

# SURVEY DEVELOPMENT REPORT FOR THE EMERGENCY DEPARTMENT SURVEY 2016

THE CO-ORDINATION CENTRE FOR THE  
NHS PATIENT SURVEY PROGRAMME



Last updated: 30 September 2016

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# 1 Introduction

## 1.1. Survey overview

Surveys of emergency services have been carried out in all eligible acute trusts treating adult patients in England in 2003, 2005, 2008, 2012 and 2014. The survey will be conducted again in 2016 as part of the NHS Patient Survey Programme (NPSP). The survey will give NHS trusts information on emergency care to facilitate targeted quality improvement.

Information drawn from the questions in the 2016 Emergency Department survey will be used by the Care Quality Commission (CQC) in its assessment of trusts in England. The results are also used by NHS England and the Department of Health for performance assessment, improvement and regulatory purposes.

Some adjustments have been made to the content of the questionnaire in order to investigate patient experience of key issues raised by stakeholders; adjustments have also been made to the covering letters to make the language more accessible. Minor changes have been made to the CQC flyer which is used to explain how the results from the survey will be used by CQC.

The survey methods are similar to that of the 2014 survey – trusts will send out a paper self-completion questionnaire to eligible adult patients – but there have been some notable changes, including the introduction of ‘type 3’ emergency departments to the survey, a change to the sample month and the increase in sample size to 1250 patients per trust. These changes mean that the results from the 2016 survey are not comparable with the 2014 survey, or any previous surveys.

This document details the development that has been done on the emergency department survey since its 2014 iteration, including the changes listed above.

## 1.2. Summary of development

Consultation was undertaken in order to update the questionnaire and survey methods for 2016. Amendments were made on the basis of the following:

- Consultation with stakeholders at CQC, NHS England (NHSE) and the Emergency Department Survey Advisory Group regarding the scope of the survey and topics that should be addressed in the questionnaire either from a policy or patient perspective.
- Analysis of the 2014 survey data to examine item non-response and floor/ceiling effects, that is, questions where the vast majority of respondents report a very negative or positive experience.
- Analysis of 2015 Hospital Episodes Statistics (HES) data<sup>1</sup> on type 3 department attendances: looking at HES data from January to November 2015 (December being

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<sup>1</sup> <http://digital.nhs.uk/hes>

an atypical month) on attendances across all four emergency department types for all acute trusts. It was found that approximately 35% of all eligible trusts had attendances at a type 3 department, and that the lowest number of attendances to such departments was approximately 300 over an 11 month period.

- Analysis of data and feedback received from a sampling pilot run to test the inclusion of type 3 departments.

Following these investigations, a number of changes were made to the survey materials (questionnaire, letters and CQC flyer) and to the survey methods.

## 2 Amendments to the questionnaire for 2016

Some changes were made to the Emergency Department Survey questionnaire that affected some of the questions and the information on the questionnaire from the 2014 iteration of the survey.

The final questionnaire for the Emergency Department Survey consists of 53 questions plus a free text question. It can be found on the NHS Surveys website:  
<http://www.nhssurveys.org/surveys/985>.

### 2.1. Cognitive testing

As is common practice in the NPSP, the revision and redevelopment of all questionnaires follow best practice. Question changes are cognitively tested with a group of individuals who have recent experience of the NHS services targeted by the survey.

Cognitive testing is a process which tests both new questions and questions used in previous years to check if they are understood as intended by participants, and that they are able to answer them appropriately with the response options provided. The respondents for the testing of the Emergency Department questionnaire were recruited<sup>2</sup> via different mechanisms such as local advertisements in newspapers, public buildings (shops, cafés, libraries, community centres, and community noticeboards), online forums and websites (such as Gumtree) and social media. Respondents were recruited to cover a wide demographic base and service patient experience.

A total of 21 people were cognitively interviewed:

- Eight were males, 13 were females.
- Ages ranged from 22 to 80.
- Had a mix of ethnic backgrounds.
- Had attended a type 1 or type 3 NHS emergency department within the last six months: 15 had attended type 1 departments, and six had been to type 3 departments.

