



Outpatients Questionnaire

What is the survey about?

This survey is about your most recent Outpatients appointment at the National Health Service hospital named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked 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 cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire

Your participation in this survey is voluntary.

Your answers will be treated in confidence.

Please remember, this questionnaire is about your **most recent** visit to the Outpatient Department of the NHS Trust named in the accompanying letter.

A. BEFORE THE APPOINTMENT

A1. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?

- 1 Up to 1 month
- 2 More than 1 month but no more than 3 months
- 3 More than 3 months but no more than 5 months
- 4 More than 5 months but no more than 12 months
- 5 More than 12 months but no more than 18 months
- 6 More than 18 months
- 7 I went to Outpatients without an appointment
- 8 Don't know/ Can't remember

A2. Before your appointment, did you know the reason for the appointment?

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

A3. Before your appointment, did you know who to contact if your symptoms or condition got worse?

- 1 Yes
- 2 No

A4. Was your appointment changed by the hospital?

- 1 No
- 2 Yes, once
- 3 Yes, 2 or 3 times
- 4 Yes, 4 times or more

B. WAITING

B1. How long after the **stated appointment time** did the appointment start?

- 1 Seen on time, or early → **Go to C1**
- 2 Waited up to 5 minutes → **Go to C1**
- 3 Waited 6 - 15 minutes → **Go to C1**
- 4 Waited 16 - 30 minutes → **Go to B2**
- 5 Waited 31 - 60 minutes → **Go to B2**
- 6 Waited more than 1 hour but no more than 2 hours → **Go to B2**
- 7 Waited more than 2 hours → **Go to B2**
- 8 Don't know/ Can't remember → **Go to B2**

B2. Were you told **how long** you would have to wait?

- 1 Yes, but the wait was **shorter**
- 2 Yes, and I had to wait about as long as was told
- 3 Yes, but the wait was **longer**
- 4 No, I was not told
- 5 Don't know/ Can't remember

B3. Were you told **why** you had to wait?

- 1 Yes
- 2 No, but I would have liked an explanation
- 3 No, but I didn't mind
- 4 Don't know/ Can't remember

C. HOSPITAL ENVIRONMENT AND FACILITIES

C1. In your opinion, how clean was the Outpatients Department?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 Can't say

C2. How clean were the toilets at the Outpatients Department?

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

D. SEEING A DOCTOR

D1. Was all or part of your outpatient appointment with a **doctor**?

- 1 Yes → **Go to D2**
- 2 No → **Go to E1**

D2. Did you have **enough time** to discuss your health or medical problem with the doctor?

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

D3. How long were you with the doctor?

- 1 Up to 5 minutes
- 2 6 - 10 minutes
- 3 11 - 20 minutes
- 4 21 - 30 minutes
- 5 31 - 40 minutes
- 6 More than 40 minutes
- 7 Can't remember

D4. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 5 No treatment or action was needed

D5. Did the doctor listen to what you had to say?

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

D6. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?

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

D7. If you had important questions to ask the doctor, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask

D8. Did you have confidence and trust in the doctor examining and treating you?

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

D9. Did the doctor seem aware of your medical history?

- 1 He/she knew enough
- 2 He/she knew something but not enough
- 3 He/she knew little or nothing
- 4 Don't know/ Can't say

E. SEEING ANOTHER HEALTH CARE PROFESSIONAL

E1. Was all or part of your outpatient appointment with any member of staff, **other than a doctor**?

- 1 Yes → **Go to E2**
- 2 No → **Go to F1**

E2. Who was the **main** other person you saw?

- 1 A nurse
- 2 A physiotherapist
- 3 A dietician
- 4 A pharmacist
- 5 A radiographer
- 6 Someone else (**Please write in box**)

E3. If you had important questions to ask him/her, did you get answers that you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask

E4. Did you have confidence and trust in him/her?

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

F. OVERALL ABOUT THE APPOINTMENT

F1. Do you need any help understanding English?

- 1 Yes → **Go to F2**
- 2 No → **Go to F3**

F2. When you were in the Outpatients Department, was there someone who could interpret for you?

- 1 Yes, a relative or friend
- 2 Yes, an interpreter from the hospital
- 3 Yes, someone else on the hospital staff
- 4 No

F3. Did doctors and/or other staff talk in front of you as if you weren't there?

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

F4. While you were in the Outpatients Department, how much information about your condition or treatment was given to **you**?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 I was not given any information about my treatment or condition

F5. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?

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

F6. Were you involved as much as you wanted to be in decisions about your care and treatment?

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

F7. Have you ever visited this Outpatients Department before, for the same condition?

- 1 Yes
- 2 No

G. TESTS AND TREATMENT

Tests (e.g. x-rays or scans)

G1. During your outpatients appointment, did you have any tests (such as blood tests, x-rays, or scans) to help find out more about your condition?

- 1 Yes → **Go to G2**
- 2 No → **Go to G5**

G2. Did a member of staff explain **why you needed these test(s)** in a way you could understand?

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

G3. Did a member of staff tell you **how** you would find out the results of your test(s)?

- 1 Yes
- 2 No
- 3 Not sure/ Can't remember

G4. Did a member of staff explain the **results of the tests** in a way you could understand?

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

Treatment

G5. During your outpatient appointment did you have any treatment for your condition?

- 1 Yes → Go to G6
2 No → Go to H1

G6. Before the treatment did a member of staff explain what would happen?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I didn't want an explanation

G7. Before the treatment did a member of staff explain any **risks and/or benefits** in a way you could understand?

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

H. LEAVING THE OUTPATIENTS DEPARTMENT

Medications (e.g. medicines, tablets, ointments)

H1. Before you left the Outpatients Department, were any new medications prescribed or ordered for you?

- 1 Yes → Go to H2
2 No → Go to H5

H2. Did a member of staff explain to you **how to take** the new medications?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 I didn't need an explanation

H3. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

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

H4. Did a member of staff tell you about **medication side effects** to watch for?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 I did not need this type of information

Information

H5. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 I did not need this type of information

H6. Did hospital staff tell you **who to contact** after you got home if you were worried about your condition or treatment?

- 1 Yes, they told me to contact **my GP**
- 2 Yes, they told me to contact the **practice nurse** at my local health centre
- 3 Yes, they told me to contact **NHS Direct**
- 4 Yes, I was told to **dial 999**
- 5 Yes, they told me to contact a **hospital doctor or nurse**
- 6 Yes, I was told to contact **someone else**
- 7 No, I was not told who to contact
- 8 I did not need this type of information
- 9 Don't know/ Can't remember

J. OVERALL IMPRESSION

J1. How well organised was the Outpatients Department you visited?

- 1 Not at all organised
- 2 Fairly organised
- 3 Very well organised

J2. Overall, did you feel you were treated with respect and dignity while you were at the Outpatient Department?

- 1 Yes, all of the time
- 2 Yes, some of the time
- 3 No

J3. Overall, how would you rate the care you received at the Outpatients Department?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

K. YOUR BACKGROUND

K1. Are you male or female?

- 1 Male
- 2 Female

K2. How old are you?

- 1 16 - 35 years
- 2 36 - 50 years
- 3 51 - 65 years
- 4 66 - 80 years
- 5 81 years or older

K3. How old were you when you left full-time education?

- 1 16 years or less
- 2 17 or 18 years
- 3 19 years or over
- 4 Still in full-time education

K4. Overall, how would you rate your health during the **past 4 weeks**?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

K5. To which of these ethnic groups would you say you belong?

a. WHITE

- 1 British
- 2 Irish
- 3 Any other white background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group
(Please write in box)

L. ANY OTHER COMMENTS

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

Was there anything particularly good about your visit to the Outpatients Department?

Was there anything that could have been 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.

This copy of the outpatients questionnaire indicates how the response options to each evaluative question were scored by the CHI for the calculation of performance scores.

The scores for each response option are noted in the left-hand margin; response options which were not scored are marked as 'M' (treated as missing data).



Outpatients Questionnaire

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For each question please tick clearly inside one box using a black or blue pen.

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

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire

Your participation in this survey is voluntary.

Your answers will be treated in confidence.

Please remember, this questionnaire is about your **most recent** visit to the Outpatient Department of the NHS Trust named in the accompanying letter.

A. BEFORE THE APPOINTMENT

A1. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?

- 100** 1 Up to 1 month
- 80** 2 More than 1 month but no more than 3 months
- 60** 3 More than 3 months but no more than 5 months
- 40** 4 More than 5 months but no more than 12 months
- 20** 5 More than 12 months but no more than 18 months
- 0** 6 More than 18 months
- M** 7 I went to Outpatients without an appointment
- M** 8 Don't know/ Can't remember

A2. Before your appointment, did you know the reason for the appointment?

- 100** 1 Yes, definitely
- 50** 2 Yes, to some extent
- 0** 3 No

A3. Before your appointment, did you know who to contact if your symptoms or condition got worse?

- 100** 1 Yes
- 0** 2 No

A4. Was your appointment changed by the hospital?

- 100** 1 No
- 67** 2 Yes, once
- 33** 3 Yes, 2 or 3 times
- 0** 4 Yes, 4 times or more

B. WAITING

B1. How long after the **stated appointment time** did the appointment start?

- 100** 1 Seen on time, or early → **Go to C1**
- 83** 2 Waited up to 5 minutes → **Go to C1**
- 67** 3 Waited 6 - 15 minutes → **Go to C1**
- 50** 4 Waited 16 - 30 minutes → **Go to B2**
- 33** 5 Waited 31 - 60 minutes → **Go to B2**
- 17** 6 Waited more than 1 hour but no more than 2 hours → **Go to B2**
- 0** 7 Waited more than 2 hours → **Go to B2**
- M** 8 Don't know/ Can't remember → **Go to B2**

B2. Were you told **how long** you would have to wait?

- 100** 1 Yes, but the wait was **shorter**
- 100** 2 Yes, and I had to wait about as long as was told
- 50** 3 Yes, but the wait was **longer**
- 0** 4 No, I was not told
- M** 5 Don't know/ Can't remember

B3. Were you told **why** you had to wait?

- 100** 1 Yes
- 0** 2 No, but I would have liked an explanation
- 50** 3 No, but I didn't mind
- M** 4 Don't know/ Can't remember

C. HOSPITAL ENVIRONMENT AND FACILITIES

C1. In your opinion, how clean was the Outpatients Department?

- 100 ₁ Very clean
67 ₂ Fairly clean
33 ₃ Not very clean
0 ₄ Not at all clean
M ₅ Can't say

C2. How clean were the toilets at the Outpatients Department?

- 100 ₁ Very clean
67 ₂ Fairly clean
33 ₃ Not very clean
0 ₄ Not at all clean
M ₅ I did not use a toilet

D. SEEING A DOCTOR

D1. Was all or part of your outpatient appointment with a **doctor**?

- ₁ Yes → Go to D2
₂ No → Go to E1

(this question was not scored)

D2. Did you have **enough time** to discuss your health or medical problem with the doctor?

- 100 ₁ Yes, definitely
50 ₂ Yes, to some extent
0 ₃ No

D3. How long were you with the doctor?

- ₁ Up to 5 minutes
₂ 6 - 10 minutes
₃ 11 - 20 minutes
₄ 21 - 30 minutes
₅ 31 - 40 minutes
₆ More than 40 minutes
₇ Can't remember

(this question was not scored)

D4. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

- 100 ₁ Yes, completely
50 ₂ Yes, to some extent
0 ₃ No
M ₄ I did not need an explanation
M ₅ No treatment or action was needed

D5. Did the doctor listen to what you had to say?

- 100 ₁ Yes, definitely
50 ₂ Yes, to some extent
0 ₃ No

D6. Did you think that the doctor was deliberately not telling you certain things that you wanted to know?

- 0 ₁ Yes, definitely
50 ₂ Yes, to some extent
100 ₃ No

D7. If you had important questions to ask the doctor, did you get answers that you could understand?

- 100** ₁ Yes, definitely
50 ₂ Yes, to some extent
0 ₃ No
M ₄ I did not need to ask
0 ₅ I did not have an opportunity to ask

D8. Did you have confidence and trust in the doctor examining and treating you?

- 100** ₁ Yes, definitely
50 ₂ Yes, to some extent
0 ₃ No

D9. Did the doctor seem aware of your medical history?

