

NHS Inpatient Survey 2021

Survey development report

December 2021



Ipsos MORI



Contents	Error! Bookmark not defined.
1 Introduction	3
2 Changes to sampling	4
2.1 Changes to sampling design and sampling materials	4
3 Changes to materials	6
3.1 Changes to materials	6
Dissent poster	7
4 Changes to the questionnaire	8
4.1 Methods of engagement	8
4.2 Changes to the questionnaire	11
Section 2: The Hospital and Ward	12
Section 7: Leaving Hospital	13
Section 9: About You	14

1 Introduction

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of NHS services. The programme currently comprises the Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

The strategic direction for the NPSP sets out the CQC's ambitions to create a digital method of survey delivery. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from paper-based to mixed-mode, and in 2019 the feasibility of conducting the Adult Inpatient Survey using a mixed-mode methodology was explored through a pilot.

The pilot results showed that the change in approach allowed response rates to be maintained while having a positive impact on response bias. As a result, the 2020 Adult Inpatient Survey was the first survey in the programme to be offered with a mixed-method approach, resulting in a response rate of 45.9% which was consistent with other surveys in the NPSP. The 2021 Adult Inpatient Survey will follow the same mixed method approach.

Given the extensive redevelopment of the survey content and materials in 2020, and the need to keep trends, the 2021 Adult Inpatient Survey will remain largely similar to the 2020 survey. This report outlines any changes made. The changes are summarised in Table 1.1.

Table 1.1: Overview of 2021 Adult Inpatient Survey changes

Strand	Summary of changes	Chapter
Sampling	<ul style="list-style-type: none"> ▪ Sampling timetable changed to allow trusts more time before submission. ▪ Changes to COVID-19 variables collected. ▪ Changes to para-data collected. ▪ Changes to sampling materials. 	Chapter 2
Materials	<ul style="list-style-type: none"> ▪ Materials updated to reflect frequently asked questions from previous year. ▪ Posters offered in new languages. 	Chapter 3
Questionnaire	<ul style="list-style-type: none"> ▪ Changes to questions mentioning COVID-19. ▪ New questions on access to hospital food and understanding information. ▪ Updated questions to ensure content remains in line with current policy and practice. 	Chapter 4

2 Changes to sampling

The process of drawing and submitting the sample has remained consistent with previous years. Trusts are expected to advertise the upcoming survey during the sampling period by putting up dissent posters in the places where patients are most likely to see them. The poster allows patients to be aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part.

The instructions for compiling a list of patients are outlined in the separate Sampling Instructions, which outline the eligibility criteria and the process for checking for deceased patients and submitting it for DBS (Demographic Batch Service) checks. The samples are then submitted after the sample declaration form has been approved. If during the main sample submission phase, certain variables were not provided, these can be submitted afterwards as additional variables.

Below are detailed explanations of any changes to the sampling processes. Other than these changes, the sampling criteria and procedures are consistent with previous years of the survey.

2.1 Changes to sampling design

As a result of trust and contractor feedback, and a review of which data was not used in analysis, three main changes were made to the sampling design compared to 2020. The sampling materials (Sample Declaration form, Sample Construction spreadsheet, Survey Handbook and Sampling Instructions) were updated to reflect these changes.

1) Changes to sampling timings

During a consultation with trusts, many commented that the turnaround time for drawing samples was tight, and this was not allowing clinical coding to be completed in time. To ensure enough time, the deadline for submitting samples was moved from December 17th to January 7th. This only changes the start and end of fieldwork by a few days, so we do not expect any impact on response rates.

2) Changes to the collection of variables

The COVID-19 diagnosis variable will no longer be required, as it was not used for analysis in 2020. The COVID-19 treatment variable will remain.

No new variables have been added.

3) Changes to the collection of online para data

There are several metrics which are collected for everyone who has entered the online survey. The following para data variables were collected for the 2020 survey but will not be required for 2021:

- Drop out question for those who do not complete
- Time and date of drop-outs

2.2 Changes to sampling materials

The sampling materials have been streamlined and updated to reflect the changes above.

