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# Survey Development Report

2024 Adult Inpatient Survey

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Author: Survey Coordination Centre (SCC), Picker

Picker

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Picker Institute Europe

Suite 6, Fountain House,

1200 Parkway Court,

John Smith Drive,

Oxford OX4 2JY

Tel: 01865 208100

General Picker Email: [Info@PickerEurope.ac.uk](mailto:Info@PickerEurope.ac.uk)

Adult Inpatient Survey Team Email: [inpatient@surveycoordination.com](mailto:inpatient@surveycoordination.com)

Picker Website: [picker.org](http://www.picker.org)

NHS Patient Surveys Website: [www.nhssurveys.org](http://www.nhssurveys.org)

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# Updates

Before using this document, please check that you have the latest version, as small amendments are made from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will email all Trust contacts and contractors directly to inform them of the change.

This document is available from the [NHS surveys website](https://nhssurveys.org/).

# Questions and comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please [contact the Survey Coordination Centre](https://nhssurveys.org/contact-us/) at Picker (SCC) using the details provided above.

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# 1. Background

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), provides a platform for patients and the public to share their recent experiences of NHS services. The programme encompasses the Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People’s Survey, and Urgent and Emergency Care Survey.

The Survey Coordination Centre (SCC), commissioned by the CQC, is responsible for conducting the 2024 Adult Inpatient Survey (IP24). The Adult Inpatient survey is the most established survey within the NPSP and has been in place since 2002. The results from the Adult Inpatient Survey will be instrumental in evaluating NHS performance. The CQC will utilise these findings for regulatory purposes, including monitoring ongoing compliance and conducting reviews. Locally, Trusts will leverage the survey results to track performance and foster improvements and initiatives.

The survey underwent a significant overhaul in 2020 as it transitioned to a mixed-mode approach, resulting in comprehensive questionnaire changes. The 2021 survey followed suit, achieving a response rate of 39%, consistent with other NPSP surveys. The 2022 and 2023 Adult Inpatient Surveys continued with the same mixed-method approach achieving a response rate of 40% and 41.7% respectively.

Efforts to maintain trend data means that the 2024 questionnaire has undergone minimal changes. However, notable additions include the incorporation of questions regarding patients’ experience with care in unconventional locations in the hospital and the expansion of questions addressing patients’ individual needs. This report outlines any modifications made to ensure the survey remains effective and relevant.

## 1.1 Summary of changes

Based on desk research and consultations with stakeholders, several changes were implemented. This report sets out the phases of development work and provides a detailed account of the results of the consultation process.

In summary, the main changes to the methodology, survey materials and questionnaire content for the 2024 survey are summarised below.

**Survey materials:**

* The covering letters were slightly amended to note ‘discharge site name’ instead of ‘site name’ and discharge date was added. This was done to improve clarity for patients when providing their feedback.
* The Multi-language sheet was slightly amended to ask patients for help to improve NHS services.
* The SMS guidance was updated to note ‘discharge site name’ instead of ‘site name’.
* The phrase *‘The NHS Adult Inpatient Survey has Section 251 (NHS Act 2006) approval to process contact details’* was added to both the social media cards and the press release template.
* The mailing schedule for patient communications during fieldwork was adjusted to 5 working days (up from 4 working days for IP23) following discussions with contractors and feedback from IP23 regarding overlap issue of mailing letters and SMS reminders.

**Question additions:**

* Two new questions concerning patients’ experience with care in unconventional locations within the hospital.
  + A question regarding the location outside of the ward, where patients waited after arrival at the hospital (if they had to wait).
  + A question for patients who waited at another location within the hospital, regarding the length of time they had to wait.
* One new question regarding patient’s individual needs explored in further detail i.e. whether patient’s language, cultural, religious, dietary and accessibility needs were addressed.

**Amendments to existing questions:**

* Minor grammatical amendments to a variety of questions throughout the questionnaire to improve readability and consistency of question format.
* A new code ‘not applicable’ added to Q14 regarding help from staff to eat meals.

**Question removals:**

* Five questions were removed from the survey in total:
  + Two questions relating to the food provided during patients’ hospital stay
  + One question asking whether patients were given the opportunity to rate the quality of their care.
  + One question asking where patients went after they left the hospital.
  + One question regarding patient’s individual needs. The original version of this question was removed and replaced with a more detailed version exploring additional areas of patient needs identified during the development phase.

**New sample variables for 2024:**

* No new sample variables were included for the 2024 Adult Inpatient Survey.

# 2. Survey Development Activities

The scoping and consultation phases of the project were completed by the SCC, with support from the research team at CQC. The following areas were considered for the review including learnings and Trust feedback from previous surveys, a review of the inclusion of virtual wards, the importance of addressing health inequalities and patient needs, and understanding the impact of ‘expectation bias’ on care expectations.

## 2.1 Questionnaire performance analysis

As part of the development process, analysis was conducted on the performance of the 2023 questionnaire. This analysis aimed to identify areas for improvement and refinement.

The 2023 questionnaire performance analysis focused on:

* Floor and ceiling effects, which occur when a high percentage of responses cluster at the lowest or highest ends of the response scale.
* Rates of missing or inapplicable responses, indicating potential issues with question relevance or skip logic.
* Correlation between questions, which may suggest overlap between questions in the survey.

The key findings from the analysis are as follows:

**Floor/ceiling effects:**

Any questions with >80% selection of one response option were flagged. These included (single coded questions):

* Did you have confidence and trust in the doctors treating you? ceiling effect - 83% of respondents selected ‘Yes’.
* Did you have confidence and trust in the nurses treating you? - ceiling effect - 80% of respondents selected ‘Yes’.
* How much information about your condition or treatment was given to you? ceiling effect - 80% of respondents selected 'About the right amount'.
* Were you given enough privacy when being examined or treated? ceiling effect - 91% of respondents selected 'Yes, always'.
* When leaving hospital, were you admitted onto a virtual ward, also known as hospital at home? ceiling effect - 90% of respondents selected 'No'.
* 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? ceiling effect - 82% of respondents selected 'Yes'.
* Overall, did you feel you were treated with kindness and compassion while you were in the hospital?’ ceiling effect - 83% of respondents selected ‘Yes, always’.
* Overall, did you feel you were treated with respect and dignity while you were in the hospital? ceiling effect - 85% of respondents selected ‘Yes, always’.

**Missing or inapplicable responses:**

For item non-response, all questions were explored which had a higher proportion of item non-response compared to the average. For non-specific response, >5% was flagged.

* Were you given enough information about the care and treatment you would receive while on a virtual ward? 35% of respondents provided a high proportion of inapplicable responses.
* Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward? 35% of respondents provided a high proportion of inapplicable responses.

