

DEVELOPMENT REPORT FOR THE ACCIDENT AND EMERGENCY (A&E) DEPARTMENT QUESTIONNAIRE

THE CO-ORDINATION CENTRE FOR THE
NHS PATIENT SURVEY PROGRAMME



Making patients' views count

Last updated: 30th April 2012

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Contents

1	Introduction	4
2	New items added to the core questionnaire.....	6
3	Items removed from the core questionnaire.....	13
4	Changes to existing items.....	15
5	Changes to survey protocol and guidance documents	17
6	Appendix A: Summary of the cognitive testing.....	18
7	Appendix B: Summary of changes to core questionnaire, 2008-2012	24

1 Introduction

The last national Accident and Emergency (A&E) Department survey was carried out in 2008 in all acute and specialist trusts in England that ran A&E Departments, with an average response rate of 40%. A local version of the survey was made available in 2009; since then, trusts have been able to access an online tool to construct questionnaires from a bank of validated questions.

The A&E Department survey will again be undertaken in 2012 as part of the national patient survey programme. The survey will give acute and specialist trusts information on emergency care to facilitate targeted quality improvement. The Care Quality Commission (CQC) will include data in its Quality and Risk Profiles to assess compliance with the essential standards set by the government, while the Department of Health (DH) will also use the results in measuring performance against a range of indicators.

Methodology will be largely similar to that of previous years: trusts will send a paper self-completion questionnaire to a random selection of 850 patients. In addition, an online version of the questionnaire will be piloted in a small number of trusts, for which the survey protocol and guidance documents will differ. See Chapter 5 for full details.

As with all surveys in the national programme, trusts will be provided with a set of 'core' questions that must be covered in the questionnaire, as well as a set of approved 'bank' questions from which trusts may draw if they wish. Ordering of questions, instructions and relevant filtering questions are fixed.

Summary of development

Consultation was undertaken in order to update the 2008 questionnaire for 2012. Amendments were made on the basis of the following:

- Analysis of the 2008 survey data to examine item non response rates, floor / ceiling effects and analysis of free text comments.
- Consultation with stakeholders at DH and CQC regarding the scope of the survey and to take account of policy priorities.

A draft 2012 core questionnaire was cognitively tested by the Picker Institute. Two rounds of interviews took place, with a total of twelve members of the public who had recently attended A&E departments. Analysis of these interviews led to a small number of changes to the questionnaire. These are discussed fully in Appendix A.

This document describes changes made to the 2008 questionnaire – new items added to the core questionnaire for 2012, items moved from the core to the bank questionnaire or removed altogether, changes made to existing items (including questions, response options, question order and instructions), and changes to guidance documents and survey protocol.

It should be noted that the question bank tool used in the 2009 local survey used a revised version of the 2008 bank questionnaire. A number of initial changes were made to the 2008 bank questionnaire on the basis of the criteria outlined above. Following cognitive testing, further minor changes were made to the wording or order of a small number of questions. Revisions made to update the 2008 bank questionnaire for use in 2009 local surveys are not systematically detailed but any relevant changes will be discussed.

Any questions in the 2012 core questionnaire not mentioned in this report can be assumed to have been carried from the 2008 to the 2012 core questionnaire, unchanged but with any reference to

'Emergency' Department changed to 'Accident and Emergency' or 'A&E'. A full breakdown of questions included in the 2012 core questionnaire, including all changes, can be found in Appendix B.

2 New items added to the core questionnaire

Following consultation with colleagues at the Care Quality Commission (CQC) and Department of Health (DH), sixteen new questions have been added to the core questionnaire tested in the first round of cognitive interviews. Many of these questions previously appeared in the 2008 bank questionnaire but there are a number of new questions developed this year or for the 2009 local survey – it will be clearly indicated where this is the case. Unless otherwise stated, all question numbers correspond to the numbering of the 2012 core questionnaire.

Three new questions were developed for inclusion in the 2012 questionnaire in order to gather data on unplanned re-attendance to A&E within 28 days and explore the patient journey in more detail. Gathering data on which other services patients had used for the same condition and when these services had been used would provide valuable information about whether the right care had been provided in the right place and at the right time.

It was originally hoped that these topics could be covered in two questions, and that respondents could be asked to specify the period in which they had contacted other services. However, neither of these were found to be possible without developing questions that were either excessively complex or had response options unsuitable for patients who had contacted more than one service before A&E.

Following cognitive testing, it was decided to remove the proposed questions on other services accessed by patients before attending A&E. As this area had been identified during the consultation as one of interest, a suitable proxy was found in the 2008 question bank. The question asks patients who advised them to attend A&E, allowing data to be gathered on whether contact had been made with another service prior to A&E attendance. The following two questions are hence included in the 2012 core questionnaire.