- The Additional Variables Handbook has been incorporated into the main Survey Handbook.
- The 'Sampling Handbook' has been renamed to Sampling Instructions for clarity.
- The Survey Handbook has additional explanatory text around DBS checks, submission of additional variables after the main sample submission phase, using the URL provided on the multi-language sheet and the process for submission of final data.
- The Sampling Instructions have additional guidance around who to exclude from the sample, how to collect the mobile phone variable and on how to convert from ICD-10 codes to the COVID-19 treatment variable.

3 Changes to materials

The process for contacting patients has remained consistent with last year's approach.

The initial mailing comprises of a letter informing the patient of the survey and inviting them to take part online. Included with the letter is a multi-language helpline sheet. Three days later an SMS is sent to those patients for whom a mobile phone number is available. This SMS is timed to arrive at the same time as the letter and effectively reinforce the message of the letter. This strategy was found to be efficient in the 2019 pilot and in the 2020 survey.

The second contact mirrors that of the first; a reminder letter (with log-in details) and a multi-language sheet is sent to all non-responders, followed 3 days later with an SMS.

The third and final mailing is a letter and a postal questionnaire, as it's appreciated that an online approach will not be suitable for all patients. Again, a multi-language helpline sheet will be included in this mailing.

Across all of the postal mailings, information will be provided on how to request large print questionnaires and a language leaflet will be provided for those people who need to complete the questionnaire in a different language.

3.1 Changes to materials

The materials were updated to reflect contractor feedback from the frequently asked questions they received from respondents during the 2020 fieldwork period.

Copies of all updated materials will be uploaded to the [NHS Surveys website](#).

3.1.1 Covering letters

Patients sampled for the survey are sent three letters. The letters for the 2021 survey remain largely the same as the ones used in 2020, except for some minor changes:

- Feedback from last year said people found the word 'email' next to the email address confusing, so clearer wording was added:

<p>2020 wording: "If you have any questions or need help filling in the questionnaire email [HELPLINE EMAIL]"</p>	<p>2021 wording: "If you have any questions or need help filling in the questionnaire, please send an email to: [HELPLINE EMAIL]"</p>
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- Feedback from last year said many people called the helpline about paper questionnaires. To reduce the number of queries, a paper questionnaire will be sent with

the 3rd mailing letter. The text on the first two mailing letters was amended to reflect this change:

2020 wording: “If you would like a paper version of the questionnaire, please call [Freephone] [HELPLINE NUMBER] or email [HELPLINE EMAIL].”	2021 wording: “If you would like a paper version of the questionnaire, you don't need to contact us - one will be sent in the next few weeks.”
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3.1.2 Dissent poster

The dissent poster was translated into three additional languages this year: Bulgarian, Lithuanian and Tamil. This means the dissent poster for 2021 is now available in available in English and fourteen other most commonly spoken languages.

4 Changes to the questionnaire

The Adult Inpatient survey was developed in 2002 and involved significant consultation and development with relevant stakeholders and patients. Since 2002, there has continued to be significant involvement of patients in reviewing and shaping the inpatient survey. In 2019 a pilot was conducted to investigate whether a move to a mixed method approach (postal self-completion and an online survey) would offer a robust and cost-effective approach to conducting the NPSP, and whether this approach would impact non-response bias. A total of 5,083 patients took part in this pilot and the results indicated a mixed methods approach was accepted by patients and concluded there was no significant impact on the demographic profile of patients responding to the survey.

The results also indicated that a break in trends would happen following the move to mixed methods, which provided a valuable opportunity to thoroughly review the questionnaire in order to reduce the length and review the content of the questionnaire. Patients, the public and external stakeholders were involved in the redevelopment process through depth interviews, focus groups and consultations.

Given this extensive redevelopment of the questionnaire in 2020, this year's survey has remained consistent in order to preserve trends. However, some changes have been made, and are detailed below.