This resulted in these question items being raised for review within the advisory group, discussed in section 2.3.

**High correlation between questions:**

Bivariate correlations were also run and correlations of > 0.6 were flagged for review. This value indicates a moderate-high positive correlation and was used as the threshold to ensure that no items/correlating pairs were missed. With this type of analysis, the existence of a correlation does not infer causality or suggest that question items are not valuable.

When developing the questionnaire, the following correlations were taken into consideration, as well as their value and purpose.

* 0.61 correlation between ‘Did you have confidence and trust in the nurses treating you?’ and ‘'When you asked nurses questions, did you get answers you could understand?'
* 0.64 correlation between ‘Were you given enough information about the care and treatment you would receive while on a virtual ward?’ and 'Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?'
* 0.66 correlation between ‘To what extent did staff involve you in decisions about you leaving hospital?’ and 'To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?'
* 0.62 correlation between ‘Overall, did you feel you were treated with kindness and compassion while you were in the hospital?’ and 'Did you have confidence and trust in the nurses treating you?'
* 0.60 correlation between ‘Overall, did you feel you were treated with respect and dignity while you were in the hospital?’ and 'Did you have confidence and trust in the nurses treating you?'
* 0.62 correlation between ‘Overall, how was your experience while you were in the hospital?’ and 'Did the hospital staff take into account your existing individual needs?'

This resulted in some of these question items being raised for review within the advisory group, discussed in section 2.3.

## 2.2 Patient Focus Groups

As part of the development of the 2024 Adult Inpatient Survey, two focus group discussions were conducted with a total of nine participants who have used NHS Adult Inpatient services at least once in the past 6 months and are aged 16 or over. Recruitment for the focus groups aimed to ensure a mix of demographic characteristics by asking volunteers to complete a screener survey to establish ethnicity, gender, age and geographical location. The final sample demographics were as follows:

Table 1: Patient focus groups - demographic profile of respondents

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographics** | **Variable** | **Group 1 (n=5)** | **Group 2 (n=4)** |
| Age groups | 16-35 year olds | 2 | 1 |
| 36-50 year olds | 2 | 2 |
| 51-65 year olds | 0 | 1 |
| 66-80 year olds | 0 | 0 |
| 81+ year olds | 1 | 0 |
| Gender | Male | 2 | 3 |
| Female | 3 | 1 |
| Non-binary (or other gender) | 0 | 0 |
| Virtual ward placement | Yes | 2 | 1 |
| No | 3 | 3 |
| Don’t know | 0 | 0 |
| Region | Greater London | 1 | 1 |
| North East | 1 | 1 |
| South East | 0 | 1 |
| West Midlands | 1 | 0 |
| East Midlands | 0 | 0 |
| East of England | 0 | 0 |
| North West | 1 | 0 |
| South West | 0 | 1 |
| Yorkshire and the Humber | 1 | 0 |
| Ethnicity | White / White British | 2 | 1 |
| Mixed / multiple ethnic groups | 1 | 1 |
| Asian / Asian British | 1 | 1 |
| Black / African / Caribbean | 1 | 1 |
| Other ethnic group | 0 | 0 |
| Long-term conditions  (note: participants may have selected >1 option) | Breathing problem, such as asthma | 0 | 0 |
| Learning difficulty | 0 | 0 |
| Mental health condition | 0 | 0 |
| Neurological condition | 0 | 0 |
| Joint problem, such as arthritis | 1 | 0 |
| Another long-term condition | 2 | 1 |
| No long-term conditions | 2 | 3 |

These focus groups aimed to take participants through their inpatient journey as they saw it. The focus was on what happened before they were admitted to the hospital through to when they left the hospital, including any follow-up care they received after discharge. Below is a summary of key insights from the focus groups:

**Admission processes**

The majority of admissions were emergency cases, with only one planned admission. Most patients reported mixed or negative experiences, primarily due to several key issues: delays in hospital transfers and calling for an ambulance; long waiting times for admission upon arrival at the hospital, with some instances of ambulances not arriving at all and patients waiting overnight in corridors; not receiving necessary treatment during admission to manage symptoms; inadequate pain management, with some patients waiting hours for relief; and insufficient staff availability, particularly during late night and overnight admissions.

During the focus groups, patients identified several areas for improvement in their experiences both leading up to and during admission:

* Reducing waiting times, particularly for ambulance services and hospital admission processes, was a significant concern. Additionally, streamlining the admission process to move patients to wards quickly and ensuring necessary facilities are ready upon arrival were noted as essential improvements.
* They emphasised the importance of improving pain management, suggesting ambulance staff should have the necessary pain relief medication and facilities to ensure patients are comfortable during transfer.
* Improved staff availability was also highlighted to ensure patients are attended to promptly upon arrival and don’t face long waits, especially during overnight admissions and weekends.
* Enhanced communication, potentially through staff training, was also suggested to ensure patients are well-informed about their care and can effectively communicate their pain levels.

**During admission – experience on wards**

Patients reported a mixture of experiences when admitted to wards. Those with positive experiences noted that wards were clean and quiet, with healthcare staff providing attentive care. Some patients appreciated that their cultural and religious needs were accommodated, such as allowing them to pray. Others valued the necessary privacy provided in their wards and the healthcare staff’s efforts to maintain privacy in their communications and treatment administration.

However, there were also strongly negative experiences reported by some patients. Dietary requirements emerged as a significant obstacle, with a lack of communication between doctors and catering staff leading to poor food options and exacerbation of health conditions. The availability of resources was another concern, with a lack of beds resulting in some patients being left on trolleys in corridors, which was perceived as undignified and uncomfortable. Larger wards were described as crowded, noisy, and lacking privacy, leaving patients feeling exposed and uncomfortable for extended periods.

Patient’s also felt that a lack of adequate staffing levels meant that they did not receive the level of care they should have and struggled to find healthcare staff to assist with requests. Inefficient pain management was another major issue, with many patients reporting delays in receiving pain relief and a lack of pain relief options. Patients reported having to wait several hours for pain relief, with instances of requests being forgotten by staff. For some, the management of pain relief was the most significant negative aspect of their experience.

Communication was highlighted as an important area for improvement, with many patients feeling uninvolved in decisions about their care or treatment, uninformed about what was happening while they were on the ward, and struggling to receive updates on information about tests that were conducted.

Other important areas for improvement that patients identified included:

* Consistency in comfort and privacy across all wards, including larger wards, which should be designed to minimise noise and lighting issues
* Improved communication between doctors and catering staff to ensure patients on specific diets have the right food options and clear information about food content
* Providing timely pain relief and ensuring patients can easily contact hospital staff, with consistent communication about patients' conditions between healthcare staff during shift changes
* Increasing staff availability on wards during night shifts, weekends, and day shifts to ensure patients always receive consistent care.