Q1. *Before your most recent visit to A&E, had you previously been to A&E about **the same condition** or something related to it?*

- 1 Yes, within the previous week
- 2 Yes, between one week and one month earlier
- 3 Yes, but more than a month earlier
- 4 No
- 5 Don't know / can't remember

Q2. Who advised you to go to the A&E Department? (Tick ONE only – if more than one option applies, tick the MAIN source of advice)

- 1 The ambulance service
- 2 A doctor or nurse at a walk-in centre or minor injuries unit
- 3 A GP out of hours service
- 4 A GP from my local surgery
- 5 Some other health professional (e.g. NHS Direct nurse)
- 6 Somebody else (e.g. friend, relative, colleague)
- 7 No-one, I decided that I needed to go
- 8 Don't know / Can't remember

The following question was developed for the 2012 questionnaire in order to act as a filter for the subsequent questions about the ambulance service, regarding the continuity of care between the ambulance service and A&E staff. This filtering question replaces a more detailed question relating to mode of transport (see Chapter 3).

Q3. Were you taken to the hospital in an ambulance?

- 1 Yes → **Go to 4**
- 2 No → **Go to 6**

The following two questions were first developed for the 2009 local questionnaire in order to measure patients' experiences of their care being handed over from the ambulance service to the A&E Department. Their inclusion in the 2012 core questionnaire was requested by stakeholders.

Q4 enables the evaluation of the success of A&E staff's co-operation with other providers. This question also supports the change in focus of this section to the transition of care between services.

Q4. How well do you think the ambulance service and A&E staff worked together?

- 1 Very well
- 2 Fairly well
- 3 Not very well
- 4 Not at all well
- 5 Don't know / can't remember

Q5 was included in the 2012 core questionnaire primarily to investigate ambulance 'stacking'. This question also explores waiting times after arrival at hospital, the relevance of which was highlighted in respondents' comments on the 2008 Category C Ambulance Survey. The number of response categories was reduced prior to inclusion on the 2012 core questionnaire to remove separate options for waits over 2 hours.

Q5. *Once you arrived at hospital, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?*

- 1 I did not have to wait
- 2 Up to 15 minutes
- 3 16 – 30 minutes
- 4 31 – 60 minutes
- 5 More than 1 hours but no more than 2 hours
- 6 More than 2 hours
- 7 Don't know / can't remember

The following question has been added to the questionnaire to reflect the current patient experience domains and the need for involving the patient's family and friends as potential care givers. It had been cognitively tested and carried on the Inpatient Department 2011 core questionnaire, hence its inclusion in the A&E 2012 core questionnaire allows comparability across surveys in the national programme.

Q17. *If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?*

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 No family or friends were involved
- 5 My family did not want or need information
- 6 I did not want my family or friends to talk to a doctor

The following question is being added to the 2012 core questionnaire following discussion with CQC and DH.

Q24. *Did a member of staff explain **why you needed** these test(s) in a way you could understand?*

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

There were initial concerns that this question may not be appropriate in cases where the reason for the test was clear (such as a broken limb). However, it was concluded that this question was still

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relevant in such cases, particularly in light of the recently published NHS Patient Experience Framework¹. This document highlights the importance of ‘information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, selfcare and health promotion’.

The inclusion of the following question in the 2012 core questionnaire was requested by stakeholders. It was noted that existing core questions did not adequately assess whether or not patients received their test results in a timely and comprehensible manner, and that this is an issue of importance to patients.

Q25. *Before you left the A&E Department, did you get the **results** of your tests?*

- 1 Yes → **Go to 26**
- 2 No → **Go to 27**
- 3 I was told that the results of the tests would be given to me at a later date → **Go to 27**
- 4 Don't know / can't remember → **Go to 27**

It should be noted that the 2008 core questionnaire did include the following question:

*Did a member of staff explain the **results of the tests** in a way you could understand?*

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure / Can't remember
- 5 I was told that the results of the tests would be given to me at a later date
- 6 I was never told the results of the tests

However, this question addressed two separate issues – whether the results were received and how these were presented. It was decided that this was more effectively addressed using two separate questions, hence the addition of Q25.

Cognitive testing for the 2009 local survey, in which this question also appeared, found that the routing at this question (Q25 on the 2012 core questionnaire) also simplified this section of the questionnaire, as only respondents who received their results in A&E are directed to answer questions relating to how these were explained.

¹ In October 2011 (published February 2012), the NHS National Quality Board defined a ‘Patient Experience Framework’, outlining elements identified as critical to patients’ experiences of NHS service. See <http://www.dh.gov.uk/health/2012/02/patient-experience-framework/> for more details.

The following question appeared in the 2009 local survey, having been used in the 2008 question bank with slightly different wording ('refreshments' rather than 'food or drinks'). It was requested by numerous stakeholders that this question should be included in the 2012 core questionnaire as it covers the important topic of nutrition and hydration.