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<sup>2</sup> The same eligible criteria applied to the survey is also applied to the recruitment of individuals for cognitive testing. The cognitive interview recruitment criteria also stipulates that individuals have attended an NHS emergency department within the past six months.

The questionnaire was tested in July 2016, primarily in Oxford and the surrounding areas. Three rounds of testing were completed with alterations made to some of the text and the questions between rounds, following feedback received from respondents and stakeholders.

The changes that followed the cognitive testing are detailed below.

## 2.2. Questions added

Three new questions were added to the 2016 questionnaire to reflect emerging areas of interest from stakeholders to understand people's route to using emergency department services.

Q1. Was this emergency department the **first** place you went to, or contacted, for help with your condition?

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

The original wording tested did not include 'or contacted', but this was added in order to capture the experiences of people who first used telephone services such as 999 or the NHS 111. This was also used in questions two and three below.

Q2. Before going to this emergency department, where did you go to, or contact, for help with your condition? (**Cross ONE only - if more than one option applies, cross the last one you went to, or contacted, before the emergency department**)

- 1  The 999 emergency service
- 2  An NHS walk-in centre
- 3  An A&E department
- 4  A Minor Injuries Unit (MIU)
- 5  An Urgent Care Centre (UCC)
- 6  A GP out of hours service
- 7  A local GP surgery
- 8  The NHS 111 telephone service
- 9  Somewhere else

The original wording tested included the instruction 'if more than one option applies, cross the one you went to directly before the emergency department'. One cognitive interviewee struggled with the wording 'directly before', so this was changed to 'cross the last one you went to before the emergency department'.

The response options for Q2 required some modifications during the cognitive testing. Initially this question had ten response options, the same ones that remain in the final version except for two changes: option one initially said 'The ambulance service', and was changed to 'The 999 emergency service' to account for respondents who phone 999 and are not sent an ambulance; option ten was 'Don't know / can't remember' and was removed after the second wave of interviews as this was not considered to be necessary and the space was required for additional response options in question three.

Q3. Why did you go to the emergency department following your contact with the service above? **(CROSS ALL THAT APPLY)**

- 1  The service above referred me or took me to this emergency department
- 2  I couldn't contact the service above
- 3  I couldn't get an appointment
- 4  The wait for the service above was too long
- 5  I was not satisfied with the help I received
- 6  My condition became worse
- 7  A different reason

The response options for the new Q3 were also modified during the cognitive testing process. This question initially had a 'Don't know/Can't remember' response option; this was removed following wave one of interviews. After the second wave of interviews, a new response option was added: 'I couldn't get an appointment'. Response option number two was also modified from the initial 'I couldn't contact the other service' to 'I couldn't contact the service above' which was found to work better in testing. Finally, a new response option was added (number seven: 'A different reason'), to allow for any situations where the other response options were not appropriate.

The three new questions performed well in cognitive testing and were well understood by interviewees. The response options were deemed comprehensive and reflected the participants' experiences of emergency services.

### 2.3. Question removed

After adding the three questions above, Q2 from the 2014 version of the questionnaire became redundant and was removed:

Q2. Who advised you to go to the A&E Department? **(Cross ONE only – if more than one option applies, cross 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  An NHS telephone advisor (e.g. NHS 111 or NHS Direct)
- 6  Some other health professional (e.g. pharmacist)
- 7  Somebody else (e.g. friend, relative, colleague)
- 8  No-one, I decided that I needed to go
- 9  Don't know / can't remember

No other questions were removed from the questionnaire.

## 2.4. Questions and text amended

Two questions were amended: question number 9 and question number 36.

Following cognitive testing, the wording of question nine was amended from:

Q7<sup>3</sup>. From the time you first arrived at the A&E Department, how long did you wait **before being examined** by a doctor or nurse?

To:

Q9. Sometimes, people will first talk to a nurse or doctor and be examined later. **From the time you arrived**, how long did you wait **before being examined** by a doctor or nurse?

This amendment was made during cognitive testing as, during wave two of interviews, it became apparent that there was some confusion with the previous question (Q8. How long did you wait before you first spoke to a nurse or doctor?). This was because some trusts triage their emergency patients (i.e. they are first assessed by a nurse, who decides how urgent the case is, and then examined in due course), whereas in some other trusts the patients speak to *and* are examined simultaneously, without waiting in between. For the latter respondents, the old version of question nine was confusing as it seemed redundant after question eight.

