

NHS Inpatient Survey 2022

Survey development report

December 2022



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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 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, and the 2021 survey followed suit with a response rate of 39% which was consistent with other surveys in the NPSP. The 2022 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 2022 Adult Inpatient Survey will remain largely similar to the 2021 and 2020 iterations of the survey. This report outlines any changes made. The changes are summarised in Table 1.1.

Table 1.1: Overview of 2022 Adult Inpatient Survey changes

Strand	Summary of changes	Chapter
Sampling	<ul style="list-style-type: none"> ▪ Removal of CCG codes. ▪ Removal of COVID-19 variables. ▪ Removal of treatment centre admission codes ▪ Addition of new variable – Decided to admit date 	Chapter 2
Materials	<ul style="list-style-type: none"> ▪ There will be two additional letters provided for mailing 1 and mailing 2 for those 80+ following a new targeted paper mailing approach. ▪ The time of day SMS reminders are sent has changed to optimise response, and there is an additional day between sending mailing 1 and sending SMS1 (same for M2 and SMS2). 	Chapter 3
Questionnaire	<p>Updated questions to ensure content remains in line with current policy and practice, that includes:</p> <ul style="list-style-type: none"> ▪ Removal of questions related to COVID-19 restrictions or that had high correlation with other questions in IP21. 	Chapter 4

	<ul style="list-style-type: none">▪ New questions on impact of waiting lists on general health, family/carer involvement in discharge plans and whether patients' long-term conditions were taken into account during their care.• A recontact question at the end of the online survey, asking patients if they give consent to be recontacted and for their personal information to be linked to their survey responses.• A question providing the option for respondents to input an email address at the end of the online survey if they would like to be contacted when the results are published	
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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, at <https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2022/>. This document outlines 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, changes were made to the collection of variables compared to 2021. The sampling materials (Sample Declaration form, Sample Construction spreadsheet, Survey Handbook and Sampling Instructions) were updated to reflect these changes to the collection of variables.

1. Removed variables

Findings from the 2021 Adult Inpatient Survey show that COVID-19 variables are not comparable year on year, due to changes in how trusts are recording this information. Treatment centre admission codes were not used in analysis for the 2021 Adult Inpatient Survey and CCG codes are no longer used by trusts. As a result we removed the following variables:

- COVID-19 variables
- Treatment centre admission codes
- CCG codes

2. New variable

Findings from the scoping phase of 2022 Adult Inpatient Survey suggested there is an interest in the relationship between the deterioration of a patient's condition and the length of waiting list time. As a result, a new mandatory variable called 'Decided to admit date' was introduced. This

should reflect the period of time that the patient was on the waiting list prior to hospital admission on the sample file.

2.2 Changes to sampling materials

The sampling materials have been streamlined and updated to reflect the changes above. The Sampling Instructions include more information on the new 'Decided to admit date' variable. The instructions on submitting additional variables have been updated to reflect the removal of COVID-19 variables.

3 Changes to materials

The process for contacting patients has remained largely consistent with last year's approach. However, there has been a change in mailing approach for those aged over 80 with anyone born in 1941 or earlier to receive an additional paper questionnaire in mailing 1. Therefore, this group will also receive a slightly different letter for mailing 1 and 2.

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. The initial mailing for those aged 80 and over invites patients to take part as soon as possible and includes a paper questionnaire. Four 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 and 2021 iterations of the survey, but this year there is an additional day between sending mailing 1 and SMS 1 to account for potential postal delays.

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 4 days later with an SMS. Again, those aged 80 and over are sent a slightly different letter inviting them to take part as soon as possible rather than referring to taking part online.

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 2021 fieldwork period.

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

3.1.1 Mailing letters 1 and 2

Patients sampled for the survey are sent three letters. The letters for the 2022 survey remain largely the same as the ones used in 2021, except for some minor changes:

- Analysis showed that those aged 80 and over are more likely to take part on paper and feedback from last year said many people called the helpline about paper questionnaires. To reduce the number of queries and increase the response rate for those aged 80 and over, there are different mailing letters 1 and 2 for this group:

<p>Mailing letter 1 and 2 wording for patients aged 80 and over: “You can complete the survey online or on paper Please take part as soon as possible.”</p>	<p>Mailing letter 1 and 2 wording (for all other participants): “Please take part online as soon as possible. This can be done on a computer, tablet or smartphone.”</p>
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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 in-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.