Q32. *Were you able to get suitable food or drinks when you were in the A&E Department?*

- 1 Yes
- 2 No
- 3 I was told not to eat or drink
- 4 I did not know if I was allowed to eat or drink
- 5 I did not want anything to eat or drink

The following question has been added to the 2012 core questionnaire in order to investigate support given to patients prior to leaving the A&E department, which is a particular issue for older patients. It is hoped that understanding support needs will facilitate steps to lessen avoidable re-attendances to A&E Departments.

Q38. *Did hospital staff take your **family or home situation** into account when you were leaving the Department?*

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary
- 5 Don't know / can't remember

The following question was previously included in both the Outpatient Department 2009 core questionnaire and the A&E 2009 local survey. It was included in the 2012 core A&E questionnaire in order to investigate continuity of care.

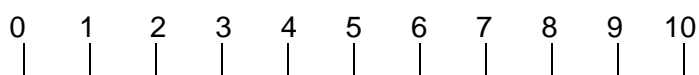
Q41. *As far as you know, was your GP given all the necessary information about the treatment or advice that you received in the A&E Department?*

- 1 Yes
- 2 No
- 3 Don't know
- 4 No information was needed

The following new question was developed during a project to create a new overarching patient experience measure that can be used in a wide range of settings to provide consistent information about experiences of different services.

Q43. Overall...

I had a very poor experience *I had a very good experience*



The following question was included in the 2012 core questionnaire to investigate complaints procedures. Various versions of this question were tested in cognitive interviews during the development of the 2009 local survey. However, developing an appropriate question proved problematic. The question *'If you needed to complain about the care you received, did you know how to do this?'* was confusing for participants, yet cognitive testing suggested that splitting this into a routing question (*'Did you want to complain about the care you received in the A&E Department?'*) and follow-up question (if yes, *'Did hospital staff give you the information you needed to do this?'*) would give too few responses to the second question to be useful to trusts. The 2009 local survey hence included the following question, previously included in the Inpatient Department 2009 core questionnaire. This question was included in the A&E 2012 core questionnaire as it provides valuable data on the availability of information regarding complaints, and is relevant to all patients. The inclusion of this question also makes the A&E 2012 survey consistent with other surveys in the national programme, such as the Inpatient Department 2011 survey.

Q44. While in the A&E Department, did you ever see any posters or leaflets explaining how to complain about the care you received?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

The following questions appear for the first time, in the 'About You' section of the 2012 core questionnaire. These questions are included to address the responsibilities of the CQC under the Equalities Act, to enable the evaluation of the experiences of different equalities groups and to provide comparability with the 2011 UK Census. They are taken directly from the GPPS (General Practitioner Patient Survey).

Q47. What is your religion?

- 1 No religion
- 2 Buddhist
- 3 Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- 4 Hindu
- 5 Jewish
- 6 Muslim
- 7 Sikh
- 8 Other
- 9 I would prefer not to say

Q48. Which of the following best describes how you think of yourself?

- 1 Heterosexual / straight
- 2 Gay / lesbian
- 3 Bisexual
- 4 Other
- 5 I would prefer not to say

The following question first appeared on the 2009 local survey, with only four response options ('More than 4 times' in place of option 3, and without a '6 or more times' option). Consultation with stakeholders had shown that there is an interest in the experiences of frequent users of A&E (those with 4 or more visits), particularly as this could provide a proxy measure to identify those with poorly managed long-term conditions. This question was modified for inclusion in the 2012 core questionnaire in order to differentiate between respondents who had used A&E 4-5, six, and more than six times.

Q51. How many times (including this one) have you visited an A&E department *as a patient* in the last 12 months?

- 1 This was the only time
- 2 2 – 3 times
- 3 4 – 5 times
- 4 6 or more times
- 5 Don't know / can't remember

3 Items removed from the core questionnaire

Ten questions have been removed from the core questionnaire prior to cognitive testing, following consultation with DH and CQC.

Seven of these questions remain in the question bank, allowing trusts to gather more detailed data relating to aspects of patient experience they consider particularly relevant. Keeping such questions in the question bank also enables comparisons to be made between data from different years. Two questions have been removed from the bank completely and replaced by similar measurement items.

Question numbers in this chapter refer to items' positions in the 2012 bank questionnaire, with the exception of Q1, Q40 and Q43. These were not used in the 2012 question bank so numbers correspond to those used in the 2008 core questionnaire, where these questions last appeared.

Q1. *What was the MAIN reason that you went to the Emergency Department for?*

- This question had a high proportion of missing responses on the 2008 core questionnaire (5.7%).
- Additionally, there was evidence from stakeholders that this item does not meet policy needs, providing valid data on neither respondents' use of other services nor the source of advice that had led them to go to A&E.
- It was suggested that this question be removed from both the core and bank questionnaire and an alternative developed. This question was initially replaced with two questions relating to respondents' use of other services (as described in Chapter 2). However, after cognitive testing, these were replaced with the question '*Who advised you to go to the A&E Department?*' from the 2009 local questionnaire – see Appendix A for a full discussion of the development of this question.