- 100** ₁ He/she knew enough
50 ₂ He/she knew something but not enough
0 ₃ He/she knew little or nothing
M ₄ Don't know/ Can't say

E. SEEING ANOTHER HEALTH CARE PROFESSIONAL

E1. Was all or part of your outpatient appointment with any member of staff, **other than a doctor**?

- ₁ Yes → **Go to E2**
₂ No → **Go to F1**

(this question was not scored)

E2. Who was the **main** other person you saw?

- ₁ A nurse
₂ A physiotherapist
₃ A dietician
₄ A pharmacist
₅ A radiographer
₆ Someone else (**Please write in box**)

(this question was not scored)

E3. If you had important questions to ask him/her, did you get answers that you could understand?

- 100** ₁ Yes, definitely
50 ₂ Yes, to some extent
0 ₃ No
M ₄ I did not need to ask
0 ₅ I did not have an opportunity to ask

E4. Did you have confidence and trust in him/her?

- 100** ₁ Yes, definitely
50 ₂ Yes, to some extent
0 ₃ No

F. OVERALL ABOUT THE APPOINTMENT

F1. Do you need any help understanding English?

- ₁ Yes → **Go to F2**
₂ No → **Go to F3**

(this question was not scored)

F2. When you were in the Outpatients Department, was there someone who could interpret for you?

- 1 Yes, a relative or friend
- 2 Yes, an interpreter from the hospital
- 3 Yes, someone else on the hospital staff
- 4 No

(this question was not scored)

F3. Did doctors and/or other staff talk in front of you as if you weren't there?

- 0 1 Yes, definitely
- 50 2 Yes, to some extent
- 100 3 No

F4. While you were in the Outpatients Department, how much information about your condition or treatment was given to **you**?

- 50 1 Not enough
- 100 2 Right amount
- 50 3 Too much
- 0 4 I was not given any information about my treatment or condition

F5. Sometimes in a hospital or clinic, a member of staff will say one thing and another will say something quite different. Did this happen to you?

- 0 1 Yes, definitely
- 50 2 Yes, to some extent
- 100 3 No

F6. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 100 1 Yes, definitely
- 50 2 Yes, to some extent
- 0 3 No

F7. Have you ever visited this Outpatients Department before, for the same condition?

- 1 Yes
- 2 No

(this question was not scored)

G. TESTS AND TREATMENT

Tests (e.g. x-rays or scans)

G1. During your outpatients appointment, did you have any tests (such as blood tests, x-rays, or scans) to help find out more about your condition?

- 1 Yes → Go to G2
- 2 No → Go to G5

(this question was not scored)

G2. Did a member of staff explain **why you needed these test(s)** in a way you could understand?

- 100 1 Yes, completely
- 50 2 Yes, to some extent
- 0 3 No

G3. Did a member of staff tell you **how** you would find out the results of your test(s)?

- 100 1 Yes
- 0 2 No
- M 3 Not sure/ Can't remember

G4. Did a member of staff explain **the results of the tests** in a way you could understand?

- 100 1 Yes, definitely
- 50 2 Yes, to some extent
- 0 3 No
- M 4 Not sure/ Can't remember
- M 5 I was told that the results of the tests would be given to me at a later date
- 0 6 I was never told the results of the tests

Treatment

G5. During your outpatient appointment did you have any treatment for your condition?

- 1 Yes → Go to G6
2 No → Go to H1

(this question was not scored)

G6. Before the treatment did a member of staff explain what would happen?

- 100 1 Yes, definitely
50 2 Yes, to some extent
0 3 No
M 4 I didn't want an explanation

G7. Before the treatment did a member of staff explain any **risks and/or benefits** in a way you could understand?

- 100 1 Yes, definitely
50 2 Yes, to some extent
0 3 No
M 4 I did not want an explanation

H. LEAVING THE OUTPATIENTS DEPARTMENT

Medications (e.g. medicines, tablets, ointments)

H1. Before you left the Outpatients Department, were any new medications prescribed or ordered for you?

- 1 Yes → Go to H2
2 No → Go to H5

(this question was not scored)

H2. Did a member of staff explain to you **how to take** the new medications?

- 100 1 Yes, completely
50 2 Yes, to some extent
0 3 No
M 4 I didn't need an explanation

H3. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

- 100 1 Yes, completely
50 2 Yes, to some extent
0 3 No
M 4 I did not need an explanation

H4. Did a member of staff tell you about **medication side effects** to watch for?

- 100 1 Yes, completely
50 2 Yes, to some extent
0 3 No
M 4 I did not need this type of information

Information

H5. Did a member of staff tell you about what **danger signals** regarding your illness or treatment to watch for after you went home?

- 100 1 Yes, completely
50 2 Yes, to some extent
0 3 No
M 4 I did not need this type of information

H6. Did hospital staff tell you **who to contact** after you got home if you were worried about your condition or treatment?

- 100** ₁ Yes, they told me to contact **my GP**
- 100** ₂ Yes, they told me to contact the **practice nurse** at my local health centre
- 100** ₃ Yes, they told me to contact **NHS Direct**
- 100** ₄ Yes, I was told to **dial 999**
- 100** ₅ Yes, they told me to contact a **hospital doctor or nurse**
- 100** ₆ Yes, I was told to contact **someone else**
- 0** ₇ No, I was not told who to contact
- M** ₈ I did not need this type of information
- M** ₉ Don't know/ Can't remember

J. OVERALL IMPRESSION

J1. How well organised was the Outpatients Department you visited?

- 0** ₁ Not at all organised
- 50** ₂ Fairly organised
- 100** ₃ Very well organised

J2. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?

- 100** ₁ Yes, all of the time
- 50** ₂ Yes, some of the time
- 0** ₃ No

J3. Overall, how would you rate the care you received at the Outpatients Department?

- 100** ₁ Excellent
- 80** ₂ Very good
- 60** ₃ Good
- 40** ₄ Fair
- 20** ₅ Poor
- 0** ₆ Very poor

K. YOUR BACKGROUND

K1. Are you male or female?

- ₁ Male
- ₂ Female

K2. How old are you?

- ₁ 16 - 35 years
- ₂ 36 - 50 years
- ₃ 51 - 65 years
- ₄ 66 - 80 years
- ₅ 81 years or older

K3. How old were you when you left full-time education?

- ₁ 16 years or less
- ₂ 17 or 18 years
- ₃ 19 years or over
- ₄ Still in full-time education

K4. Overall, how would you rate your health during the **past 4 weeks**?

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor
- ₆ Very poor

K5. To which of these ethnic groups would you say you belong? **(tick one only)**

a. WHITE

- 1 British
2 Irish
3 Any other White background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
5 White and Black African
6 White and Asian
7 Any other Mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
9 Pakistani
10 Bangladeshi
11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
13 African
14 Any other Black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
16 Any other ethnic group
(Please write in box)

L. ANY OTHER COMMENTS

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

Was there anything particularly good about your visit to the Outpatients Department?

Was there anything that could have been improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

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

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Non survey variable definitions: Outpatients 2003 survey data

1. Trustnum: Trust number (please see table 1 or trust_list.xls for the name and number of trusts)
2. pat_rec: Patient Record Number
3. yob: Year of Birth, taken from the trusts' administrative systems
4. age: Patient age when the survey was undertaken (2003 – yob), where available it may be preferable to use self reported age instead (question k2)
5. gender: Gender, taken from the trusts' administrative systems, where available it may be preferable to use self reported gender instead (question k1)
 - Not known=0
 - Male=1
 - Female=2
 - Not specified=9
6. eth_f1: Ethnic group, taken from the trusts' administrative systems
 - White =1
 - Mixed=2
 - Asian or Asian British=3
 - Black or Black British=4
 - Chinese=5
 - Any other ethnic category=6
7. day_at: Day of attendance at department
8. month_at: Month of attendance at department
9. year_at: Year of attendance at department
10. outcome: Outcome of sending questionnaire
 - Returned useable questionnaire=1
 - Returned undelivered or pt moved house=2
 - Patient reported deceased by tracing service=3
 - Patient reported died by relatives or while survey in progress=4
 - Patient reported too ill to complete questionnaire=5
 - Patient opted out or returned blank questionnaire=6
 - Patient was not eligible to fill in questionnaire=7
 - Questionnaire not returned - reason not known=8

11. count: count number of responses- Number of questions answered by the responders (excluding questions on personal attributes such as age, sex and ethnicity).

Table 1. Name and number of trusts

code	2003 Acute Trusts name	TRUSTNUM 2003
RGT	ADDENBROOKE'S NHS TRUST	273
REM	AINTREE HOSPITALS NHS TRUST	1
RCF	AIREDALE NHS TRUST	2
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	222
RF4	BARKING, HAVERING AND REDBRIDGE HOSPITALS NHS TRUST	224
RVL	BARNET AND CHASE FARM HOSPITALS NHS TRUST	228
RFF	BARNESLEY DISTRICT GENERAL HOSPITAL NHS TRUST	207
RNJ	BARTS AND THE LONDON NHS TRUST	256
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS TRUST	3
RC1	BEDFORD HOSPITALS NHS TRUST	211
RR1	BIRMINGHAM HEARTLANDS AND SOLIHULL (TEACHING) NHS TRUST	244
RMB	BLACKBURN, HYNDBURN AND RIBBLE VALLEY HEALTH CARE NHS TRUST	5
RXL	BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS TRUST	110
RMC	BOLTON HOSPITALS NHS TRUST	7
RAE	BRADFORD HOSPITALS NHS TRUST	236
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	111
RG3	BROMLEY HOSPITALS NHS TRUST	239
REU	BURNLEY HEALTH CARE NHS TRUST	245
RJF	BURTON HOSPITALS NHS TRUST	225
RWY	CALDERDALE AND HUDDERSFIELD NHS TRUST	9
RW3	CENTRAL MANCHESTER AND MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST	11
RQM	CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST	12
RFS	CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL NHS TRUST	13
RLN	CITY HOSPITALS SUNDERLAND NHS TRUST	15
RJR	COUNTESS OF CHESTER HOSPITAL NHS TRUST	252
RXP	County Durham & Darlington Acute Hospitals NHS Trust	105
RN7	DARTFORD AND GRAVESHAM NHS TRUST	17
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS TRUST	253
RNA	DUDLEY GROUP OF HOSPITALS NHS TRUST	210
RC3	EALING HOSPITAL NHS TRUST	18
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	19
RJN	EAST CHESHIRE NHS TRUST	20
RVV	EAST KENT HOSPITALS NHS TRUST	22
RA4	EAST SOMERSET NHS TRUST	23
RXC	EAST SUSSEX HOSPITALS NHS TRUST	106
RVR	EPSOM AND ST HELIER NHS TRUST	277
RDE	ESSEX RIVERS HEALTHCARE NHS TRUST	24
RDU	FRIMLEY PARK HOSPITAL NHS TRUST	237
RR7	GATESHEAD HEALTH NHS TRUST	233

