

# SURVEY HANDBOOK

# NHS ADULT INPATIENT SURVEY 2017

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# 1 Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining [feedback from patients](#) and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements.

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out local surveys asking patients their views on the services they have received. It is intended that measuring patients' experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The NHS Patient Survey Programme (NPSP) is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

- Providing information to support local quality improvement initiatives
- Tracking changes in patient experience locally over time
- Providing information for active performance management
- Providing information to support public and parliamentary accountability
- Providing information for the Care Quality Commission's programme of reviews and inspections.

## 2 The Care Quality Commission (CQC)

The NPSP was established by the Department of Health (DH) and has been operating since 2002. The CQC is the independent regulator of health and adult social care in England, and regulates care provided by the NHS, private companies and voluntary organisations, and aims to ensure that better care is provided for everyone.

The Survey Coordination Centre for the NPSP, of which this survey is part, is based at [Picker](#) and works under contract to the CQC to design, test, and coordinate the surveys in this programme. Please note that the Survey Coordination Centre is a completely separate division at Picker from the approved contractor. A [full list of CQC-approved contractors can be found on the NPSP website](#).

### CQC assessments

Information drawn from the questions in the 2017 Adult Inpatient survey will be used by the CQC in its [assessment of trusts in England](#). Questions from the survey will be used within CQC's performance monitoring tools and within CQC's inspections of acute services.

### Measuring performance over time

In addition to the performance assessment, CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data. Asking each hospital trust to carry out an Inpatient survey in a consistent way builds a detailed picture of patients' experiences in NHS hospital trusts. Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability. The results are also used by NHS England and the DH for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive

experience), the DH overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

CQC intends to archive the survey data with the UK Data Service after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

### 3 Setting up a project team

We recommend you [set up a survey team](#) to assist you. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your patient sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems.

### 4 What's new for 2017?

#### Main specialty code not collected anymore

As of 2017, it is no longer needed to collect main specialty codes at discharge. This is because treatment function codes are collected instead, which provide us with more accurate information.

#### Changes to the questionnaire – questions added, modified and removed

The 2017 Inpatient questionnaire has been kept as similar as possible to the 2016 Inpatient questionnaire to allow comparisons to be made between survey years. However, following stakeholder feedback a number of questions have changed. There are 80 questions, four fewer than last year.

#### Questions removed from the questionnaire

The following questions have been removed from the 2016 questionnaire<sup>1</sup>:

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

- |   |            |
|---|------------|
| <sup>1</sup> <input type="checkbox"/> 1                           | → Go to 14 |
| <sup>2</sup> <input type="checkbox"/> 2                           | → Go to 13 |
| <sup>3</sup> <input type="checkbox"/> 3 or more                   | → Go to 13 |
| <sup>4</sup> <input type="checkbox"/> Don't know / can't remember | → Go to 14 |

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

- |   |
|---|
| <sup>1</sup> <input type="checkbox"/> Yes |
| <sup>2</sup> <input type="checkbox"/> No  |

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<sup>1</sup> The item numbers are from the 2016 questionnaire.

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

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

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

- 1  Very clean
- 2  Fairly clean
- 3  Not very clean
- 4  Not at all clean
- 5  I did not use a toilet or bathroom

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

- 1  Yes
- 2  No

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

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

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

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

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

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

**Q50.** Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?

<sup>1</sup>  Yes → **Go to 51**

<sup>2</sup>  No → **Go to 52**

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

<sup>1</sup>  Yes, completely

<sup>2</sup>  Yes, to some extent

<sup>3</sup>  No

**Q73.** During your time in hospital did you feel well looked after by hospital staff?

<sup>1</sup>  Yes, always

<sup>2</sup>  Yes, sometimes

<sup>3</sup>  No

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

<sup>1</sup>  Deafness or severe hearing impairment → **Go to 79**

<sup>2</sup>  Blindness or partially sighted → **Go to 79**

<sup>3</sup>  A long-standing physical condition → **Go to 79**

<sup>4</sup>  A learning disability → **Go to 79**

<sup>5</sup>  A mental health condition → **Go to 79**

<sup>6</sup>  A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → **Go to 79**

<sup>7</sup>  No, I do not have a long-standing condition → **Go to 80**

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

<sup>1</sup>  Everyday activities that people your age can usually do

<sup>2</sup>  At work, in education, or training

<sup>3</sup>  Access to buildings, streets, or vehicles

<sup>4</sup>  Reading or writing

<sup>5</sup>  People's attitudes to you because of your condition

<sup>6</sup>  Communicating, mixing with others, or socialising

<sup>7</sup>  Any other activity

<sup>8</sup>  No difficulty with any of these

## Questions modified

Two items were modified following stakeholder feedback and cognitive testing.