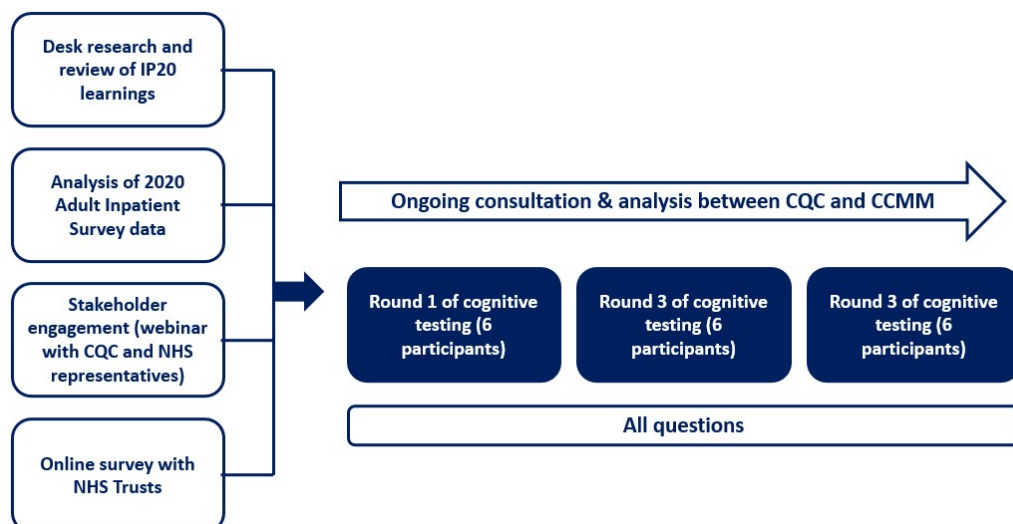
4.1 Methods of engagement

Following the redesign of the questionnaire in 2020, the 2021 questionnaire was reviewed to ensure that:

1. The IP20 questions were understood and answered correctly by respondents, so that potential changes could be made to improve comprehension.
2. The questionnaire content reflects any new changes to healthcare policies and the changing COVID-19 situation.

During the questionnaire development process, stakeholders and NHS trusts were invited to provide their opinions. All revisions to the questionnaire were then cognitively tested with patients to ensure comprehension and relevance. An overview of the questionnaire development process is shown in Figure 4.1.

Figure 4.1: The questionnaire development process



4.1.2 Desk Research and IP20 learnings review

Given the changing nature of healthcare services, redevelopment of the questionnaire was accompanied by desk research on new policies and changes to healthcare that could impact inpatients' experiences. It covered policies made in response to the COVID-19 pandemic and general policy changes due to come into effect in 2021. The findings from this desk research helped inform the Trust Survey (section 4.1.5 below).

A review of learnings from last year's survey was conducted, focusing on any frequently asked questions from patients and discussions with the IP20 data analysis team. This helped clarify any areas that may need review and questions that were not used in analysis that could be removed.

4.1.3 Analysis of 2020 Adult Inpatient Survey data

Analysis of previous Adult Inpatient Survey data was conducted to identify which questions appeared to be "working well", and those that were less efficient. This analysis included the following:

- **Correlation between questions:** Where the questionnaire contains questions on similar topics, it is insightful to explore the extent to which they are perceived as asking about distinct concepts. Where correlation between responses to two questions is high, it may be that respondents are not able to meaningfully distinguish between the concepts asked about.
- **Ceiling and floor effects:** Floor and ceiling effects suggest that there is more variance in the concept being measured than the questionnaire response scale will accommodate. For example, a ceiling effect (where a high proportion of participants are giving the most positive response option) may indicate the scale does not adequately capture the positivity felt by respondents.

- **Non-response:** A high proportion of respondents not answering a question or answering a question as 'Not Applicable' suggests the question may not be relevant to their experience.
- **Cleaned answers:** Where respondents answer a question they should not have answered (i.e. if they did not follow the routing instructions), their answers are cleaned, or removed to ensure consistency. A high proportion of cleaned answers suggests that the routing instructions or question wording may not be as clear as they could be.