A4. *How did you travel to the hospital?*

A5. *Was it possible to find a convenient place to park in the hospital car park?*

- Discussions with stakeholders suggested that the data gathered by these questions (A4 and A5) is not currently used from a policy perspective. However, trusts may wish to focus on this area at a local level, hence these questions remain in the 2012 question bank.
- Due to the introduction of a new core question ('*Were you taken to the hospital in an ambulance?*'), the version of A4 included in the 2012 question bank has had one response option removed ('*In an ambulance*').

A8. *Did the ambulance crew explain your care and treatment in a way you could understand?*

A13. *Overall, how would you rate the care you received from the ambulance service?*

- It was noted that it is often difficult to determine which ambulance service conveys a patient to an A&E department, particularly for trusts providing specialist services or located close to service borders. For this reason, questions looking at how A&E staff work with ambulance services provide data that are more relevant and are hence preferable to questions relating only to the ambulance service.

F4. *Did you request pain relief medication?*

F5. *How many minutes after you requested pain relief medication did it take before you got it?*

- Issues with the response options for F5 were raised, notably that they would not be suitable for all situations, such as if a patient requested pain relief but this was withheld for medical reasons. The most fitting response option in this case would be 'I asked for pain relief medication but wasn't given any' – selected by 9% of respondents in the 2008 survey – yet this response does not fully describe this situation.
- It was not clear how response options for this question could be made exhaustive. It was concluded that this question should be removed from the core questionnaire, particularly as discussion with CQC and DH highlighted that data gathered from these questions cannot be used to assess clinical appropriateness.
- Treatment of pain is covered in the 2012 core questionnaire by two questions ('Were you in any pain while you were in the A&E Department?'; if yes, 'Do you think the hospital staff did everything they could to control your pain?'). This addresses an additional point raised by colleagues at CQC - that sources of pain relief other than medication are excluded from F4 and F5..
- F4 has also been removed from the core questionnaire as it is the filter question into F5.

J1. *Was the main reason you went to the Emergency Department dealt with to your satisfaction?*

Q40. *Overall, how would you rate the care you received in the Emergency Department?*

- These items (J1 and Q40) have been replaced by the new overarching question (Q43) discussed in Chapter 2.
- J1 was kept in the question bank as it may be useful for trusts who want to investigate satisfaction with treatment. This will also allow comparison with past years' data.
- Q40 was removed from the bank questionnaire as its wording was considered too similar to that of the question that replaced it.

Q43. *Your own health state today (sub-questions relating to Mobility, Self-Care, Usual Activities, Pain/Discomfort, Anxiety/Depression)*

- This measure of health and well-being (EQ-5D) has been removed from the core questionnaire as the results from this question were not well used. It was agreed that existing questions relating to respondents' health ('Do you have any of the following long-standing conditions?' and, if any were selected, 'Does this condition(s) cause you difficulty with any of the following?') provide sufficient data on this subject. This question has also been removed from the question bank.
- Removing this question created much needed space in the core questionnaire for the addition of new questions that are more pertinent to understanding patients' experiences of care, and where results are of more practical use in hospitals' quality improvement.

4 Changes to existing items

The wording of several questions and response options was altered before cognitive testing, in order to improve patient comprehension, reflect changes in the intention of questions, or make questions consistent with other core surveys in the national patient programme. These changes are detailed below, with deletions struck through and insertions highlighted. Question numbers refer to items' positions in the 2012 core questionnaire.

The following question was previously included in the 2008 core questionnaire but the response options have been changed slightly to reflect current policy standards on the total amount of time spent in an A&E Department, which should not exceed six hours.

Q10. Overall, how long did your visit to the A&E Department last?

- 1 Up to one hour
- 2 More than 1 hour but no more than 2 hours
- 3 More than 2 hours but no more than 4 hours
- 4 ~~More than 4 hours but no more than 8 hours~~ More than 4 hours but no more than 6 hours
- 5 ~~More than 8 hours but no more than 12 hours~~ More than 6 hours but no more than 8 hours
- 6 More than 8 hours but no more than 12 hours
- 7 More than 12 hours but no more than 24 hours
- 8 More than 24 hours
- 9 Can't remember

Two response options for the following question were removed to allow for the modifications made to the previous question ('Q25. *Before you left the A&E Department, did you get the results of your tests?*').

Q26. Did a member of staff explain the **results of the tests** in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure / Can't remember
- 5 ~~I was told that the results of the tests would be given to me at a later date~~
- 6 ~~I was never told the results of the test~~

The following question has been amended in order to align the structure and response options with the 2011 UK Census.