RLT	GEORGE ELIOT HOSPITAL NHS TRUST	25
RTE	GLOUCESTERSHIRE HOSPITALS NHS TRUST	112
RJH	GOOD HOPE HOSPITAL NHS TRUST	246
RJ1	GUY'S AND ST THOMAS' NHS TRUST	212
RQN	HAMMERSMITH HOSPITALS NHS TRUST	27
RCD	HARROGATE HEALTH CARE NHS TRUST	28
RD7	HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST	29
RLQ	HEREFORD HOSPITALS NHS TRUST	30
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	257
RQX	HOMERTON UNIVERSITY HOSPITAL NHS TRUST	234
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	32
RGQ	IPSWICH HOSPITAL NHS TRUST	33
RR2	ISLE OF WIGHT HEALTHCARE NHS TRUST	34
RGP	JAMES PAGET HEALTHCARE NHS TRUST	206
RNQ	KETTERING GENERAL HOSPITAL NHS TRUST	35
RJZ	KING'S COLLEGE HOSPITAL NHS TRUST	36
RCX	KINGS LYNN AND WISBECH HOSPITALS NHS TRUST	37
RAX	KINGSTON HOSPITAL NHS TRUST	400
RXN	LANCASHIRE TEACHING HOSPITALS NHS TRUST	107
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	38
REP	LIVERPOOL WOMENS HOSPITAL NHS TRUST	40
RC9	LUTON AND DUNSTABLE HOSPITAL NHS TRUST	251
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	248
RJ6	MAYDAY HEALTHCARE NHS TRUST	220
RPA	MEDWAY NHS TRUST	254
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	41
RJD	MID STAFFORDSHIRE GENERAL HOSPITALS NHS TRUST	231
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	108
RD8	MILTON KEYNES GENERAL HOSPITAL NHS TRUST	43
RP6	MOORFIELDS EYE HOSPITAL NHS TRUST	44
RTX	MORECAMBE BAY HOSPITALS NHS TRUST	45
RNH	NEWHAM HEALTHCARE NHS TRUST	47
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS TRUST	260
RVJ	NORTH BRISTOL NHS TRUST	274
RWW	NORTH CHESHIRE HOSPITALS NHS TRUST	238
RNL	NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST	48
RR9	North Durham Health Care NHS Trust	49
RN5	NORTH HAMPSHIRE HOSPITALS NHS TRUST	261
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	50
RJE	NORTH STAFFORDSHIRE HOSPITAL NHS TRUST	51
RVW	NORTH TEES AND HARTLEPOOL NHS TRUST	52
RV8	NORTH WEST LONDON HOSPITALS NHS TRUST	53
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	208
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	55
RJL	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS TRUST	56
RTF	NORTHUMBRIA HEALTH CARE NHS TRUST	201
RTH	OXFORD RADCLIFFE HOSPITAL NHS TRUST	259
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	109
RGN	PETERBOROUGH HOSPITALS NHS TRUST	272
RK9	PLYMOUTH HOSPITALS NHS TRUST	270
RD3	POOLE HOSPITALS NHS TRUST	59
RHU	PORTSMOUTH HOSPITALS NHS TRUST	60

RG2	QUEEN ELIZABETH HOSPITAL NHS TRUST	223
RGZ	QUEEN MARY'S SIDCUP NHS TRUST	271
RFK	QUEEN'S MEDICAL CENTRE, NOTTINGHAM UNIVERSITY HOSPITAL NHS TRUST	258
RL1	ROBERT JONES AND AGNES HUNT ORTHOPAEDIC AND DISTRICT HOSPITAL NHS TRUST	63
RFR	ROTHERHAM GENERAL HOSPITALS NHS TRUST	65
RHW	ROYAL BERKSHIRE AND BATTLE HOSPITALS NHS TRUST	209
RDZ	ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS TRUST	216
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	67
RH8	ROYAL DEVON AND EXETER HEALTHCARE NHS TRUST	202
RAL	ROYAL FREE HAMPSTEAD NHS TRUST	235
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	68
RLZ	ROYAL SHREWSBURY HOSPITALS NHS TRUST	71
RA2	ROYAL SURREY COUNTY HOSPITAL NHS TRUST	72
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	73
RPR	ROYAL WEST SUSSEX NHS TRUST	74
RM3	SALFORD ROYAL HOSPITALS NHS TRUST	267
RNZ	SALISBURY HEALTH CARE NHS TRUST	75
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	113
RCC	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	77
RHQ	SHEFFIELD TEACHING HOSPITALS NHS TRUST	78
RK5	SHERWOOD FOREST HOSPITALS NHS TRUST	79
RH2	SOUTH BUCKINGHAMSHIRE NHS TRUST	80
RA9	SOUTH DEVON HEALTH CARE NHS TRUST	229
RTA	South Durham Health Care NHS Trust	81
RM2	SOUTH MANCHESTER UNIVERSITY HOSPITALS NHS TRUST	82
RTR	SOUTH TEES HOSPITALS NHS TRUST	83
RE9	SOUTH TYNESIDE HEALTH CARE NHS TRUST	84
RJC	SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST	85
RHM	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	232
RAJ	SOUTHEND HOSPITAL NHS TRUST	86
RTG	SOUTHERN DERBYSHIRE ACUTE HOSPITALS NHS TRUST	230
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	87
RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	264
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	88
RJ5	ST MARY'S NHS TRUST	226
RWJ	STOCKPORT NHS TRUST	203
RNT	STOKE MANDEVILLE HOSPITAL NHS TRUST	218
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	278
RN3	SWINDON AND MARLBOROUGH NHS TRUST	200
RMP	TAMESIDE AND GLOSSOP ACUTE SERVICES NHS TRUST	89
RBA	TAUNTON AND SOMERSET NHS TRUST	90
RAS	THE HILLINGDON HOSPITAL NHS TRUST	31
RJ2	THE LEWISHAM HOSPITAL NHS TRUST	39
RBT	THE MID CHESHIRE HOSPITALS NHS TRUST	227
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST	46
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	61
RKF	THE PRINCESS ROYAL HOSPITAL NHS TRUST	62
RL4	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	217

RM4	TRAFFORD HEALTHCARE NHS TRUST	266
RA7	UNITED BRISTOL HEALTHCARE NHS TRUST	91
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	92
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS TRUST	93
RRK	UNIVERSITY HOSPITAL BIRMINGHAM NHS TRUST	240
	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	
RKB		94
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	95
RBK	WALSALL HOSPITALS NHS TRUST	96
RBD	WEST DORSET GENERAL HOSPITALS NHS TRUST	98
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	265
RFW	WEST MIDDLESEX UNIVERSITY NHS TRUST	100
RGR	WEST SUFFOLK HOSPITALS NHS TRUST	102
RA3	WESTON AREA HEALTH NHS TRUST	103
RGC	WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	219
RKE	WHITTINGTON HOSPITAL NHS TRUST	104
RN1	WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	242
RBL	WIRRAL HOSPITAL NHS TRUST	205
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	204
RPL	WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST	247
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST	221
RCB	YORK HEALTH SERVICES NHS TRUST	241
RPC	THE QUEEN VICTORIA HOSPITAL NHS TRUST	243
RLU	BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST	4
RBV	CHRISTIE HOSPITAL NHS TRUST	14
REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS TRUST	16
RCS	NOTTINGHAM CITY HOSPITAL NHS TRUST	57
RBF	NUFFIELD ORTHOPAEDIC NHS TRUST	58
RGM	PAPWORTH HOSPITAL NHS TRUST	215
RT3	ROYAL BROMPTON AND HAREFIELD NHS TRUST	66
RBB	ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS TRUST	69
RRJ	ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST	262
RBQ	THE CARDIOTHORACIC CENTRE - LIVERPOOL NHS TRUST	10
RPY	THE ROYAL MARSDEN NHS TRUST	263
RAN	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	70
	WALTON CENTRE FOR NEUROLOGY AND NEUROSURGERY NHS TRUST	
RET		97

trustnum	2003 Acute Trusts name	NHS organisation code
1	AINTREE HOSPITALS NHS TRUST	REM
2	AIREDALE NHS TRUST	RCF
3	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS TRUST	RDD
4	BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST	RLU
5	BLACKBURN, HYNDBURN AND RIBBLE VALLEY HEALTH CARE NHS TRUST	RMB
7	BOLTON HOSPITALS NHS TRUST	RMC
9	CALDERDALE AND HUDDERSFIELD NHS TRUST	RWY
10	THE CARDIOTHORACIC CENTRE - LIVERPOOL NHS TRUST	RBQ
11	CENTRAL MANCHESTER AND MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST	RW3
12	CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST	RQM
13	CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL NHS TRUST	RFS
14	CHRISTIE HOSPITAL NHS TRUST	RBV
15	CITY HOSPITALS SUNDERLAND NHS TRUST	RLN
16	CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS TRUST	REN
17	DARTFORD AND GRAVESHAM NHS TRUST	RN7
18	EALING HOSPITAL NHS TRUST	RC3
19	EAST AND NORTH HERTFORDSHIRE NHS TRUST	RWH
20	EAST CHESHIRE NHS TRUST	RJN
22	EAST KENT HOSPITALS NHS TRUST	RVV
23	EAST SOMERSET NHS TRUST	RA4
24	ESSEX RIVERS HEALTHCARE NHS TRUST	RDE
25	GEORGE ELIOT HOSPITAL NHS TRUST	RLT
27	HAMMERSMITH HOSPITALS NHS TRUST	RQN
28	HARROGATE HEALTH CARE NHS TRUST	RCD
29	HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST	RD7
30	HEREFORD HOSPITALS NHS TRUST	RLQ
31	THE HILLINGDON HOSPITAL NHS TRUST	RAS
32	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	RWA
33	IPSWICH HOSPITAL NHS TRUST	RGQ
34	ISLE OF WIGHT HEALTHCARE NHS TRUST	RR2
35	KETTERING GENERAL HOSPITAL NHS TRUST	RNQ
36	KING'S COLLEGE HOSPITAL NHS TRUST	RJZ
37	KINGS LYNN AND WISBECH HOSPITALS NHS TRUST	RCX

38	LEEDS TEACHING HOSPITALS NHS TRUST	RR8
39	THE LEWISHAM HOSPITAL NHS TRUST	RJ2
40	LIVERPOOL WOMENS HOSPITAL NHS TRUST	REP
41	MID ESSEX HOSPITAL SERVICES NHS TRUST	RQ8
43	MILTON KEYNES GENERAL HOSPITAL NHS TRUST	RD8
44	MOORFIELDS EYE HOSPITAL NHS TRUST	RP6
45	MORECAMBE BAY HOSPITALS NHS TRUST	RTX
46	THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST	RTD
47	NEWHAM HEALTHCARE NHS TRUST	RNH
48	NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST	RNL
49	North Durham Health Care NHS Trust	RR9
50	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	RAP
51	NORTH STAFFORDSHIRE HOSPITAL NHS TRUST	RJE
52	NORTH TEES AND HARTLEPOOL NHS TRUST	RVW
53	NORTH WEST LONDON HOSPITALS NHS TRUST	RV8
55	NORTHERN DEVON HEALTHCARE NHS TRUST	RBZ
56	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS TRUST	RJL
57	NOTTINGHAM CITY HOSPITAL NHS TRUST	RCS
58	NUFFIELD ORTHOPAEDIC NHS TRUST	RBF
59	POOLE HOSPITALS NHS TRUST	RD3
60	PORTSMOUTH HOSPITALS NHS TRUST	RHU
61	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	RQW
62	THE PRINCESS ROYAL HOSPITAL NHS TRUST	RKF
63	ROBERT JONES AND AGNES HUNT ORTHOPAEDIC AND DISTRICT HOSPITAL NHS TRUST	RL1
65	ROTHERHAM GENERAL HOSPITALS NHS TRUST	RFR
66	ROYAL BROMPTON AND HAREFIELD NHS TRUST	RT3
67	ROYAL CORNWALL HOSPITALS NHS TRUST	REF
68	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	RQ6
69	ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS TRUST	RBB
70	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	RAN
71	ROYAL SHREWSBURY HOSPITALS NHS TRUST	RLZ
72	ROYAL SURREY COUNTY HOSPITAL NHS TRUST	RA2
73	ROYAL UNITED HOSPITAL BATH NHS TRUST	RD1
74	ROYAL WEST SUSSEX NHS TRUST	RPR
75	SALISBURY HEALTH CARE NHS TRUST	RNZ
77	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	RCC

78	SHEFFIELD TEACHING HOSPITALS NHS TRUST	RHQ
79	SHERWOOD FOREST HOSPITALS NHS TRUST	RK5
80	SOUTH BUCKINGHAMSHIRE NHS TRUST	RH2
81	South Durham Health Care NHS Trust	RTA
82	SOUTH MANCHESTER UNIVERSITY HOSPITALS NHS TRUST	RM2
83	SOUTH TEES HOSPITALS NHS TRUST	RTR
84	SOUTH TYNESIDE HEALTH CARE NHS TRUST	RE9
85	SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST	RJC
86	SOUTHEND HOSPITAL NHS TRUST	RAJ
87	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RVY
88	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	RBN
89	TAMESIDE AND GLOSSOP ACUTE SERVICES NHS TRUST	RMP
90	TAUNTON AND SOMERSET NHS TRUST	RBA
91	UNITED BRISTOL HEALTHCARE NHS TRUST	RA7
92	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	RWD
93	UNIVERSITY COLLEGE LONDON HOSPITALS NHS TRUST	RRV
94	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	RKB
95	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	RWE
96	WALSALL HOSPITALS NHS TRUST	RBK
97	WALTON CENTRE FOR NEUROLOGY AND NEUROSURGERY NHS TRUST	RET
98	WEST DORSET GENERAL HOSPITALS NHS TRUST	RBD
100	WEST MIDDLESEX UNIVERSITY NHS TRUST	RFW
102	WEST SUFFOLK HOSPITALS NHS TRUST	RGR
103	WESTON AREA HEALTH NHS TRUST	RA3
104	WHITTINGTON HOSPITAL NHS TRUST	RKE
105	County Durham & Darlington Acute Hospitals NHS Trust	RXP
106	EAST SUSSEX HOSPITALS NHS TRUST	RXC
107	LANCASHIRE TEACHING HOSPITALS NHS TRUST	RXN
108	MID YORKSHIRE HOSPITALS NHS TRUST	RXF
109	PENNINE ACUTE HOSPITALS NHS TRUST	RW6
110	BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS TRUST	RXL
111	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	RXH
112	GLOUCESTERSHIRE HOSPITALS NHS TRUST	RTE
113	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	RXX
200	SWINDON AND MARLBOROUGH NHS TRUST	RN3
201	NORTHUMBRIA HEALTH CARE NHS TRUST	RTF