**Experience with healthcare staff in hospital**

Most patients reported positive experiences with healthcare staff, with only a few instances of unfriendly interactions. Those who had positive experiences described healthcare staff as nice, polite, respectful, and caring. Patients felt that staff were attentive to their needs and preferences, and some reported being involved in their care and treatment decisions. Privacy was generally respected, with staff ensuring that invasive procedures were conducted discreetly. Cultural and religious needs were also met.

However, patients identified several important areas for improvement, outlined in detail above:

* Improvements in staff availability overnight and during weekends.
* Improving communication to inform patients about what is happening and what to expect while on the ward was also deemed essential, especially during busy periods when patients might feel forgotten, confused, or rushed.
* Better communication between healthcare staff members during shift changes to ensure timely pain management and consistent care.
* Involvement in care decisions at all stages, including treatment decisions and discharge processes. Some patients felt pressured to leave the hospital quickly to free up space, and communications about this were perceived as disrespectful.

**Discharge processes**

Generally, patients reported positive experiences with the discharge process. Most patients felt informed about their discharge and received the necessary information to care for themselves at home. Some patients received discharge letters detailing medication, operation dates, and contact information. Additionally, a minority of patients benefited from virtual support, allowing them to communicate with doctors about their care or any issues faced at home. The discharge process was generally seen as relaxed and not rushed for some patients.

However, there were negative experiences reported by other patients. Some felt rushed to leave the hospital and did not receive prior notice about their discharge. Others did not receive any information about their discharge or home care and faced delays in receiving medication or prescriptions from the pharmacy. Interactions with some staff members were perceived as rude and disrespectful, leaving patients feeling upset. Additionally, there was a lack of follow-up care.

Patients identified several key areas for improvement in discharge processes, mainly:

* Communication was highlighted as essential to ensure patients have the necessary information about their care, medication, follow-up care, and health condition. Patients felt this information should be communicated respectfully and supportively, in various formats, including written letters and verbal explanations.
* Comfortable discharge areas were highlighted as key, and specific patient requirements addressed.
* Patient’s also felt that improvements were needed in the efficiency of pharmacy services to reduce waiting times for medication.

**Factors encouraging survey engagement**

The sessions also sought to understand what would motivate patients to participate in the survey, to ensure that feedback is collected from as many people as possible. Patient feedback highlighted:

* Majority reported that they would be interested in completing surveys providing the survey topics were relevant to their experiences.
* Shorter surveys were preferred among patients, ideally between 10-20 minutes, with anything longer than this considered excessive.
* Most patients also showed interest in being able to view the results and conclusions of the published survey.

Furthermore, patients were asked if they would participate if they received a questionnaire without prior consent. Many said that they would need information about what the survey data would be used for and what it was about before agreeing to participate.

## 2.3 Advisory Group

The 2024 Adult Inpatient Survey (IP24) Advisory Group convened in September 2024 to discuss priorities for the upcoming survey. The purpose of this meeting was to gather thoughts and feedback from key stakeholders regarding potential changes to the IP24 survey. The following topics were highlighted in advance and during the discussion, and a summary of the feedback that stakeholders provided.

**Virtual Wards**

* Virtual wards provide an alternative to traditional inpatient wards where patients can have their condition monitored at their home using technology. Three new questions around virtual wards were introduced in the 2023 iteration of the survey to explore whether patients were admitted onto a virtual ward, and the information they received.
* A key objective of the advisory group meeting was understanding how virtual wards data from the 2023 survey was used across NHS Trusts and whether virtual wards remained a priority going forwards.
* The SCC posed questions to the group about whether the questionnaire currently captured the level of detail required to support actionable changes for virtual wards in NHS services. The SCC also sought to gain a deeper understanding of the impact of the virtual wards data following the survey and how this was being used.
* Stakeholders discussed the importance of continuing to measure patient’s experience with virtual wards, emphasising the growing relevance of virtual wards for NHS services. The data was seen to support a variety of initiatives for virtual ward services e.g. ‘virtual ward bulletin’, in NHS England.
* SCC further highlighted that the current line of questioning around virtual wards could only query the information provided to patients whilst in hospital, about their transfer onto a virtual ward. However, it could not explore patient experience on virtual wards due to these services predominantly being offered within the community and not within the hospital. It was acknowledged that although this would be beneficial, this would also be outside the scope of the questionnaire. It was therefore agreed the current questions would remain as they were.

**Health inequalities: individual patient needs**

* Based on desk research conducted during August 2024, health inequalities in the NHS and patient needs, emerged as an important area. Although individual needs and health inequalities were addressed to an extent in the 2023 iteration, the SCC proposed tailoring existing questions to explore this in more depth. Key points discussed during the advisory group included whether current methods of cross-analysing demographics against wider survey questions provided the level of detail required to understand the impact of inequalities on care experience. The advisory group were also queried on whether expanding the different types of individual patient needs would be useful.
* Stakeholders agreed that the current analysis techniques with demographic data was enough but would also appreciate further development of current questions around patient needs.

**Care Expectations**

* Following publication of the IP23 survey results, it was noted that patients from low socioeconomic backgrounds reported more positive experiences in their hospital care compared to patients from a higher socioeconomic background. This was also supported in findings during the 2022 iteration of the survey.
* This was believed to be a case of *‘expectation bias’* where patient’s expectations about their care could potentially influence their perception of reality.

Two suggestions of new question formats were proposed to the advisory group, to further explore instances of potential expectation bias in the data. The first suggestion introduced two new questions that looked at expectations of care before admission to hospital and rating of overall quality of care after admission, compared to their expectations. The second suggestion introduced only one new question regarding expectations prior to admission, to be compared to current questioning on overall experience.

The advisory group members showed preference for the second suggestion, believing this option to lessen the risk of potentially biasing patients’ responses. It was also suggested to capture patients’ who were admitted to hospital with no expectations of care as a baseline, alongside free-text or closed question options that could also address factors that influence care expectations.

**Trust Feedback: Discharge to Assess**

* Discussions on discharge experiences were discussed with advisory group members. Following completion of IP23, discharge experiences and same-sex accommodations were identified by Trusts as potential areas for development.
* The current questions about discharge in IP23 explored information provided by healthcare staff regarding medication, home adaptations/equipment changes, further social care services available, notice prior to discharge, patient and family/carer involvement in decision-making, virtual wards and post-discharge information comprehension.
* Stakeholders discussed the relevance of questions about home adaptations after hospital discharge, emphasising these responsibilities lie more with the community services rather than with acute hospital staff.
* However, it was agreed that this line of questioning should be carried forward to IP24, as is crucial that these conversations happen, regardless of whether they are initiated by community staff or hospital staff.