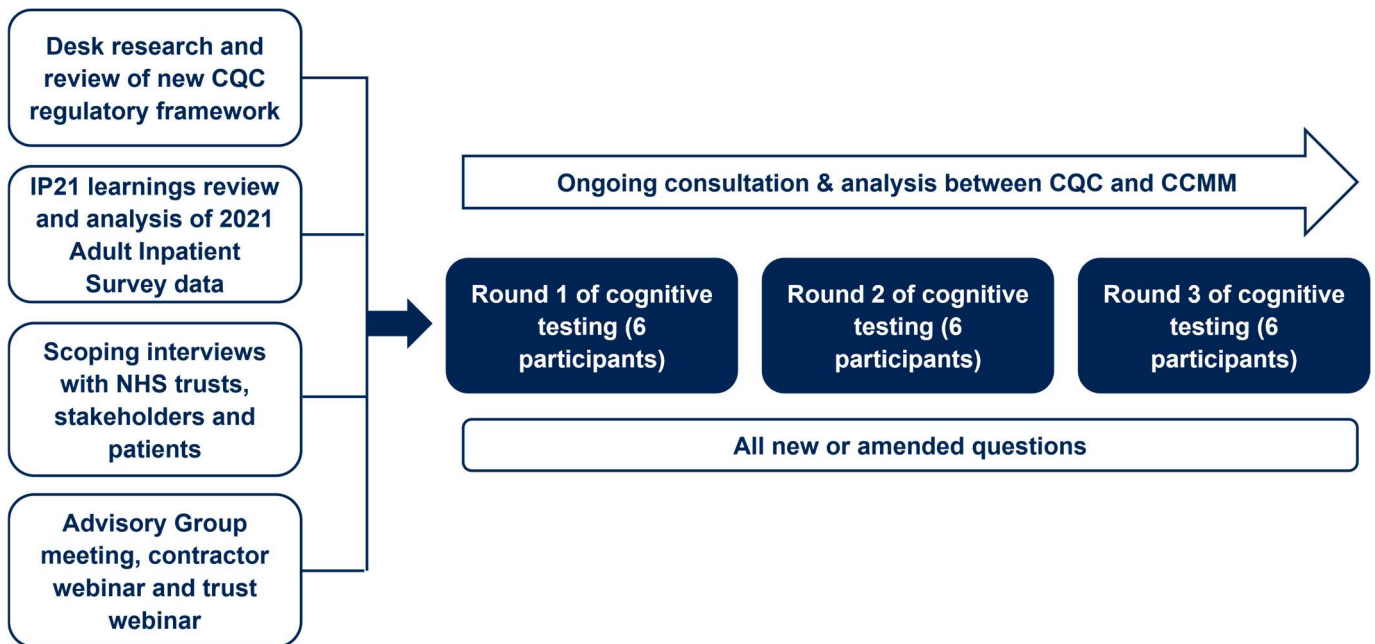
4.1 Methods of engagement

Following the redesign of the questionnaire in 2020, the 2022 questionnaire was reviewed to ensure that:

1. The IP21 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, emerging areas of interest for stakeholders and the changing COVID-19 situation.

During the questionnaire development process, patients, 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. The 2021 Adult Inpatient Survey was used to identify relevant areas of focus. Desk research then covered changes to policies made since August related specifically to key areas of the IP21 questionnaire. This included planning for discharge, the impact of waiting lists on patients' health and experience of patients with long-term conditions.

A review of learnings from last year's survey was conducted, focusing on any frequently asked questions from patients and discussions with the IP21 data analysis team. This helped clarify any areas that may need review and questions that were not used in analysis or had high correlation with other questions that could be removed.

4.1.3 Analysis of 2021 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.

In the example that routing has not been followed correctly and a participant has provided an answer to a question that did not apply to them, the answer is removed and reset to missing. If they have not answered the filter question, then the filter question is set to missing. The proportion of responses cleaned in this way for the Adult Inpatient Survey in 2021 was low, ranging from 0.1 to 4.0%.

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 increase in waiting times for planned procedures, patients experience of the discharge, the issue of whether patients' comorbidities are taken into account during their care, and the potential of including a recontact question. This discussion helped finalise the proposed changes to the questionnaire (including new questions) that were then cognitively tested (see Section 4.1.5 below).

4.1.5 Cognitive testing

The CQC and CCMM revised the questionnaire based on best-practice and feedback from stakeholders, patients 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 cognitive testing for IP22 focussed on testing new or amended questions, and the questions surrounding any changes to check flow and routing.