4.1.4 Stakeholder engagement

CQC and NHS representatives were engaged to discuss changes to the patient landscape that may impact the inpatient experience. Topics discussed included the Discharge to Assess model, COVID-19 protocols, guidance and visiting restrictions and recommendations from the independent review of NHS hospital food. This discussion helped finalise the proposed changes to the questionnaire (including new questions) that were then cognitively tested (see Section 4.1.6 below).

4.1.5 Online survey with NHS trusts

All NHS trusts that participate in the Adult Inpatient Survey were invited to share their views via an online survey. Trusts were asked about changes undertaken in the previous year or which were planned to be undertaken in the next year that would impact the inpatient experience. Topics included: COVID-19 protocols and restrictions, ways for inpatients to communicate with family and friends, changes to hospital food, wearable technology, discharge pathways and information provided to patients after leaving hospital. A total of 38 trusts completed the survey.

4.1.6 Cognitive testing

The CQC and CCMM revised the questionnaire based on best-practice and feedback from stakeholders and NHS trusts. All revisions were then cognitively tested with patients. Cognitive interviews are a type of in-depth interview that serve to test both how the wording of individual questions is understood and how sets of questions work to influence each other in the context of a wider questionnaire. Specifically, cognitive interviews aim to determine how individuals perceive each question alone and as part of a survey instrument. The key objectives of testing the questionnaire were to ensure participants understand the questions, feel willing and able to answer them, and will provide accurate and valid responses. In addition, the cognitive interviews also aimed to understand whether the questions cover all circumstances and whether the guidance text and routing was working as intended. Given the extensive testing of the whole survey during the IP20 development process, the only questions that were cognitively tested for IP21 were new questions and questions that were changed (questions where an explanation or new answer codes were added).

Although there were no legal COVID-19 restrictions during the cognitive interview fieldwork period, the interviews were conducted online using MS Teams to ensure interviewers' and interviewees' safety. The interviewees were sent a copy of the questionnaire by email and asked to use a "think aloud" technique whereby the participant talked through their thought

processes as they completed the questionnaire. The interviewer then asked about specific aspects of the questionnaire to understand how participants determine their answer to each question and to ensure that questions are understood as intended. Participants' feedback was then used to clarify question meaning where necessary and improve the questions.

Testing was conducted between 15th September 2021 – 11th October 2021. The approach involved three rounds of cognitive interviewing with patients so that changes could be made iteratively. In total 18 interviews lasting between 45-60 minutes each were completed, with six interviews in each wave. Patients were recruited using a detailed screening questionnaire, to identify individuals who had been inpatients within the last 12 months and to ensure a mix of demographic factors such as:

- Gender
- Age
- Ethnicity
- Region (including a spread of urban vs. rural)
- Social grade
- Route of admission to hospital (emergency or planned)
- Length of hospital stay (one night or more than one night)
- Reason for hospital stay (related to COVID-19 or not related to COVID-19)
- Level of online literacy

Following the completion of each round of interviews an analysis session was held, as well as a debrief with the CQC. The questionnaire was iteratively improved for each round of testing and the issues to resolve became more specific as general clarifications were implemented.

The finalised questionnaire was also sent to be reviewed by NHS England.

4.2 Changes to the questionnaire

Overall, there were few changes to the questionnaire, resulting in a length of 59 questions (compared with 58 previously). These changes are outlined in detail below.

4.2.1 Questions removed from the questionnaire

The review of the IP20 data showed most questions were being answered appropriately and few questions overlapped. Therefore, there was no need to remove questions on this basis. The one question removed from the questionnaire (shown in Table 5.1) was not used in IP20 analysis.

Table 4.1: Questions removed from the questionnaire

Question removed	Rationale for removal
Did you ever stay in a hospital room or ward for those with coronavirus (COVID-19) or suspected coronavirus?	This question was not used in IP20 analysis.