**Trust Feedback: Same-sex accommodations**

* Expanding on questions regarding dignity, privacy and respect was also discussed with advisory group members, who suggested potentially including additional questions regarding same-sex accommodations, which were used in the 2019 inpatient survey.
* However, further deliberation revealed that Trusts currently monitor same-sex accommodation and breaches separately, and it was agreed that this would not add value to the survey.

## 2.4 Trust webinars

Following the advisory group, two webinars were held with participating NHS Trusts. These provided opportunities for Trusts to share feedback on the proposed changes to the questionnaire and sampling process and highlight any concerns or challenges.

The first Trust webinar was held in September 2024 and covered several key topics. The webinar briefly outlined the survey contact approach, sampling methods, and key dates, providing a comprehensive overview of the survey. The following topics were discussed in detail:

* Virtual wards
* Health inequalities
* Care expectations
* Same-sex accommodations
* Discharge to assess
* Same-day emergency care
* Care in unconventional locations (corridor care)

Feedback received on the above topics were taken forward into development of the 2024 survey.

The second Trust webinar was held in November 2024 and informed Trusts on the changes made to the survey. This included an overview of the content, sampling and contact approaches, questionnaire development, data protection and Section 251 requirements, potential sampling errors, DBS checks, instruction manuals, fieldwork, and key dates.

## 2.5 Cognitive testing

Following the completion of the consultation phase with key stakeholders and Trusts, the questionnaire and covering letters were revised for testing with recent patients that have used Inpatient services. Participants were asked to respond as if completing the survey.

The testing focused on ease of completion, comprehension, and whether the options aligned with their experience and identity. Testing also explored attitudes to new questions and amends that had been made to the questionnaire following the consultation phase. Interviews occurred from September to November 2024.

Following each round of testing, revisions were made to the survey materials in accordance with any issues that were evidenced by the interviews. Below, we outline the cognitive testing for the full questionnaire.

**Recruitment**

Participants were recruited on the basis that they had used NHS Adult Inpatient services at least once in the past 6 months and were aged 16 or over. This reflected the time between the sampling month and when the participant would be expected to receive the questionnaire under normal circumstances.

During the recruitment stage, we utilised previous advertising posters in Trust hospitals for patient focus groups that had been conducted in August 2024. Following the completion of the focus groups, patients who continued to reach out to volunteer were informed of the cognitive interviews via email and provided with information to complete the screener questionnaire. All participants for the cognitive interviews were recruited through this method.

Patients were screened upon registering their interest to participate to determine their eligibility for the interview, and the following screener questions were asked:

* **Site visited:** Inquiring about the hospital visited during the last inpatient stay.
* **Date of visit:** Seeking information about the timing and duration of the inpatient stay.
* **Reason for admission:** Investigating the reason for admission during the last overnight hospital stay.
* **Individual needs:** Inquiring about whether patients had any individual needs i.e. language, cultural, accessibility, dietary or religious needs, that required additional support from healthcare providers.
* **Corridor care:** Exploring whether patients waited in another location prior to admission to a ward, the location and length of time waited.
* **Virtual wards:** Asking whether the participant was transferred to a virtual ward at the end of the inpatient stay.

Additional questions were included with an aim to achieve a diverse sample in terms of age, gender, ethnicity, language, long-term conditions, geographic location, preferred interview mode, accessibility needs and how they found out about the interviews.

**Interviews**

For IP24 survey testing, both digital and paper versions of the questionnaire were tested with recent patients. A third of participants were asked to complete the paper questionnaire, and the remaining two-thirds were asked to complete the online questionnaire. We aimed to recruit a mix of participants from a range of demographic characteristics, such as age, gender, geographical location, ethnicity, and socio-economic groups.

The approach involved a total of 18 interviews, spread across three waves of interviewing, with changes made and retested after each round. All interviews were conducted online, and each interview lasted around 90 minutes. A £40 ‘One4All’ or ‘Amazon’ voucher was given as a thank-you for taking part.

Across the three rounds of interviewing, the following demographic profile of respondents was achieved:

Table 2: Cognitive interviews - demographic profile of respondents

|  |  |  |
| --- | --- | --- |
| **Demographics** | **Variable** | **Number of respondents** |
| Age groups | 16-35 year olds | 6 |
| 36-50 year olds | 5 |
| 51-65 year olds | 4 |
| 66-80 year olds | 2 |
| 81+ year olds | 1 |
| Gender | Male | 7 |
| Female | 9 |
| Non-binary (or other gender) | 2 |
| Virtual ward placement | Yes | 7 |
| No | 10 |
| Don’t know | 1 |
| Individual needs  (note: participants may have selected >1 option) | Language needs | 1 |
| Religious needs | 4 |
| Cultural needs | 3 |
| Dietary needs | 7 |
| Accessibility needs | 11 |
| Region | Greater London | 6 |
| North East | 0 |
| South East | 2 |
| West Midlands | 1 |
| East Midlands | 2 |
| East of England | 1 |
| North West | 5 |
| South West | 1 |
| Yorkshire and the Humber | 0 |
| Ethnicity | White / White British | 8 |
| Mixed / multiple ethnic groups | 6 |
| Asian / Asian British | 2 |
| Black / African / Caribbean | 1 |
| Other ethnic group | 1 |
| Corridor care | Yes | 10 |
| No | 8 |
| Long-term conditions  (note: participants may have selected >1 option) | Breathing problem, such as asthma | 0 |
| Learning difficulty | 0 |
| Mental health condition | 1 |
| Neurological condition | 0 |
| Joint problem, such as arthritis | 4 |
| Another long-term condition | 5 |
| No long-term conditions | 9 |

Following the completion of each round of interviews, a debrief session was held between the SCC and CQC. The questionnaire was refined after each round of testing. The same process was followed for the covering letters.

# 3. Changes to the questionnaire

Following three rounds of cognitive interviews, the questionnaire was finalised. Whilst changes to the questionnaire content were minimal, several questions have been added and removed for the 2024 version of the survey. These changes have been summarised below.

## 3.1 New questions

In total three new questions have been added to the survey. These questions reflect changes in question priorities highlighted throughout the scoping phase. Two of the three questions are contained within the **‘Admission to hospital’** section and aim to explore care in unconventional locations ‘corridor care’ and impact on overall patient experiences. The third new question is contained within the **‘Your care and treatment’** section and aims to explore patient’s individual needs.