202	ROYAL DEVON AND EXETER HEALTHCARE NHS TRUST	RH8
203	STOCKPORT NHS TRUST	RWJ
204	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	RWP
205	WIRRAL HOSPITAL NHS TRUST	RBL
206	JAMES PAGET HEALTHCARE NHS TRUST	RGP
207	BARNSELY DISTRICT GENERAL HOSPITAL NHS TRUST	RFF
208	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	RNS
209	ROYAL BERKSHIRE AND BATTLE HOSPITALS NHS TRUST	RHW
210	DUDLEY GROUP OF HOSPITALS NHS TRUST	RNA
211	BEDFORD HOSPITALS NHS TRUST	RC1
212	GUY'S AND ST THOMAS' NHS TRUST	RJ1
215	PAPWORTH HOSPITAL NHS TRUST	RGM
216	ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS TRUST	RDZ
217	THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST	RL4
218	STOKE MANDEVILLE HOSPITAL NHS TRUST	RNT
219	WHIPPS CROSS UNIVERSITY HOSPITAL NHS TRUST	RGC
220	MAYDAY HEALTHCARE NHS TRUST	RJ6
221	WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST	RRF
222	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST	RTK
223	QUEEN ELIZABETH HOSPITAL NHS TRUST	RG2
224	BARKING, HAVERING AND REDBRIDGE HOSPITALS NHS TRUST	RF4
225	BURTON HOSPITALS NHS TRUST	RJF
226	ST MARY'S NHS TRUST	RJ5
227	THE MID CHESHIRE HOSPITALS NHS TRUST	RBT
228	BARNET AND CHASE FARM HOSPITALS NHS TRUST	RVL
229	SOUTH DEVON HEALTH CARE NHS TRUST	RA9
230	SOUTHERN DERBYSHIRE ACUTE HOSPITALS NHS TRUST	RTG
231	MID STAFFORDSHIRE GENERAL HOSPITALS NHS TRUST	RJD
232	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST	RHM
233	GATESHEAD HEALTH NHS TRUST	RR7
234	HOMERTON UNIVERSITY HOSPITAL NHS TRUST	RQX
235	ROYAL FREE HAMPSTEAD NHS TRUST	RAL
236	BRADFORD HOSPITALS NHS TRUST	RAE
237	FRIMLEY PARK HOSPITAL NHS TRUST	RDU
238	NORTH CHESHIRE HOSPITALS NHS TRUST	RWW
239	BROMLEY HOSPITALS NHS TRUST	RG3

240	UNIVERSITY HOSPITAL BIRMINGHAM NHS TRUST	RRK
241	YORK HEALTH SERVICES NHS TRUST	RCB
242	WINCHESTER AND EASTLEIGH HEALTHCARE NHS TRUST	RN1
243	THE QUEEN VICTORIA HOSPITAL NHS TRUST	RPC
244	BIRMINGHAM HEARTLANDS AND SOLIHULL (TEACHING) NHS TRUST	RR1
245	BURNLEY HEALTH CARE NHS TRUST	REU
246	GOOD HOPE HOSPITAL NHS TRUST	RJH
247	WORTHING AND SOUTHLANDS HOSPITALS NHS TRUST	RPL
248	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	RWF
251	LUTON AND DUNSTABLE HOSPITAL NHS TRUST	RC9
252	COUNTESS OF CHESTER HOSPITAL NHS TRUST	RJR
253	DONCASTER AND BASSETLAW HOSPITALS NHS TRUST	RP5
254	MEDWAY NHS TRUST	RPA
256	BARTS AND THE LONDON NHS TRUST	RNJ
257	HINCHINGBROOKE HEALTH CARE NHS TRUST	RQQ
258	QUEEN'S MEDICAL CENTRE, NOTTINGHAM UNIVERSITY HOSPITAL NHS TRUST	RFK
259	OXFORD RADCLIFFE HOSPITAL NHS TRUST	RTH
260	NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS TRUST	RM1
261	NORTH HAMPSHIRE HOSPITALS NHS TRUST	RN5
262	ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST	RRJ
263	THE ROYAL MARSDEN NHS TRUST	RPY
264	ST GEORGE'S HEALTHCARE NHS TRUST	RJ7
265	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	RWG
266	TRAFFORD HEALTHCARE NHS TRUST	RM4
267	SALFORD ROYAL HOSPITALS NHS TRUST	RM3
270	PLYMOUTH HOSPITALS NHS TRUST	RK9
271	QUEEN MARY'S SIDCUP NHS TRUST	RGZ
272	PETERBOROUGH HOSPITALS NHS TRUST	RGN
273	ADDENBROOKE'S NHS TRUST	RGT
274	NORTH BRISTOL NHS TRUST	RVJ
277	EPSOM AND ST HELIER NHS TRUST	RVR
278	SURREY AND SUSSEX HEALTHCARE NHS TRUST	RTP
400	KINGSTON HOSPITAL NHS TRUST	RAX

NHS PATIENT SURVEY PROGRAMME

ACUTE TRUSTS: OUTPATIENT PATIENT SURVEY 2003

About the survey

The Outpatient Survey 2003 is part of the NHS Patient Survey Programme, initiated by the Department of Health and now the responsibility of the Commission for Health Improvement (CHI). Over 90,000 patients from 171 English NHS trusts participated in this survey. The survey was designed to provide actionable feedback to each participating trust on patients' views of the care they had received in outpatient departments, as well as providing CHI with patient-focused indicators to feed into the 2003 performance ratings for acute and specialist NHS trusts.

The survey methodology

The sample included adult patients who had attended an outpatient department (excluding maternity or psychiatric clinics) during either November 2002 or January 2003.

Staff at each NHS trust identified the patients who were eligible for inclusion and drew a random sample of 850 patients, following a standard procedure set out in the survey guidance. The sampled patients were sent a questionnaire with a covering letter. Patients who did not respond were sent up to two reminders.

In total, over 143,000 patients were sampled. Completed questionnaires were received back from 90,552 – a response rate of 63%, after adjusting for some patients who proved to be ineligible. Response rates varied between trusts, from 34% to 76%.

Nationally, of all those patients who returned completed questionnaires:

- 42% were men and 58% were women
- 11% of respondents were aged 16-35
- 18% were aged 36-50
- 29% were aged 51-65
- 42% were aged 66 or older

The sex and age profile of respondents varied between trusts.

Further information

Full details of the survey methodology can be found at:
http://www.nhssurveys.org/docs/Outpatients_Guidance_V11b.pdf

More information on the NHS Patient Survey Programme is available on the NHS Surveys Advice Centre website (www.nhssurveys.org).

More information on the 2002 / 2003 NHS performance ratings is available on the CHI website (www.chi.nhs.uk/ratings).

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About the benchmarking reports

Each report presents question-level results for an individual trust.

The outpatient department core questionnaire contained 50 pre-coded questions, 34 of which could be evaluated as an indicator of performance. These 34 questions were allocated to one of the five domains of patient experience used by the Department of Health:

- access and waiting
- safe, high quality, coordinated care
- better information, more choice
- building relationships
- clean, comfortable, friendly place to be

An 'overall impression' question asked patients to rate the care they had received in the outpatient department. This report presents the results on each evaluative question within these five domains as a set of charts and tables.

For each question, the individual patient responses were scored on a scale of 0 to 100, depending on the extent to which the patient's experience could have been better. 100 represents the best possible response. The scoring used for each question can be found on the scored questionnaire on the website.

The mean performance score on each question was calculated at both the national level (across all trusts) and for each trust in the survey, weighted by the age and sex of respondents. The trust-level results are standardised, so that their age-sex profile reflects the national age-sex distribution (based on all of the survey respondents). This is so that results can be compared between trusts with different patient profiles.

Interpreting the charts

Each bar represents the range of performance scores across all trusts for one question.

The bar is divided into three coloured segments:

- the left-hand end of the bar (coloured red) shows the 'worst' performance scores, representing the 20% of trusts with the lowest scores

- the right-hand end of the bar (coloured green) shows the 'best' performance scores, representing the 20% of trusts with the highest scores
- the middle section of the bar (coloured orange) represents the range of scores achieved by the remaining 60% of trusts

The performance score for an individual trust is shown on each bar by a yellow diamond, with 95% confidence intervals shown by the black lines extending to either side.

Confidence intervals show the amount of uncertainty surrounding the trust value as a result of random fluctuations: 95% confidence intervals indicate that in 95% of cases we can expect the true value to be within this range. Where fewer than 30 people answered a question at this trust the diamond is not shown, because the uncertainty around the result would be too great. Note also that when identifying trusts with the highest and lowest scores and thresholds, trusts with fewer than 30 respondents have not been included.

Interpreting the tables

The table shows the performance scores on each question, grouped within the five domains. The first column of results are the scores for this trust, followed by their confidence intervals.

The next column relates to the best 20% of trusts on each question and shows the threshold score for this group i.e. the value which must be reached if a trust is to be within the best 20% of trusts. The next column shows the highest score achieved, across all trusts, on each question.

The final column shows the number of respondents on each question for this trust. Some questions were not asked of all patients: where fewer than 30 patients at a trust answered a question, the results are not shown.

The second table in this report gives some background information about the patients surveyed at this trust and nationally, including demographic profiles, the number of patients who returned completed questionnaires and the response rates.

Further information

Full details of the survey methodology can be found at:
http://www.nhssurveys.org/docs/Outpatients_Guidance_V11b.pdf

More information on the NHS Patient Survey Programme is available on the NHS Surveys Advice Centre website (www.nhssurveys.org).

More information on the 2002 / 2003 NHS performance ratings is available on the CHI website (www.chi.nhs.uk/ratings).

Survey Indicator Methodology
Commission for Health Improvement (CHI)

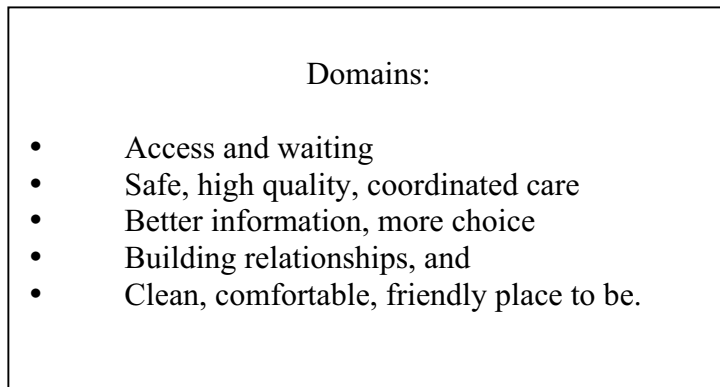
Outpatients Survey 2003
&
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1. Introduction

This document outlines the method used by the Commission for Health Improvement (CHI) to score the performance indicator questions included within the Outpatients Survey, carried out by specialist and acute NHS trusts in Spring 2003, and the Emergency Survey conducted in the same period by acute trusts. It also details the methodology used to calculate the overall scores for each individual trust, in terms the five domains of patient experience used by the Department of Health (see Figure 1.1).

Figure 1.1: Domains of patient experience



2. Domains: Selected indicator questions

The Outpatient core survey consists of 50 pre-coded questions, and one open ended question regarding any further comments. Of these, 37 questions were classified as being potential evaluative questions, and were allocated to one of the five Department of Health patient experience domains. The Emergency core survey consists of 47 pre-coded questions, and one open ended question. Of these, 35 questions were classed as potential evaluative questions, and were allocated to one of the five domains.