4.2.2 Questions amended in the questionnaire

Data reviews, stakeholder engagement and cognitive testing confirmed the questionnaire content was broadly correct, therefore the IP21 questionnaire remains similar to the IP20 questionnaire. A few amendments have been made to:

- reflect the current COVID-19 situation
- include explanatory text to make the question clearer
- introduce new questions covering access to food and understanding of information provided.

All amendments to the questionnaire are detailed below, alongside the rationale for any changes.

Section 2: The Hospital and Ward

Previous wording (2020)	Updated wording (2021)	Rationale for change
There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay? 1. Yes, often 2. Sometimes 3. No, never 4. No, I did not need to 5. There were no restrictions on visitors 6. Don't know / can't remember	Did you get help from staff to keep in touch with your family and friends? 1. Yes, always 2. Sometimes 3. No, but I would have liked help 4. No, I did not need help 5. I did not want to keep in touch 6. Don't know / can't remember	Wording around COVID-19 visiting restrictions was removed to reflect current situation. New question focuses on what staff is doing to help patients keep in touch.

<p>Were you offered food that met any dietary needs you had?</p> <ol style="list-style-type: none"> 1. Yes, always 2. Sometimes 3. No, never 4. I did not have any dietary requirements 	<p>Were you offered food that met any dietary needs or requirements you had?</p> <p>This could include religious, medical or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food.</p> <ol style="list-style-type: none"> 1. Yes, always 2. Sometimes 3. No, never 4. I did not have any dietary needs or requirements 5. I was fed through tube feeding.....Go to 15 6. I did not have any hospital food.....Go to 15 	<p>Explanation was added to make question clearer. Routing changed to direct to appropriate question.</p>
<p>How would you rate the hospital food?</p> <ol style="list-style-type: none"> 1. Very good 2. Fairly good 3. Neither good nor poor 4. Fairly poor 5. Very poor 6. I was fed through tube feeding.....Go to 14 7. I did not have any hospital food.....Go to 14 	<p>How would you rate the hospital food?</p> <ol style="list-style-type: none"> 1. Very good 2. Fairly good 3. Neither good nor poor 4. Fairly poor 5. Very poor 	<p>Routing changed to direct to appropriate question.</p>
<p>N/A – This is a new question</p>	<p>Were you able to get hospital food outside of set meal times?</p> <p>This could include additional food if you missed set meal times due to operations/procedures or another reason.</p> <ol style="list-style-type: none"> 1. Yes, always 2. Sometimes 3. No, never 4. I did not need this 5. Don't know / can't remember 	<p>This new question will help understand access to food /timeliness of accessing food (e.g. around planned procedures).</p>

Section 5: Your Care and Treatment

Previous wording (2020)	Updated wording (2021)	Rationale for change
<p>Were you able to discuss your condition or treatment with hospital staff without being overheard?</p> <ol style="list-style-type: none"> 1. Yes, always 2. Sometimes 3. No, never 4. I did not want this 	<p>Were you able to discuss your condition or treatment with hospital staff without being overheard?</p> <ol style="list-style-type: none"> 1. Yes, always 2. Sometimes 3. No, never 4. I did not want this 5. Don't know / can't remember 	<p>Code added to allow for respondents to answer 'Don't know / can't remember'. This is consistent with other questions in this section.</p>

Section 7: Leaving Hospital

Previous wording (2020)	Updated wording (2021)	Rationale for change
<p>Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?</p> <p>1.Yes 2.No 3.Don't know / can't remember</p>	<p>Before you left hospital, were you given any information about what you should or should not do after leaving hospital? This includes any verbal, written or online information.</p> <p>1.Yes 2.No.....Go to 41 3.Don't know / can't rememberGo to 41</p>	<p>Explanation was added to encompass all information provided (not just written).</p>
<p>N/A – This is a new question</p>	<p>To what extent did you understand the information you were given about what you should or should not do after leaving hospital?</p> <p>1. Very well 2. Fairly well 3. Not very well 4. Not at all well 5. Don't know / can't remember</p>	<p>This new question aims to capture understanding of information, rather than just provision of information, in order to assess whether trusts are providing information that is understood by patients.</p>