Table 3: IP24 New questions

|  |  |
| --- | --- |
| Question | Rationale |
| **Q6. Before you admitted onto a ward, were you asked to wait in any of the following locations within the hospital?**  *Please cross x in all the boxes that apply to you.*   * Treatment bay * Corridor / hallway * Storage room / cupboard * Waiting room * I waited somewhere else * No * Don’t know / can’t remember | This question was added following feedback from the Advisory Group and Trust webinars, that highlighted the increasing prevalence of long hospital waits prior to admission and instances of patients waiting or being treated in areas not typically associated with patient care. It was believed these experiences may influence patients’ overall recount of their inpatient stay and would therefore be important to capture. |
| **Q7. Thinking about the location(s) selected at Q6 / at the previous question, how long did you wait, in total, before you were admitted onto a ward?**   * For less than 1 hour * For 1 hour, but less than 6 hours * For 6 hours, but less than 12 hours * For 12 hours, but less than 24 hours * For more than 24 hours * Don’t know / can’t remember | Patient experience can be largely influenced by their whole patient journey in hospital – long wait times prior to admission could potentially cause poor patient experience overall, even if the care received after admission is good. Additionally, waiting times can be a good indicator of efficiency in hospital processes and offer insight into challenges e.g. resourcing, management etc. Advisory Group and Trust webinar members therefore agreed that capturing the length of time spent waiting would be important to understand patients’ overall experience. |
| **Q31. Thinking about your care and treatment, did hospital staff take into account the following individual needs?**   * Language needs (e.g. translation, braille) * Cultural needs (e.g. same gender staff) * Religious needs (e.g. space to pray / meditate) * Accessibility needs (e.g. mobility needs, room adaptations) * Dietary needs (e.g. medical, allergy, vegan) * Yes * No * I did not need this | Desk research into health inequalities and patient needs, including reviews of international inpatient surveys from Canada, the US and New Zealand, revealed the opportunity to further explore the specific needs patients may experience in hospital. As a result, the original patient needs question was removed, and replaced with a more detailed question addressing a variety of common needs patients may require additional support for during hospital stays.  During cognitive testing participants agreed these were the main areas they would most likely require support from healthcare staff. |

## 3.2 Amendments to existing questions

Additional minor changes were made to several questions throughout the questionnaire to improve fluency and grammar. These did not change the overall meaning of the questions.

## 3.3 Questions removed

In total, five questions were removed from the survey. These included:

Table 4: IP24 Removed questions

|  |  |
| --- | --- |
| Question | Rationale |
| **Q12. Were you offered food that met any dietary needs or requirements you had?**  *This could include religious, medical, or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food.*   * Yes, always * Sometimes * No, never * I did not have any dietary needs or requirements * I was fed through tube feeding * I did not have any hospital food | As dietary requirements were seen to be an important part of patient experience, following insights from the patient focus groups, this question was incorporated as a response option into the new Q31, see ‘Section 3.1 New questions’ |
| **Q13. How would you rate the hospital food?**   * Very good * Fairly good * Neither good nor poor * Fairly poor * Very poor | This question was seen to be less of a priority for the 2024 iteration and removed. |
| **Q31. Did hospital staff take into account your existing individual needs?**  This could include language support (such as translations, large print) or additional equipment / adaptations in your hospital room.   * Yes, definitely * Yes, to some extent * No * I did not need this * Don’t know / can’t remember | This question was removed for the 2024 iteration. A new version of this question that expanded on the types of individuals needs a patient may require additional support for during their hospital care, was developed and included for the 2024 survey. |
| **Q45. Where did you go after leaving hospital?**   * I went to my home * I went to stay with family or friends * I went to a nursing of care home * I was transferred to another hospital * I went somewhere else | This question was seen to be less of a priority for the 2024 iteration and removed. |
| **Q50. During your hospital stay, were you given the opportunity to give your views on the quality of your care?**   * Yes * No * Don’t know / can’t remember | This question was seen to be less of a priority for the 2024 iteration and removed; support for this was also seen during cognitive interviews with patients. |

# 4. Methodological approach

As with 2023 survey, IP24 is mixed mode where patients can complete an online or paper version of the questionnaire. The contact approach begins with invitation letters, followed by SMS reminders for those with mobile numbers. Subsequent reminder letters, along with SMS reminders, maintain engagement. In the fifth week, a final reminder includes a paper questionnaire. IP24 continues the newly introduced measures of QR codes included in the postal letters and multi-language sheets to help facilitate online access. These are outlined briefly below.

## 4.1 Contact Approach

Following identified issues with previous mailing schedules where SMS reminders were received before mailing letters due to postal delays, the main change this year is increasing the number of days between contacts to 5 working days, aligning with other surveys on the NPSP.

Table 5: IP24 Contact Approach

|  |  |  |  |
| --- | --- | --- | --- |
| **Time period**  **(working days)** | **Contact type** | **Content of contact** | **Example of mailing days** |
| **Week 1**  (Day 0 – first mailing) | Postal | **Aged 79 and under:** age-tailored invitation letter, multi-language sheet  **Aged 80+:** age-tailored invitation letter, multi-language sheet, paper questionnaire, free-post return envelope | Monday |
| **Week 2**  (Day 7 – 5 working days after week 1 contact) | SMS | SMS reminder with unique link to online survey (if mobile number available) | Monday |
| **Week 3**  (Day 14 – 5 working days after week 2 contact) | Postal | **All ages:** reminder letter (age-tailored: 79 and under, 80+) with URL and log-in details for online survey, multi-language sheet | Monday |
| **Week 4**  (Day 21 – 5 working days after week 3 contact) | SMS | SMS reminder with unique link to online survey (if mobile number available) | Monday |
| **Week 5**  (Day 35 – 10 working days after week 4 contact) | Postal | **All ages:** final reminder letter, paper questionnaire, freepost return envelope, multi-language sheet | Monday |

## 4.2 Inclusion of QR codes

QR codes continue to be included in the covering letters and multi-language sheets sent to patients. These unique QR codes, when scanned, direct patients to their personalised online survey link. This eliminates the need for patients to manually input the web address, survey number, and password, streamlining the survey participation process. Additionally, the QR codes on the multilanguage sheet provide convenient access to the survey in the available languages, further improving accessibility.

Throughout cognitive testing, participants were asked to comment on look, placement, and useability of the QR codes. Feedback was consistently positive about the inclusion of the QR codes, and participants felt they would use them, and it would save them time in completing the survey. Some participants expressed that they felt older people may struggle with the use of QR codes, but it is worth noting that none of the older people we interviewed felt this way. That may be reflective of a slight sampling bias in our recruitment approach, as all interviews were conducted online, participants would be expected to have a general familiarity with technology that might not be reflective of their broader demographic. Subsequently, the placement and size of the QR codes remained unchanged from their initial arrangement on the draft contact letters.