The criteria listed in Figure 2.1 were used to assess the suitability of each individual question, in terms of its viability as an indicator of performance. Using these criteria, a number of questions were then selected from each domain to be used as performance indicators, for each survey. See Appendix 1 and 2 for the questions included within each domain.

Figure 2.1 Criteria for selecting performance indicator questions:

- Patient priorities:
Questions should cover issues that are known to be important to patients.
- Wide range of issues within domains:
The questions should cover a broad range of topics and services within each domain.
- Overlap:
Items should be selected so there is minimal overlap with other questions included in the PIs.
- Numbers of questions in each domain:
There should be between 3 and 8 questions in each domain for each survey.
- Ease of evaluating responses:
Questions should have clear/uncontroversial positive and negative response categories, and it should be clear that the topic covered is under the responsibility and range of influence of the Trust.
- Non-response:
Questions should have low numbers of missing responses

3. Scoring: Individual indicator questions

The indicator questions are scored using a scale of 0 to 100. A listing of scores assigned to the responses to each individual question is provided in Appendix 2.

The scores represent the extent to which the patient's experience could have been improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas an answer option that has been assigned a score of 100 refers to a positive patient experience. Where options have been provided that do not have any bearing on the trusts performance in terms of patient experience, the responses are classified as "missing". For example, where the patient has stated they cannot remember or do not know the answer to the question, a score will not be given. Effectively it will be treated as a non-responder.

For example, question J2 (see Figure 3.1) in the Outpatients survey asks whether the respondent felt they were treated with respect and dignity. The option of “No” has been allocated a score of 0, as this suggests that improvements to the patient experience are required. A score of 100 has been assigned to the option “Yes, all of the time” as it reflects a positive patient experience. The remaining option, “Yes, some of the time”, has been assigned a score of 50 as the patient felt that some degree of respect and dignity was received, although not consistently. Hence it has been placed on the midpoint of the scale.

Figure 3.1 Scoring example: Question J2 (Outpatients)

J2. Overall, did you feel you were treated with respect and dignity while you were at the Outpatient Department?

Yes, all of the time	100
Yes, some of the time	50
No	0

Where a number of options lie between the negative and positive responses, they are placed in appropriate positions along the scale. For example, question A1 in the Outpatients survey asks how long the patient waited for an appointment (see Figure 3.2). The options include:

- Up to 1 month
- More than 1 month but no more than 3 months
- More than 3 months but no more than 5 months
- More than 5 months but no more than 12 months
- More than 12 months but no more than 18 months, or
- More than 18 months
- Went to Outpatients without an appointment
- Don't know/Can't remember

A score of 100 will be assigned to a response that it took “up to one month”, as this is best practice in terms of patient experience. A response that it took “more than 18 months” would be given a score of 0, and so the remaining four answers would be assigned a score that reflects their position in terms of best practice, spread evenly across the scale. Hence the option “More than 1 month...” has been assigned a score of 80, “More than 3 months” will achieve a score of 60, “More than 5 months” would be 40, and the response that it took “More than 12 months...” would score 20 for the trust.

If the patient had gone to Outpatients without an appointment, or did not know/could not remember how long it had taken, this would be classified as a “missing” response, as these options are not a direct measure of how long a person had to wait to get an appointment.

Figure 3.2 Scoring example: Question A1 (Outpatients)

A1. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?

Up to 1 month	100
More than 1 month but no more than 3 months	80
More than 3 months but no more than 5 months	60
More than 5 months but no more than 12 months	40
More than 12 months but no more than 18 months	20
More than 18 months	0
I went to Outpatients without an appointment	Missing
Don't know/ Can't remember	Missing

4. Methodology: Overall domain scores

The scores for each domain per trust are calculated using the following method, described according to each stage. This was done separately for each survey, then the results were combined for the relevant trusts.

To summarise, age-by-sex weightings are calculated to adjust for any variation between trusts that results from differences in the age and sex of patients. A weight is calculated for each respondent by dividing the national proportion of respondents in their age-by-sex group by the corresponding trust proportion. As shown in section 4.4, the final domain score is calculated by dividing the sum of weighted scores for all eligible responses by the weighted number of eligible respondents.

The reason for weighting is that younger people and women tend to be more critical in their responses than older people and men. If a trust has a large population of young people or women, their performance might be judged more harshly than if there was a more consistent age/sex distribution.

The exact stages are described as follows:

4.1 Weighted analysis

The first stage of the analysis involves calculating national age-by-sex proportions. It must be noted that the term “national proportion” is used loosely here as it is obtained from pooling the survey data from all trusts, and is therefore based on the respondent population rather than the entire UK population.

The questionnaire asked respondents to state which age category they belong to. These age groups were used to calculate the number of people within each age group (see Figure 4.1.1 for the categories). The two oldest age groups (66-80 years and 81+ years) were combined in the analysis, as a considerably small number of respondents were within the oldest category of 81+ years. This would have led to a very high weighting for respondents of this age, and so merging the categories allowed for the weightings to be levelled out.

If a patient didn't fill in their age group or sex within the questionnaire, this information was inputted from the sample file. If information on a respondent's age and/or sex was missing from both the questionnaire and the sample file, the patient was excluded from the analysis.

The national age-by-sex proportions relate to the proportion of males and females within each age group. With the Outpatients survey, as shown in Figure 4.1.1, the proportion of males aged 51-65 years is 0.125385474, the proportion of females aged 51-65 years is 0.166458501, etc. See Appendix 5 for Emergency Department national proportions.

Figure 4.1.1 National Proportions (Outpatients)

Sex	Age Group	National Proportion
Male	16-35	0.035214926
	36-50	0.062095873
	51-65	0.125385474
	66+	0.194267903
Female	16-35	0.077713793
	36-50	0.115592497
	51-65	0.166458501
	66+	0.223271031

The trust age-by-sex proportions were also calculated individually for each set of trust data, using the same procedure.

The next step was to calculate the weighting for each individual's responses. Age-by-sex weightings are calculated for each respondent by dividing the national proportion of respondents in their age-by-sex group by the corresponding trust proportion.

If, for example, a low proportion of males aged between 51 and 65 years within Trust A responded to the survey, in comparison to the national proportion, then this group would be under-represented in terms of the final scores. Dividing the national proportion by the trust's proportion would result in a greater weighting for members of this group (see Figure 4.1.2). This would increase the influence of responses made by patients within that group over the final score, thus counteracting the low representation.

Figure 4.1.2 Proportion and Weighting for Trust A

Sex	Age Group	National Proportion	Trust A Proportion	Trust A Weight (National/Trust A)
Male	16-35	0.035	0.036	0.974
	36-50	0.062	0.070	0.892
	51-65	0.125	0.094	1.334
	66+	0.194	0.190	1.023
Female	16-35	0.078	0.090	0.868
	36-50	0.116	0.115	1.006
	51-65	0.166	0.171	0.974
	66+	0.223	0.235	0.950

Note: All proportions are given to three decimal places for this example. The analysis included these figures to nine decimal places (see Appendix 5)

Likewise, if a considerably higher proportion of females aged between 36 and 50 from Trust B responded to the survey (see Figure 4.1.3), then this group would be over-represented within the sample, compared to national representation of this group. Subsequently this age group would have a greater influence over the final score. To counteract this, dividing the national proportion by the proportion for Trust B would

result in a lower weighting for members of this group, and would in effect reduce the disproportionate influence held by this group.

Figure 4.1.3 Proportion and Weighting for Trust B

Sex	Age Group	National Proportion	Trust B Proportion	Trust B Weight (National/Trust B)
Male	16-35	0.035	0.033	1.072
	36-50	0.062	0.059	1.044
	51-65	0.125	0.125	1.007
	66+	0.194	0.183	1.059
Female	16-35	0.078	0.068	1.140
	36-50	0.116	0.151	0.763
	51-65	0.166	0.160	1.042
	66+	0.223	0.220	1.013

Note: All proportions are given to three decimals places for this example. The analysis included these figures to nine decimal places (see Appendix 5)

4.2 Obtaining the numerators for each domain score

The responses given by each respondent were entered into a dataset in terms of the 0-100 scale described in section 3. Each row corresponds to an individual patient, and each column relates to a performance indicator question. For those questions that the patient did not answer (or received a missing score for), the relevant cell remains empty. Alongside these are the weightings allocated to each patient (see Figure 4.2.1).

Figure 4.2.1 Scoring for “Clean, comfortable, friendly place to be” domain, Trust A (Outpatients)

Respondent	Question:					Weight
	B2	B3	C1	C2	J2	
1	100	50	67	100	100	0.974
2	50	100	100	.	100	0.868
3	.	.	67	100	100	1.006

Patients’ scores for each question were then multiplied individually by the relevant weighting, in order to obtain the numerators for the domain scores (see Figure 4.2.2).

Figure 4.2.2 Numerators for “Clean, comfortable, friendly place to be” domain, Trust A (Outpatients)

Patient	Numerators:					Weight
	B2	B3	C1	C2	J2	
1	97.4	48.7	65.258	97.4	97.4	0.974
2	43.4	86.8	86.8	.	86.8	0.868
3	.	.	67.402	100.6	100.6	1.006

4.3 Obtaining the denominators for each domain score

A second dataset was then created. This contained a column for each question, grouped into domains, and again with each row corresponding to an individual respondent. A value of one was entered for the questions whereby a response had

been given by the patient, and all questions that had been left unanswered or allocated a scoring of “missing” (see section 3) were set to missing (see Figure 4.3.1).

Figure 4.3.1 Values for non-missing responses, “Clean, comfortable, friendly place to be” domain, Trust A (Outpatients)

Respondent	Question:					Weight
	B2	B3	C1	C2	J2	
1	1	1	1	1	1	0.974
2	1	1	1	.	1	0.868
3	.	.	1	1	1	1.006

The denominators were calculated by multiplying each of the cells within the second dataset by the weighting allocated to each respondent. This resulted in a figure for each question that the patient had answered (see Figure 4.3.2). Again, the cells relating to the questions that the patient did not answer (or received a “missing” score for) remained set to missing.

Figure 4.3.2 Denominators for “Clean, comfortable, friendly place to be” domain, Trust A (Outpatients)

Patient	Denominators:				
	B2	B3	C1	C2	J2
1	0.974	0.974	0.974	0.974	0.974
2	0.868	0.868	0.868	.	0.868
3	.	.	1.006	1.006	1.006

4.4 Final calculation

The final score for each domain was calculated by dividing the sum of the weighted scores for all eligible responses within the domain (i.e. numerators) by the weighted sum of all eligible respondents to the questions within each domain (i.e. denominators).

Using the example of Trust A, the domain score based on the data from the three respondents would be calculated as follows:

$$\frac{97.4 + 48.7 + 65.258 + 97.4 + 97.4 + 43.4 + 86.8 + 86.8 + 86.8 + 67.402 + 100.6 + 100.6}{0.974 + 0.974 + 0.974 + 0.974 + 0.974 + 0.868 + 0.868 + 0.868 + 0.868 + 1.006 + 1.006 + 1.006} = 86.141$$

Therefore, a set of five scores would be derived from the results of each trust, relating to each of the five domains.

4.5 Combining Outpatients and Emergency scores

The Outpatients survey was carried out by 171 trusts, including 16 specialist trusts. Of these, 155 acute trusts also carried out the Emergency survey. However, one trust was excluded from the analysis due to data quality issues.

Those that only submitted data from the Outpatients survey will be assigned a final score based on that result. However, those trusts that completed both surveys will be given an aggregate score combining the two survey results.

Analysis of the survey data showed that trusts tended to score lower for Emergency Department surveys than for Outpatients. Therefore, the implication of taking the mean for both surveys is that the Emergency Department scores usually pull the overall score down. This would put the trusts that only carried the Outpatients survey at an unfair advantage, as their scores would not be “dragged down” in the same way as for trusts that carried out both surveys.

This was resolved by using Z scores to calculate the mean score for both surveys. This is unique to the Outpatients and Emergency surveys, due to the need to combine scores. The scores for the PCT survey do not need to be transformed into Z scores.

4.5.1 Using Z scores to arrive at the mean score

The scores for each trust were transformed into z-scores. This transforms a trusts score for one domain to a value on a scale with a mean of 0. This enables the scores within each survey to be combined.

