



NHS Adult Inpatient Survey

**Findings from the mixed-mode
methodology pilot**

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1 Executive summary

Background and methodology

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of NHS services. The programme currently comprises the Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People’s Survey and Urgent and Emergency Care Survey.

The strategic direction for the NPSP sets out CQC’s ambitions to create a digital method of survey delivery. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution.

This pilot was conducted to analyse the feasibility of transitioning the NHS Adult Inpatient Survey to a mixed-mode methodology. All surveys in the NHS Patient Survey Programme are currently implemented as entirely paper-based surveys. The mainstage Adult Inpatient survey currently includes three mailings containing paper questionnaires, and patients do not have the option to complete the questionnaire online.

An experimental approach was taken to the pilot, in which two variants of the push-to-web approach (combining both online and paper methodologies) were tested. In addition, the pilot included a control group – which used the current mainstage protocol – to enable comparison of the experimental approaches with the current paper-based approach.

Table 1.1: Methodology of Control and Experiment groups

Mailing	Control	Experiment 1	Experiment 2
M1 (Week 1)	Letter with paper questionnaire	Letter with URL	Letter with URL
SMS1 (+3 days)	N/A	SMS after M1	SMS after M1
M2 (Week 2)	Letter	Letter with URL	Letter with URL
SMS2 (+3 days)	N/A	SMS after M2	SMS after M2
M3 (Week 4)	Letter with paper questionnaire	Letter with URL and paper questionnaire	Letter with URL and paper questionnaire
M4 (Week 6)	N/A	Letter with URL	Letter with URL and paper questionnaire
SMS3 (+3 days)	N/A	SMS after M4	N/A

National level

Based on previous experiments with push-to-web methodology, a decrease in response rate of around ten percentage points was anticipated. However, regression analysis demonstrated (when controlling for sample demographics and trust) that differences in response rates between the control and experimental groups were not statistically significant.

When comparing the two experimental groups, experiment 1 (in which patients were provided with one paper questionnaire) was more effective at driving people online, while experiment 2 (with two paper questionnaires) secured a higher response rate.

The demographic profiles of participants are generally consistent across the control and experimental groups. The experimental groups are slightly more representative by age but have slightly lower levels of long-term conditions being reported than in the control group. The presence or absence of the fourth mailing in the experimental groups makes no significant difference to the demographics of respondents, suggesting that although it would reduce the response rate, the fourth mailing could be removed without significantly altering the demographic profile of the survey.

Overall, the responses are similar for many questions between the control and experiment groups. However, for some key questions, responses are more negative in the experiment group. This suggests that trends are likely to be affected by a move to a push-to-web methodology.

Trust level

Differences at trust level are generally consistent with differences at the national level. This is in terms of response rates, demographics and question responses.

This corroborates the national level analysis and suggests that a move to mixed-mode methods would not lead to additional variation between trusts.

Para data

The para data from the online survey suggests that the patients who accessed the online survey and completed the first question generally went on to complete the survey. Having completed the first question, break-off rates were low and the majority of participants completed the survey in one attempt. However, around 20 per cent of those who entered their log-in details and accessed the survey, dropped-out before completing the first question.

The days the reminders arrived, particularly the SMS reminders, were associated with peaks in online survey completion rates.

Mobile phones were the device most commonly used to access the online survey. Therefore, any future online survey will need to ensure it is designed using 'mobile-first' principles to increase accessibility.

Next steps

Decisions need to be made on the potential of moving Adult Inpatient Survey 2020 to a mixed-mode methodology.

Assuming a break in trends can be accommodated, the findings from the pilot suggest that transitioning the adult inpatient survey to mixed-mode methods – using one of the experimental methodologies (with or without the fourth mailing) - would result in acceptable response rates and data quality.

However, decisions will also need to be based on stakeholder feedback, including trusts, and other survey-data users.

2 Introduction

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of NHS services. The programme currently comprises the Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care Survey.

The NPSP is designed to capture the views of representative samples of patients in a systematic way from all eligible NHS trusts in England. The data feeds into CQC's regular monitoring tools and is also used by a range of other stakeholders such as NHS England, Department of Health and Social Care, Clinical Commissioning Groups and NHS trusts themselves. Other statistics users include local authorities, academics, researchers and third sector organisations.

The strategic direction for the NPSP sets out CQC's ambitions to create a digital method of survey delivery. To improve accessibility to the survey, address falling response rates and reduce non-response bias the CQC is exploring transitioning the NPSP to a mixed-mode methodology using online methods alongside the current postal approach. The CQC commissioned Ipsos MORI to advise on and transform the existing programme from a paper-based method to a mixed-mode solution.

This report presents findings from the NHS Adult Inpatient Survey mixed-mode methodology pilot. The pilot had two key aims:

1. to assess the feasibility of conducting the survey using a mixed-mode methodology designed to encourage online response (a "push-to-web" approach);
2. to compare findings obtained using this push-to-web methodology and the current postal method, and to assess relative levels of overall non-response bias.

Specifically, the pilot tested the effectiveness of the following new interventions:

- sending invitation and reminder letters asking participants to complete the survey online;
- sending SMS invitations and reminders;
- administering the questionnaire online (instead of by paper questionnaire).

There are several potential benefits and risks associated with the push-to-web approach, as outlined below. The aim of the pilot was to ensure any methodological changes make the most of these benefits and minimise the risks.

The key potential benefits of a push-to-web approach are outlined below.

Making the survey more cost-effective: Push-to-web surveys require fewer paper questionnaires to be printed. Decreasing the number of postal responses also saves money on return postage, scanning and paper storage.

Better data quality: When setting up an online survey, it is possible to introduce validation rules to ensure participants follow routing correctly and do not select incompatible answer codes. In paper-based surveys, these responses must be cleaned manually. This means responses to online surveys tend to be better quality, as less data needs to be removed.

Increasing responses from younger patients: Response rates from the Adult Inpatient survey have always been higher among older populations than younger populations. Therefore, methods of increasing response from younger age groups would help to make the survey more representative.

The key risks of moving to a push-to-web approach are as follows.

Impact on trends: With any change to survey methods, there is a risk of disruption in trend data. This is due to introduction of new mode effects and differences in the profile of participants. In addition, the survey was shortened – with questions removed - to bring the length of the survey within best practice guidelines for online survey completion. It is important to monitor this to ensure that any changes in the data across waves are due to a real change, and not simply the change in mode.

Impact on non-response bias: Surveys that use an online methodology only introduce coverage bias; those who cannot or would not complete a survey online will not take part. Overall, participants in online surveys tend to be younger, and better educated than participants that respond by other survey methods. Therefore, when trying to achieve a representative sample, it is important currently to offer alternative completion methods (such as paper) in addition to online.¹ Alternative methods normally mitigate increases in non-response bias, but it is important to monitor for any differences.

Impact on response rates: Push-to-web surveys tend to have a lower response rates than traditional postal surveys. It has been suggested this may be because some participants would prefer not to participate online and are deterred from responding even when later mailings allow them to take part by paper. Although response rates do not necessarily correlate with non-response bias², a lower response rate may mean that a larger initial sample is required to get the same number of responses, which can impact on cost.

This pilot received Section 251 approval for the sharing of patient details for the purpose of the pilot and underwent review by an ethics panel comprising research ethics experts, patient representatives and survey experts from Ipsos MORI and Picker Institute.

¹ E.g. Messer, B. L. and Dillman, D. A. (2011). Surveying the general public over the Internet using address based sampling and mail contact procedures. *Public Opinion Quarterly*, 75, 429-457

² E.g. Groves, R. and Peytcheva, E. (2008), The impact of nonresponse rates on nonresponse bias: a meta-analysis. *Public Opinion Quarterly* 72, 167-189

3 Methodology

This pilot was conducted to analyse the feasibility of transitioning the NHS Adult Inpatient Survey to a mixed-mode methodology. All surveys in the NHS Patient Survey Programme are currently implemented as entirely paper-based surveys. The mainstage Adult Inpatient survey currently includes three mailings, the first and third of which contain paper questionnaires, and patients do not have the option to complete the questionnaire online.

An experimental approach was taken to the pilot, in which two variants of the push-to-web approach were tested. In addition, the pilot included a control group – which used the current mainstage protocol – to enable comparison of the experimental approaches with the current approach.

As a note, fieldwork for the survey is normally conducted using approved contractors and trusts themselves. However, for the purposes of the pilot, all fieldwork was conducted centrally.

3.1 Sampling

3.1.1 Selection of trusts for pilot survey

The pilot was designed to achieve a sample size of 4,410 responses (across 10 trusts). This sample size was large enough to enable comparison between the old and new methodologies with reasonable statistical confidence.

Trusts were selected to participate using quotas based on trust size, trust response rate to previous adult inpatient surveys, deprivation level (based on IMD of area), and previous CQC service ratings to ensure there was a good spread of trust types. It was also important to allocate the sample to new and old methodologies within trusts to control for variability in trust characteristics.

3.1.2 Drawing the pilot samples

Trusts drew patient samples using largely the same protocol as for the mainstage survey (the only deviation being the inclusion of mobile numbers where available). This meant patients were eligible for the survey if they had been an inpatient in the trust, were aged 16 or older and did not receive maternity related care or treatment for a psychiatric condition. Trusts selected samples by counting back 1,250 unique eligible patients from June. As is done for the mainstage, trusts displayed posters during the sampling month, to ensure patients had the opportunity to opt-out of their details being shared for the purpose of the survey.

All patients in the sample were run through the Demographic Batch Service (DBS), to ensure that any patients registered as deceased since their discharge would be removed. As the mainstage sample month was July, with overlapping fieldwork, there was a risk of participants being asked to complete both surveys if they had been readmitted. To minimise this risk, trusts deduplicated the samples, prioritising the mainstage sample.

The sample was stratified by trust, title, and postcode before being split into three groups – a control and two experimental groups. Based on conservative estimated response rates, to

ensure large enough sample sizes in each group, the groups were assigned so that 43% (three in every seven) were in the control group and 29% (two in every seven) were assigned to each of the experimental groups. The groups were then assessed across the sample variables provided, including age, gender, ethnicity, and ICD-10 codes, to ensure there was an equal split across the three groups.

3.2 Data collection methods

The pilot sample (n = 12,182) was randomly allocated to three groups, with the following contact protocols.

1. A **control group** (n = 5,221) that received three paper mailings with questionnaires included in the first and third mailing, as in the current mainstage survey.
2. **Experimental group 1** (n = 3,480) that received four mailings (with a paper questionnaire included only in the third mailing), and an SMS reminder after each mailing that did not include a paper questionnaire (the first, second and fourth mailings).
3. **Experimental group 2** (n = 3,481) that received four mailings (with a paper questionnaire included in both the third and fourth mailings), and an SMS reminder after each mailing that did not include a paper questionnaire (the first and second mailings).

Table 3.1: Methodology of Control and Experiment groups

Mailing	Control	Experiment 1	Experiment 2
M1 (Week 1)	Letter with paper questionnaire	Letter with URL	Letter with URL
SMS1 (+3 days)	N/A	SMS after M1	SMS after M1
M2 (Week 2)	Letter	Letter with URL	Letter with URL
SMS2 (+3 days)	N/A	SMS after M2	SMS after M2
M3 (Week 4)	Letter with paper questionnaire	Letter with URL and paper questionnaire	Letter with URL and paper questionnaire
M4 (Week 6)	N/A	Letter with URL	Letter with URL and paper questionnaire
SMS3 (+3 days)	N/A	SMS after M4	N/A

When designing the experimental contact protocols, there were several considerations.

A secondary data collection mode, typically paper-based, is currently essential to increase response rates and reduce the forms of non-coverage and non-response bias typically observed in online surveys (which produce samples that are younger and less socially deprived than the population at large). However, to ensure a reasonably large proportion of the sample respond online rather than by post, the paper questionnaire is not included in early mailings.