## 4.3 Sample variables

No new sampling variables have been added for IP24. As with the QR codes mentioned above, IP24 continues with the inclusion of the sampling variables introduced during IP23, as detailed below:

**NHS Number:**

The inclusion of NHS numbers was added to facilitate centralised DBS checks by contractors on behalf of Trusts with an aim to improve the efficiency of the sampling process prior to fieldwork. NHS numbers form part of the mailing data and is only shared with the approved contractor for DBS checks. This data is not disclosed to the Survey Coordination Centre.

**Full Date of Birth**

Patient’s full date of birth is collected as part of the sampling information and is intended to support centralised DBS checks by contractors to speed up the sampling process.

Similar to NHS numbers, the full date of birth forms part of the mailing data and is only shared with the approved contractor for DBS checks. The Survey Coordination Centre will only receive the year of birth, consistent with previous survey years (2023, 2022).

**Virtual Ward Indicator:**

The Virtual Ward Indicator aims to clearly identify whether a patient has been transferred to a virtual ward from an inpatient ward. The addition of this variable does not alter the survey's eligibility criteria; patients must still have had at least one overnight stay in a physical hospital ward to qualify.

The Virtual Ward Indicator codes are:

0 = Patient was not admitted onto a virtual ward

1 = Patient was admitted onto a virtual ward

Virtual wards, sometimes known as ‘hospital at home’ have emerged to address capacity challenges in acute and primary care settings. These remote services allow patients to manage their health and care at home, and involve daily clinical care through home visits, telephone calls, or technological interventions like apps and wearables.

NHS England's ambition to scale up capacity to 10,000 beds by winter 2023, has meant that understanding patient experience of virtual wards is vital. Discussions with stakeholders from the Advisory Group and Trust webinars during the consultation phase of development also revealed that virtual wards remain a key area of importance for inpatient experience, with new initiatives being developed supported by the data gathered from the Adult Inpatient Survey. This variable and any additional virtual ward questions will enable insight into the journey of patients identified for early discharge from their inpatient ward care to virtual wards.

This variable will allow us to distinguish patients admitted onto virtual wards from others, which will enable analysis on whether patients received adequate information before being admitted to a virtual ward. Three specific questions in the survey cater specifically to virtual wards, addressing priorities such as understanding the continuation of care, awareness of risks and benefits, and knowing whom to contact during their virtual ward stay.

# 5. Materials

## 5.1 Covering letters

The covering letters wording was amended to note ‘**discharge site name**’ (due to discrepancy identified in 2023 where some contractors included the site of admission and others included the site of discharge) and ‘**discharge date**’ (so it is clearer to patients on which date they are to provide feedback on). Feedback during cognitive testing was consistently positive about the inclusion of the discharge date as participants felt that they were helpful, particularly if a patient had had different stays at the hospital.

## 5.2 Dissent posters

As with previous Adult Inpatient Surveys, a dissent poster was displayed during the sampling month. This made patients aware of the survey and provided an opportunity for them to ask questions or give dissent if they wished to be excluded from taking part. The poster was made available in English and 22 other commonly spoken languages. Please note that the number of languages increased following feedback from Trusts.

## 5.3 Publicity materials: Press Release templates

As with previous Adult Inpatient surveys and other NPSP surveys, a publicity plan has been implemented to increase awareness and engagement with the survey at both national and local levels. Trusts were asked to promote IP24 on their communication networks via a series of press releases and social media cards which have been provided to them by the SCC as part of a centralised toolkit.

A press release template was designed and shared with Trusts, which enabled them to add their own text and data, explaining how they used feedback, what actions were taken and positive outcomes. Minimal changes were made to the 2024 Adult Inpatient Survey press release template, the most notable being the introduction of text informing patients that the survey has Section 251 (NHS Act 2006) approval to process contact details.

## 5.4 Publicity materials: Social media cards

In addition to the press releases, four social media cards were also made available to Trusts, promoting engagement prior to and during fieldwork. The cards provided basic information about the survey including the purpose, value, when patients will be invited and how to participate. They were designed for easy use across several platforms including X (formerly Twitter), LinkedIn, Facebook, and Instagram.

As with the press release above, minimal changes were made to the 2024 Adult Inpatient Survey social media cards, the most notable being the introduction of text informing patients that the survey has Section 251 (NHS Act 2006) approval to process contact details.

## 5.5 Publicity materials: Website banner

A website banner was developed for the 2024 Adult Inpatient Survey similar to the previous survey. The website banner asks patients to share their experience of an overnight stay at the hospital. The Trusts had the option to include a link for patients to click on for further information about the survey.

## 5.6 Multilanguage sheet

The heading of the Multilanguage sheet was amended from ‘Language help?’ to ‘Do you need language help?’ The text was also updated to say ’Please help us to improve NHS inpatient services by completing this survey. If you would like help completing the survey, have any questions or want to speak to an interpreter, please call FREEPHONE: [Insert telephone number]’. Patients provided positive feedback with many saying that the request to help the NHS made them feel more motivated to complete the survey

## 5.7 SMS guidance

Similar to the covering letters, the SMS guidance was also updated to include ‘discharge site name’. This was previously noted as ‘site name’. The SMS reminders include a link direct to the respondents’ online survey, where they don’t need their login details

# 6. Accessibility

To ensure accessibility the survey continues to be available in large print, braille, easy-read, and multi-language questionnaires. The online survey mirrors this functionality through options to change language, font size and background colour. Patients aged 80 and above receive paper questionnaires with the initial letter, which is based on analysis revealing their preference for completing surveys through this mode.

Below we outline the methods in which we continue to prioritise accessibility of the survey.

## 6.1 Easy Read questionnaire

The Easy Read questionnaire was developed ahead of the 2023 survey to produce a cross-programme questionnaire. The decision to create a cross programme Easy Read questionnaire was to enable insight to be drawn from this crucial population. In previous surveys, the Easy Read data volumes received for each individual survey in the NPSP was low, which resulted in lack of useable data.

CQC designed a cross programme Easy Read questionnaire, which covered topics highlighted as priorities across the programme, including help provided, being treated with respect, ability to understand the information about their care and being listened to.

The cross programme Easy Read versions, provides an opportunity to build a set of useable data to allow for analysis which will enable actionable insights to be drawn.

## 6.2 Inclusion of QR codes on the multilanguage sheet

QR codes have been added to the multilanguage sheet that allows participants to scan the codes and directly open the survey in their chosen language. When accessing these links, respondents will still be required to login with their PRN and password found on their survey letter, but this login page will also be translated into their preferred language.

## 6.3 BSL sign language videos

BSL sign language videos were commissioned for all new and amended questions, and these have been incorporated into the online survey. Whilst the signers are different from BSL videos produced in previous years, attempts have been made to emulate the style and format of these videos to minimise any disruptions the use of different signers might cause.