Although there were no legal COVID-19 restrictions during the cognitive interview fieldwork period, the interviews were conducted online using MS Teams or over the telephone to ensure interviewers' and interviewees' safety. This also allowed for an adequate geographical spread of participants. 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 4th October 2022 – 3rd November 2022. 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 58 questions (compared with 59 previously). These changes are outlined in detail below.

4.2.1 Questions removed from the questionnaire

The review of IP21 data showed a high correlation for two questions, which were therefore removed on this basis. Additionally, a question that was introduced in the context of COVID-19 restrictions in hospitals during the pandemic was removed as policies have since changed. Table 4.1 below summarises the questions removed from the questionnaire, and Table 5.1 presents a full comparison of 2021 and 2022 questions.

Table 4.1: Questions removed from the questionnaire

Question removed	Rationale for removal
Did you get help from staff to keep in touch with your family and friends?	Changes in COVID-19 restrictions make this question no longer relevant.
Were you able to discuss your condition or treatment with hospital staff without being overheard?	IP21 analysis showed high correlation with other questions.
Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	IP21 analysis showed high correlation with other questions.

4.2.2 Questions amended in the questionnaire

Data reviews, stakeholder engagement and cognitive testing confirmed the questionnaire content was broadly correct, therefore the IP22 questionnaire remains similar to the IP21 questionnaire. A few amendments have been made to:

- reflect the current COVID-19 situation
- introducing two new questions, covering:
 - whether waiting lists have had an impact on the general health of patients experiencing planned admissions to hospital.
 - whether patients felt that their long-term condition (selected at Q49) was taken into account whilst they were in hospital.
- Amending a question to assess whether patients' family or carers have been involved in discussions around planning for discharge.

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

Section 1: Admission to Hospital

Previous wording (2021)	Updated wording (2022)	Rationale for change
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N/A – This is a new question	<p>While you were on the waiting list to be admitted to hospital, to what extent, if at all, do you feel your health changed?</p> <ol style="list-style-type: none"> 1. It got much better 2. It got a bit better 3. It stayed about the same 4. It got a bit worse 5. It got much worse 6. Don't know / can't remember 	This new question will help understand whether deterioration of general health has occurred during waiting periods, and the severity of that deterioration.
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Section 7: Leaving Hospital

Previous wording (2021)	Updated wording (2022)	Rationale for change
<p>To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?</p> <ol style="list-style-type: none"> 1. A great deal 2. A fair amount 3. Not very much 4. Not at all 5. It was not necessary 6. Don't know / can't remember 	<p>To what extent did hospital staff involve your family or carers in discussions about you leaving?</p> <ol style="list-style-type: none"> 1. A great deal 2. A fair amount 3. Not very much 4. Not at all 5. It was not necessary 6. Don't know / can't remember 	This question was amended to assess whether patients' family or carers were involved in discussions around planning of discharge. It was identified as an area of interest from scoping interviews and an advisory group meeting.

Section 9: About You

Previous wording (2021)	Updated wording (2022)	Rationale for change
N/A – This is a new question	Thinking about the condition(s) you selected, were these taken into account during your care and treatment, whilst you were in hospital?	This new question will look at whether long term conditions / additional health needs were taken into account in care and treatment plans.

Online survey only

Previous wording (2021)	Updated wording (2022)	Rationale for change
N/A – This is a new question	Q. The Care Quality Commission (CQC), or an organisation working on behalf of CQC, may wish to contact you within the next 12	This new question will ask whether patients are happy for their survey responses to be linked to their contact details for the purpose of

	<p>months to carry out a follow up interview or survey regarding your inpatient experience.</p> <p>This will not affect the care you receive in any way. The answers you have provided in today's survey are still valuable regardless of whether you agree to be contacted about future research.</p> <p>Are you willing for your answers to be linked to your contact details and to be contacted by the CQC or an organisation working on their behalf for further research?</p> <ul style="list-style-type: none"> - Yes, I am happy for my answers to be linked to my contact details and to be contacted (I understand that this does not mean that I would have to take part in any future surveys or research) - No, I would not like to be re-contacted. 	recontact about future research.
N/A – This is a new question	<p>If you would like us to tell you about the results of this survey, please provide your email address below.</p> <ul style="list-style-type: none"> - [TEXT BOX TO ENTER EMAIL ADDRESS] - No, don't tell me about the results 	This new question will identify whether patients would like to be notified when the results of the survey are published.