Q52. To which of these ethnic groups would you say you belong? (Tick **ONE** only)

a. WHITE

- 1 ~~British~~ English/Welsh/Scottish/Northern Irish/British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other white background, write in... ~~(Please write in box)~~

b. MIXED/ MULTIPLE ETHNIC GROUPS

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other Mixed/ multiple ethnic background, write in... ~~(Please write in box)~~

c. ASIAN OR ASIAN BRITISH

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 12 Any other Asian background, write in... ~~(Please write in box)~~

d. BLACK/AFRICAN/CARIBBEAN/ BLACK BRITISH

- 13 ~~Caribbean~~ African
- 14 African Caribbean
- 15 Any other black/ African/ Caribbean background, write in... ~~(Please write in box)~~

e. CHINESE OR OTHER ETHNIC GROUP

- 15 ~~Chinese~~ Arab
- 16 Any other ethnic group, write in... ~~(Please write in box)~~

5 Changes to survey protocol and guidance documents

The guidance manual is updated before every survey. It contains all the instructions needed to carry out the survey and what is required from each trust. Major changes to the survey methodology are discussed below but a full list of all changes can be found in Chapter 3 ('*What's new for 2012?*') of the A&E 2012 survey guidance manual.

Sampling month for 2012: Trusts can choose to sample from January **or** February **or** March 2012. Trusts are advised to select the month most reflective of their normal performance.

New data requested: To allow for additional analysis of the survey data, trusts are required to submit two additional fields in their sampling spreadsheets and final data gathered for the 2012 survey. These will be the NHS site codes for the hospital from which the patient was seen and the patient's General Medical Practice Code (GMPC).

Exclusion criteria: In addition to the exclusion criteria employed in the 2008 survey, the following patients will be excluded from the A&E 2012 survey: patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy. The numbers of patients attending an A&E Department for these reasons are small, and it was felt that receiving a questionnaire about their experience may result in emotional distress for the respondent.

Free text comments: Following discussion with CQC, it will now be requested that patients' written free text comments (responses to the three sub-questions comprising the 'Any other comments' section at the end of the survey) are submitted to the Co-ordination Centre in an anonymised format with the rest of the data.

Covering Letters: The covering letter and second reminder letter have been rewritten for the 2012 survey. They are now more concise, with a separate sheet of frequently asked questions for those respondents who may be interested. An additional change for the 2012 survey is the option for trusts to include the name of the participant in the letter, rather than a generic greeting, following successful Section 251 approval. There is evidence that using personalised greetings can increase response rates. These changes also make the mailing letters consistent with those used in the other most recent surveys in the national programme, such as the Inpatient Department Survey 2011.

Online pilot: In addition to the paper self-completion questionnaire, an online version of the 2012 A&E survey will be piloted. Although the content will be identical (core questions only), the methodology will be slightly different. The five trusts involved in the pilot will each draw an extra sample of 1,000 patients, following the same sampling criteria as the national survey. For three of the trusts involved in the pilot, the mailing process will be exactly the same as in the national survey. Two trusts, however, will use a pre-approach letter to invite the patient to take part in the online version. Following this letter, patients who do not complete the survey online will be sent a covering letter and a paper questionnaire to complete. Subsequent mailings to these patients will follow the standard mailing approach used for the national survey.

6 Appendix A: Summary of the cognitive testing

6.1 Introduction

The draft 2012 core questionnaire was tested with twelve adults, all of whom had attended an A&E department within the previous six months. Interviews were carried out between 7th and 24th February 2012, with participants recruited via the local press. No fixed quota was specified for this project but the aim was to ensure a good demographic mix. The age and sex of the respondents was as follows:

- 7 women (aged 21-69)
- 5 men (aged 22-62)

This section of the development report outlines the key findings from cognitive testing. Only questions that were newly included in the 2012 core questionnaire and those to which changes were suggested following the cognitive testing are discussed here; all other questions were included unchanged.

6.2 New questions

Sixteen new questions were suggested for inclusion in the questionnaire for cognitive testing. Our findings from testing these questions and recommendations on the inclusion of these new questions in the 2012 survey are outlined below. All question numbers refer to questions' position in the core questionnaire tested in the first round of cognitive interviews.

Q1. *Before your most recent visit to A&E, had you previously been to A&E about **the same condition** or something related to it?*

Q2. *Before this visit to A&E, did you contact another service about **the same condition** during the previous week?*

Q3. *What service, or services, did you contact before visiting A&E? (Tick all that apply)*

These three questions proved extremely problematic. Many respondents expressed confusion due to repetition of 'the previous week' in different contexts in Q1 (for which one response option is 'Yes, *within the previous week*') and Q2, as well as implicitly in Q3. Many respondents in both rounds of interviews re-read Q1 after reading Q2 in order to check they had correctly understood it, interrupting the order of the questionnaire. These respondents failed to apply key aspects of Q2: many did not follow the routing instructions, and verbal comments of others suggested they had not applied the appropriate reference period (specified in Q2) to Q3.

