 1  Yes [Route to Q2]  
2  No [Route past Q2 & 3]

- 2 Do you have any of the following? (**Cross ALL boxes that apply**)

- 1  Alzheimer's disease or dementia  
2  Angina or long-term heart problem  
3  Arthritis or long-term joint problem  
4  Asthma or long-term chest problem  
5  Blindness or severe visual impairment  
6  Cancer in the last 5 years  
7  Deafness or severe hearing impairment  
8  Diabetes  
9  Epilepsy  
10  High blood pressure  
11  Kidney or liver disease  
12  Learning disability  
13  Long-term back problem  
14  Long-term mental health problem  
15  Long-term neurological problem  
16  Another long-term condition  
17  None of the above

- 3 Do any of these reduce your ability to carry out day-to-day activities?

- 1  Yes, a lot  
2  Yes, a little  
3  No, not at all

The results from the split samples were compared against each other, and against the baseline sample information about LTC in the sample. Option A performed better in the analysis. In addition, following the result analysis and feedback from NHSE, changes were made to the response options in Q2 – these changes are discussed in more detail [below](#). The question set tested on the second round of omnibus testing was as follows:

1 Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age.

- 1  Yes [Route to Q2]  
2  No [Route past Q2 & 3]

2 Do you have any of the following? (**Cross ALL boxes that apply**)

- 1  Back problem requiring treatment  
2  Bowel problem  
3  Breathing problem, such as asthma  
4  Blindness or partial sight  
5  Cancer in the last 5 years  
6  Dementia or Alzheimer's disease  
7  Deafness or hearing loss  
8  Diabetes  
9  Epilepsy  
10  Heart problem, such as angina  
11  High blood pressure  
12  Joint problem, such as arthritis  
13  Kidney or liver disease  
14  Learning disability  
15  Mental health condition  
16  Neurological condition  
17  Another long-term condition  
18  None of the above

3 Do any of these reduce your ability to carry out day-to-day activities?

- 1  Yes, a lot  
2  Yes, a little  
3  No, not at all

This was tested with a representative sample of 2,049 adults. As before, results were compared against baseline LTC data. Questions 1 and 3 performed well, but it was felt that question 2 needed a brief note reminding people that the question referred to LTC. The sentence "*Select ALL conditions you have that have lasted or are expected to last for 12 months or more*" was consequently added to avoid overrepresentation of conditions (for instance, a respondent ticking a mental health condition when they had experienced it for less than a year). The resulting question set was:

**1** Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age.

- <sup>1</sup>  Yes [\[Route to Q2\]](#)  
<sup>2</sup>  No [\[Route past Q2 & 3\]](#)

**2** Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- <sup>1</sup>  Back problem requiring treatment  
<sup>2</sup>  Bowel problem  
<sup>3</sup>  Breathing problem, such as asthma  
<sup>4</sup>  Blindness or partial sight  
<sup>5</sup>  Cancer in the last 5 years  
<sup>6</sup>  Dementia or Alzheimer's disease  
<sup>7</sup>  Deafness or hearing loss  
<sup>8</sup>  Diabetes  
<sup>9</sup>  Epilepsy  
<sup>10</sup>  Heart problem, such as angina  
<sup>11</sup>  High blood pressure  
<sup>12</sup>  Joint problem, such as arthritis  
<sup>13</sup>  Kidney or liver disease  
<sup>14</sup>  Learning disability  
<sup>15</sup>  Mental health condition  
<sup>16</sup>  Neurological condition  
<sup>17</sup>  Another long-term condition  
<sup>18</sup>  None of the above

**3** Do any of these reduce your ability to carry out day-to-day activities?

- <sup>1</sup>  Yes, a lot  
<sup>2</sup>  Yes, a little  
<sup>3</sup>  No, not at all

This question set performed well when subgroups were compared and data were compared to the baseline LTC information from the sample.

### 4.4.3. Cognitive interviews

The filter question performed well during the three rounds of cognitive interviews. Throughout testing, the focus was on creating a question that would be inclusive and broad enough to capture LTC, but also able to distinguish LTC from minor, temporary health problems to avoid overrepresentation. Two minor changes were made during the testing:

- The phrase “long-term” was removed from the question, as it was felt that it was repeating the information from “that have lasted or are expected to last for 12 months or more?”
- The group of terms “illnesses, impairments or disabilities” was changed to “conditions, disabilities or illnesses.”