Appendix

## Appendix 1: IP23 vs IP24 Questionnaire changes

The table below presents an overview of the questionnaire changes made in IP24 compared to IP23, along with a brief explanation of the reasoning behind each change.

Table 6: IP23 vs IP24 Questionnaire changes

| **IP23** | **IP24** | **Summary of changes** |
| --- | --- | --- |
| **ADMISSION TO HOSPITAL** | | |
| 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? | No change |
| 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? | No change |
| 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. While you were on the waiting list to be admitted to hospital, to what extent, if at all, do you feel your health changed? | No change |
| Q4. How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?  This includes verbal, written or online information.  Very good  Fairly good  Neither good nor poor  Fairly poor  Very poor  I was not given any information | Q4. How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?  This includes verbal, written or online information.  Very good  Fairly good  Neither good nor poor  Fairly poor  Very poor  I was not given any information | No change |
| Q5. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital? | Q5. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital? | No change |
| **THE HOSPITAL AND WARD** | | |
|  | Q6. Before you were admitted onto a ward, were you asked to wait in any of the following locations within the hospital? | New question following stakeholder discussions and cognitive testing, to assess impact of corridor care on overall patient experience |
|  | Q7. Thinking about the location(s) selected at Q6, how long did you wait, in total, before you were admitted onto a ward? | New question following stakeholder discussions and cognitive testing, to assess impact of corridor care on overall patient experience |
| Q6. Were you ever prevented from sleeping at night by any of the following?  Please cross ✗ in all the boxes that apply to you.  Noise from other patients  Noise from staff  Noise from medical equipment  Hospital lighting  Discomfort from pain  Room temperature  Something else  I was not prevented from sleeping | Q8. Were you ever prevented from sleeping at night by any of the following?  Please cross ✗ in all the boxes that apply to you.  Noise from other patients  Noise from staff  Noise from medical equipment  Hospital lighting  Discomfort from pain  Room temperature  Something else  I was not prevented from sleeping | No changes. |
| Q6. Did you ever change wards during the night? | Q9. Did you ever change wards during the night? | No change |
| Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand? | Q10. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand? | No change |
| Q8. How clean was the hospital room or ward that you were in? | Q11. How clean was the hospital room or ward that you were in? | No change |
| Q9. Did you get enough help from staff to wash or keep yourself clean? | Q12. Did you get enough help from staff to wash or keep yourself clean? | No change |
| Q10. If you brought medication with you to hospital, were you able to take it when you needed to? | Q13. If you brought medication with you to hospital, were you able to take it when you needed to? | No change |
| Q12. Were you offered food that met any dietary needs or requirements you had?  This could include religious, medical, or allergy requirements, vegetarian/vegan options, or different food formats such as liquified or pureed food |  | Question removed and dietary requirements included as a response option for the revised Q31 on individual needs. |
| Q13. How would you rate the hospital food? |  | Question removed |
| Q14. Did you get enough help from staff to eat your meals? | Q14. Did you get enough help from staff to eat your meals? | New code added – response option 5 “not applicable”. |
| Q15. Were you able to get hospital food outside of set meal times?  This could include additional food if you missed set meal times due to operations/procedures or another reason. | Q15. Were you able to get hospital food outside of set mealtimes?  This could include additional food if you missed set mealtimes due to operations/procedures or another reason. | Minor grammatical change – “meal times” changed to “mealtimes” |
| Q16. During your time in hospital, did you get enough to drink?  Please cross ✗ in all the boxes that apply to you. | Q16. During your time in hospital, did you get enough to drink?  Please cross ✗ in all the boxes that apply to you. | No change |
| **DOCTORS** | | |
| Q17. When you asked doctors questions, did you get answers you could understand? | Q17. When you asked doctors questions, did you get answers you could understand? | No change |
| Q18. Did you have confidence and trust in the doctors treating you? | Q18. Did you have confidence and trust in the doctors treating you? | No change |
| Q19. When doctors spoke about your care in front of you, were you included in the conversation? | Q19. When doctors spoke about your care in front of you, were you included in the conversation? | No change |
| **NURSES** | | |
| Q20. When you asked nurses questions, did you get answers you could understand? | Q20. When you asked nurses questions, did you get answers you could understand? | No change |
| Q21. Did you have confidence and trust in the nurses treating you? | Q21. Did you have confidence and trust in the nurses treating you? | No change |
| Q22. When nurses spoke about your care in front of you, were you included in the conversation? | Q22. When nurses spoke about your care in front of you, were you included in the conversation? | No change |
| Q23. In your opinion, were there enough nurses on duty to care for you in hospital? | Q23. In your opinion, were there enough nurses on duty to care for you in hospital? | No change |
| **YOUR CARE AND TREATMENT** | | |
| Q24. 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. 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? | No change |
| Q25. To what extent did staff looking after you involve you in decisions about your care and treatment? | Q25. To what extent did staff looking after you involve you in decisions about your care and treatment? | No change |
| Q26. How much information about your condition or treatment was given to you? | Q26. How much information about your condition or treatment was given to you? | No change |
| Q27. Did you feel able to talk to members of hospital staff about your worries and fears? | Q27. Did you feel able to talk to members of hospital staff about your worries and fears? | No change |
| Q28. Were you given enough privacy when being examined or treated? | Q28. Were you given enough privacy when being examined or treated? | No change |
| Q29. 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? | No change |
| Q30. 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? | No change |
| Q31. Did the hospital staff take into account your existing individual needs?  This could include language support (such as translations, large print) or additional equipment / adaptations in your hospital room.  Yes, definitely  Yes, to some extent  No  I did not need this  Don’t know / can’t remember | Q31. Thinking about your care and treatment, did hospital staff take into account the following individual needs?  Language needs (e.g. translation, braille)  Cultural needs (e.g. same-gender staff)  Religious needs (e.g. space to pray / meditate)  Accessibility needs (e.g. mobility needs, room adaptations)  Dietary needs (e.g. medical, allergy, vegan) | Revised question – new question text and answer options  Capturing data on a wider range of individual needs patients may require aid with during their inpatient stay; stakeholders from both the Advisory Group and Trust Webinars agreed exploring this in further depth was important. |
| **LEAVING HOSPITAL** | | |
| Q32. When leaving hospital, were you admitted onto a virtual ward, also known as hospital at home?  A virtual ward is hospital-level care at home for patients who would otherwise be in hospital. This could involve daily home visits, telephone calls or use of technology, such as self-monitoring devices, to check on recovery. This is not the same as being an outpatient.  Yes  No  Don’t know / can’t remember | Q32. When leaving hospital, were you admitted onto a virtual ward, also known as hospital at home?  A virtual ward is hospital-level care at home for patients who would otherwise be in hospital. This could involve daily home visits, telephone calls or use of technology, such as self-monitoring devices, to check on recovery. This is not the same as being an outpatient.  Yes  No  Don’t know / can’t remember | No changes. |
| Q33. Were you given enough information about the care and treatment you would receive while on a virtual ward?  Yes, completely  Yes, to some extent  No  Don’t know / can’t remember | Q33. Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?  Yes, definitely  Yes, to some extent  No  Don’t know / can’t remember | Minor position change with Q34 risks and benefits of virtual wards |