These problems were exacerbated by the position of these three questions. This was in keeping with the chronological ordering of the questionnaire, intended to mirror the patient journey. However, this meant respondents were asked to consider different aspects of their experience in quick succession and answer highly complex questions at the beginning of the questionnaire. This poses a risk not only to data validity for these questions but to response rates for the questionnaire as a whole, as increased respondent burden at the start may discourage respondents from completing the questionnaire.

Recommendation: Leave Q1 unchanged, as it provides necessary data on unplanned re-attendance to A&E. However, the potential damage to response rate caused by Q2 and Q3 outweighs their value to the questionnaire and we would hence recommend their removal.

The removal of these questions leaves the questionnaire lacking any measurement items covering what led a patient to attend an A&E Department, or other services used prior to visiting A&E. It was hence suggested in consultation with CQC that the following question be added to the core questionnaire. The question number refers to its place in the final version of the 2012 core questionnaire.

Q2. *Who advised you to go to the A&E Department? (Tick ONE only – if more than one option applies, tick the MAIN source of advice)*

- 1 The ambulance service
- 2 A doctor or nurse at a walk-in centre or minor injuries unit
- 3 A GP out of hours service
- 4 A GP from my local surgery
- 5 Some other health professional (e.g. NHS Direct nurse)
- 6 Somebody else (e.g. friend, relative, colleague)
- 7 No-one, I decided that I needed to go
- 8 Don't know / Can't remember

This question appeared previously in the 2009 local survey and is a revised version of the question 'What was the MAIN reason that you went to the Emergency Department for?' discussed in Chapter 3. The question was altered extensively following consultation with colleagues from CQC and DH, who considered that the non-response rate of 5.7% for this question on the 2008 core questionnaire might be due to the failure of response options to account for all respondents' experiences. Additionally, it was noted that the response options provided for the original question were not mutually exclusive, leaving respondents potentially unsure which response to select. The primary aim of this question was to establish how patients came to be in A&E – whether they self-referred or were sent by their GP or another health service (e.g. NHS Direct). It was decided that this information could be gained from a more specific question, asking directly about the person or organisation that caused the patient to go to A&E rather than the more vague 'reason'.

The above question was cognitively tested prior to the 2009 local survey, with thirteen people who had recently attended A&E Departments. This revised question tested well: it seemed understood by all respondents, and all found the response options appropriate.

Recommendation: Include this item (Q2) in the 2012 core questionnaire. This question has tested well in previous years and provides valuable data relating to the early stages of the patient journey. Additionally, with care, it can be used as a proxy for investigating use of other services.

Q4. *Were you taken to the hospital in an ambulance?*

Q5. *How well do you think the ambulance service and A&E staff worked together?*

Q6. *Once you had arrived at hospital, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?*

These questions tested well, with no problems or confusion. Routing instructions at Q4 were followed correctly by all respondents.

Recommendation: Include these questions in the 2012 core questionnaire.

Q18. *If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?*

It was noted by two respondents in the first round of interviews that the response options were inconsistent – all referred to ‘family or friends’ apart from option 5 - ‘*My family did not want or need information*’. This was altered between the first and second round of interviews so response 5 read ‘*My family or friends did not want or need information*’.

Recommendation: Include this question in the 2012 core questionnaire with response option 5 revised as described.

Q25. *Did a member of staff explain **why you needed** these test(s) in a way you could understand?*

Despite confusion relating to the phrase ‘member of staff’ in other questions, no such issue arose regarding this question, which tested well. One respondent commented that such explanation had not been necessary as she had known she had needed an X-ray, but selected ‘*Yes, completely*’ as staff had still explained this to her. This highlights that explanation of results is relevant even when the reasons for a test seem apparent, as such reasons may not be clear to the patient.

Recommendation: Include this question in the 2012 core questionnaire.

Q26. *Before you left the A&E Department, did you get the results of your tests?*

Q33. *Were you able to get suitable food or drinks when you were in the A&E Department?*

These two questions tested well, with no problems or confusion.

Recommendation: Include these questions in the 2012 core questionnaire.

Q39. *Did hospital staff take your family or home situation into account when you were leaving the Department?*

Respondents’ comments seemed to suggest that ‘family or home situation’ could be ambiguous, with many commenting that they weren’t sure how to interpret this phrase. However, when probed, respondents gave a generally consistent understanding, interpreting the question as referring to who would assist them in travelling to, and managing in, their home.

Recommendation: Despite initial concerns over ambiguity, this question was understood coherently and in line with the intention of the question, so should be included in the 2012 core questionnaire without revisions.

Q41. *As far as you know, was your GP given all the necessary information about the treatment or advice that you received in the A&E Department?*

- 1 Yes
- 2 No
- 3 Don't know
- 4 No information was needed

This question generally tested well. A small number of respondents asked why this question was relevant; however, all seemed to understand the question and answered without prompting.

Recommendation: Include this question in the 2012 core questionnaire.