In addition, the PAS system used as a sample frame includes mobile phone numbers for over 50% of inpatients, and therefore SMS reminders were incorporated into the contact protocol for those who had a mobile number available. This has been demonstrated to improve response rates in the 2018 Adult Inpatient Pilot Study³, and Dillman - the world-leading authority on push-to-web survey methods - strongly recommends using additional contact modes where these are available. To maximise the effectiveness of the SMS reminders, they were carefully integrated with the postal reminders: timed to arrive a day or so after each letter, making explicit reference to the letter and including a direct link to the survey questionnaire, thereby bypassing the need for recipients to type in the URL.

Finally, research has demonstrated that in general web-led sequential mixed mode surveys deliver lower response rates than equivalent mail ones. Although on the basis of the 2018 pilot work response rates were not expected to be unacceptably low, a second experimental group was created to test the impact of one countermeasure, which would be to include a second copy of the mail questionnaire with the fourth (and final) mailing.

Fieldwork ran for 11 weeks from 3rd October 2019 to 20th December 2019 and fieldwork timings for each group are summarised in the following table.

Table 3.2: Fieldwork timings for the Adult Inpatient Survey pilot

Mailing	Control	Experiment 1	Experiment 2
M1	03-Oct	03-Oct	03-Oct
SMS1	N/A	07-Oct	07-Oct
M2	10-Oct	10-Oct	10-Oct
SMS2	N/A	14-Oct	14-Oct
M3	24-Oct	24-Oct	24-Oct
M4	N/A	07-Nov	07-Nov
SMS3	N/A	12-Nov	N/A

3.3 Material design

In addition to piloting the mixed-mode methodology, the questionnaire and supporting materials were adapted to bring them in line with industry best practice and ensure they were appropriate for the pilot methodologies. The updated questionnaire and materials were used in both the pilot and the control sample groups to ensure that any difference in response rate could be attributed to the change in methodology rather than the materials.

3.3.1 Questionnaire

Reducing the length of the questionnaire was necessary in order to meet current best practice for the length of online surveys (10-12 minutes long). A thorough review of the questionnaire identified several questions which would benefit from adaptation, or which could be removed to

³ Although the likely net impact that including SMS reminders would have on overall response rates is unclear from the write-up: it appears that the reported response rate increase of 5-6% applied only to sample members for who mobile phones were available.

result in a shorter questionnaire length. Furthermore, some changes to the questionnaire were necessitated by the move to an online methodology. For example, adapting the presentation of the overall experience question to present the scale vertically rather than horizontally. Overall, the shorter questionnaire included 50 questions, compared to 81 in the mainstage survey.

3.3.2 Supporting materials

The survey materials must provide inpatients with relevant survey information in an easily accessible format. Furthermore, the materials must tap into different motivations for completing the survey, to encourage as many inpatients to participate as possible. For the inpatient pilot, the following materials were reviewed and refined, or developed:

- Covering letters: consisting of an initial invitation letter and three further reminder letters (these were designed to be similar to the current letters – e.g. still signed by the trust – but optimised for the push-to-web methodology.)
- Text for the SMS reminders: three versions to be sent shortly after each letter (where mobile phone numbers were available)
- Dissent poster: to be displayed in hospitals prior to fieldwork

Copies of all materials are included in the appendix.

Our starting point to develop these materials was to review the materials that were used for the mainstage inpatient survey. While many of the existing features of the materials were retained, it was necessary to adapt the content to reflect the mixed-mode methodology.

Following the re-development of the materials, they were cognitively tested with inpatients to explore:

- The extent to which the messages used in the materials were engaging, persuasive, and ultimately likely to secure participation in the survey
- The extent to which the content of the materials was comprehensive, and whether there was any additional information required by participants
- Understanding of the language used, focusing on the more complex elements (e.g. confidentiality)
- The layout of the materials, to understand which elements participants were most drawn to/likely to read and to understand if any key information was being overlooked.

3.4 Analysis

3.4.1 Data cleaning

Before analysis commenced, data were cleaned according to the same rules as the mainstage survey. For more information on this please refer to the 2018 mainstage survey documentation⁴. However, where multiple completes for one individual were provided, the online survey was given priority, followed by the most complete paper survey.

⁴CQC, (2018), *2018 Adult Inpatient Survey: Quality and Methodology Report*, Accessed at: https://www.cqc.org.uk/sites/default/files/20190620_ip18_qualitymethodology.pdf

Only minimal cleaning was necessary for the data from the online questionnaire. This is because routing was automated, and multi-coding was disabled at single-code questions and for incompatible responses at multi-code questions.

3.4.2 Weighting

Data was weighted according to current Co-ordination Centre specifications, as agreed with the CQC. In order to allow testing of the weighting strategy to happen prior to final data being available, the CQC provided historical data to identify any difference in weights supplied by Picker Institute Europe and weights calculated by Ipsos MORI on the same dataset. The weights were replicated exactly.

3.4.3 Regression analysis

Regression analysis was used to model the data to gain a better understanding of the relationship between a key outcome (e.g. response rate) and experimental variables. The models were used to:

- identify which characteristics have the strongest relationship with the outcome variable, once other factors have been accounted for: and
- take account of socio-demographic differences between the control and experimental groups (including year of birth, gender, ethnicity, treatment function code, ICD-10 Chapter Code, IMD quintile and trust).

3.4.4 Fourth mailing analysis

To analyse the impact of the fourth mailing, categories for each mailing were created, based on:

- date of online survey completion (for those who completed online); and,
- which paper survey was returned (for those who completed by paper), indicated by a unique digit captured by the scanning team.

For experimental group 1, the fourth mailing acted as a prompt for participants to return an earlier questionnaire or complete online. Similarly, although for experimental group 2 the fourth mailing included a paper questionnaire, participants may have returned the questionnaire from mailing three. For this reason, any paper completes returned after the fourth mailing date were re-coded as a fourth mailing return.

3.4.5 Significance testing

Throughout the report, where significant differences are shown in the tables, this is based on t-test statistical significance, with 95% confidence. An asterisk (*) will be used to specify what the comparison is between. For example, in the below table, Experiment 2 is statistically significantly different from the control in a t-test but Experiment 1 is not.

	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)
Overall adjusted RR	42.8%	42.5%	45.1%*

* Indicates statistically significant difference compared to the control at 5% significance level.

4 National level analysis

4.1 Summary of national level analysis

The pilot results are extremely promising, especially given that previous research has demonstrated that, in general, push-to-web surveys deliver lower response rates than equivalent mail ones.

Both experimental groups achieved an overall response rate consistent with the control group, while also succeeding in pushing participants online. Experimental group 1, which incorporates an additional SMS reminder following the fourth mailing, achieves a significantly higher online response rate than experimental group 2 (which included a paper questionnaire in the fourth mailing). The demographic profile of participants is also broadly consistent between the experimental groups and the control group. As anticipated however, there are some differences in the response rates achieved by age. For example, response rates from younger age groups are higher in the experimental groups than in the control group, but those aged >80 in experimental group 1 are significantly less likely to respond than in the control group.

Generally, analysis has demonstrated the value of the fourth mailing for both experimental groups; both in terms of increasing response rate for the experimental group overall and increasing the proportion of online completes for experimental group 1. Without the fourth mailing, response rates are consistently lower than the control across most demographic groups. However, removing the fourth mailing does not appear to have a negative impact on the demographic profile participating in the pilot, with the exception of those aged >80 years who demonstrate a lower response rate and proportion in the achieved sample.

4.2 Overall response rate

A standard t-test demonstrates that experimental group 2 achieved a significantly higher response rate than the control (45.1% compared to 42.8%). However, when doing a regression and controlling for sample demographics and trust, there is no statistically significant difference between the Control and either of the experiment groups ($p > 0.05$ for the difference between Control and Experiment 1 and OR = 0.948; $p > 0.05$ for the difference between Control and Experiment 2 and OR = 1.095).

Table 4.1: Overall adjusted response rate

	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)
Overall adjusted RR	42.8%	42.5%	45.1%*

* Indicates statistically significant difference compared to the control at 5% significance level.

4.2.2 Impact of the fourth mailing on overall response rate

Prior to the fourth mailing, the experimental groups were identical in their methodology, and results are therefore presented for the experimental group overall. Excluding fourth mailing completes, a standard t-test showed the experimental groups overall achieved a significantly

lower response rate than the control (35.9% compared to 42.8%). Regression analysis controlling for age, gender, ethnicity, treatment and trust also showed a statistically significant difference ($p < 0.05$). If the fourth mailing is excluded, those in the control group were more likely to complete the survey (OR = 1.425) than those in the experimental groups.

Table 4.2: Overall adjusted response rate excluding fourth mailing completes

	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)	Experiment overall (n=6,689)
Overall adjusted RR	42.8%	35.8%*	36.0%*	35.9%*

* Indicates statistically significant difference compared to the control at 5% significance level.

As shown in the following tables, after the fourth mailing an additional 15.8% of returns were received for experimental group 1 (224 responses), which does not include a paper questionnaire. In experimental group 2, which includes a paper questionnaire, the respective proportion of returns was 20.2% (307 responses). These figures demonstrate the value of the fourth mailing in increasing response rates for both experimental groups.

Table 4.3: Cumulative response rate by mailing

	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)
M1	34.8%	13.2%	13.6%
M2		23.0%	21.8%
M3	42.8%	35.8%	36.0%
M4	42.8%	42.5%	45.1%

Table 4.4: Proportion of completes by mailing

	Control (n=2,152)	Experiment 1 (n=1,414)	Experiment 2 (n=1,517)
M1	81.3%	31.1%	30.1%
M2		23.1%	18.2%
M3	18.7%	30.1%	31.5%
M4	0.0%	15.8%	20.2%
Overall	100%	100%	100%

4.2.3 Impact of SMS reminders on overall response rate

SMS reminders were incorporated into the contact regime for both experimental groups 1 and 2, so that participants with a mobile number in the sample received SMS reminders. Results show that for experimental group 1, which received an additional SMS reminder following the fourth mailing, those with a mobile number had a significantly higher response rate compared with those without a mobile number. In contrast, those with a mobile number in the control group had a significantly lower response rate compared with those without a mobile number.

Table 4.5: Overall adjusted response rate by availability of mobile number

	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)	Experiment overall (n=6,689)
Mobile number in sample	40.5%	44.2%	45.8%	45.0%
No mobile number in sample	47.0%*	39.6%*	44.1%	41.8%*

* Indicates statistically significant difference compared to those with a mobile number in the sample at 5% significance level.

As shown in the following tables, this higher response rate for those with a mobile number (in the experiment) remains across age groups, with larger differences generally seen for experimental group 1 who received an additional SMS.

Table 4.6: Overall adjusted response rate by availability of mobile number and age

Age		Overall adjusted RR		
		Mobile number in sample	No mobile number in sample	Difference
16-35	Experimental group 1	23.9%	12.6%	11.3%
	Experimental group 2	19.1%	15.2%	3.9%
	Control	14.9%	16.9%	-2.0%
36-50	Experimental group 1	36.3%	21.3%	15.0%
	Experimental group 2	35.6%	31.6%	4.0%
	Control	27.6%	24.8%	2.8%
51-65	Experimental group 1	50.3%	35.1%	15.2%
	Experimental group 2	52.8%	44.3%	8.5%
	Control	45.7%	42.3%	3.4%
66-80	Experimental group 1	56.3%	53.1%	3.2%
	Experimental group 2	60.9%	55.1%	5.8%
	Control	58.8%	60.1%	-1.3%
80+	Experimental group 1	43.4%	38.5%	4.9%
	Experimental group 2	49.3%	42.1%	7.2%
	Control	44.2%	46.5%	-2.3%

4.3 Online response rate

The mixed-mode methodology successfully pushed both experimental groups online, with 60.6% of experimental group 1 and 51.0% of experimental group 2 taking part online. Of those who completed from the experiment groups, those in Experiment 1 were significantly more likely than those in Experiment 2 to complete online. This was shown both in the statistical test (t-test) and in a regression controlling for the sample demographics and trust. This was significant at the $p < 0.05$ level (OR= 1.463).