Section 9: About You

Previous wording (2020)	Updated wording (2021)	Rationale for change
<p>Do any of these conditions reduce your ability to carry out day-to-day activities?</p>	<p>Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities?</p>	<p>Explanation was added to make question clearer.</p>

Appendix

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5 Appendix: Questionnaire changes

Table 5.1 presents a comparison of all questions from the 2020 and 2021 Inpatient surveys.

Table 5.1: Questionnaire comparison

Section 1: Admission to hospital

2020 Wording	2021 Wording
Q1. Was your most recent overnight hospital stay planned in advance or an emergency?	Q1. Was your most recent overnight hospital stay planned in advance or an emergency?
Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?
Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?
Q4. Did you ever stay in a hospital room or ward for those with coronavirus (COVID-19) or suspected coronavirus?	Q4. Did you get help from staff to keep in touch with your family and friends?
Q4A. There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?	N/A – question removed.

Section 2: The hospital and ward

2020 Wording	2021 Wording
Q5. Were you ever prevented from sleeping at night by any of the following? <i>Please put an x in all the boxes that apply to you.</i>	Q5. Were you ever prevented from sleeping at night by any of the following? <i>Please put an x in all the boxes that apply to you.</i>
Q6. Did you ever change wards during the night?	Q6. Did you ever change wards during the night?

Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
Q8. How clean was the hospital room or ward that you were in?	Q8. How clean was the hospital room or ward that you were in?
Q9. Did you get enough help from staff to wash or keep yourself clean?	Q9. Did you get enough help from staff to wash or keep yourself clean?
Q10. If you brought medication with you to hospital, were you able to take it when you needed to?	Q10. If you brought medication with you to hospital, were you able to take it when you needed to?
Q11. Were you offered food that met any dietary requirements you had?	Q11. Were you offered food that met any dietary needs or requirements you had? <i>This could include religious, medical, or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food.</i>
Q12. How would you rate the hospital food?	Q12. How would you rate the hospital food?
Q13. Did you get enough help from staff to eat your meals?	Q13. Did you get enough help from staff to eat your meals?
N/A – new question.	Q14. Were you able to get hospital food outside of set meal times? <i>This could include additional food if you missed set meal times due to operations/procedures or another reason.</i>
Q14. During your time in hospital, did you get enough to drink?	Q15. During your time in hospital, did you get enough to drink?

Section 3: Doctors

2020 Wording	2021 Wording
Q15. When you asked doctors questions, did you get answers you could understand?	Q16. When you asked doctors questions, did you get answers you could understand?
Q16. Did you have confidence and trust in the doctors treating you?	Q17. Did you have confidence and trust in the doctors treating you?

Q17. When doctors spoke about your care in front of you, were you included in the conversation?	Q18. When doctors spoke about your care in front of you, were you included in the conversation?
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Section 4: Nurses

2020 Wording	2021 Wording
Q18. When you asked nurses questions, did you get answers you could understand?	Q19. When you asked nurses questions, did you get answers you could understand?
Q19. Did you have confidence and trust in the nurses treating you?	Q20. Did you have confidence and trust in the nurses treating you?
Q20. When nurses spoke about your care in front of you, were you included in the conversation?	Q21. When nurses spoke about your care in front of you, were you included in the conversation?
Q21. In your opinion, were there enough nurses on duty to care for you in hospital?	Q22. In your opinion, were there enough nurses on duty to care for you in hospital?

Section 5: Your care and treatment

2020 Wording	2021 Wording
Q22. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?
Q23. To what extent did staff looking after you involve you in decisions about your care and treatment?	Q24. To what extent did staff looking after you involve you in decisions about your care and treatment?
Q24. How much information about your condition or treatment was given to you?	Q25. How much information about your condition or treatment was given to you?
Q25. Did you feel able to talk to members of hospital staff about your worries and fears?	Q26. Did you feel able to talk to members of hospital staff about your worries and fears?