Amending the text addressed this problem and the question performed well in the cognitive testing. The response options for question nine remained unchanged.

In addition, response options one and two in Q36 "*What happened at the end of your visit to the emergency department?*"<sup>4</sup> were modified in order to distinguish admission to hospital from admission to a nursing home, and avoid potential confusion from type 3 patients who do not know whether or not the hospital they were admitted to was the same one as the type 3 department, as type 3 departments are not always situated on hospital premises. The other three response options remained unchanged:

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<sup>3</sup> Question 7 in the 2014 version of the questionnaire became Q9 in the 2016 questionnaire.

<sup>4</sup> This question was question number 34 in the 2014 questionnaire.



From the response options in the 2014 questionnaire:

- 1  I was admitted to the same hospital
- 2  I was transferred to a different hospital or a nursing home
- 3  I went home
- 4  I went to stay with a friend or relative
- 5  I went to stay somewhere else

To the response options in the 2016 questionnaire:

- 1  I was admitted to hospital
- 2  I was transferred to a nursing home
- 3  I went home
- 4  I went to stay with a friend or relative
- 5  I went to stay somewhere else

A number of other questions and instructions throughout the questionnaire were also amended to accommodate the inclusion of respondents who attended type 3 departments. Throughout the questionnaire, the term “A&E” was replaced with “emergency department”, and some alterations were made to reflect this change, for instance to the questionnaire title and front page information. Notably, the first paragraph in the front page of the questionnaire now explicitly mentions two types of type 3 departments, as well as the type 1 emergency department:

This survey is about your **most recent** visit to the emergency department at the hospital named in the letter enclosed with this questionnaire. This department may also be referred to as a Minor Injury Unit (MIU), Urgent Care Centre (UCC), or Accident & Emergency Department (A&E). It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.

This change affected many of the questions in the questionnaire, as shown in the [table in section 5](#).

Finally, the survey helpline number was added to the front page of the questionnaire, and the following two paragraphs were also added to ensure respondents are aware of how to contact CQC with any concerns and to provide respondents with information on how any free-text comments will be treated.

- On the front page of the questionnaire:

If you have any questions, please call our helpline number: <insert helpline number here>

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

- On the last page of the questionnaire, above the free text box:

Please note that the comments you provide in the box below will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

None of the changes to the wording (either to the questions or the text) posed a problem during cognitive interviewing.

## 3 Changes to the mailing letters and CQC flyer

### 3.1. Amendments to the mailing letters

Small changes were made to the letters (first mailing letter and two reminders). These were in line with the changes made to such documents in other recent surveys in the NPSP, to improve clarity, and to use a more informal tone, whilst retaining important information about confidentiality and data protection. It is hoped that this may encourage people to respond

### 3.2. Amendments to the CQC flyer

The questionnaire will be mailed out together with a flyer produced by the CQC which is used to explain how the results from the survey will be used and to reiterate the confidentiality of responses.

Respondents to the cognitive testing were also asked to give their views about the CQC flyer. The flyer was well received in the majority of the interviews, although two minor changes were made to the wording in order to reflect the experiences of people attending emergency departments. The term “hospital” was changed for “emergency department” throughout the flyer. Two sentences were slightly modified in order to make the flyer more specific for its intended population:

- “The hospital will also use the information to help improve its care” was changed to “The hospital will also use the information to help improve care provided in the Emergency Department.”
- “CQC will use your feedback from this questionnaire to find out if there are any problems or concerns at your hospital” was changed to “CQC will use your feedback about the Emergency Department to find out where care is good or if it needs to improve.”

Finally, the following was added to reiterate the confidentiality of the survey: “Your answers will be completely confidential.” The final version of the flyer can be found in the [appendix](#) at the end of this report.

## 4 Changes to the survey methods

### 4.1. Sampling month

The sampling month was changed from a choice from January, February or March in 2014 to September for all trusts in 2016. The change in sampling month was discussed with stakeholders, and it was deemed that September was a 'more typical' month that would not be affected by holidays, which may cause changes to emergency attendances (increased number of attendances, attendances by different user groups such as tourists), or by seasonal emergencies such as the common flu or a high proportion of older people with respiratory problems during the winter; it also fitted with the 2016 timetable for this survey. Additionally, having all trusts sample during the same month means that comparisons between trusts will be fairer.