Those with a mobile number are also more likely to take part online across both experiment groups. This may reflect the success of the mobile invitation, but may also reflect that those without a mobile number on the system may be less comfortable using online methods.

Table 4.7: Proportion of online and paper returns

	Experiment 1 (n=1,414)	Experiment 2 (n=1,517)
Paper	39.4%	49.0%
Online	60.6%	51.0%
Total	100%	100%

Table 4.8: Proportion of online and paper returns by whether or not a mobile number was present

	Experiment 1 (n=1,414)	Experiment 2 (n=1,517)
Mobile number in sample – Proportion of returns completed online	72.6%	63.3%
No mobile number in sample - Proportion of returns completed online	37.4%	28.8%

Table 4.9: Online and paper adjusted response rates

	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)	Experiment overall (n=6,689)
Paper adjusted RR	16.7%	22.1%	19.4%
Online adjusted RR	25.7%	23.0%	24.4%
Overall adjusted RR	42.5%	45.1%	43.8%

4.3.2 Impact of the fourth mailing on online response rate

Prior to the fourth mailing, the experimental groups were identical in methodology, and those in experimental group 1 were therefore not significantly more likely to complete the questionnaire online. This indicates that it was the impact of the final reminder that led to the difference in the percentage taking part online between experimental group 1 and experimental group 2. For experimental group 1 this did not include a paper questionnaire and was followed by an SMS, pushing more people online in comparison to receiving a paper questionnaire (experimental group 2). In both experiment groups, the results show an increase in the proportion of paper completes, but particularly for experimental group 2, which included a second paper questionnaire in the final mailing.

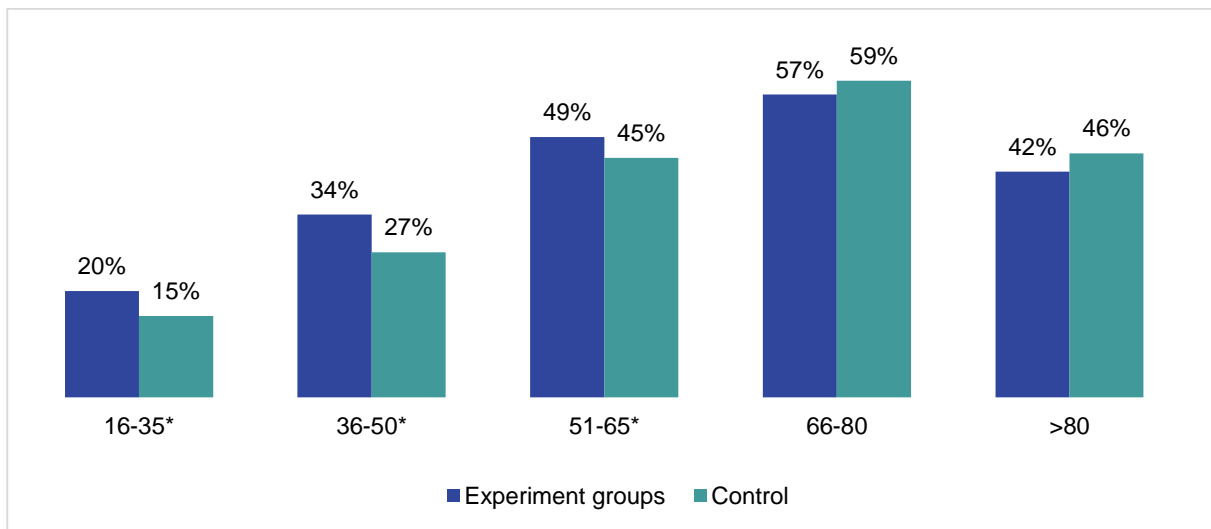
Table 4.10: Online and paper adjusted response rates excluding fourth mailing completes

	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)	Experiment overall (n=6,689)
Paper	12.2%	13.5%	12.8%
Online	23.6%	22.5%	23.1%
Overall	35.8%	36.0%	35.9%

4.4 Response rate by demographic groups

Generally, the experimental group overall demonstrates similar representativity as the control group, with no significant difference by group in response rate for gender, ethnicity, admission method or IMD quintile. Positively, as shown in the figure below, the experimental group overall achieves higher response rates among younger groups (16-65 years) than the control, with no significant difference for older age groups.

Figure 4.1: Overall adjusted response rate by age



* Indicates statistically significant difference to compared to the control at 5% significance level.

However, there are some significant differences by age when comparing each experimental group with the control. Specifically, those in younger age groups (16-35 years) in experimental group 1 are significantly more likely to respond than those in that age group in the control, and those in the oldest age group (>80) are significantly less likely to respond.

Table 4.11: Overall adjusted response rate by age

Age	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)
16-35	15.3%	21.5%*	18.3%*
36-50	27.2%	33.5%*	35.0%*
51-65	44.9%	46.7%	50.8%*
66-80	59.3%	55.0%	58.5%
>80	45.7%	40.1%*	44.4%

* Indicates statistically significant difference compared to the control at 5% significance level.

Experimental group 2 also shows a significantly higher response rate for BAME participants compared with the control, as shown in the following table.

Table 4.12: Overall adjusted response rate by ethnicity

	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)
White British	46.4%	46.4%	47.1%
BAME	31.1%	27.9%	37.3%*
Not stated	40.2%	42.3%	46.9%

* Indicates statistically significant difference compared to the control at 5% significance level.

No other significant differences in sample demographics (sex or IMD quintile) were observed between either of the experimental groups and the control.

4.5 The impact of the fourth mailing on response rate by demographic groups

As previously stated, excluding fourth mailing completes results in a lower overall response rate for the experimental group compared with the control. This is reflected in a lower response rate across most demographic groups, with the exception of those in the youngest age groups (16-50 years) who do not appear to be impacted by the removal of the fourth mailing.

Table 4.13: Overall adjusted response rate by demographics excluding fourth mailing completes

		Control (n=5,024)	Experiment overall (n=6,689)
Age	16-35	15.3%	15.9%
	36-50	27.2%	27.6%
	51-65	44.9%	40.8%*
	66-80	59.3%	47.4%*
	>80	45.7%	33.0%*
Gender	Male	43.0%	36.3%*
	Female	42.7%	35.5%*
Ethnicity	BAME	31.1%	25.0%*
	Not stated	40.2%	37.0%
	White British	46.4%	38.7%*
IMD Quintile	1.00 – 20% most deprived	33.7%	27.6%*
	2.00	38.6%	32.4%*
	3.00	45.9%	38.0%*
	4.00	48.3%	39.2%*
	5.00 – 20% least deprived	52.3%	47.1%*

* Indicates statistically significant difference compared to the control at 5% significance level.

4.6 Profile of participants

As noted, the experimental response rates are generally consistent, and in some instances more representative, compared with the control. However, it is also important to consider the profile of participants responding to the mixed-mode methodology pilot to understand the impact of a move to a mixed-mode methodology. As shown in the following table, the demographic profile of participants is broadly similar across the control and experimental groups. However, experimental group 1 includes a higher proportion of the youngest age groups (16-50 years).

Table 4.14: Profile of participants who responded to the pilot

		Control (n=2,152)	Experiment 1 (n=1,414)	Experiment 2 (n=1,517)
Age	16-35	4.6%	6.9%*	5.4%
	36-50	9.1%	11.3%*	10.8%
	51-65	24.8%	24.4%	25.3%
	66-80	39.8%	38.0%	37.8%
	>80	21.7%	19.4%	20.7%
Gender	Male	49.1%	50.1%	48.4%
	Female	50.9%	49.9%	51.6%
Ethnicity	White British	77.0%	78.1%	74.4%
	BAME	14.2%	12.7%	16.2%
	Not stated	8.8%	9.2%	9.5%
IMD quintile	1 - 20% most deprived	17.7%	16.2%	17.8%
	2	22.2%	23.2%	23.2%
	3	22.0%	22.0%	21.5%
	4	18.9%	18.9%	18.8%
	5 - 20% least deprived	19.2%	19.7%	18.6%

* Indicates statistically significant difference compared to the control at 5% significance level.

4.6.2 The impact of the fourth mailing on the profile of participants

Excluding the fourth mailing does not appear to impact the demographic profile of participants with regards to gender, ethnicity or IMD quintile. However, the proportion of those >80 years responding in the experimental group is significantly lower than the control.

Table 4.15: Profile of participants who responded to the pilot excluding fourth mailing completes

		Control (n=2,152)	Experiment overall (n=2,402)
Age	16-35	4.6%	6.0%*
	36-50	9.1%	10.9%*
	51-65	24.8%	25.4%
	66-80	39.8%	38.7%
	>80	21.7%	19.1%*
Gender	Male	49.1%	49.1%
	Female	50.9%	50.9%
Ethnicity	White British	77.0%	77.0%
	BAME	14.2%	13.5%
	Not stated	8.8%	9.5%
IMD quintile	1 - 20% most deprived	17.7%	16.7%
	2	22.2%	22.8%
	3	22.0%	21.9%
	4	18.9%	18.7%
	5 - 20% least deprived	19.2%	19.8%

5 Trust level analysis

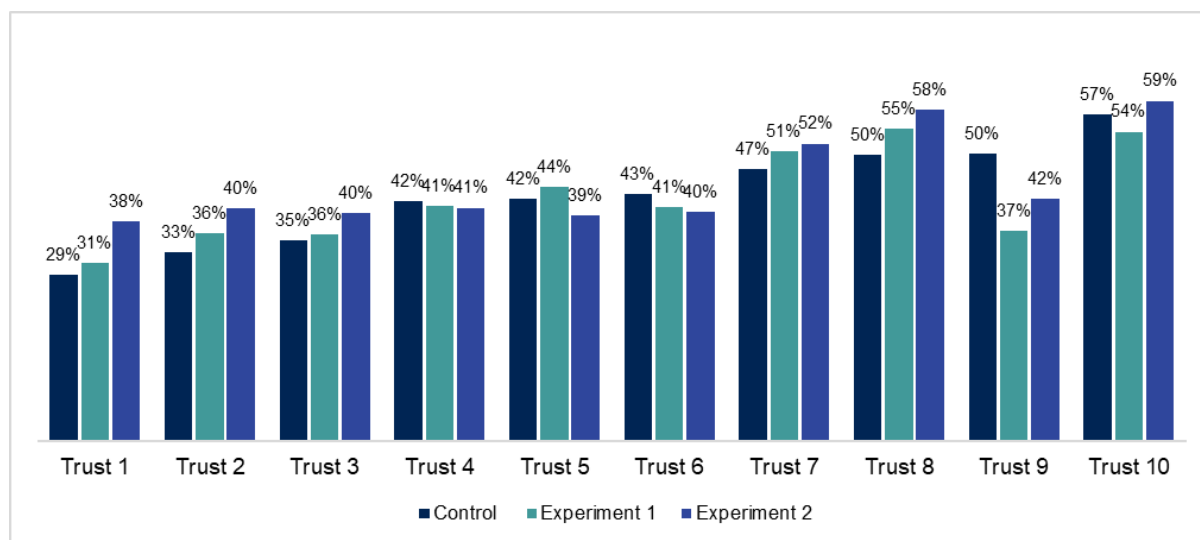
When reviewing the pilot results, it is important to check if the national findings are also visible at a trust level, as this helps confirm that any changes present are as a result of the change of method and not due to random chance. If certain types of trusts are exhibiting different results, this might suggest there is something about that type of trust that is causing a specific impact.

5.1 Response rates

Looking at trust level data, response rates are generally consistent across all methods. The response rate for experiment 1 is very similar to the control, and experiment 2 is slightly higher. This is consistent with the national level findings.

Only one trust secured a statistically lower response rate for the experimental groups. It is not clear why this would be the case – for example, other trusts have lower levels of mobile numbers, and similar age profiles. This may suggest that the difference is either chance, or related to something more specific about the trust, such as how they normally communicate with patients. However, even for this trust, the lowest response rate is still higher than the control for some of the other trusts.