Appendix

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5 Appendix: Questionnaire changes

Table 5.1 presents a comparison of all questions from the 2021 and 2022 Inpatient surveys.

Table 5.1: Questionnaire comparison

Section 1: Admission to hospital

2021 Wording	2022 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?
N/A – new question	Q3. While you were on the waiting list to be admitted to hospital, to what extent, if at all, do you feel your health changed?
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. 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 get help from staff to keep in touch with your family and friends?	N/A – question removed.

Section 2: The hospital and ward

2021 Wording	2022 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 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>	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?
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. 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>
Q15. During your time in hospital, did you get enough to drink? <i>Please put an X in all the boxes that apply to you.</i>	Q15. During your time in hospital, did you get enough to drink? <i>Please put an X in all the boxes that apply to you.</i>

Section 3: Doctors

2021 Wording	2022 Wording
Q16. 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?
Q17. Did you have confidence and trust in the doctors treating you?	Q17. Did you have confidence and trust in the doctors treating you?

Q18. 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

2021 Wording	2022 Wording
Q19. 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?
Q20. Did you have confidence and trust in the nurses treating you?	Q20. Did you have confidence and trust in the nurses treating you?
Q21. 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?
Q22. 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

2021 Wording	2022 Wording
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. 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?
Q24. 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?
Q26. 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?

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

Section 6: Operations and procedures

2021 Wording	2022 Wording
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>	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>
Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?
Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	N/A – Question removed
Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	Q32. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?

Section 7: Leaving hospital

2021 Wording	2022 Wording
Q35. To what extent did staff involve you in decisions about you leaving hospital?	Q33. To what extent did staff involve you in decisions about you leaving hospital?
Q36. To what extent did hospital staff take your family or home situation into account when planning for you to	N/A – Question removed

leave hospital?	
N/A – New question	Q34. To what extent did hospital staff involve your family or carers in discussions about you leaving 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?	Q35. 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?
Q38. Were you given enough notice about when you were going to leave hospital?	Q36. Were you given enough notice about when you were going to leave 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>	Q37. 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>
Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	Q38. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?
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>	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>
Q42. Before you left hospital, did you know what would happen next with your care?	Q40. Before you left hospital, did you know what would happen next with your care?
Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
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</i>	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</i>

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

2021 Wording	2022 Wording
Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?
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>	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>
Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?	Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?

Section 9: About you

2021 Wording	2022 Wording
Q50. Who was the main person or people that filled in this questionnaire?	Q48. Who was the main person or people that filled in this questionnaire?
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>	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>

Q52. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities?	Q50. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities?
N/A – New question	Q51. Thinking about the condition(s) you selected, were these taken into account during your care and treatment, whilst you were in hospital?
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>	Q52. 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>
Q54. What was your year of birth?	Q53. What was your year of birth?
Q55. At birth were you registered as...	Q54. At birth were you registered as...
Q56. Is your gender the same as the sex you were registered as at birth?	Q55. Is your gender the same as the sex you were registered as at birth?
Q57. What is your religion?	Q56. What is your religion?
Q58. Which of the following best describes your sexual orientation?	Q57. Which of the following best describes your sexual orientation?
Q59. What is your ethnic group? <i>Please cross x in ONE box only.</i>	Q58. What is your ethnic group? <i>Please cross x in ONE box only.</i>

Online survey only

2021 Wording	2022 Wording
N/A – New question	<p>Q. The Care Quality Commission (CQC), or an organisation working on behalf of CQC, may wish to contact you within the next 12 months to carry out a follow up interview or survey regarding your inpatient experience.</p> <p>This will not affect the care you receive in any way. The answers you have provided in today's survey are still valuable regardless of whether</p>

	<p>you agree to be contacted about future research.</p> <p>Are you willing for your answers to be linked to your contact details and to be contacted by the CQC or an organisation working on their behalf for further research?</p> <ul style="list-style-type: none"> - Yes, I am happy for my answers to be linked to my contact details and to be contacted (I understand that this does not mean that I would have to take part in any future surveys or research) - No, I would not like to be re-contacted.
<p>N/A – New question</p>	<p>If you would like us to tell you about the results of this survey, please provide your email address below.</p> <ul style="list-style-type: none"> - [TEXT BOX TO ENTER EMAIL ADDRESS] - No, don't tell me about the results