### 4.2. Clinical Commissioning Group data

The A&E 2014 survey collected GP Practice code (GPPC). This has been replaced by the referring Clinical Commissioning Group (CCG) code for each patient, as the survey data is used by CCGs in local improvement. CCG code data is collected as standard within the patient survey programme.

### 4.3. Sample size

The sample size was 850 patients per trust in the 2014 survey; in 2016, each trust will be required to submit a sample of 1250 unique patients. This change is in line with the approach followed in the NHS Inpatient Survey since 2015, and is designed to protect data reliability and allow more useful granular analysis.

### 4.4. Inclusion of type 3 departments

In previous years, the Emergency Department Survey focussed solely on type 1 departments. Type 1 departments are major, consultant-led A&E Departments with full resuscitation facilities operating 24 hours a day, 7 days a week<sup>5</sup>.

Following feedback from CQC and NHSE, the 2016 Emergency Department Survey will also include patients who attended type 3 departments. Type 3 departments comprise other types of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor-led or nurse-led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. Type 3 departments are often Urgent Care Centres (UCC) or Minor Injury Units (MIU). A service that is mainly or entirely appointment based (for example a GP practice or out-patient clinic) is excluded even though it may treat a number of patients with minor illness or injury. Walk-in centres are not classed as type 3 departments<sup>5</sup>.

A pilot was conducted in order to test the new sampling approach and to try to capture potential errors ahead of the 'live' survey. Trusts were asked to draw a sample, following instructions provided, and submit this to the Co-ordination centre. There was no mailing out

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<sup>5</sup> Descriptions of type 1 and 3 departments can be found in the NHS data dictionary at: [http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/a/acc/accident\\_and\\_emergency\\_department\\_type\\_de.asp](http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/accident_and_emergency_department_type_de.asp).

of questionnaires. Following this, a number of changes were made to refine and improve the sampling process.

Trusts that do not have any type 3 departments will continue to submit type 1 attendances only (1250 type 1 patients in total); trusts that have type 1 and type 3 departments will submit a sample containing both types of patients (950 type 1 patients, and 300 type 3 patients).

Collecting data from both types of departments will allow organisations with both type 1 and type 3 departments to more effectively monitor patient experience across the whole of their emergency provision and target service improvement activity more effectively. This will also allow CQC and NHSE to monitor the experience of patients at type 3 departments across England.

To accommodate the addition of type 3 departments to the survey, the title of the survey used this year is 'Emergency Department Survey' rather than the 'Accident and Emergency (A&E) Department Survey' used in 2014.

## 5 Summary of changes to the Emergency Department Survey questionnaire

Changes to the information on the first page of the questionnaire	
Wording in 2014	Wording in 2016
This survey is about your most recent visit to the Accident and Emergency Department at the hospital named in the letter enclosed with this questionnaire. This department may also be referred to as casualty, the emergency department or A&E. It does not include other wards or units that you might have been moved to whilst you were at the hospital.	This survey is about your <b>most recent</b> visit to the emergency department at the hospital named in the letter enclosed with this questionnaire. This department may also be referred to as a Minor Injury Unit (MIU), Urgent Care Centre (UCC), or Accident & Emergency Department (A&E). It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.
If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire.	If you have any questions, please call our helpline number: <insert helpline number here>
	If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