Figure 5.1: Response rates by trust

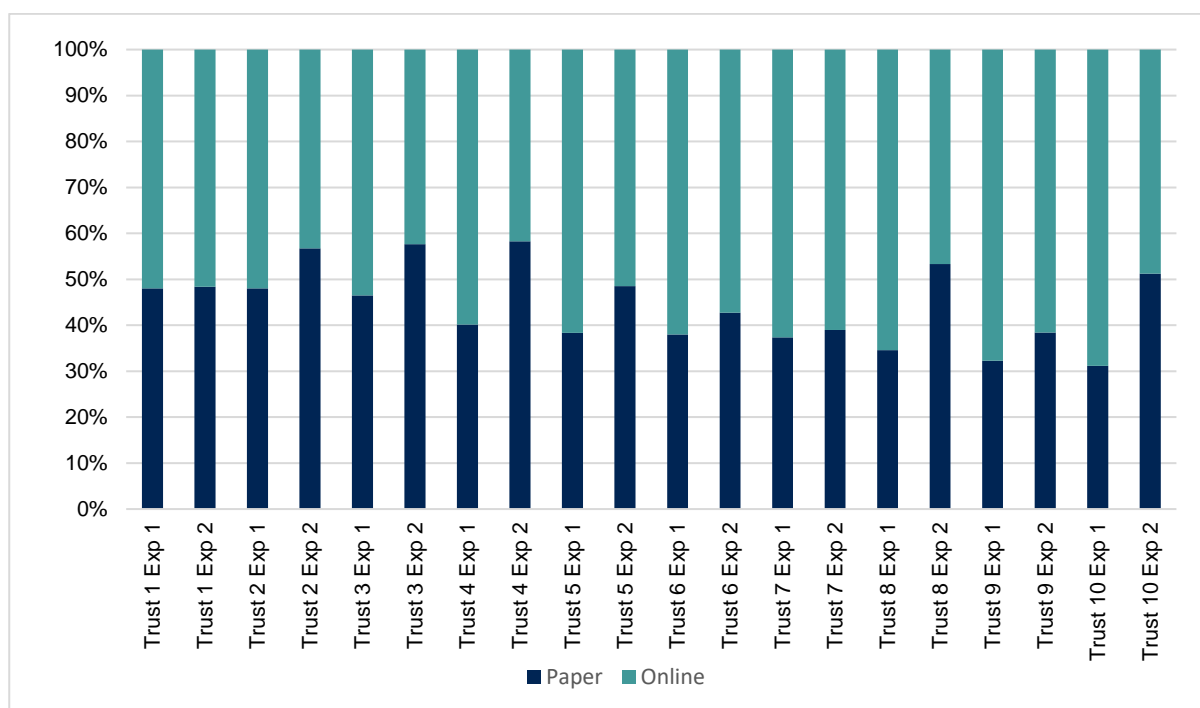


5.2 Percentage taking part online

When looking at trust level data, experiment 1 (with only one paper questionnaire) was more effective than experiment 2 (with two paper questionnaires) at driving participants online. This is consistent with the national level results.

Some trusts showed larger differences in the percentage taking part online between two experimental groups than others. This suggests that in some trusts, the final mailing secured more respondents than in others.

Figure 5.2: Online response by trust



5.3 Response by demographic group

Demographic differences in profile at the trust level are also consistent with the national level.

When analysing gender, ethnicity, and IMD quintile, the average variation is around two percentage points, and the direction of variance differs. This suggests that these differences are due to random chance. One of the trusts had a larger difference for route of admission (11.3 percentage points), but as this was not repeated in any of the other trusts and directions vary across trusts, it is likely that this difference is due to chance.

Differences in the age profile are also small, with average differences by age group between one and five percentage points. However, the youngest age groups are consistently larger in the experimental groups, which suggest that the difference is small, but real – younger participants are more likely to respond when given the opportunity to respond online. This is consistent with the national level results.

Whether or not patients have a mobile phone number also has an impact on likelihood to respond at trust level. Different trusts had different levels of mobile numbers overall. Those with a mobile number made up a larger percentage of the responses in the experimental group than the control group for eight of the ten trusts, with an average difference of 4 percentage points.

5.4 Responses to questions

Due to the smaller sample size at trust level compared with national level, there is much more variation in responses to questions at trust level than at national level. Although the differences are relatively small, where we see consistent differences at national level (such as confidence and trust in the healthcare professionals and experience of communication), the negative responses are consistently higher for the experimental group when compared with the control

group. In other words, the differences seen at national level are consistent at trust level. For example, although the average difference is only 1.4 percentage points, every trust showed a higher percentage of patients saying they did not have confidence and trust in the nurses treating them. This suggests the difference is related to the differences in mode. The impact of mode at trust level however, is relatively small.

Responses to experience questions

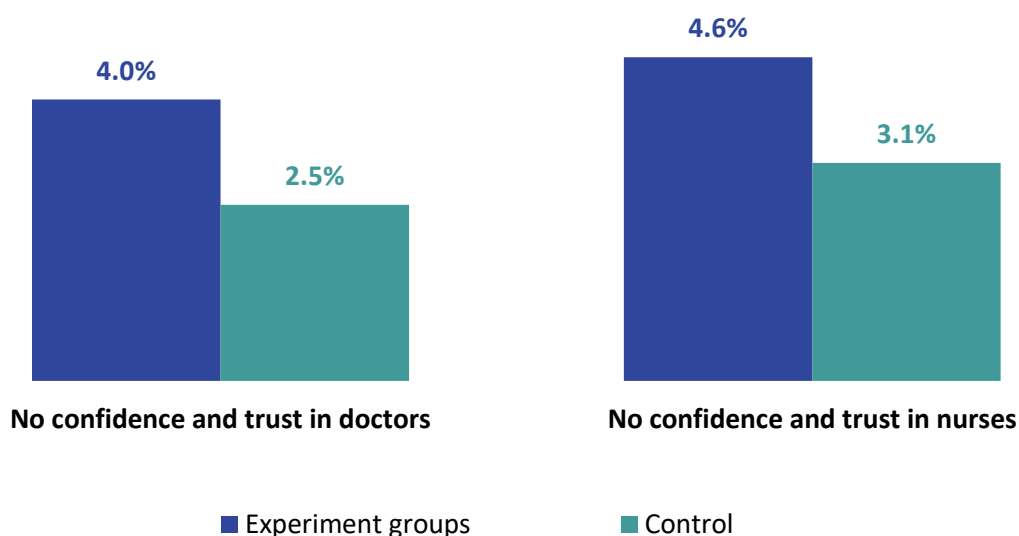
Overall, question responses are similar across the control and experimental groups. However, there are some significant differences, which would be likely to have an impact on trends. Testing was done on every question included in the questionnaire (a full copy of the questionnaire used is included in the Appendix A). These differences were most visible in three key themes; perceptions of healthcare professionals, perceptions of communications, and perceptions of discharge. In all cases, although differences were small, responses were consistently more negative among the experimental group, and were not corrected when responses are weighted, suggesting they are not driven by differences in age profile.

These differences may be due to mode. Those who responded online tended to be more negative. For example, of those in the control group, 2.5% said they had no confidence in doctors and 3.1% said they had no confidence in nurses. This is similar to the levels of those who responded by paper in the experiment groups (3.6% and 3.8% respectively), but lower than those who responded online (4.4% and 5.3% respectively). However, those who respond online tend to be different to those who take part on paper, and therefore these differences may be due to different types of people taking part, rather than people responding differently than they would do if taking part using a different mode.

Perceptions of healthcare professionals

Participants in the experimental groups were more likely to report negative perceptions than the control group, when asked about confidence and trust in doctors and nurses treating them (unweighted, this was 4% versus 2.5% for doctors; 4.6% versus 3.1% for nurses).

Figure 5.3: Lack of confidence and trust in doctors and nurses by control and experimental group (unweighted)



Perceptions of communications

Participants in the experimental groups were also more likely to report that they did not get answers that they could understand from a doctor (6.3% versus 5%) or nurse (5.6% versus 3.7%), and to say that hospital staff did not explain the reasons for being moved to a different ward in a way that they could understand (20.7% versus 14.1%).

In addition to a lack of clarity, a greater proportion in the experimental group said that different members of staff often said conflicting things (8.8% versus 6.3%), and that nurses often talked in front of patients as if they were not there (5.3% versus 4%).

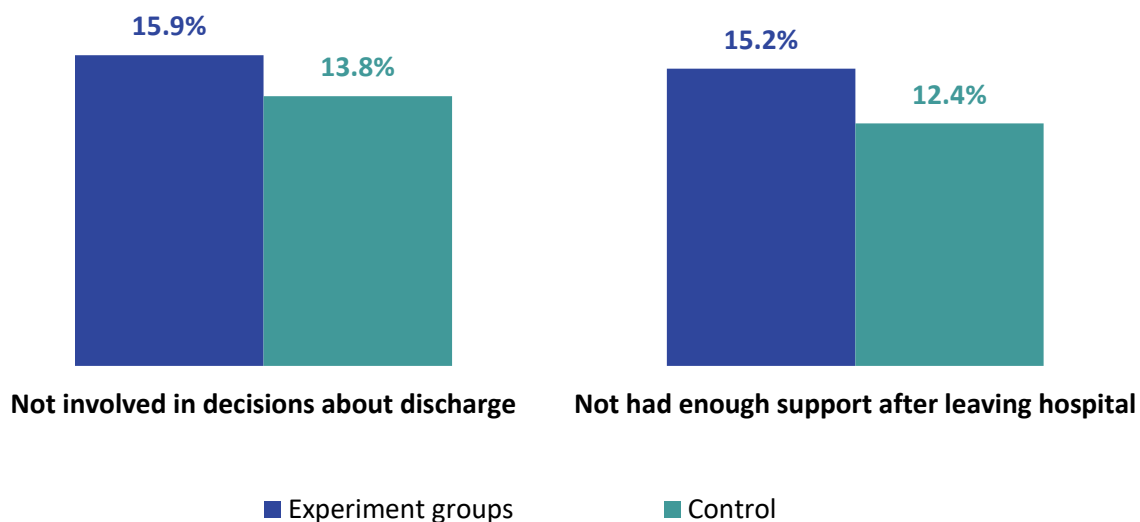
The proportion of participants saying that they could not find a member of hospital staff to talk to about their worries and fears is also higher in the experimental groups (15.2% versus 13.2%).

Perceptions of discharge

There was also greater negativity about issues relating to patients' discharge from hospital in the experimental groups compared to the control group.

Participants in the experimental groups are more likely to feel they were not involved in decisions about their discharge from hospital (15.9% versus 13.8%), and more likely to say they did not get enough support after leaving hospital (15.2% versus 12.4%).

Figure 5.4: Increased negativity about some issues concerning discharge in experimental groups (unweighted)



Participants in the experimental groups are less likely to report that they did not expect any further care or support after discharge (26.3% versus 29.5%) but also less likely to say they needed any support (36.9% versus 40.5%).

Potential reasons for these differences

These differences remain once the results are weighted, which suggests these are not just due to differences in the age profile of respondents between groups; with participants being slightly younger in the experimental groups. Indeed, many of these differences are also visible within

age groups, with particularly the youngest and oldest age groups being most likely to see significant differences between those taking part in the control group and those taking part in the experiment groups.

This suggests that these differences are appearing due to the online survey being introduced, either due to differences in the type of people responding or in the way these people are responding. That they are consistently appearing in areas where participants are more negative suggests the online survey may be attracting patients who had more negative experiences or being offered in a way that patients are more comfortable providing negative feedback.

Overall, this suggests that trends could not be maintained if moving directly from the paper-only methodology to the push-to-web approach.

Impact of the fourth mailing

Overall, the fourth mailing does not appear to have any impact on the overall responses to questions. As the fourth mailing in the experimental group has a comparatively lower response rate, this smaller number of participants make less of an impact, and this suggests their responses are relatively similar.

This means that the removal of the fourth mailing would not impact the overall responses received.