| Q34. Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?  Yes, definitely  Yes, to some extent  No  Don’t know / can’t remember | Q34. Were you given enough information about the care and treatment you would receive while on a virtual ward?  Yes, completely  Yes, to some extent  No  Don’t know / can’t remember | Minor position change with Q34 care and treatment information whilst on a virtual ward |
| Q35. To what extent did staff involve you in decisions about you leaving hospital? | Q35. To what extent did staff involve you in decisions about leaving the hospital? | Minor grammatical changes – “you” removed; “the” added |
| Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving hospital? | Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving the hospital? | Minor grammatical changes – “the” added |
| 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. 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? | No change |
| Q38. 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? | No change |
| Q39. 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. | Q39. Before you left hospital, were you given any information about what you should or should not do after leaving the hospital? This includes any verbal, written or online information. | Minor grammatical changes – “the” added |
| Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital? | Q40. To what extent did you understand the information you were given about what you should or should not do after leaving the hospital? | Minor grammatical changes – “the” added |
| Q41. Thinking about any medicine you were to take at home, were you given any of the following?  Please cross ✗ in all the boxes that apply to you. | Q41. Thinking about any medicine you were to take at home, were you given any of the following?  Please cross ✗ in all the boxes that apply to you. | No change |
| Q42. 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? | No change |
| Q43. 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? | No change |
| Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?  Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector. | Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?  Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector. | No change |
| Q45. Where did you go after leaving hospital? |  | Question removed |
| Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?  Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector. | Q45. After leaving the hospital, did you get enough support from health or social care services to help you recover or manage your condition?  Please include any services from a physiotherapist, community nurse or GP, or assistance from social services or the voluntary sector. | No change |
| **OVERALL** | | |
| Q47. Overall, did you feel you were treated with kindness and compassion while you were in the hospital?  Yes, always  Sometimes  No, never | Q46. Overall, did you feel you were treated with **kindness and compassion** while you were in the hospital?  Yes, always  Sometimes  No, never | Minor formatting changes, ‘kindness and compassion’ boldened following cognitive testing feedback |
| Q48. 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? | Minor formatting changes, ‘respect and dignity’ boldened following cognitive testing feedback |
| Q49. Overall, how was your experience while you were in the hospital?  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. | Q48. Overall, how was your experience while you were in the hospital?  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. | No change |
| Q50. During your hospital stay, were you given the opportunity to give your views on the quality of your care?  Yes  No  Don’t know / can’t remember |  | Question removed |
| **ABOUT YOU** | | |
| Q51. Who was the main person or people that filled in this questionnaire? | Q49. Who was the main person or people that filled in this questionnaire? | No change |
| Q52. 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?  Please cross ✗ in all the boxes that apply to you. | Q50. 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?  Please cross ✗ in all the boxes that apply to you. | No change |
| Q53. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities? | Q51. Thinking about the condition(s) you selected, do any of these reduce your ability to carry out day-to-day activities? | No change |
| Q54. Have you experienced any of the following in the last 12 months?   Please cross ✗ in all the boxes that apply to you. | Q52. Have you experienced any of the following in the last 12 months?   Please cross ✗ in all the boxes that apply to you. | No change |
| Q55. What was your year of birth?  Please write in e.g. 1 9 6 4 | Q53. What was your year of birth?  Please write in e.g. 1 9 6 4 | No change |
| Q56. At birth were you assigned as…  Male  Female  Intersex (a person born with a reproductive anatomy that doesn’t seem to fit the typical definitions of female or male)  I would prefer not to say | Q54. At birth were you assigned as…  Male  Female  Intersex (a person born with a reproductive anatomy that doesn’t seem to fit the typical definitions of female or male)  I would prefer not to say | No change |
| Q57. Is your gender different from the sex you were assigned at birth?  No  Yes. Please specify your gender:  I would prefer not to say | Q55. Is your gender different from the sex you were assigned at birth?  No  Yes. Please specify your gender:  I would prefer not to say | No change |
| Q61. What is your ethnic group? Please cross ONE box only. | Q56. What is your ethnic group? Please cross ONE box only. | No change |
| Q58. What is your religion? | Q57. What is your religion? | No change |
| Q59. Which of the following best describes your sexual orientation? | Q58. Which of the following best describes your sexual orientation? | No change |
| PAPER QUESTIONNAIRE  Q60. Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their behalf, for further research about your healthcare experience?  This will not affect the care you receive in any way. The answers you have provided in this survey are still valuable regardless of whether you agree to be contacted about future research.  Yes, I am happy for my answers to be linked to my contact details and be contacted for further research. I understand this does not mean I have to take part in future research  No, I would not like to be contacted | PAPER QUESTIONNAIRE  Q59. Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their behalf, for further research about your healthcare experience?  This will not affect the care you receive in any way. The answers you have provided in this survey are still valuable regardless of whether you agree to be contacted about future research.  Yes, I am happy for my answers to be linked to my contact details and be contacted for further research. I understand this does not mean I have to take part in future research  No, I would not like to be contacted | No change |
| ONLINE QUESTIONNAIRE  Q60. 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.    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.    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?  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. | ONLINE QUESTIONNAIRE  Q59. 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.    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.    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?  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. | No change |
| **OTHER COMMENTS** | | |
| If there is anything else you would like to tell us about your experiences in the hospital, please do so here. Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will only be passed back if your comments in this section raise concerns for your own or others’ safety and wellbeing. | If there is anything else you would like to tell us about your experiences in the hospital, please do so here.  Please note that the comments you provide will be looked at in full by the NHS Trust, CQC, NHS England and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your contact details will only be passed back if your comments in this section raise concerns for your own or others’ safety and wellbeing. | No change |
| Was there anything particularly good about your hospital care? | Was there anything particularly good about your hospital care? | No change |
| Was there anything that could be improved? | Was there anything that could be improved? | No change |
| Any other comments? | Any other comments? | No change |

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Description automatically generated

Picker Institute Europe  
Suite 6, Fountain House,

1200 Parkway Court,

John Smith Drive,

Oxford OX4 2JY

Tel: +44 (0) 1865 208100

info@pickereurope.ac.uk

picker.org

Charity registered in England and Wales: 1081688

Charity registered in Scotland: SC045048

Company limited by guarantee registered in England and Wales: 3908160