Q26. Were you able to discuss your condition or treatment with hospital staff without being overheard?	Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard?
Q27. Were you given enough privacy when being examined or treated?	Q28. Were you given enough privacy when being examined or treated?
Q28. Do you think the hospital staff did everything they could to help control your pain?	Q29. Do you think the hospital staff did everything they could to help control your pain?
Q29. Were you able to get a member of staff to help you when you needed attention?	Q30. Were you able to get a member of staff to help you when you needed attention?

Section 6: Operations and procedures

2020 Wording	2021 Wording
Q30. During your stay in hospital, did you have any operations or procedures? <i>Please do not include blood tests, scans or x-rays.</i>	Q31. During your stay in hospital, did you have any operations or procedures? <i>Please do not include blood tests, scans or x-rays.</i>
Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?
Q32. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?
Q33. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?

Section 7: Leaving hospital

2020 Wording	2021 Wording
Q34. To what extent did staff involve you in decisions about you leaving hospital?	Q35. To what extent did staff involve you in decisions about you leaving hospital?
Q35. To what extent did hospital staff take your family or home situation into	Q36. To what extent did hospital staff take your family or home

account when planning for you to leave hospital?	situation into account when planning for you to leave hospital?
Q36. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?
Q37. Were you given enough notice about when you were going to leave hospital?	Q38. Were you given enough notice about when you were going to leave hospital?
Q38. Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital? <i>This includes any verbal, written or online information.</i>
N/A – new question.	Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?
Q39. Thinking about any medicine you were to take at home, were you given any of the following? <i>Please put an x in all the boxes that apply to you.</i>	Q41. Thinking about any medicine you were to take at home, were you given any of the following? <i>Please put an x in all the boxes that apply to you.</i>
Q40. Before you left hospital, did you know what would happen next with your care?	Q42. Before you left hospital, did you know what would happen next with your care?
Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
Q42. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? <i>Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.</i>	Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? <i>Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector.</i>

Q43. Where did you go after leaving hospital?	Q45. Where did you go after leaving hospital?
Q44. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Section 8: Overall

2020 Wording	2021 Wording
Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?
Q46. Overall, how was your experience while you were in the hospital? <i>Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.</i>	Q48. Overall, how was your experience while you were in the hospital? <i>Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.</i>
Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?	Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?

Section 9: About you

2020 Wording	2021 Wording
Q48. Who was the main person or people that filled in this questionnaire?	Q50. Who was the main person or people that filled in this questionnaire?
Q49. Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more? <i>Please put an x in all the boxes that apply to you.</i>	Q51. Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more? <i>Please put an x in all the boxes that apply to you.</i>
Q50. Do any of these reduce your ability to carry out day-to-day activities?	Q52. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities?

<p>Q51. Have you experienced any of the following in the last 12 months? <i>Please put an x in all the boxes that apply to you.</i></p>	<p>Q53. Have you experienced any of the following in the last 12 months? <i>Please put an x in all the boxes that apply to you.</i></p>
<p>Q52. What was your year of birth?</p>	<p>Q54. What was your year of birth?</p>
<p>Q53. At birth were you registered as...</p>	<p>Q55. At birth were you registered as...</p>
<p>Q54. Is your gender the same as the sex you were registered as at birth?</p>	<p>Q56. Is your gender the same as the sex you were registered as at birth?</p>
<p>Q55. What is your religion?</p>	<p>Q57. What is your religion?</p>
<p>Q56. Which of the following best describes your sexual orientation?</p>	<p>Q58. Which of the following best describes your sexual orientation?</p>
<p>Q57. What is your ethnic group? <i>Please cross x in ONE box only.</i></p>	<p>Q59. What is your ethnic group? <i>Please cross x in ONE box only.</i></p>