Responses to demographic questions

Responses to demographic questions are broadly similar across the experiment and control groups as well. However, there are some small differences to certain questions which suggest that the profile of respondents is slightly different between the experiment and control groups.

A lower proportion of respondents in the experimental groups report having a long-term condition compared with the control group (57.5% versus 63.9%), which is significant within some age groups, and the experimental groups are less likely to say that their health conditions did not at all reduce their ability to carry out day-to-day activities (11.9% versus 15.2%). This was reviewed and was still significant by age group – suggesting this is not just due to the differing age profile of those in the pilot group.

The approach used for the online survey for the pilot did not allow participants to see the full list of long-term conditions when they were answering the question about whether or not they had a long-term condition. These questions were asked one at a time and routed so that those who selected that they did not have a condition were not shown the next question which contained the full list of long-term conditions. This differed to the paper questionnaire where respondents were able to see the ensuing questions.

Those taking part online were less likely to say they had a long-term condition overall than those taking part on paper. Responses to the question asking about the type of specific long-term conditions were also reviewed by mode, to see if participants were less likely to assume a condition was a "long-term condition" without the list. However, no specific conditions showed differing levels within age groups by mode. This suggests that the difference was not caused by participants not realising they had a condition would be considered "long term" by the survey.

However, those who completed the survey online with a long-term condition were more likely to report that their long-term condition affected their day-to-day activities, which may suggest those with conditions that had less impact on their day-to-day lives were less likely to think of their condition without the prompt of the list of conditions. For this reason, an additional experiment is being run alongside the Children and Young People's pilot to test whether providing the list of long-term conditions as part of the question leads to a higher level of reporting of long-term conditions.

The proportion of patients filling in the questionnaire with the help of a health professional was also slightly higher in the experimental groups than the control group (1% versus 0.2%). Respondents in the experimental groups were also less likely than those in the control group to have a learning disability (1.7% versus 2.8%).

Two further small but significant differences were that respondents in the experimental groups were more likely than those in the control group to describe themselves as bisexual (1.0% versus 0.5%). This may reflect the age profile of the experimental groups.

Concerning religion, respondents in the experimental groups were also more likely to 'prefer not to say' (3.2% versus 2.2%).

Finally, the presence or absence of the fourth mailing makes no significant difference to the demographic question responses. This holds for both experimental groups, suggesting that the fourth mailing could be removed without significantly altering the demographic profile of the survey.

6 Para data analysis

When conducting an online survey, a large amount of para data is available which, when analysed, can offer additional insight into how participants engage with the survey and help identify any potential problems. Overall, participants involved in the pilot seem to have found the survey straightforward to complete – it was generally done in one sitting and drop-off rates were low.

6.1 Dates and times of accessing the survey

Of online completions, the average (mean) length of time in the survey was 17 minutes, with a minimum of 2 minutes and a max of over 3 hours. It is likely that a significant proportion of survey completion times are inflated by participants leaving the survey browser window open while completing other tasks. The response rate and break-off rate suggest the current length is reasonable for completion online.

Of those who completed the survey, the majority of respondents did so in one go (86.3%). A further 10.5% accessed the survey twice and the remaining 3.2% accessed the survey between 3 and 5 times.

The days with most responses submitted largely correspond to the text message reminder dates (for example, a quarter of online completes (395) were received on 7th October, the day of the first text message reminder). This includes completes via log-in details as well as SMS (281 were completed via mobile on 7th October, while 114 were completed via desktop).

There are also peaks in responses on dates when paper reminders were received (e.g. 159 surveys were completed on 5th October, the day the first invitations arrived).

6.2 Online break-offs

Overall, of the 2,048 people who accessed the online survey, 1,632 people completed the survey online (around 80%). A further 416 accessed the survey but did not complete it online (around 20%). Of these, the majority accessed only the intro page (273 people - 13%), and 27 people dropped off from Question 1.

No questions appear to have a particularly high drop-out rate. Other than the intro and Question 1, the highest level of drop out was Question 51 (the free text question), where 14 people dropped out. As this is so close to the end of the survey, it may be useful to review this page to make it easier for participants to submit without providing a free text response if they would prefer to.

Of those who dropped out of the survey, 85% had accessed it via the SMS link, which suggests the majority of drop-outs were those who had clicked the SMS link and then decided against it. Of those who dropped out of the online questionnaire, 23% completed the survey via another method and 71% didn't respond to the survey at all.

6.3 Online survey access modes

The most popular device for accessing the online survey was via a mobile phone. Nearly half (47%) took part via their mobile phone, while three in ten (29%) took part via a desktop computer and 15% took part via a tablet.

The popularity of the mobile phone was due – in part – to the success of the SMS invitations. Four in ten (41%) of those who completed the online survey did so via the link in the SMS, while six in ten (59%) used the log-in details provided in the letter. This was similar across the two experimental groups.

This suggests that the SMS reminders were a particularly effective way of encouraging participants to take part online, emphasising the importance of multi-mode contact. The high percentage of mobile responses also means it is important that any future survey be designed "mobile-first" to ensure participants can easily and comfortably take part on their device of choice⁵.

⁵ For more details on "mobile first" design, see here: <https://www.ipsos.com/ipsos-mori/en-uk/mobile-first-best-practice-guide>

7 Next steps

The findings from the pilot, alongside the stakeholder engagement work, will help to inform key discussions around the future of the Adult Inpatient Survey.

7.1 Is moving the Inpatient Survey 2020 to mixed-mode methodology feasible?

This decision will be based on the following key elements; response rate and online response rate of the experimental groups, the cost and sample size associated with the revised response rates, the impact on comparability of results between trusts, demographic profile differences, question response differences and impacts on trends.

Overall, **the response rates of the experimental groups have been similar to the control group** and uptake of the online survey has been successful, indicating that there appears to be an appetite for taking part online. Therefore, moving to mixed-mode methodology would not impact the sample sizes required.

When looking at demographic variables available in the sample, **the mixed-mode groups were either as representative or more representative when compared to the control group.** The experimental groups had higher response rates from those from younger age categories, making the mixed-mode groups more representative by age.

However, there were some differences to question responses, that, although relatively minor, suggest that this would lead to a break in trends. These did not particularly affect non-specific response options. In addition, **those in the experimental groups reported slightly, but statistically significantly, lower levels of long-term conditions.** An experiment has been included in the Children and Young People's Survey Pilot to see if including the full list of long-term conditions alongside the long-term conditions question impacts the percentage saying they have a long-term condition.

Online responses also decreased the level of item non-response, as no question responses had to be removed due to incorrect routing/multi-coding.

Overall, this analysis was consistent at trust level as well as national level, which suggests moving to mixed-mode methods would not impact trust comparability.

Therefore, it would be entirely feasible to move to a mixed-mode methodology for running the Inpatient Survey in 2020, as long as the break in trends could be accommodated.

7.2 Could trends be maintained following a move to a mixed-mode methodology?

This decision requires review of demographic profile and question response differences between the control and experimental groups. However, it is important to note that the pilot was run on a shortened version of the questionnaire, to support online completion, so there may still be impacts on trends caused by context effects from questionnaire changes.

As discussed above, responses and profiles were generally consistent across the experiment and control groups. However, the consistently more negative experiences described in the experimental groups, although small, were consistent and significant, which would suggest that these are either due to different people taking part, or people providing different types of responses, due to the change in mode offered. As these were not adjusted for by the weighting, and the differences appear to be within demographics (e.g. younger people responding differently between the control and experiment groups), this suggests this could not be controlled for with weighting. Therefore, **this would suggest that a break in trends is likely to be necessary, following a move to a mixed-mode methodology.**

7.3 Which experiment methodology is most effective?

This analysis is based on the differences in response rate and percentage taking part online between the two experimental groups.

Although experiment 2 (the group with the second postal survey) had a higher overall response rate, the difference was not statistically significant and experiment 1 (the group with only one postal survey) had a higher percentage taking part online. **As the online survey is associated with cleaner data (as it can include validation rules) and is more cost effective, experiment 1 is more effective overall, based on these metrics.**

7.4 Is the fourth mailing necessary for a move to mixed-mode methodology?

The fourth mailing in the experimental groups would mean an additional postal invitation compared to the mainstage survey, which has an impact on trust costs. A decision on whether this additional mailing would be required is based on response rates before and after the fourth mailing and the impact of the fourth mailing on the demographic profile.

Overall, the fourth mailing had increased the response rate to make it comparable to the control. However it had limited impact on the profile or question responses. Therefore, because the costs are likely to increase overall if the fourth mailing is included, it would be feasible to run the survey using the mixed-mode methodology, but without a fourth mailing, as long as the drop in response rate could be managed.

Experiment 2 also increased the proportion of BAME respondents, compared to the control, which would need to form part of discussions about the future of the survey.

Appendices

Appendix A: Questionnaire



INPATIENT QUESTIONNAIRE

Survey Number

Completing the questionnaire

If you agree to take part in the survey, please complete the questionnaire and send it back to Ipsos MORI in the FREEPOST envelope provided.

For each question please cross clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box and put a cross in the correct box.

Taking part in this survey is voluntary. **Your answers will be treated in confidence.**

Questions or help?

If you have any queries about the questionnaire, please call our helpline number on **0800 124 4878**.

Please remember, this questionnaire is about your **most recent** stay at the hospital named in the accompanying letter.

ADMISSION TO HOSPITAL

1. Was your most recent hospital stay planned in advance or an emergency?

Emergency or urgent → Go to 2

Waiting list or planned in advance → Go to 4

Something else → Go to 2

THE ACCIDENT & EMERGENCY DEPARTMENT

2. When you arrived at the hospital, did you go to the A&E Department (Emergency Department, Casualty, Medical or Surgical Admissions unit)?

Yes → Go to 3

No → Go to 5

3. While you were in the A&E Department, 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

EMERGENCY & URGENTLY ADMITTED PATIENTS, now please go to Question 5

WAITING LIST & PLANNED ADMISSION PATIENTS, please continue to Question 4

WAITING LIST OR PLANNED ADMISSION

4. How do you feel about the length of time you were on the waiting list before your admission to hospital?

- I was admitted as soon as I thought was necessary
- I should have been admitted a bit sooner
- I should have been admitted a lot sooner

ALL TYPES OF ADMISSION

5. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

- Yes, definitely
- Yes, to some extent
- No

THE HOSPITAL & WARD

6. Did you change wards at night?

- Yes, but I would have preferred not to → Go to 7
- Yes, but I did not mind → Go to 7
- No → Go to 8

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

- Yes, completely
- Yes, to some extent
- No

8. Did you get enough help from staff to wash or keep yourself clean?

- Yes, always
- Yes, sometimes
- No
- I did not need help to wash or keep myself clean

9. If you brought your own medication with you to hospital, were you able to take it when you needed to?

- Yes, always
- Yes, sometimes
- No
- I had to stop taking my own medication as part of my treatment
- I did not bring my own medication with me to hospital

10. How would you rate the hospital food?

- Very good → Go to 11
- Good → Go to 11
- Fair → Go to 11
- Poor → Go to 11
- I did not have any hospital food → Go to 12

11. Did you get enough help from staff to eat your meals?

- Yes, always
- Yes, sometimes
- No
- I did not need help to eat meals

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

- Yes
- No, because I did not get enough help to drink
- No, because I was not offered enough drinks
- No, for another reason

DOCTORS

13. When you had important questions to ask a doctor, did you get answers that you could understand?

- Yes, always
- Yes, sometimes
- No
- I had no need to ask

14. Did you have confidence and trust in the doctors treating you?

- Yes, always
- Yes, sometimes
- No

15. Did doctors talk in front of you as if you weren't there?

- Yes, often
- Yes, sometimes
- No

NURSES

16. When you had important questions to ask a nurse, did you get answers that you could understand?

- Yes, always
- Yes, sometimes
- No
- I had no need to ask

17. Did you have confidence and trust in the nurses treating you?

- Yes, always
- Yes, sometimes
- No

18. Did nurses talk in front of you as if you weren't there?

- Yes, often
- Yes, sometimes
- No

19. In your opinion, were there enough nurses on duty to care for you in hospital?

- There were always or nearly always enough nurses
- There were sometimes enough nurses
- There were rarely or never enough nurses

YOUR CARE & TREATMENT

20. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

- Yes, often
- Yes, sometimes
- No

21. Were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No

22. Did you find someone on the hospital staff to talk to about your worries and fears?

- Yes, definitely
- Yes, to some extent
- No
- I had no worries or fears

23. Were you given enough privacy when being examined or treated?

- Yes, always
- Yes, sometimes
- No

24. Were you ever in any pain?

- Yes → Go to 25
- No → Go to 26

25. Do you think the hospital staff did everything they could to help control your pain?

- Yes, definitely
- Yes, to some extent
- No

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

- Yes, always
- Yes, sometimes
- No
- I did not want / need this

OPERATIONS & PROCEDURES

27. During your stay in hospital, did you have an operation or procedure?

- Yes → Go to 28
- No → Go to 30

28. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

- Yes, completely
- Yes, to some extent
- No
- I did not have any questions

29. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

- Yes, completely
- Yes, to some extent
- No

LEAVING HOSPITAL

30. Did you feel you were involved in decisions about your discharge from hospital?

- Yes, definitely
- Yes, to some extent
- No
- I did not want to be involved

31. Where did you go after leaving hospital?

- I went home → Go to 32
- I went to stay with family or friends → Go to 32
- I was transferred to another hospital → Go to 33
- I went to a residential nursing home → Go to 33
- I went somewhere else → Go to 33

32. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?