The z-score is calculated by subtracting the mean score of all trusts from the trust’s individual score. This figure is then divided by the standard deviation of the scores. This results in a set of values for each survey in which the mean value is always zero and the standard deviation is 1.

For example, in the Outpatient survey the trusts’ average scores for access had a mean of 77 and standard deviation of 2.6, while in the A&E survey the mean score was 68 with a standard deviation of 6. An Outpatient score of 82 would then become $(82-77)/2.6 = 1.92$, and an A&E score of 66 would become $(66-68)/6 = -0.33$. These scores are then averaged to produce a final domain score of 0.79. A score above 0 is better than average. See Appendix 5 for details on the means and standard deviations used to calculate the z-scores.

Appendix 1: Performance indicator questions, grouped within each domain
Outpatients

Access and Waiting

- A1. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?
- A4. Was your appointment changed by the hospital?
- B1. How long after the stated appointment time did the appointment start?

Safe, high quality, coordinated care

- A3. Before your appointment, did you know who to contact if your symptoms or condition got worse?
- D8. Did you have confidence and trust in the doctor examining and treating you?
- D9. Did the doctor seem aware of your medical history?
- E4. Did you have confidence and trust in (the other person you saw)?
- J1. How well organised was the Outpatients Department you visited?

Better information, more choice

- A2. Before your appointment, did you know the reason for the appointment?
- D4. Did the doctor explain the reasons for any treatment or action in a way that you could understand?
- F4. While you were in the Outpatients Department, how much information about your condition or treatment was given to you?
- F6. Were you involved as much as you wanted to be in decisions about your care and treatment?
- G4. Did a member of staff explain the results of the tests in a way you could understand?

Building relationships

- D2. Did you have enough time to discuss your health or medical problem with the doctor?
- D5. Did the doctor listen to what you had to say?
- D7. If you had important questions to ask the doctor, did you get answers that you could understand?
- E3. If you had important questions to ask the [other person you saw], did you get answers that you could understand?
- F3. Did doctors and/or other staff talk in front of you as if you weren't there?

Clean, comfortable, friendly place to be

- B2. Were you told how long you would have to wait? [and was that information accurate?]
- B3. Were you told why you had to wait? [in OP waiting area]
- C1. In your opinion, how clean was the Outpatients Department?
- C2. How clean were the toilets at the Outpatients Department?
- J2. Overall, did you feel you were treated with respect and dignity while you were at the Outpatient Department?

Appendix 2: Performance indicator questions, grouped within each domain
Emergency

Access and Waiting

- B1. Following your arrival in the Emergency Department, how long did you wait for a nurse to assess your priority (i.e. how long did you wait to see a triage nurse)?
- B3. Overall, did you think the patient priority system was fair?
- B4. Following your arrival in the Emergency Department, how long did you wait before being examined by a doctor or nurse practitioner?
- B6. Overall, how long did your visit to the Emergency Department last?

Safe, high quality, coordinated care

- C6. Did you have confidence and trust in the doctors and nurses examining and treating you?
- C7. In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?
- D6. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?
- H6. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?

Better information, more choice

- C2. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?
- D3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?
- D7. Were you involved as much as you wanted to be in decisions about your care and treatment?
- E3. Did a member of staff explain the results of the tests in a way you could understand?

Building relationships

- C1. Did you have enough time to discuss your health or medical problem with the doctor or nurse?
- C3. Did the doctors and nurses listen to what you had to say?
- C5. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?
- C8. Did doctors or nurses talk in front of you as if you weren't there?

Clean, comfortable, friendly place to be

- D4. Were you given enough privacy when discussing your condition or treatment?
- D5. Were you given enough privacy when being examined or treated?
- F5. Do you think the hospital staff did everything they could to help control your pain?
- G1. In your opinion, how clean was the Emergency Department?
- J1. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?

Appendix 3: Scoring of individual indicator questions
Outpatients

A1. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for an appointment?

Up to 1 month	100
More than 1 month but no more than 3 months	80
More than 3 months but no more than 5 months	60
More than 5 months but no more than 12 months	40
More than 12 months but no more than 18 months	20
More than 18 months	0
I went to Outpatients without an appointment	Missing
Don't know/ Can't remember	Missing

A2. Before your appointment, did you know the reason for the appointment?

Yes, definitely	100
Yes, to some extent	50
No	0

A3. Before your appointment, did you know who to contact if your symptoms or condition got worse?

Yes	100
No	0

A4. Was your appointment changed by the hospital?

No	100
Yes, once	67
Yes, 2 or 3 times	33
Yes, 4 times or more	0

B1. How long after the stated appointment time did the appointment start?

Seen on time, or early	100
Waited up to 5 minutes	83
Waited 6 - 15 minutes	67
Waited 16 - 30 minutes	50
Waited 31 - 60 minutes	33
Waited more than 1 hour but no more than 2 hours	17
Waited more than 2 hours	0
Don't know/Can't remember	Missing

B2. Were you told how long you would have to wait?

Yes, but the wait was shorter	100
Yes, and I had to wait about as long as was told	100
Yes, but the wait was longer	50
No, I was not told	0
Don't know/ Can't remember	Missing

B3. Were you told why you had to wait?	
Yes	100
No, but I would have liked an explanation	0
No, but I didn't mind	50
Don't know/ Can't remember	Missing

C1. In your opinion, how clean was the Outpatients Department?	
Very clean	100
Fairly clean	67
Not very clean	33
Not at all clean	0
Can't say	Missing

C2. How clean were the toilets at the Outpatients Department?	
Very clean	100
Fairly clean	67
Not very clean	33
Not at all clean	0
I did not use a toilet	Missing

D2. Did you have enough time to discuss your health or medical problem with the doctor?	
Yes, definitely	100
Yes, to some extent	50
No	0

D4. Did the doctor explain the reasons for any treatment or action in a way that you could understand?	
Yes, completely	100
Yes, to some extent	50
No	0
I did not need an explanation	Missing
No treatment or action was needed	Missing

D5. Did the doctor listen to what you had to say?	
Yes, definitely	100
Yes, to some extent	50
No	0

D7. If you had important questions to ask the doctor, did you get answers that you could understand?	
Yes, definitely	100
Yes, to some extent	50
No	0
I did not need to ask	Missing
I did not have an opportunity to ask	0

D8. Did you have confidence and trust in the doctor examining and treating you?	
Yes, definitely	100
Yes, to some extent	50
No	0
D9. Did the doctor seem aware of your medical history?	
He/she knew enough	100
He/she knew something but not enough	50
He/she knew little or nothing	0
Don't know/ Can't say	Missing
E3. If you had important questions to ask him/her, did you get answers that you could understand?	
Yes, definitely	100
Yes, to some extent	50
No	0
I did not need to ask	Missing
I did not have an opportunity to ask	0
E1. Did you have confidence and trust in him/her?	
Yes, definitely	100
Yes, to some extent	50
No	0
F3. Did doctors and/or other staff talk in front of you as if you weren't there?	
Yes, definitely	0
Yes, to some extent	50
No	100
F4. While you were in the Outpatients Department, how much information about your condition or treatment was given to you?	
Not enough	50
Right amount	100
Too much	50
I was not given any information about my treatment or condition	0
F6. Were you involved as much as you wanted to be in decisions about your care and treatment?	
Yes, definitely	100
Yes, to some extent	50
No	0

G4. Did a member of staff explain the results of the tests in a way you could understand?

Yes, definitely	100
Yes, to some extent	50
No	0
Not sure/ Can't remember	Missing
I was told that the results of the tests would be given to me at a later date	Missing
I was never told the results of the tests	0

J1. How well organised was the Outpatients Department you visited?

Not at all organised	0
Fairly organised	50
Very well organised	100

J2. Overall, did you feel you were treated with respect and dignity while you were at the Outpatient Department?

Yes, all of the time	100
Yes, some of the time	50
No	0

Appendix 4: Scoring of individual indicator questions
Emergency

B1. Following your arrival in the Emergency Department, how long did you wait for a nurse to assess your priority (i.e. how long did you wait to see a triage nurse)?

I did not have to wait to be assessed	100
1 - 15 minutes	75
16 - 30 minutes	50
31 – 60 minutes	25
More than 60 minutes	0
Don't know/ Can't remember	Missing
I left before I was assessed	0

B3. Overall, did you think the patient priority system was fair?

Yes	100
No	0
Can't say/ Don't know	Missing

B4. Following your arrival in the Emergency Department, how long did you wait before being examined by a doctor or nurse practitioner?

I did not have to wait	100
1 - 30 minutes	80
31 - 60 minutes	60
More than 1 hour but no more than 2 hours	40
More than 2 hours but no more than 4 hours	20
More than 4 hours	0
Can't remember	Missing
I did not see a doctor or a nurse practitioner	Missing

B6. Overall, how long did your visit to the Emergency Department last?

Up to 1 hour	100
More than 1 hour but no more than 2 hours	83
More than 2 hours but no more than 4 hours	67
More than 4 hours but no more than 8 hours	50
More than 8 hours but no more than 12 hours	33
More than 12 hours but no more than 24 hours	17
More than 24 hours	0
Can't remember	Missing

C1. Did you have enough time to discuss your health or medical problem with the doctor or nurse?

Yes, definitely	100
Yes, to some extent	50
No	0
I did not see a doctor or a nurse	Missing

C2. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?	
Yes, completely	100
Yes, to some extent	50
No	0
I did not need an explanation	Missing
C3. Did the doctors and nurses listen to what you had to say?	
Yes, definitely	100
Yes, to some extent	50
No	0
C5. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	
Yes, completely	100
Yes, to some extent	50
No	0
I didn't have anxieties or fears	Missing
C6. Did you have confidence and trust in the doctors and nurses examining and treating you?	
Yes, definitely	100
Yes, to some extent	50
No	0
C7. In your opinion, did the doctors and nurses in the Emergency Department know enough about your condition or treatment?	
All of them knew enough	100
Most of them knew enough	67
Only some of them knew enough	33
None of them knew enough	0
Don't know/ Can't say	Missing
C8. Did doctors or nurses talk in front of you as if you weren't there?	
Yes, definitely	0
Yes, to some extent	50
No	100
D3. While you were in the Emergency Department, how much information about your condition or treatment was given to you?	
Not enough	50
Right amount	100
Too much	50
I was not given any information about my treatment or condition	0
D4. Were you given enough privacy when discussing your condition or treatment?	
Yes, definitely	100
Yes, to some extent	50
No	0

D5. Were you given enough privacy when being examined or treated?	
Yes, definitely	100
Yes, to some extent	50
No	0

D6. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?	
Yes, definitely	0
Yes, to some extent	50
No	100

D7. Were you involved as much as you wanted to be in decisions about your care and treatment?	
Yes, definitely	100
Yes, to some extent	50
No	0
I was not well enough to be involved in decisions about my care	Missing

E3. Did a member of staff explain the results of the tests in a way you could understand?	
Yes, definitely	100
Yes, to some extent	50
No	0
Not sure/ Can't remember	Missing
I was told that the results of the tests would be given to me at a later date	Missing
I was never told the results of the tests	0

F5. Do you think the hospital staff did everything they could to help control your pain?	
Yes, definitely	100
Yes, to some extent	50
No	0
Can't say/ Don't know	Missing

G1. In your opinion, how clean was the Emergency Department?	
Very clean	100
Fairly clean	67
Not very clean	33
Not at all clean	0
Can't say	Missing

H6. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	
Yes, completely	100
Yes, to some extent	50
No	0
I did not need this type of information	Missing

J1. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?