Q44. *Overall...*

This question allows patients to evaluate their experience overall, using a numbered scale ranging from 0 - *'I had a very poor experience'* – to 10 – *'I had a very good experience'*. It had previously been tested in a separate set of cognitive interviews looking at various overarching questions, analysis of which concluded that this question was the most effective. When probed, respondents were able to clearly articulate the reasons for their responses to this question, generally listing and evaluating different aspects of their experience and selecting a score accordingly. All respondents answered this question in the correct way (by selecting an integer value from 0 to 10).

Recommendation: Include this question in the 2012 core questionnaire.

Q45. *While in the A&E Department, did you ever see any posters or leaflets explaining how to complain about the care you received?*

No respondents raised questions or problems with this question. All respondents, including those who had wished to complain and those who had not, gave answers consistent with their verbal comments.

Recommendation: Include this question in the 2012 core questionnaire.

Q48. *What is your religion?*

Q49. *Which of the following best describes how you think of yourself?*

Two respondents in the first round of interviews queried why religion (Q48) and sexuality (Q49) were relevant, one saying the same about ethnicity (Q53). One of these respondents suggested that the questionnaire should explain why this demographic information was being collected or provide further reassurance at the beginning of this section that the information would remain anonymous. However, all respondents in both rounds of interviews answered these questions.

Recommendation: Providing additional explanation or reassurance relating to the demographic questions should not be necessary, as the confidentiality of responses and respondents' freedom not to respond to any question are assured in the instructions at the beginning of the questionnaire. Additionally, for Q48 and Q49 (questions relating to religion and sexual orientation respectively,

highlighted as most sensitive in the cognitive interviews), respondents have the option of selecting 'I would prefer not to say'. We would hence recommend including these questions unchanged in the 2012 core questionnaire.

Q47. *How many times (including this one) have you visited an A&E department as a patient in the last 12 months?*

This question tested well, with all respondents appearing to understand the question and give responses consistent with their verbal comments.

Recommendation: Include this question in the 2012 core questionnaire.

6.3 Suggested changes to existing questions

Additionally, the testing highlighted some issues relating to certain questions that were suggested for inclusion in the 2012 core questionnaire and had previously been included in the 2008 core questionnaire. Alterations to these questions are suggested primarily on the basis of ambiguity in questions and inconsistency in response options.

Q21. *If you needed attention, were you able to get a member of staff to help you?*

Two aspects of this question were found to be ambiguous.

When probed regarding their understanding of 'member of staff' in this question, one respondent interpreted this as meaning "porters and reception staff", four as "medical staff" or "doctor or nurse", four as "anyone", and three were unsure.

Additionally, respondents differed in their interpretation of 'needed attention'. It became clear from comments in the first round of interviews that there were two distinct understandings – actively trying to gain the attention of staff, and a broader understanding of needing attention without necessarily actively seeking it. Interviewers hence probed respondents in the second round of interviews to see if one understanding was more common and if any further interpretations emerged. The final four respondents all explained this term as actively trying to gain the attention of a member of staff, often in order to request that they do something – for example, turn off the light or answer a question. It hence appears that this term is not sufficiently ambiguous to warrant changing, particularly as 'needed attention' cannot easily be made clearer without creating an overly lengthy question.

However, an additional ambiguity arose with this question. Certain respondents in the first round of questioning answered this question with respect to seeking attention for others rather than themselves, as the question was intended. It was considered important that responses related to respondents' own experience, so in the second round of interviews, 'you' in the question was emboldened to emphasise this.

Recommendation: Specify 'medical staff' in the question to remove any ambiguity relating to the type of staff member, and use the revised formatting of the question (emboldening '**you**') tested in the second round of interviews.

Following discussion of this recommendation with CQC, it was felt that additional clarification should be given and the wording of the question stem changed further to include 'medical or nursing staff'. This is unproblematic and should be included.

Q32. *While you were in the A&E Department, did you feel bothered or threatened by other patients or visitors?*

During the first round of interviews, it became clear that the phrase 'bothered or threatened' was problematic. In answering this question, the first respondent referred to feeling uncomfortable with the order in which patients were seen by medical staff, rather than a more conventional definition of 'bothered' or 'threatened' such as being afraid of physical or verbal abuse.

Probing respondents for their understanding of 'bothered' gave a wide range of understandings, ranging from the threats or experience of physical abuse to the similarly vague "harassed", to a broad definition as any kind of intrusion or disturbance of privacy, space or quiet. One additional respondent shared the understanding of the first participant of 'bothered' as being unhappy with the order in which patients were seen, which was not the intention of the question.

Understandings of 'threatened', however, seemed much more consistent, focusing on respondents' fear for their own safety due to the aggressive or abusive behaviour of others (or, in the case of one respondent, his own "paranoid" mental state). This supports the idea that 'threatened' is a less vague concept than 'bothered'.