- Yes, definitely
- Yes, to some extent
- No, but support would have been useful
- No, but I did not need any support

33. When you left hospital, did you know what would happen next with your care?

- Yes, definitely
- Yes, to some extent
- No
- It was not necessary

34. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

- Yes, completely → Go to 35
- Yes, to some extent → Go to 35
- No → Go to 35
- I did not need an explanation → Go to 35
- I had no medicines → Go to 36

35. Did a member of staff tell you about medication side effects to watch for when you went home?

- Yes, completely
- Yes, to some extent
- No
- I did not need an explanation

36. Did hospital staff take your family or home situation into account when planning your discharge?

- Yes, completely
- Yes, to some extent
- No
- It was not necessary
- Don't know / can't remember

37. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- Yes
- No
- Don't know / can't remember

38. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)?

- Yes
- No, but I would have liked them to
- No, it was not necessary to discuss it

39. Was the care and support you expected available when you needed it?

- Yes
- No
- I did not expect any further care or support after I was discharged

OVERALL

40. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

- Yes, always
- Yes, sometimes
- No

41. Overall, how was your experience while you were in the hospital?

Please give your answer on a scale of 0 to 10 where 0 means you had a very poor experience and 10 means you had a very good experience.

- 0 – I had a very poor experience
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – I had a very good experience

ABOUT YOU

42. Who was the main person or people that filled in this questionnaire?

- The **patient** (named on the front of the envelope)
- A **friend or relative** of the patient
- Both** patient and friend/relative together
- The patient with the help of a health professional

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.

43. 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.

- Yes → Go to 44
- No → Go to 46

44. 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.

- Breathing problem, such as asthma
- Blindness or partial sight
- Cancer in the last 5 years
- Dementia or Alzheimer's disease
- Deafness or hearing loss
- Diabetes
- Heart problem, such as angina
- Joint problem, such as arthritis
- Kidney or liver disease
- Learning disability
- Mental health condition
- Neurological condition
- Another long-term condition

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

- Yes, a lot
- Yes, a little
- No, not at all

46. Are you male or female?

- Male
- Female

47. What was your year of birth?

(Please write in) e.g.

1	9	3	4
---	---	---	---

Y	Y	Y	Y
---	---	---	---

48. What is your religion?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

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

- Heterosexual / straight
- Gay / lesbian
- Bisexual
- Other
- I would prefer not to say

**50. What is your ethnic group?
(Cross ONE box only)**

a. WHITE

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background,

write in...

Question 50 continued

b. MIXED / MULTIPLE ETHNIC GROUPS

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background,

write in...

c. ASIAN / ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background,

write in...

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- African
- Caribbean
- Any other Black / African / Caribbean background,

write in...

e. OTHER ETHNIC GROUP

- Arab
- Any other ethnic group

write in...

OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the hospital, please do so here.

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

Was there anything particularly good about your hospital care?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the **FREEPOST** envelope provided.

No stamp is needed.

If you do not have your **FREEPOST** envelope, please return the questionnaire to:

FREEPOST CQC Inpatient Survey
Ipsos MORI
Kings House
Kymberley Road
Harrow
HA1 1PT

If you have concerns about the care you or others have received please contact CQC on **03000 61 61 61**

Appendix B: Control Invitation Letters

Appendix B.1: Mailing 1

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

Your chance to help the NHS

I am writing to ask you to take part in the NHS Adult Inpatient Survey about your recent stay at [HOSPITAL NAME].

Improving [HOSPITAL NAME]

The survey asks questions about you and the care and treatment you recently received at [HOSPITAL NAME]. This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission with support from this hospital. The findings will help us understand what was good about patients' care and whether any improvements are needed. Taking part is voluntary but we are keen to hear your views.

Please take part in the survey as soon as possible by filling in the enclosed questionnaire. It should take about 10 minutes, and you can return it in the enclosed Freepost envelope. You do not need a stamp.

Your information will be kept confidential and the hospital will not know who has taken part

There is more information about how your answers will be used over the page. If you have any questions or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]
Chief Executive, [NHS Trust name]

C1

Please turn over 

Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [\[privacy statement on Trust website\]](#). You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. **Ipsos MORI has not been given any information about your health.** Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

Appendix B.2: Mailing 2

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

Taking part will help [HOSPITAL NAME]

I recently sent you a letter asking you to take part in a survey about your recent stay at [HOSPITAL NAME]. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please send us your feedback so your voice can be heard

The survey asks questions about you and the care you recently received at [HOSPITAL NAME]. If you have not taken part, please do so to give us your views on your hospital. Taking part is voluntary but your answers are really important to us. It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone who has been an inpatient at [HOSPITAL NAME].

This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission with support from this hospital. The findings will help us understand what was good about patients' care and whether any improvements are needed. Please fill in the questionnaire we sent previously and return it in the Freepost envelope that was provided. If you have misplaced the questionnaire, another one will be sent to you soon.

Your information will be kept confidential and the hospital will not know who has taken part

There is more information about how your answers will be used over the page. If you have any questions or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]
Chief Executive, [NHS Trust name]

C2

Please turn over 

Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [\[privacy statement on Trust website\]](#). You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. **Ipsos MORI has not been given any information about your health.** Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

Appendix B.3: Mailing 3

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

This is your last chance to let us know your views

In [MONTH] I asked you to give us your feedback to help improve [HOSPITAL NAME]. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please take part by [DATE]

This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission with support from this hospital. The findings will help us understand what was good about patients' care and whether any improvements are needed. Taking part is voluntary but we are keen to hear your views. Please fill in the questionnaire and return it in the enclosed Freepost envelope by [DATE] – you do not need a stamp. It should take about 10 minutes.

Your information will be kept confidential and the hospital will not know who has taken part

There is more information about how your answers will be used over the page. If you have any questions, or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]
Chief Executive, [NHS Trust name]

C3

Please turn over 

Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [privacy statement on Trust website]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. **Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

Appendix C: Pilot Invitation Letters

Appendix C.1: Mailing 1

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXX
Online password: XXXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

Your chance to help the NHS

I am writing to ask you to take part in the NHS Adult Inpatient Survey about your recent stay at [HOSPITAL NAME].

Improving [HOSPITAL NAME]

The survey asks questions about you and the care and treatment you recently received at [HOSPITAL NAME]. This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission in England with support from this hospital. The findings will help us understand what was good about patients' care and whether any improvements are needed. Taking part is voluntary but we are keen to hear your views.

Please take part online as soon as possible – this can be done on a computer, tablet or a mobile phone. It should take about 10 minutes and is easy to complete. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey.

	<p>www.ipsos.uk/inpatient Survey number: ABCD1234 Online password: ADFGH</p>
---	--

Your information will be kept confidential

[HOSPITAL NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]
Chief Executive, [NHS Trust name]

T1

Please turn over 

Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [[privacy statement on Trust website](#)]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health.** Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences. If you would like a paper version of the questionnaire, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

Appendix C.2: Mailing 2

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXXX

Online password: XXXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

Taking part will help [HOSPITAL] [NAME]

I recently sent you a letter asking you to take part in a survey about your recent stay at [HOSPITAL NAME]. You may also have received a text message inviting you to take part. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please send us your feedback so your voice can be heard

The survey asks questions about you and the care you recently received at [HOSPITAL NAME]. If you have not taken part, please do so to give us your views. Taking part is voluntary but your answers are really important to us. It is only by hearing from as many people as possible that we can be sure that our results represent the views of everyone who has been an inpatient at [HOSPITAL NAME].

This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission with support from this hospital. The findings will help us understand what was good about patients' care and whether any improvements are needed.

Please take part online as soon as possible – this can be done on a computer, tablet or a mobile phone. It should take about 10 minutes and is easy to complete. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey.



www.ipsos.uk/inpatient

Survey number: ABCD1234

Online password: ADFGH

Your information will be kept confidential

[HOSPITAL NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on **Freephone 0800 124 4878** (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]

Chief Executive, [NHS Trust name]

T2

Please turn over



Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [[privacy statement on Trust website](#)]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health.** Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences. If you would like a paper version of the questionnaire, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

Appendix C.3: Mailing 3

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXXX

Online password: XXXXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

We want to hear from as many people as possible, including you

In early [MONTH] I asked you to take part in a survey about your experience of being an inpatient at [HOSPITAL NAME]. You may also have received a text message about the survey.

If you have not taken part, please do so to give us your views. Taking part is voluntary but we would really like to hear from you, as we need to understand the experiences of as many people as possible. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

You can complete the survey online or on paper

This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission with support from this hospital. The survey includes questions about you and the care and treatment you recently received at [HOSPITAL NAME]. The findings will help us understand what was good about patients' care and whether any improvements are needed.

The survey should take about 10 minutes to complete. You can fill in the questionnaire and return it in the enclosed Freepost envelope.

If you prefer, you can still take part online. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey.

	<p>www.ipsos.uk/inpatient Survey number: ABCD1234 Online password: ADFGH</p>
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Your information will be kept confidential

[HOSPITAL NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]
Chief Executive, [NHS Trust name]

T3

Please turn over



Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [[privacy statement on Trust website](#)]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health.** Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences. If you would like a paper version of the questionnaire, please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call **Freephone 0800 124 4878** or email CQCsurveys@ipsos.com.

Appendix C.4: Mailing 4 – Experiment Group 1

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXXX
Online password: XXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

This is your last chance to let us know your views

In [MONTH] I asked you to give us your feedback to help improve [HOSPITAL NAME]. You may also have received a text message inviting you to take part. If you have already filled in the survey, thank you for your time – you do not need to do anything else.]

Please take part by [DATE]

This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission with support from this hospital. The findings will help us understand what was good about patients' care and whether any improvements are needed.

Please take part online by [DATE]. It should take about 10 minutes and is easy to complete. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Or follow the link in the text message.



If you prefer, you can fill in the paper questionnaire that we sent previously and return it in the Freepost envelope that was provided.

Your information will be kept confidential

[HOSPITAL NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]
Chief Executive, [NHS Trust name]

T4/O

Please turn over 

Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [[privacy statement on Trust website](#)]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health.** Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

T4/O

Appendix C.5: Mailing 4 – Experiment Group 2

PRINT ON TRUST HEADED PAPER

[TITLE] [FIRST NAME] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[ADDRESS 5]
[POSTCODE]

Survey number: XXXXXXXX
Online password: XXXXXX

[DATE]

Dear [FIRST NAME] [LAST NAME]

This is your last chance to let us know your views

In [MONTH] I asked you to give us your feedback to help improve [HOSPITAL NAME]. You may also have received a text message inviting you to take part. If you have already filled in the survey, thank you for your time – you do not need to do anything else.