Question 11 was changed from:

When you were **first** admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?

Yes

No

To:

While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?

Yes

No

Question 36 was changed from:

How much information about your condition or treatment was given to you?

Not enough

The right amount

Too much

To:

How much information about your condition or treatment was given to you?

Not enough

Right amount

Too much

I was not given any information about my treatment or condition

Don't know/can't remember

Question 68 was changed from:

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

Yes, definitely

Yes, to some extent

No

No family or friends were involved

My family or friends did not want or need information

To:

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

- <sup>1</sup> Yes, definitely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No
- <sup>4</sup> No family, friends or carers were involved
- <sup>5</sup> My family, friends or carers did not want or need information
- <sup>6</sup> I did not want my family, friends or carers to get information

The paragraph below was moved to be after Q72 ('Who was the main person or people that filled in this questionnaire?') – it used to be above the question.

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

## Questions added to the questionnaire

The following nine questions were added to the questionnaire to address the needs of stakeholders and patients.

**Q12.<sup>1</sup>** Did you change wards at night?

- <sup>1</sup> Yes, but I would have preferred not to → **Go to 13**
- <sup>2</sup> Yes, but I did not mind → **Go to 13**
- <sup>3</sup> No → **Go to 14**

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

- <sup>1</sup> Yes, completely
- <sup>2</sup> Yes, to some extent
- <sup>3</sup> No

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

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

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<sup>1</sup> The question numbers are from the new 2017 questionnaire.



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

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

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

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

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

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

The questions around long term conditions have been redeveloped for 2017, and are shown on the next page:

**Q73.** Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age.

<sup>1</sup>  Yes → Go to 74

<sup>2</sup>  No → Go to 76

**Q74.** Do you have any of the following?

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

<sup>1</sup>  Breathing problem, such as asthma

<sup>2</sup>  Blindness or partial sight

<sup>3</sup>  Cancer in the last 5 years

<sup>4</sup>  Dementia or Alzheimer's disease

<sup>5</sup>  Deafness or hearing loss

<sup>6</sup>  Diabetes

<sup>7</sup>  Heart problem, such as angina

<sup>8</sup>  Joint problem, such as arthritis

<sup>9</sup>  Kidney or liver disease

<sup>10</sup>  Learning disability

<sup>11</sup>  Mental health condition

<sup>12</sup>  Neurological condition

<sup>13</sup>  Another long-term condition

**Q75.** Do any of these reduce your ability to carry out day-to-day activities?

<sup>1</sup>  Yes, a lot

<sup>2</sup>  Yes, a little

<sup>3</sup>  No, not at all

The [2017 development report](#) will be published in due course and contain complete documentation about any changes made to the questionnaire.

## 5 Data protection and confidentiality

This survey has been awarded [approval](#) under Section 251 of the NHS Act 2006.

When carrying out your survey, you will need to ensure that you comply with the Data Protection Act 1998, and [ensure that all responses are kept confidential](#). If you have not already done so, please ensure that you add research to your Data Protection Act registration, as one of the purposes for processing personal data supplied by data subjects. You will also need to comply with the [NHS Code of Practice on Confidentiality](#), which incorporates the [Caldicott principles](#). You should take particular care to ensure that your use of patient data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of patient data, and the issues which these present. Please note, if your trust is planning to implement trust-wide opt-out policies, we ask you that you get in touch with the [Survey Coordination Centre](#) before doing that.

## 6 Ethical issues, ethics committees and research governance

NHS organisations in England looking to undertake research follow a process of [seeking approval from the Health Research Authority](#) (HRA).