The instruction “Include problems related to old age” did not pose problems during testing, was well understood by respondents, and was deemed necessary to avoid underrepresentation of LTC, which is common in older people.

The second question (Do you have any of the following?) was the one that required the most development following both omnibus and cognitive testing. Based on the findings from the two first rounds, it was decided to add an instruction sentence to emphasize that conditions should only be selected if they had lasted or were expected to last for 12 months or more – this tested well in the third round and avoided overrepresentation of health problems that should not be considered LTC. Additionally, the option about learning disabilities was tested on its own (i.e. a separate question asking the respondent whether they have a learning disability). Following testing and discussions with stakeholders, it was decided to include learning disabilities as an option in the LTC question set, rather than have its own separate question.

Finally, the third question (Do any of these reduce your ability to carry out day-to-day activities?) remained unchanged throughout cognitive testing, as it was easily understood and correctly answered by all the respondents.

### 4.4.4. Final set of questions about LTC

Upon the results of both the omnibus testing and the cognitive testing, the focus was on reducing the list of response options in question 2 as much as possible, in order to make the question user friendly. After thorough consideration, response options 1, 2, 9, and 11 were removed from the list. The decisions were based on both the frequency of these health conditions in the general population and their relevance for the Inpatients questionnaire. The question numbers below are for the final 2017 questionnaire. The resulting question set around LTC is shown on the next page:

**73** Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- <sup>1</sup>  Yes → **Go to 74**  
<sup>2</sup>  No → **Go to 76**

**74** Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- <sup>1</sup>  Breathing problem, such as asthma  
<sup>2</sup>  Blindness or partial sight  
<sup>3</sup>  Cancer in the last 5 years  
<sup>4</sup>  Dementia or Alzheimer's disease  
<sup>5</sup>  Deafness or hearing loss  
<sup>6</sup>  Diabetes  
<sup>7</sup>  Heart problem, such as angina  
<sup>8</sup>  Joint problem, such as arthritis  
<sup>9</sup>  Kidney or liver disease  
<sup>10</sup>  Learning disability  
<sup>11</sup>  Mental health condition  
<sup>12</sup>  Neurological condition  
<sup>13</sup>  Another long-term condition

**75** Do any of these reduce your ability to carry out day-to-day activities?

- <sup>4</sup>  Yes, a lot  
<sup>5</sup>  Yes, a little  
<sup>6</sup>  No, not at all

## 4.5. Summary of changes to the questionnaire

Question number	Question text	Summary of change
1	Was your most recent hospital stay planned in advance or an emergency?	
2	When you arrived at the hospital, did you go to the A&E Department (also known as the Emergency Department, Casualty, Medical or Surgical Admissions unit)?	
3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	
4	Were you given enough privacy when being examined or treated in the A&E Department?	
5	When you were referred to see a specialist, were you offered a choice of hospital for your <b>first hospital appointment</b> ?	
6	How do you feel about the length of time you were on the waiting list before your admission to hospital?	
7	Was your admission date changed by the hospital?	
8	In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	
9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	
10	While in hospital, did you ever stay in a critical care area (e.g. Intensive Care Unit, High Dependency Unit or Coronary Care Unit)?	
11	While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?	Wording modified
12	Did you change wards at night?	New question
13	Did the hospital staff explain the reasons for being moved in a way you could understand?	New question
14	Were you ever bothered by noise <b>at night</b> from <b>other patients</b> ?	
15	Were you ever bothered by noise <b>at night</b> from <b>hospital staff</b> ?	
16	In your opinion, how clean was the hospital room or ward that <b>you</b> were in?	
17	Did you get enough help from staff to wash or keep yourself clean?	
18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	
19	How would you rate the hospital food?	

20	Were you offered a choice of food?	
21	Did you get enough help from staff to eat your meals?	
22	During your time in hospital, did you get enough to drink? <b>(Cross ALL that apply)</b>	New question
23	When you had important questions to ask a doctor, did you get answers that you could understand?	
24	Did you have confidence and trust in the doctors treating you?	
25	Did doctors talk in front of you as if you weren't there?	
26	When you had important questions to ask a nurse, did you get answers that you could understand?	
27	Did you have confidence and trust in the nurses treating you?	
28	Did nurses talk in front of you as if you weren't there?	
29	In your opinion, were there enough nurses on duty to care for <b>you</b> in hospital?	
30	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	
31	Did you have confidence and trust in any <b>other clinical staff</b> treating you (e.g. physiotherapists, speech therapists, psychologists)?	New question
32	In your opinion, did the members of staff caring for you work well together?	
33	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	
34	Were you involved as much as you wanted to be in decisions about your care and treatment?	
35	Did you have confidence in the decisions made about your condition or treatment?	
36	How much information about your condition or treatment was given to <b>you</b> ?	
37	Did you find someone on the hospital staff to talk to about your worries and fears?	
38	Do you feel you got enough emotional support from hospital staff during your stay?	
39	Were you given enough privacy when discussing your condition or treatment?	
40	Were you given enough privacy when being examined or treated?	
41	Were you ever in any pain?	