Please take part by [DATE]

This survey is being conducted by Ipsos MORI on behalf of the Care Quality Commission with support from this hospital. The findings will help us understand what was good about patients' care and whether any improvements are needed.

Please fill in the questionnaire and return it in the enclosed Freepost envelope by [DATE] – you do not need a stamp. It should take about 10 minutes. If you prefer, you can complete the survey online. Type the link below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Or follow the link in the text message.



Your information will be kept confidential

[HOSPITAL NAME] will not know who has taken part and it will not affect your care in any way. There is more information about how your answers will be used over the page.

If you have any questions, or need help filling in the questionnaire, email CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 (9am to 6pm Monday to Friday).

Thank you very much for giving some of your time to help [HOSPITAL NAME].

Yours sincerely

[INSERT SIGNATURE]

[Chief executive name]
Chief Executive, [NHS Trust name]

T4/P

Please turn over 

Why are you carrying out this survey and why have I been invited?

The NHS Adult Inpatient Survey will help your hospital to improve inpatient services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published in spring of 2020 and you will be able to see these results by visiting the website at www.cqc.org.uk/surveys.

Your name was chosen at random from a list of inpatients who had recently used the services of [HOSPITAL NAME].

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [NHS TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [privacy statement on Trust website]. You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. **Ipsos MORI has not been given any information about your health.** Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and to produce national results and will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The hospital will not know who has taken part.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

I was admitted to one hospital but discharged from another. What should I do?

Please answer the questionnaire thinking about your stay in the hospital named in this letter.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.



How was your experience of the hospital?

NHS Inpatient Survey 2019

The hospital is conducting a survey to find out what patients think about their care here.

This is part of a national programme to **improve patients' experiences while in hospital**. Taking part in the survey is **voluntary** and all answers are **confidential**.

If you are selected to take part, you will receive a questionnaire in the post and text message reminders.

If you **do not** want to take part, or have any questions about the survey please contact;

- Trust phone number (required)
- Trust email address (if available)
- Trust Address (if available)



Appendix E: Overall adjusted response rate by demographic groups

		Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)
Age	16-35	15.3%	21.5%*	18.3%*
	36-50	27.2%	33.5%*	35.0%*
	51-65	44.9%	46.7%	50.8%*
	66-80	59.3%	55.0%	58.5%
	>80	45.7%	40.1%*	44.4%
Gender	Male	43.0%	43.6%	45.2%
	Female	42.7%	41.4%	45.1%
Ethnicity	White British	46.4%	46.4%	47.1%
	BAME	31.1%	27.9%	37.3%*
	Not stated	40.2%	42.3%	46.9%
IMD quintile	1 - 20% most deprived	33.7%	31.2%	37.6%
	2	38.6%	38.7%	41.6%
	3	45.9%	45.5%	46.8%
	4	48.3%	46.0%	50.0%
	5 - 20% least deprived	52.3%	57.3%	53.9%
Route of admission	Waiting list	59.8%	59.7%	62.0%
	Booked	59.5%	57.9%	58.5%
	Planned	42.5%	50.0%	50.8%
	Accident and emergency department	36.9%	35.2%	37.5%
	General practitioner	42.0%	40.8%	54.6%*
	Bed bureau	40.0%	12.5%	25.0%
	Consultant	47.9%	49.5%	54.5%
	Other	36.4%	50.0%	45.0%
	Accident and emergency department of another provider	27.3%	44.4%	52.6%
	Transfer of an admitted patient from another hospital provider in an emergency	51.9%	36.4%	36.8%
	Other emergency admission	39.7%	43.4%	49.6%
	Transfer of any admitted patient from other hospital provider other than in an emergency	54.1%	41.4%*	59.6%*
Mobile	Yes	40.5%	44.2%	45.8%
	No	47.0%	39.6%	44.1%

* Indicates statistically significant difference compared to the control at 5% significance level.

Appendix F: Overall adjusted response rate by demographic groups excluding fourth mailing completes

		Control (n=5,024)	Experiment overall (n=6,689)
Age	16-35	15.3%	15.9%
	36-50	27.2%	27.6%
	51-65	44.9%	40.8%*
	66-80	59.3%	47.4%*
	>80	45.7%	33.0%*
Gender	Male	43.0%	36.3%*
	Female	42.7%	35.5%*
Ethnicity	BAME	31.1%	25.0%*
	Not stated	40.2%	37.0%
	White British	46.4%	38.7%*
IMD Quintile	1.00 – 20% most deprived	33.7%	27.6%*
	2.00	38.6%	32.4%*
	3.00	45.9%	38.0%*
	4.00	48.3%	39.2%*
	5.00 – 20% least deprived	52.3%	47.1%*
Route of admission	Waiting list	59.8%	52.3%*
	Booked	59.5%	48.3%*
	Planned	42.5%	45.6%
	Accident and emergency department	36.9%	28.7%*
	General practitioner	42.0%	39.2%
	Bed bureau	40.0%	18.8%
	Consultant	47.9%	45.0%
	Other	36.4%	38.0%
	Accident and emergency department of another provider	27.3%	35.1%
	Transfer of an admitted patient from another hospital provider in an emergency	51.9%	20.0%*
	Other emergency admission	39.7%	39.3%
	Transfer of any admitted patient from other hospital provider other than in an emergency	54.1%	42.7%
Mobile	Yes	40.5%	38.2%
	No	47.0%	32.0%*

* Indicates statistically significant difference compared to the control at 5% significance level.

Appendix G: Profile of participants who responded to the pilot

		Control (n=2,152)	Experiment 1 (n=1,414)	Experiment 2 (n=1,517)
Age	16-35	4.6%	6.9%*	5.4%
	36-50	9.1%	11.3%*	10.8%
	51-65	24.8%	24.4%	25.3%
	66-80	39.8%	38.0%	37.8%
	>80	21.7%	19.4%	20.7%
Gender	Male	49.1%	50.1%	48.4%
	Female	50.9%	49.9%	51.6%
Ethnicity	White British	77.0%	78.1%	74.4%
	BAME	14.2%	12.7%	16.2%
	Not stated	8.8%	9.2%	9.5%
IMD quintile	1 - 20% most deprived	17.7%	16.2%	17.8%
	2	22.2%	23.2%	23.2%
	3	22.0%	22.0%	21.5%
	4	18.9%	18.9%	18.8%
	5 - 20% least deprived	19.2%	19.7%	18.6%
Route of admission	Waiting list	24.9%	28.7%*	25.6%
	Booked	4.8%	4.7%	4.5%
	Planned	1.6%	2.3%	2.0%
	Accident and emergency department	53.5%	49.6%*	51.2%
	General practitioner	4.0%	4.1%	5.1%
	Bed bureau	0.3%	0.1%	0.1%
	Consultant	3.2%	3.5%	3.6%
	Other	0.6%	1.1%	0.6%
	Accident and emergency department of another provider	0.3%	0.6%	0.7%
	Transfer of an admitted patient from another hospital provider in an emergency	0.7%	0.3%	0.5%
	Other emergency admission	4.1%	3.5%	4.0%
	Transfer of any admitted patient from other hospital provider other than in an emergency	2.1%	1.7%	2.0%
Mobile	Yes	60.6%	65.7%*	64.1%*
	No	39.4%	34.3%*	35.9%*

* Indicates statistically significant difference compared to the control at 5% significance level.

Appendix H: Profile of participants who responded to the pilot excluding fourth mailing completes

		Control (n=2,152)	Experiment overall (n=2,402)
Age	16-35	4.6%	6.0%*
	36-50	9.1%	10.9%*
	51-65	24.8%	25.4%
	66-80	39.8%	38.7%
	>80	21.7%	19.1%*
Gender	Male	49.1%	49.1%
	Female	50.9%	50.9%
Ethnicity	White British	77.0%	77.0%
	BAME	14.2%	13.5%
	Not stated	8.8%	9.5%
IMD quintile	1 - 20% most deprived	17.7%	16.7%
	2	22.2%	22.8%
	3	22.0%	21.9%
	4	18.9%	18.8%
	5 - 20% least deprived	19.2%	19.8%
Route of admission	Waiting list	24.9%	28.5%*
	Booked	4.8%	4.7%
	Planned	1.6%	2.4%
	Accident and emergency department	53.5%	48.6%*
	General practitioner	4.0%	4.6%
	Bed bureau	0.3%	0.1%
	Consultant	3.2%	3.7%
	Other	0.6%	0.8%
	Accident and emergency department of another provider	0.3%	0.5%
	Transfer of an admitted patient from another hospital provider in an emergency	0.7%	0.2%
	Other emergency admission	4.1%	3.8%
	Transfer of any admitted patient from other hospital provider other than in an emergency	2.1%	2.0%
Mobile	Yes	60.6%	67.2%*
	No	39.4%	32.8%*

* Indicates statistically significant difference compared to the control at 5% significance level.

Appendix I: Question responses (unweighted)

* Indicates statistically significant difference compared to the control at 5% significance level.

		Control (n=2,071)	Experiment overall (n=2,855)
Q1. Was your most recent hospital stay planned in advance or an emergency?	Emergency or urgent	63.4%	61.3%
	Waiting list or planned in advance	32.9%	35.5%
	Something else	3.7%	3.3%

		Control (n=1,394)	Experiment overall (n=1,852)
Q2. When you arrived at the hospital, did you go to the A&E Department (Emergency Department, Casualty, Medical or Surgical Admissions unit)?	Yes	89.1%	87.3%
	No	10.9%	12.7%

		Control (n=1,199)	Experiment overall (n=1,583)
Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you?	Not enough	13.8%	13.7%
	Right amount	65.1%	65.6%
	Too much	0.3%	0.4%
	I was not given any information about my treatment or condition	7.5%	9.3%
	Don't know / can't remember	13.3%	11.1%

		Control (n=537)	Experiment overall (n=856)
Q4. How do you feel about the length of time you were on the waiting list before your admission to hospital?	I was admitted as soon as I thought was necessary	72.1%	70.0%
	I should have been admitted a bit sooner	18.1%	18.6%
	I should have been admitted a lot sooner	9.9%	11.4%

		Control (n=2,100)	Experiment overall (n=2,900)
Q5. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	Yes, definitely	17.1%	17.7%
	Yes, to some extent	20.2%	20.8%
	No	62.7%	61.5%

		Control (n=2,081)	Experiment overall (n=2,893)
Q6. Did you change wards at night?	Yes, but I would have preferred not to	9.2%	9.3%
	Yes, but I did not mind	19.0%	19.5%
	No	71.8%	71.2%

		Control (n=582)	Experiment overall (n=759)
Q7. Did the hospital staff explain the reasons for being moved in a way you could understand?	Yes, completely	55.0%	52.2%
	Yes, to some extent	30.9%	27.1%
	No	14.1%	20.7%*

		Control (n=2,092)	Experiment overall (n=2,899)
Q8. Did you get enough help from staff to wash or keep yourself clean?	Yes, always	42.2%	44.0%
	Yes, sometimes	11.2%	9.5%
	No	6.6%	7.3%
	I did not need help to wash or keep myself clean	40.0%	39.2%

		Control (n=2,052)	Experiment overall (n=2,880)
Q9. If you brought your own medication with you to hospital, were you able to take it when you needed to?	Yes, always	35.7%	36.8%
	Yes, sometimes	7.5%	7.5%
	No	10.2%	9.3%
	I had to stop taking my own medication as part of my treatment	9.9%	10.5%
	I did not bring my own medication with me to hospital	36.7%	36.0%

		Control (n=2,125)	Experiment overall (n=2,913)
Q10. How would you rate the hospital food?	Very good	16.9%	17.4%
	Good	34.4%	31.5%*
	Fair	28.2%	29.5%
	Poor	14.7%	15.4%
	I did not have any hospital food	5.8%	6.3%