Yes, all of the time	100
Yes, some of the time	50
No	0

Appendix 5: Mean and standard deviation, all domains, both surveys

Outpatients

National Proportions

Males 16-35	0.035214926
Males 36-50	0.062095873
Males 51-65	0.125385474
Males 66+	0.194267903
Females 16-35	0.077713793
Females 36-50	0.115592497
Females 51-65	0.166458501
Females 66+	0.223271031

Means (Standard Deviations) for z-scores:

Access & waiting	76.9624 (2.57384)
Safe, high quality, coordinated care	84.1197 (3.09856)
Better information, more choice	84.9645 (2.16115)
Building relationships	87.1753 (2.05855)
Clean, comfortable, friendly place to be	75.2845 (5.07942)

Emergency

National proportions:

Males 16-35	0.129529736
Males 36-50	0.116390753
Males 51-65	0.11234929
Males 66+	0.119383803
Females 16-35	0.148959196
Females 36-50	0.115680538
Females 51-65	0.108290917
Females 66+	0.149415763

Means (Standard Deviations) for z-scores:

Access & waiting	67.7829 (5.98950)
Safe, high quality, coordinated care	79.3692 (3.76288)
Better information, more choice	78.8013 (3.65932)
Building relationships	80.5498 (3.09852)
Clean, comfortable, friendly place to be	81.7451 (4.39188)

NHS National Patient Survey Programme: data weighting issues

1. Introduction

The following key outputs are produced on most of the surveys carried out on the NHS National Patient Survey Programme each year:

- A key findings report that summarises the key findings at national level.
- Trust level tables presenting the percentage of responses for all questions on the survey plus national response totals for England.
- Benchmark reports that compare the results of each NHS trust with the results for other trusts.
- Performance indicators for use on the annual NHS performance rating.

Weighted data have been used to produce the key findings report and the national totals displayed in the trust level tables since 2003/4. The benchmark reports and performance indicators have always been derived from weighted data.

This document describes the approach taken to weighting the data presented in the key findings report and the national totals displayed in the trust level tables on the surveys listed below.

- Acute trust inpatient survey,
- Acute trust outpatient surveys,
- Acute trust emergency department surveys,
- Acute trust young patients survey,
- Primary Care Trust (PCT) patient surveys,
- Ambulance trust survey,
- Mental health trust service user surveys.

The weighting method used to derive performance indicators is described in a separate document specific to each survey. Those documents description the derivation of performance indicators have been included in the survey documentation deposited with the UK Data Archive.

2. Samples

In each of these surveys, the vast majority of trusts sampled 850 patients¹. Different sampling methods were chosen for different surveys because of the particular constraints of the sampling frame to be used in each case: sampling methods used are summarised in Table 1.

¹ In a few exceptional cases trusts were unable to sample 850 recent patients because of their low throughput of patients. Where this occurred, trusts were requested to contact the NHS Surveys Advice Centre and smaller sample sizes were agreed.

Table 1 Summary of sampling methods

Survey	Sampling method
Inpatients	850 consecutively discharged <i>patients</i> aged 16+
Outpatients	Systematic sample* of outpatient <i>attendances</i> during a reference month by those aged 16+
Emergency Department	Systematic sample* of emergency department <i>attendances</i> during a reference month by those aged 16+
Young patients	850 consecutively discharged <i>patients</i> : overnight and day cases of those aged 0-17
PCT	Systematic sample* of GP registered <i>patients</i> aged 16+
Ambulance trusts	Multi-stage sample involving systematic and simple random sampling of patients aged 16+ <i>attended</i> during a reference week.
Mental health trusts	Simple random sample of <i>service users</i> aged 16-64 on CPA who were seen during a three-month reference period

Further details of survey populations and sampling methods can be found in the guidance notes for individual NHS patient surveys at www.nhssurveys.org.

It is worth noting that the sampling method used determines the population about which generalisations can be made. Different approaches were taken in the different surveys, meaning that results generalise to correspondingly different types of population. For the surveys of inpatients and young inpatients, the survey populations comprised *flows of patients* attending over particular time periods (ie the population is one of *people* attending), whereas for the outpatients, mental health services users, and ambulance trusts and Emergency Department surveys the survey populations comprised *attendances* over particular time periods. The PCT survey population comprised the *stock* of all GP registered *patients*.

Below we point out some of the implications of these differences.

Patients v. attendances: the difference between *attendances* and *patients* as used here may be understood by comparing two hypothetical equal sized groups of patients: group 1 patients attended once during the reference period and group 2 patients attended twice. In such a situation, a sample based on patients will represent the two groups equally, whereas a sample based on attendances will deliver twice as many from group 2 as from group 1². In other words, frequently attending patients will have a greater impact on results where samples are based on attendances than where they are based on unique patients.

Stock v. flow: for a stock sample attendance frequency will have no bearing on the results. For a flow sample the make-up of the survey population will depend upon the length of the reference period used, such that relatively infrequent attendees will make up larger proportions of the sample (and hence survey population) with longer reference periods. In other words, if a survey uses a flow sample with a short

* This involves sorting the sample frame based on some critical dimension(s) – eg age – and selecting units at fixed intervals from each other starting from a random point. For more detailed information, see the survey guidance documents for individual surveys.

² This is a slight simplification as it assumes a with-replacement sampling method. This does not, however, affect the essential point.

reference period, its results will be less influenced by the experiences of infrequent attendees than they would have been had a longer reference period been used³.

3. Weighting the results

Weighting to trust and patient populations

In the key findings report and the national totals displayed in the trust level tables of surveys on the 2003/4 and 2004/5 NHS National Patient Survey Programmes, patient data were weighted to ensure that results related to the *national population of trusts*. The aim of this was to give all trusts exactly the same degree of influence when calculating means, proportions and other survey estimates. National estimates produced after weighting in this way can be usefully regarded as being estimates for the *average* trust: this was felt to be the most appropriate way to present results at a national level. However, it is worth noting that an alternative approach could have been taken, namely to weight to the *national population of patients*. This would be the appropriate approach to take if the primary interest had been to analyse characteristics of patients rather than characteristics of trusts.

Weighting to the population of trusts ensures that each trust has the same influence as every other trust over the value of national estimates. If unweighted data were used to produce national estimates, then trusts with higher response rates to the survey would have a greater degree of influence than those who received fewer responses. Had we weighted to the national population of patients, a trust's influence on the value of a national estimate would have been in proportion to the size of its eligible patient population⁴.

4. Illustrative example

To illustrate the difference between the two approaches, we have devised a simple fictitious example concerning the prevalence of smoking in three universities, A, B and C, situated in a single region. This is shown in table 2.

Table 2 Students and smoking

University	No. students	Proportion smoking
A	10000	0.2
B	8000	0.3
C	1000	0.6
Regional total	19,000	

³ It is worth noting that, conceptually, a stock sample can be regarded as a flow sample with an infinite reference period, so long as all registered patients have a non-zero probability of attending.

⁴ For example, for the ambulance survey this would be the number of attendances of eligible patients aged 16+ during the reference week.

If we were interested in knowing the smoking prevalence of the average university, we would take the simple mean of the three proportions:

$$1... \quad \text{prevalence in average university} = (0.2 + 0.3 + 0.6)/3 = 0.3667.$$

If, on the other hand, we were interested in knowing what proportion of students smoked in the region we would have to multiply each university's proportion of smokers by its student population to give an estimate of total smokers in the university, sum these totals across universities and divide by regional student total:

$$2... \quad \text{regional prevalence} = ((0.2*10000) + (0.3*8000) + (0.6*1000))/19000 \\ = 0.2632.$$

5. Weighting for national level patient survey estimates

As stated above, for estimates from the NHS National Patient Survey Programme, we were interested in taking the equivalent to approach 1 rather than 2. This could have been done in one of two ways:

- a. analyse a dataset of *trusts* and apply no weight – this would entail calculating estimates for each trust and then taking means of these estimates.
- b. analyse a dataset of *patients* after weighting each case – weights must be calculated to ensure that each trust has the same (weighted) number of responses for each item.

These two approaches produce identical estimates, but the latter method is the one used on the 2004/5 national patient surveys (the former approach was used on the 2003/04 surveys). In order to use weights to eliminate the influence of variable response rates, it is necessary to base them on the inverse of the number of responses for each trust, such that the weight for each trust is equal to k/n_{iq} where:

k is a constant
 n_{iq} is the number of responses to question q within trust i).

Although k may take any value, in practice it is set to the mean number of respondents answering the relevant question in all trusts because this equalises weighted and unweighted sample sizes for the national level results. Thus, the formula used to calculate weights can be expressed as:

$$W_{iq} = \frac{\bar{n}_q}{n_{iq}}$$

Example of weighting to the trust population

By way of example, in table 3 we have three trusts, X, Y and Z in a particular area: in each trust a different number of patients responded and in each a different estimate of proportion of patients who didn't like the food they were given was obtained.

Note first, that if these data were held in a trust level dataset (ie with one record per trust) we would have calculated the simple unweighted trust-based mean as:

$$\text{trust mean} = (0.2 + 0.23 + 0.3) / 3 = 0.2433$$

Table 3 Weighting to trust population

Trust	1 No. responders to food question in trust (n_{iq})	2 Proportion of respondents disliking the food	3 Weight	1 * 2 * 3	1 * 3
X	600	0.2	0.7778	93.33333	466.6667
Y	500	0.23	0.9333	107.3333	466.6667
Z	300	0.3	1.5556	140	466.6667
All	1400				
Mean	466.6667				

However, in practice we often apply a weight in a patient level dataset instead. In the table 3 above, we have calculated the weight as:

$$\text{trust weight} = (\text{mean value of } n_{iq}) / n_{iq}$$

For example the weight for trust X is calculated as $466.6667 / 600 = 0.7778$.

By applying these weights (eg by using the SPSS “weight by” command) when running tables showing proportion of patients disliking the food, we obtain the simple trust based means. The way this works when calculating the proportion can be seen below:

$$\begin{aligned} \text{numerator for proportion} &= (600 * 0.2 * 0.7778) + (500 * 0.23 * 0.9333) \\ &+ (300 * 0.3 * 1.5556) = 340.6667 \end{aligned}$$

$$\begin{aligned} \text{denominator for proportion} &= (600 * 0.7778) + (500 * 0.9333) \\ &+ (300 * 1.5556) = 1400 \end{aligned}$$

$$\text{Estimate} = 340.6667 / 1400 = 0.2433$$

As can be seen, this is same as the simple mean calculated using a trust-level dataset shown above.

If we did not weight, our estimate would be $325 / 1400 = 0.2321$. In other words, the overall estimate would be dragged towards the estimates for those trusts with larger numbers of respondents.

Dealing with missing data and filtered questions

The weighting method outlined above involves the calculation of weights for each combination of trust and question. An alternative might have been to simply calculate a single weight per trust where trust weight = (mean value of $n_{i,cases}$) / $n_{i,cases}$ (where $n_{i,cases}$ is the total number of responding cases in trust i). This would be a simpler approach to implement, as it would involve substantially fewer calculations and different weights would not have to be applied for each question. In spite of this, it was considered inappropriate to use this simpler method because the number of responses varies between questions.

Numbers of responses for different questions vary because not every respondent will answer every question. The largest source of variance is filtering – the surveys frequently include ‘filter’ questions that direct patients to answer only the parts of the questionnaire which are relevant to them. For example, a patient may be prompted to skip questions on medicines if they have not used any in the past year.

Patients may also fail to answer a particular question either in error, because they refused, or because they were unsure how to answer. Similarly, responses may be missing because a patient has given multiple responses for a question. For these reasons we often find that, in practice, the number of respondents answering a particular question in trust i ($n_{i,q}$) is less than $n_{i,cases}$. If the proportion of respondents answering a particular question varies across trusts, then applying the trust weight as defined in the last paragraph will not give each trust exactly the same level of influence on the survey estimate. Generally, this variation should be trivial for well constructed and well laid out *unfiltered* questions, because the great majority of respondents will answer them in all trusts. However, the variation may in some cases become too great to ignore, particularly where questions are filtered. This is a particular issue where the numbers of people within a trust responding in certain ways to a ‘filter’ question are likely to be related to the type of trust – for instance, some specialist acute hospitals might have a very high proportion of patients responding to questions about elective admissions, but few or none responding to questions about emergency admission. Clearly, in such cases, using a single set of weights for all questions would be insufficient.

For other applications users may be content to calculate a weight based upon $n_{i,cases}$. If there is no substantial variation in the proportion of respondents answering questions of interest across trusts, this approach will deliver very similar results to those obtained using $n_{i,q}$. Likewise, if the number of people being filtered past or skipping questions is of interest, it is possible to include these outcomes as ‘dummy’ responses for each question and therefore analyse data from different questions whilst retaining a constant base and thus ensuring all trusts have an equal degree of input.

What weight should be used?

Weighting to the trust population provides the most appropriate national estimates for trust comparisons. It is however, not the most appropriate approach for many other purposes. If the main area of interest relates to patients rather than trusts, it will be necessary to weight data to the national population of patients. This will require the calculation of new weights. Examples of what we mean by areas of interest are shown below:

Patients

- What proportion of patients nationally felt that the toilets and bathrooms were not very or not at all clean?
- Were males or females more likely to say that toilets and bathrooms were not very or not at all clean?