## Changes to the questionnaire items

Question number In 2016	Question wording in 2016	Summary of changes
Q1	Was this emergency department the first place you went to, or contacted, for help with your condition?	New question
Q2	Before going to this emergency department, where did you go to, or contact, for help with your condition?	New question
Q3	Why did you go to the emergency department following your contact with the service above?	New question
Q4	Were you taken to the emergency department in an ambulance?	Substitute "A&E" with "emergency"
Q5	Once you arrived at the emergency department, how long did you wait with the ambulance crew before your care was handed over to the emergency department staff?	Substitute "A&E" with "emergency"
Q6	Before your most recent visit to the emergency department, had you previously been to the same emergency department about the same condition or something related to it?	Substitute "A&E" with "emergency"
Q7	Were you given enough privacy when discussing your condition with the receptionist?	
Q8	How long did you wait before you first spoke to a nurse or doctor?	
Q9	Sometimes, people will first talk to a nurse or doctor and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?	Added "Sometimes, people will first talk to a nurse or doctor and be examined later."
Q10	Were you told how long you would have to wait to be examined?	
Q11	Overall, how long did your visit to the emergency department last?	Substitute "A&E" with "emergency"
Q12	Did you have enough time to discuss your health or medical problem with the doctor or nurse?	
Q13	While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?	Substitute "A&E" with "emergency"

Q14	Did the doctors and nurses listen to what you had to say?	
Q15	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	
Q16	Did you have confidence and trust in the doctors and nurses examining and treating you?	
Q17	Did doctors or nurses talk to each other about you as if you weren't there?	
Q18	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	
Q19	While you were in the emergency department, how much information about your condition or treatment was given to you?	Substitute "A&E" with "emergency"
Q20	Were you given enough privacy when being examined or treated?	
Q21	If you needed attention, were you able to get a member of medical or nursing staff to help you?	
Q22	Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you in the emergency department?	Substitute "A&E" with "emergency"
Q23	Were you involved as much as you wanted to be in decisions about your care and treatment?	Substitute "A&E" with "emergency"
Q24	If you were feeling distressed while you were in the emergency department, did a member of staff help to reassure you?	Substitute "A&E" with "emergency"
Q25	Did you have any tests (such as x-rays, scans or blood tests) when you visited the emergency department?	Substitute "A&E" with "emergency"
Q26	Did a member of staff explain why you needed these test(s) in a way you could understand?	
Q27	Before you left the emergency department, did you get the results of your tests?	Substitute "A&E" with "emergency"
Q28	Did a member of staff explain the results of the tests in a way you could understand?	
Q29	Were you in any pain while you were in the emergency department?	Substitute "A&E" with "emergency"
Q30	Did you request pain relief medication?	
Q31	How many minutes after you requested pain relief medication did it take before you got it?	

Q32	Do you think the hospital staff did everything they could to help control your pain?	
Q33	In your opinion, how clean was the emergency department?	Substitute "A&E" with "emergency"
Q34	While you were in the emergency department, did you feel threatened by other patients or visitors?	Substitute "A&E" with "emergency"
Q35	Were you able to get suitable food or drinks when you were in the emergency department?	Substitute "A&E" with "emergency"
Q36	What happened at the end of your visit to the emergency department?	Substitute "A&E" with "emergency"  Response options one and two were modified – details on page 9 of this report.
Q37	Before you left the emergency department, were any new medications prescribed for you?	
Q38	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	
Q39	Did a member of staff tell you about medication side effects to watch for?	
Q40	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?	
Q41	Did hospital staff take your family or home situation into account when you were leaving the emergency department?	Substitute "A&E" with "emergency"
Q42	Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	
Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the emergency department?	Substitute "A&E" with "emergency"
Q44	Overall, did you feel you were treated with respect and dignity while you were in the emergency department?	Substitute "A&E" with "emergency"
Q45	Overall...	
Q46	Who was the main person or people that filled in this questionnaire?	

Q47	Are you male or female?	
Q48	What was your year of birth?	
Q49	What is your religion?	
Q50	Which of the following best describes how you think of yourself?	
Q51	Do you have any of the following long-standing conditions?	
Q52	Does this condition(s) cause you difficulty with any of the following?	
Q53	To which of these ethnic groups would you say you belong?	



## 6 Appendix: CQC flyer

**Care Quality Commission** **NHS**

**Tell us about your recent visit to the Emergency Department and help to improve NHS care.**

The Care Quality Commission (CQC) makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

**You can make a difference**  
CQC will use your feedback about the Emergency Department to find out where care is good or if it needs to improve. The hospital will also use the information to help improve care provided in the Emergency Department.

**Please fill in the questionnaire for this important survey. Your answers will be completely confidential.**

The results of this survey will be available on our website:  
[www.cqc.org.uk/surveys](http://www.cqc.org.uk/surveys)