		Control (n=1,981)	Experiment overall (n=2,050)
Q11. Did you get enough help from staff to eat your meals?	Yes, always	16.6%	17.8%
	Yes, sometimes	5.7%	4.4%
	No	3.9%	4.5%
		73.9%	73.3%

		Control (n=2,114)	Experiment overall (n=2,910)
Q12. During your time in hospital, did you get enough to drink?	Yes	89.4%	89.1%
	No, because I did not get enough help to drink	1.4%	1.2%
	No, because I was not offered enough drinks	6.2%	6.0%
	No, for another reason	3.0%	3.7%

		Control (n=2,128)	Experiment overall (n=2,916)
Q13. When you had important questions to ask a doctor, did you get answers that you could understand?	Yes, always	62.4%	60.4%
	Yes, sometimes	23.3%	24.1%
	No	5.0%	6.3%*
	I had no need to ask	9.3%	9.3%

		Control (n=2,125)	Experiment overall (n=2,907)
Q14. Did you have confidence and trust in the doctors treating you?	Yes, always	81.5%	80.8%
	Yes, sometimes	16.0%	15.2%
	No	2.5%	4.0%*

		Control (n=2,129)	Experiment overall (n=2,909)
Q15. Did doctors talk in front of you as if you weren't there?	Yes, often	4.9%	6.0%
	Yes, sometimes	17.0%	15.0%
	No	78.2%	79.1%

		Control (n=2,126)	Experiment overall (n=2,914)
Q16. When you had important questions to ask a nurse, did you get answers that you could understand?	Yes, always	58.3%	58.4%
	Yes, sometimes	25.1%	23.9%
	No	3.7%	5.6%*
	I had no need to ask	12.9%	12.0%

		Control (n=2,129)	Experiment overall (n=2,918)
Q17. Did you have confidence and trust in the nurses treating you?	Yes, always	78.0%	76.6%
	Yes, sometimes	18.9%	18.7%
	No	3.1%	4.6%*

		Control (n=2,128)	Experiment overall (n=2,909)
Q18. Did nurses talk in front of you as if you weren't there?	Yes, often	4.0%	5.3%*
	Yes, sometimes	14.6%	12.1%*
	No	81.4%	82.6%

		Control (n=2,129)	Experiment overall (n=2,919)
Q19. In your opinion, were there enough nurses on duty to care for you in hospital?	There were always or nearly always enough nurses	56.1%	55.5%
	There were sometimes enough nurses	33.0%	31.5%
	There were rarely or never enough nurses	10.9%	12.9%*

		Control (n=2,123)	Experiment overall (n=2,906)
Q20. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	Yes, often	6.3%	8.8%*
	Yes, sometimes	26.3%	24.8%
	No	67.4%	66.3%

		Control (n=2,115)	Experiment overall (n=2,903)
Q21. Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely	58.6%	57.3%
	Yes, to some extent	31.7%	32.2%
	No	9.6%	10.5%

		Control (n=2,116)	Experiment overall (n=2,900)
Q22. Did you find someone on the hospital staff to talk to about your worries and fears?	Yes, definitely	25.7%	25.8%
	Yes, to some extent	22.3%	22.0%
	No	13.2%	15.2%*
	I had no worries or fears	38.8%	36.9%

		Control (n=2,125)	Experiment overall (n=2,910)
Q23. Were you given enough privacy when being examined or treated?	Yes, always	92.3%	90.7%*
	Yes, sometimes	6.4%	7.6%
	No	1.3%	1.7%

		Control (n=2,121)	Experiment overall (n=2,897)
Q24. Where you ever in any pain?	Yes	59.8%	61.9%
	No	40.2%	38.1%

		Control (n=1,244)	Experiment overall (n=1,781)
Q25. Do you think the hospital staff did everything they could to help control your pain?	Yes, definitely	70.5%	67.2%
	Yes, to some extent	21.4%	25.0%*
	No	8.1%	7.8%

		Control (n=2,105)	Experiment overall (n=2,906)
Q26. If you needed attention, were you able to get a member of staff to help you within a reasonable time?	Yes, always	55.5%	54.4%
	Yes, sometimes	29.7%	28.7%
	No	6.4%	7.5%
	I did not want / need this	8.4%	9.4%

		Control (n=2,090)	Experiment overall (n=2,892)
Q27. During your stay in hospital, did you have an operation or procedure?	Yes	63.5%	64.6%
	No	36.5%	35.4%

		Control (n=1,316)	Experiment overall (n=1,862)
Q28. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	Yes, completely	78.3%	77.9%
	Yes, to some extent	12.8%	14.3%
	No	2.6%	2.6%
	I did not have any questions	6.3%	5.2%

		Control (n=1,316)	Experiment overall (n=1,855)
Q29. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	Yes, completely	74.2%	72.2%
	Yes, to some extent	18.8%	20.6%
	No	7.0%	7.2%

		Control (n=2,119)	Experiment overall (n=2,905)
Q30. Did you feel you were involved in decisions about your discharge from hospital?	Yes, definitely	54.7%	52.9%
	Yes, to some extent	28.6%	27.7%
	No	13.8%	15.9%*
	I did not want to be involved	2.9%	3.4%

		Control (n=2,132)	Experiment overall (n=2,914)
Q31. Where did you go after leaving hospital?	I went home	91.0%	90.4%
	I went to stay with family or friends	3.6%	3.7%
	I was transferred to another hospital	2.5%	3.3%
	I went to a residential nursing home	2.2%	1.6%
	I went somewhere else	0.7%	1.0%

		Control (n=1,992)	Experiment overall (n=2,722)
Q32. After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?	Yes, definitely	31.5%	33.0%
	Yes, to some extent	15.6%	14.9%
	No, but support would have been useful	12.4%	15.2%*
	No, but I did not need any support	40.5%	36.9%*

		Control (n=2,120)	Experiment overall (n=2,905)
Q33. When you left hospital, did you know what would happen next with your care?	Yes, definitely	46.1%	46.0%
	Yes, to some extent	27.7%	27.2%
	No	14.2%	15.8%
	It was not necessary	12.0%	11.0%

		Control (n=2,121)	Experiment overall (n=2,907)
Q34. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	Yes, completely	55.3%	55.9%
	Yes, to some extent	12.5%	13.1%
	No	5.8%	6.5%
	I did not need an explanation	13.1%	12.3%
	I had no medicines	13.2%	12.2%

		Control (n=1,822)	Experiment overall (n=2,536)
Q35. Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely	28.2%	30.1%
	Yes, to some extent	14.3%	13.4%
	No	29.9%	29.4%
	I did not need an explanation	27.7%	27.1%

		Control (n=2,113)	Experiment overall (n=2,899)
Q36. Did hospital staff take your family or home situation into account when planning your discharge?	Yes, completely	41.3%	41.1%
	Yes, to some extent	15.0%	15.2%
	No	10.6%	11.7%
	It was not necessary	29.0%	27.6%
	Don't know / can't remember	4.1%	4.4%

		Control (n=2,118)	Experiment overall (n=2,908)
Q37. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes	69.7%	68.4%
	No	19.0%	21.0%
	Don't know / can't remember	11.2%	10.6%

		Control (n=2,124)	Experiment overall (n=2,899)
Q38. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services of the voluntary sector)?	Yes	50.9%	51.0%
	No, but I would have liked them to	12.4%	14.2%
	No, but it was not necessary to discuss it	36.7%	34.7%

		Control (n=2,105)	Experiment overall (n=2,891)
Q39. Was the care and support you expected available when you needed it?	Yes	57.8%	59.5%
	No	12.8%	14.2%
	I did not expect any further care or support after I was discharged	29.5%	26.3%*

		Control (n=2,129)	Experiment overall (n=2,900)
Q40. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Yes, always	81.9%	82.2%
	Yes, sometimes	15.5%	13.8%
	No	2.6%	4.0%*

		Control (n=2,122)	Experiment overall (n=2,892)
Q41. Overall, how was your experience while you were in the hospital?	0 - I had a very poor experience	2.0%	2.7%
	1	0.3%	0.6%
	2	1.3%	1.4%
	3	1.5%	1.7%
	4	1.8%	2.0%
	5	5.6%	4.7%
	6	4.1%	4.9%
	7	11.0%	9.4%
	8	20.8%	19.6%
	9	15.5%	15.2%
	10 - I had a very good experience	36.1%	37.8%
	0-8 combined	48.4%	47.0%
	9-10 combined	51.6%	53.0%

		Control (n=2,117)	Experiment overall (n=2,885)
Q42. Who was the main person or people that filled in this questionnaire?	The patient (named on the front of the envelope)	83.6%	83.7%
	A friend or relative of the patient	8.1%	6.9%
	Both patient and friend/relative together	8.1%	8.3%
	The patient with the help of a health professional	0.2%	1.0%*

		Control (n=2,056)	Experiment overall (n=2,835)
Q43. 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?	Yes	63.9%	57.5%*
	No	36.1%	42.5%*

	Control (n=1,314)	Experiment overall (n=1,630)	
Q44. Do you have any of the following?	Breathing problem, such as asthma	30.9%	29.6%
	Blindness or partial sight	6.2%	6.0%
	Cancer in the last 5 years	19.6%	18.0%
	Dementia or Alzheimer's disease	4.3%	4.2%
	Deafness or hearing loss	19.9%	19.6%
	Diabetes	22.4%	20.7%
	Heart problem, such as angina	28.3%	27.9%
	Joint problem, such as arthritis	45.9%	45.7%
	Kidney or liver disease	10.7%	11.8%
	Learning disability	2.8%	1.7%*
	Mental health condition	11.7%	12.5%
	Neurological condition	11.7%	13.2%
	Another long-term condition	32.3%	32.0%

	Control (n=1,293)	Experiment overall (n=1,612)	
Q45. Do any of these reduce your ability to carry out day-to-day activities?	Yes, a lot	46.9%	48.9%
	Yes, a little	38.0%	39.2%
	No, not at all	15.2%	11.9%*

	Control (n=2,107)	Experiment overall (n=2,880)	
Q48. What is your religion?	No religion	19.5%	20.4%
	Buddhist	0.6%	0.3%
	Christian (including Church of England, Catholic, Protestant and other Christian denominations)	71.4%	69.0%
	Hindu	1.3%	1.4%
	Jewish	0.7%	0.6%
	Muslim	2.7%	3.2%
	Sikh	0.5%	0.6%
	Other	1.1%	1.2%
	I would prefer not to say	2.2%	3.2%*

		Control (n=2,043)	Experiment overall (n=2,817)
Q49. Which of the following best describes how you think of yourself?	Heterosexual / straight	93.1%	92.6%
	Gay / lesbian	0.9%	1.0%
	Bisexual	0.5%	1.0%*
	Other	0.7%	1.0%
	I would prefer not to say	4.7%	4.4%

Appendix G: Overall adjusted response rate by trust

	Control (n=5,024)	Experiment 1 (n=3,329)	Experiment 2 (n=3,360)
Trust 1	29%	31%	38%
Trust 2	33%	36%	40%
Trust 3	35%	36%	40%
Trust 4	42%	41%	41%
Trust 5	42%	44%	39%
Trust 6	43%	41%	40%
Trust 7	47%	51%	52%
Trust 8	50%	55%	58%
Trust 9	50%	37%	42%
Trust 10	57%	54%	59%

Appendix H: Mode of completion by trust

	Experiment 1 (n=1,414)		Experiment 2 (n=1,517)	
	Paper	Online	Paper	Online
Trust 1	48%	52%	48%	52%
Trust 2	48%	52%	57%	43%
Trust 3	46%	54%	58%	42%
Trust 4	40%	60%	58%	42%
Trust 5	38%	62%	48%	52%
Trust 6	38%	62%	43%	57%
Trust 7	37%	63%	39%	61%
Trust 8	35%	65%	53%	47%
Trust 9	32%	68%	38%	62%
Trust 10	31%	69%	51%	49%

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