All the changes made to the NHS Adult Inpatient Survey in 2017 (questionnaire, pilot study, and so on) have [received NHS ethics approval](#).

## 7 Research governance requirements

The [Research Governance Framework](#) sets out the principles of good research governance and aims to ensure that health and social care research is conducted to high scientific and ethical standards. It spells out standards and the responsibilities of various parties involved in the research. The CQC has produced [a table](#) that sets out the responsibilities of organisations providing care and the arrangements made by the CQC for patient surveys.

## 8 Collecting data from non-English-speaking populations

The patients who respond to your survey should be representative of all of the people who use the trust, so it is paramount that groups with limited understanding of English are not excluded. There are a number of strategies that you can use to ensure you collect the views of [people with a limited understanding of English language](#).

## 9 Timetable

The survey fieldwork period for 2017 is 19 weeks. The best way to optimise the length of available fieldwork is:

- To ensure that you generate your sample promptly - within the recommended three week sample checking period
- Respond to queries as quickly as possible to avoid unnecessary delays
- Mail out your questionnaire packs promptly once permission has been received

Reminder mailings should be sent out according to the [sampling instructions](#).

Key dates	
Inform Coordination Centre who is carrying out survey	1 August 2017
Sample data approved	7 August – 6 October 2017
Start of fieldwork	28 August 2017
Weekly monitoring starts	31 August 2017
Close of fieldwork	5 January 2018
Trust to send data to Co-ordination Centre	12 January 2018

## 10 Compiling a list of patients

CQC use patient survey data for purposes of performance monitoring, and the data is also used by NHS England and the DH for Patient Experience Outcome Measures and the NHS Outcomes Framework.

You are required to follow the [sampling instructions](#) published for this survey. If data is excluded because sampling errors are detected, this will impact on the assurances these organisations can have about the experiences of your patients. Four trusts [were excluded](#) from the survey in 2015, for this reason.

Your sample should only be used for the purposes of distributing the Inpatient Survey 2017 and up to two reminder letters to non-respondents. This is because the precise use of the sample collated for the survey has been approved by the NHS ethics for the survey only, and any additional use of the sample would therefore require a separate ethics application.

## 11 Submitting your sample file

In order for the Coordination Centre to make final quality control checks, an anonymised sample file must be submitted to the Coordination Centre **prior** to the first mailing. Sample submission may only be done [via an encrypted FTP](#).

## 12 Weekly monitoring

The Coordination Centre requires weekly submissions of data on response rates and usage of the helpline. Using the [Weekly Monitoring template](#), the first submission must be made on **the first Thursday after fieldwork has commenced**, regardless of whether any mailings have been sent out. Further submissions will be made every Thursday thereafter, until the final date of submission.

## 13 Publicising the survey

The best way to ensure your survey is a success is to ensure that you involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. We recommend that you [keep everyone in your trust informed](#) and that you [publicise the survey externally](#).

## 14 Implementing the survey – practicalities

You can find information and advice on printing the survey materials, setting up a PO box and a Freepost address, sending out the survey packs, and booking in questionnaires in the [Implementing the survey: practicalities](#) advice sheet.

## 15 Making sense of the data

The usefulness of your survey data will depend on having a clear improvement programme in place and on how well you are able to make use of the data. The fundamental steps of understanding and interpreting data usually involve:

- Examining the number and percentage of patients giving each response to a question
- Analysing the data by particular groups of patients (e.g. males/females, different long term conditions), stages of the patient journey (e.g. admission, discharge), or other information (e.g. departments or sites in your trust).

You can find further advice and suggestions tailored to the surveys within the NPSP in the [Making sense of the data](#).

## 16 Reporting results

Just as important as the analysis, development and the execution of the survey is the presentation of the data. How you focus and design, and present a report will go on facilitate the use of the data collected into in real actionable outcomes. To help you decide which issues to focus on in your report you may like to consider the suggestions proposed in [Reporting results](#).



### Did you know?

You can find all detailed information about all the topics in this document on the NHS Surveys website <http://www.nhssurveys.org/usefullinks>

For detailed instructions and templates that are specific to the 2017 NHS Adult Inpatient Survey, please go to <http://www.nhssurveys.org/surveys/1084>