Recommendations: Remove 'bothered' from Q32, as this term appeared ambiguous and problematic for many respondents. 'Threatened' is a more comprehensible concept that better fits the intention of the question, meaning nothing is lost from rephrasing the question in this way.

7 Appendix B: Summary of changes to core questionnaire, 2008-2012

Q number	Question wording	Summary of change*
Q1	Before your most recent visit to A&E, had you previously been to A&E about the same condition or something related to it?	New question
Q2	Who advised you to go to the A&E Department?	From 2008 question bank
Q3	Were you taken to the hospital in an ambulance?	New question
Q4	How well do you think the ambulance service and A&E staff worked together?	From 2009 local questionnaire
Q5	Once you had arrived at hospital, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?	From 2009 local questionnaire; minor changes to response options (1 removed).
Q6	Were you given enough privacy when discussing your condition with the receptionist?	
Q7	How long did you wait before you first spoke to a nurse or doctor?	
Q8	From the time you first arrived at the Emergency Department, how long did you wait before being examined by a doctor or nurse?	
Q9	Were you told how long you would have to wait to be examined?	
Q10	Overall, how long did your visit to the A&E Department last?	Minor change to wording ('A&E') and response option change
Q11	Did you have enough time to discuss your health or medical problem with the doctor or nurse?	
Q12	While you were in the A&E Department, did a doctor or nurse explain your condition and treatment in a way you could understand?	Minor change to wording ('A&E')
Q13	Did the doctors and nurses listen to what you had to say?	
Q14	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	
Q15	Did you have confidence and trust in the doctors and nurses examining and treating you?	
Q16	Did doctors or nurses talk in front of you as if you weren't there?	

Q17	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	From Adult Inpatient Survey 2011 core questionnaire
Q18	While you were in the A&E Department, how much information about your condition or treatment was given to you?	Minor change to wording ('A&E')
Q19	Were you given enough privacy when being examined or treated?	
Q20	If you needed attention, were you able to get a member of medical or nursing staff to help you?	Minor change to wording ('medical or nursing' added)
Q21	Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the A&E Department?	Minor change to wording ('A&E')
Q22	Were you involved as much as you wanted to be in decisions about your care and treatment?	
Q23	Did you have any tests (such as x-rays, scans or blood tests) when you visited the Emergency Department?	
Q24	Did a member of staff explain why you needed these test(s) in a way you could understand?	New question
Q25	Before you left the A&E Department, did you get the results of your tests?	From 2009 local questionnaire
Q26	Did a member of staff explain the results of the tests in a way you could understand?	Minor change to response options (2 removed)
Q27	Were you in any pain while you were in the A&E Department?	Minor change to wording ('A&E')
Q28	Do you think the hospital staff did everything they could to help control your pain?	
Q29	In your opinion, how clean was the A&E Department?	Minor change to wording ('A&E')
Q30	How clean were the toilets in the A&E Department?	Minor change to wording ('A&E')
Q31	While you were in the A&E Department, did you feel threatened by other patients or visitors?	Three minor changes to wording ('A&E', 'bothered' removed and 'visitors' added)
Q32	Were you able to get suitable food or drinks when you were in the A&E Department?	From question bank; minor changes to wording ('food or drinks')
Q33	What happened at the end of your visit to the A&E Department?	Minor change to wording ('A&E')

Q34	Before you left the A&E Department, were any new medications prescribed for you?	
Q35	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	
Q36	Did a member of staff tell you about medication side effects to watch for?	
Q37	Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	
Q38	Did hospital staff take your family or home situation into account when you were leaving the Department?	From 2008 question bank
Q39	Did a member of staff tell you about any danger signals regarding your illness or treatment to watch for after you went home?	
Q40	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the Emergency Department?	
Q41	As far as you know, was your GP given all the necessary information about the treatment or advice that you received in the A&E Department?	From 2009 local questionnaire and 2009 Outpatient Department questionnaire
Q42	Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?	
Q43	Overall... (I had a very poor experience/ I had a very good experience)	New question
Q44	While in the A&E Department, did you ever see any posters or leaflets explaining how to complain about the care you received?	From 2009 local questionnaire and 2009 Adult Inpatient Survey
Q45	Are you male or female?	
Q46	What was your year of birth?	
Q47	What is your religion?	From General Practitioner Patient Survey
Q48	Which of the following best describes how you think of yourself?	From General Practitioner Patient Survey
Q49	Do you have any of the following long-standing conditions?	
Q50	Does this condition(s) cause you difficulty with any of the following?	
Q51	How many times (including this one) have you visited an A&E department as a patient in the last 12 months?	From 2008 question bank (modified response options)
Q52	To which of these ethnic groups would you say you belong?	Response categories

	amended to match 2011 Census
*If cell is blank there has been no change since 2008	

16 'new' core questions (either newly developed, from 2008 A&E question bank, 2009 A&E local survey or from another patient survey)