42	Do you think the hospital staff did everything they could to help control your pain?	
43	If you needed attention, were you able to get a member of staff to help you <b>within a reasonable time</b> ?	New question
44	During your stay in hospital, did you have an operation or procedure?	
45	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	
46	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	
47	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	
48	Did you feel you were involved in decisions about your discharge from hospital?	
49	Were you given enough notice about when you were going to be discharged?	
50	On the day you left hospital, was your discharge delayed for any reason?	
51	What was the <b>MAIN</b> reason for the delay? ( <b>Cross ONE box only</b> )	
52	How long was the delay?	
53	Where did you go after leaving hospital?	
54	After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	
55	When you left hospital, did you know what would happen next with your care?	
56	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	
57	Did a member of staff explain the <b>purpose</b> of the medicines you were to take at home in a way you could understand?	
58	Did a member of staff tell you about medication <b>side effects</b> to watch for when you went home?	
59	Were you told how to <b>take</b> your medication in a way you could understand?	
60	Were you given clear written or printed information about your medicines?	
61	Did a member of staff tell you about any danger signals you should watch for after you went home?	

62	Did hospital staff take your family or home situation into account when planning your discharge?	
63	Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	Added "friends or carers" to question text. "Carers" added to response option 4. New response option added: "I did not want my family, friends or carers to get information."
64	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	
65	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?	
66	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)	
67	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	
68	Overall... <b>(Please circle a number)</b>	
69	During your hospital stay, were you ever asked to give your views on the quality of your care?	
70	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	
71	Did you feel well looked after by the <b>non-clinical</b> hospital staff (e.g. cleaners, porters, catering staff)?	New question
72	Who was the main person or people that filled in this questionnaire?	
73	Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?  Include problems related to old age.	New question
74	Do you have any of the following?  Select <b>ALL</b> conditions you have that have lasted or are expected to last for 12 months or more.	New question
75	Do any of these reduce your ability to carry out day-to-day activities?	New question
76	Are you male or female?	

77	What was your <b>year</b> of birth?	
78	What is your religion?	
79	Which of the following best describes how you think of yourself?	
80	What is your ethnic group? ( <b>Cross ONE box only</b> )	

## 5 Pilot study

Response rates for the Inpatient Survey have been steadily declining. The response rate for the 2016 Inpatient Survey was 44%, down from 59% in 2005 and 2006<sup>8</sup> - this is consistent with a general trend among surveys. CQC and the Survey Coordination Centre are very keen to explore methods that will potentially increase response rates to ensure data quality and usability are maintained in the future. For this reason, running alongside the main survey, we plan to conduct a pilot study to test the effect of two interventions on response rates.

Initially a number of potential pilot interventions were considered. Following research into the literature and consultation with the Inpatients Survey Advisory Group, which includes representatives from CQC, NHS England and NHS Improvement, as well as NHS trusts, two interventions were selected:

- Intervention A: sending SMS text reminders to non-respondents, in addition to the usual postal reminders.
- Intervention B: sending the first postal reminder faster than usual: five working days after the first mailing has been sent.
- Interventions A and B combined.

The intervention arm will consist of a boost pilot sample (n=510 patients for each of the ten pilot trusts), and control arm will consist of the main survey sample (n=1,250 patients per trust). The eligibility criteria, overall methods, protocols and other survey materials will be as per the main survey.

The ten trusts partaking in the pilot study will be selected from those working with a CQC-approved contractor. The pilot will be overseen by the CQC and managed and co-ordinated by the Survey Coordination Centre.

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<sup>8</sup> Page 27 of the *Trends in the adult inpatient survey 2005-2014* report  
[http://www.cqc.org.uk/sites/default/files/20151117\\_inpatient2005-14\\_statistical\\_release.pdf](http://www.cqc.org.uk/sites/default/files/20151117_inpatient2005-14_statistical_release.pdf)