Trusts

- What proportion of patients in the average trust felt that the toilets and bathrooms were not very or not at all clean?
- Were small acute trusts more or less likely than medium / large acute trusts to have patients who said that toilets and bathrooms were not very or not at all clean?

Calculating patient population weights

Although patient population weights have not been calculated, users may well need to use these for some of their analyses. These should be calculated as:

$$\text{patient population weight} = (k * N_i) / n_{\text{icases}},$$

where:

n_{icases} is the number of respondents in trust i ⁵,

N_i is the number eligible patients in the survey population in trust i ,

k is a constant, which is usually set so as to equalise the overall weighted and unweighted sample sizes.

Probably the main difficulty in calculating this weight will be obtaining a reliable figure for N_i . N_i is the population to which each trust's results are to be generalised. Ideally this should be the size of the population *from which the sample was actually selected*. For example, for ambulance trusts, N_i would ideally be the total number of attendances during the exact reference week (ie the number of cases from which the sample of 850 was actually drawn). However, we acknowledge that this information is unlikely to be available, and it will therefore be necessary to substitute an estimate instead.

In doing this it should be borne in mind that the definition of the population from which the estimate of N_i will be derived should be as close as possible to the definition of the population *from which the sample was actually selected*. For example, the trust population figures used to calculate weight N_i for the PCT surveys should relate to the stock of patients and not the flow of patients or attendances; a flow sample should, ideally, be weighted to a population using the same reference period (eg the Emergency Department data should be weighted to *monthly* throughput). Furthermore the population figures used for weighting should, of course, relate to the same year (at least!) as that in which the survey was conducted.

Of course, if there is a dearth of available population information, non-ideal population data have to be used. If this is the case, it is worthwhile spelling out the

⁵ In principle it would be possible to use n_{iq} in this formula for unfiltered questions (it could not be done for filtered questions because this would require us to substitute number in the population eligible for the filter question – an unknown value - for N_i). To our knowledge, in practice this approach is *never* taken.

additional assumptions that will, by implication, have to be being made. For example, if inpatient data are weighted to inpatient attendance figures instead of patient flows, an implicit assumption is being made that the proportion of patients making n attendances over the reference period is constant across trusts⁶.

Use of unweighted data

If a user decides simply to analyse unweighted data, the implications of so doing need to be understood. Given the sampling methods used, an unweighted sample would deliver approximately equal numbers of responses if response rate did not vary widely between trusts. In effect this would mean that the sample would be approximately equivalent to one weighted by:

$$\text{trust weight} = (\text{mean value of } n_{\text{icases}}) / n_{\text{icases}}$$

As such, it could be regarded as crudely representing the population of trusts (crudely, because in practice response rates *did* vary, and as a result trusts with good response rates would have greater influence on the results than trusts with poor response rates). It would, however, be wholly inappropriate for analyses of *patients*. This is because, unweighted, the data will substantially under-represent patients in trusts with large numbers of patients, and substantially over-represent patients in trusts with small numbers of patients. To the extent that that large and small trusts differ systematically from one another on survey variables, the use of unweighted data will introduce systematic bias into the results.

Patten Smith

4 November 2005

⁶ An added (but, in practice, trivial) complication is that for the inpatient and young patient surveys there is no “perfect” definition for a population data reference period. This is because the sampling method itself used a variable reference period: trusts with large patient throughputs used shorter reference periods than trusts with smaller throughputs.

Commission for
Health Improvement

Outpatients
patient survey 2003

CHI 人文



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Introduction



A vital step to improving hospitals and other health services so that they meet the needs of the patient is to ask the patients themselves what they think about the NHS. One way of doing this is by carrying out surveys of patients who have recently used health services. The Commission for Health Improvement is responsible for carrying out national surveys of the NHS. By running surveys across the country and publishing the results, CHI is able to provide important feedback about the experience patients have of their local health services.

During 2003 CHI carried out three national surveys asking patients across England about their experiences of **accident and emergency (A&E)**, **outpatients** and **primary care services**. CHI has now published three reports summarising the key findings from the surveys and describing the patient's experiences of each of these services.

This report summarises the key findings from the survey of outpatients. All NHS acute trusts who run outpatient clinics for adults took part in the survey and we received completed surveys from over 90,000 recent patients.

The results of the survey and the patients experience relating to your local NHS hospital trust are available in detailed reports and can be found on the CHI website www.chi.gov.uk/eng/surveys/nps2003/outpatients.shtml

CHI's findings

The patient's journey through the outpatient department

Outpatient departments provide access to a wide range of clinics including cardiology, dermatology, diabetes, obstetrics and gynaecology where a patient will see a consultant or another health care professional.

Patients arriving at an outpatient department have usually been referred by their GP or maybe from their emergency department. From the survey 37% of patients were having their first visit while 63% were attending for a follow up appointment.

The waiting time for an appointment varies from less than one month to more than 18 months.

Most patients (61%) had some tests during their appointment, to help find out more about their condition. Not many patients had any treatment for their condition during their appointment (29%), and 29% had new medications prescribed for them before leaving the outpatient department.

Before the appointment

The results of the survey showed that 98% of patients had an appointment to attend the outpatient department and 73% went to the outpatient department within three months of being told they needed an appointment.

- 37% of patients were seen within one month
- 36% waited between one and three months for an appointment
- 13% waited between three and five months
- 10% waited between five and 12 months

"Staff were friendly, discreet and sympathetic. Reception staff took time to notify me of a cancellation so I could be seen sooner. Excellent service."

"I am very upset because I can't get an appointment. I have waited over six months."

Some patients waited even longer for their appointment – 1% waited between 12 and 18 months and 1% waited more than 18 months (2% of patients went to the outpatient department without an appointment).

Twenty three percent of patients had their appointment changed by the hospital. In 18% of cases the appointment was changed only once, however, 4% of all patients had their appointment changed at least twice by the hospital.

"I think the procedure for making appointments needs to be looked at carefully and patients should be kept better informed of changes. The disruption caused to myself and my family by the mix up with the appointment was very great. My husband and daughter arranged time off work to care for me, only to do the whole thing again the following week. I also feel that the aftercare should be improved."





Although patients received their appointments some said that they were not very well informed before the appointment particularly with regards to the reason for the appointment and who to contact if their symptoms got worse.

Waiting in the outpatient department

Patients can experience problems with extended waits once they arrive for their outpatient appointment.

- 19% were seen at their stated appointment time or earlier
- 10% of patients were seen within five minutes of their stated appointment time
- 25% waited between six and 15 minutes for their appointment to start
- 22% waited between 16 and 30 minutes
- 14% waited between 31 and 60 minutes
- 8% waited between one and two hours beyond their stated appointment time
- 2% reported waiting for more than two hours to be seen

“If you are told a time you are going to be seen you need to stick to it or as soon as possible.”

“...it seemed everybody had the same appointment time and therefore I wasn't seen for two hours.”

“I don't see the point of appointment times if they are not adhered to. Choice of appointment times would be much better. Opening midday and evenings would help as well.”

Only one quarter of patients (25%) were told why they had to wait for their appointment to start, beyond the stated appointment time. One third of patients (32%) were not told why they had to wait, but would have liked an explanation while other patients (43%) were not given a reason for having to wait, but said they didn't mind.

Cleanliness is an important issue for patients. Sixty percent of patients reported the outpatient department they attended to be very clean, 37% said it was fairly clean and 2% of patients felt the department was not very clean.

“It was clean and bright with plenty of seating.”

“My outpatient department was next to surgical wards but the area was very unclean and very poor in decoration and lifts were not clean.”

“Hospital corridors are cleaned only in the centre, not down the sides, it's not hygienic.”

The appointment

Most patients (84%) saw a doctor during their outpatient appointment and over half (54%) saw another health care professional, for either all or part of their appointment. In most cases (61%), this other member of staff was a nurse. A further 18% of patients saw a radiographer, 6% of patients saw a physiotherapist, 1% saw a dietician and 1% saw a pharmacist.

When asked about their appointment, 83% of patients definitely had confidence and trust in the person treating them. A further 16% said they had confidence and trust to some extent, but 2% of patients did not have confidence and trust in either the doctor or the other health care professional they saw.

Most patients who saw a doctor spent 20 minutes or less with the doctor (88%) and 12% spent more than 20 minutes. As a result:

- 74% of patients felt they definitely had enough time to discuss their health or medical problem with the doctor
- 22% of patients would have liked more time to some extent
- 3% of patients felt they did not have enough time to discuss their condition with the doctor

"The staff were very helpful and friendly, they gave me a sense of security and confidence."

"I found the consultant and his staff (including nurse) very confident and reassuring."

"I was given a lot of time by a doctor who was very busy."

"I felt rushed and didn't have time to ask questions as consultant was running very late."

Most patients (82%) reported that the doctor was aware of their medical history. However, 13% of patients said that the doctor knew something, but not enough and 5% of patients thought that the doctor knew little or nothing about their medical history.

"The doctor I was sent to by my GP is very clear and helpful, but when I don't see him I have to go through everything all over again and I am asked questions which made me anxious and worried."



Good communication between doctors or other health care professionals and patients is a very important aspect of patient care. The survey highlighted some areas where communication could be improved:

- 79% felt that the doctor had definitely listened to all they had to say. But 19% of patients felt that the doctor had only listened to some extent and 2% felt the doctor had not listened to what they had to say

"If the doctor had read my notes from my GP he would have realised he was wasting both our time as I required tests that needed to be carried out in the morning, not afternoon."

- 69% of patients who had important questions to ask the doctor felt they had definitely been given answers that they could understand. But 26% only understood the answers they were given to some extent and 3% of patients were not given answers, which they could understand. A further 2% of patients did not have an opportunity to ask the doctor any questions
- 9% of patients thought that the doctor was deliberately not telling them certain things they wanted to know, either definitely (2%) or to some extent (7%)



- 9% of patients felt that doctors and/or other staff had talked in front of them, as if they weren't there to some extent and 3% reported that this had definitely happened (88% of patients did not report this problem)

“The doctor hasn't told me things I need to know about my condition. When I ask questions, the answers are always brief and abrupt.”

- 7% of patients reported that different members of staff had given them conflicting information to some extent and 4% reported that this had definitely happened to them (90% of patients did not report this problem)

Two percent of patients needed help with understanding English. Among this group:

- 26% received help from hospital staff in the outpatient department
- 48% of patients had help with interpretation from a relative or friend
- 27% of patients who needed help with understanding English did not get any

“My first visit was with the consultant, 2nd was with a colleague who I felt wasn't completely honest. I feel more would have been done if I were a younger person.”

Providing patients with basic information can help to alleviate any anxieties and fears. It also helps to equip them to make informed choices about their care and treatment. The survey highlighted some gaps in the information provided to patients:

- 81% felt they were given the right amount of information about their condition or treatment while in the outpatient department. But 12% of patients felt they were not given enough information and a further 7% said they were not given any information at all about their condition or treatment
- amongst patients who needed treatment, over three quarters (76%) said the doctor had explained the reasons for any treatment or action completely. But 22% of patients felt that the doctor had given an explanation they could understand to some extent and 3% of patients said the doctor had not explained the reasons for their treatment in a way they could understand. (These figures exclude the 3% of patients who said they did not need an explanation of their treatment)
- 70% felt they were involved as much as they wanted to be in decisions about their care and treatment. But 24% of patients only felt involved to some extent and 6% reported that they were not involved as much as they wanted to be in these decisions

Tests and treatment

Sixty one percent of patients had some tests including blood tests, x-rays or scans during their outpatient appointment, to help find out more about their condition.

Whenever tests or treatment are needed, providing information to patients is an important aspect of their care.

“There was awareness by staff of my anxiety about the possible results of tests. I recently visited the ophthalmology department for an assessment and would like to commend the nursing manager for her care and attention. She explained the test etc. that I was about to have and put me completely at ease.”

The survey found that some patients did not know why their tests were carried out, or were not told anything about the results. Of those patients who had tests:

- 72% felt that a member of staff had explained fully why the tests were needed, but 18% of patients understood the explanation given to some extent and 9% said that staff had not explained why the tests were needed in a way they could understand
- 79% were told by staff how they would find out the results of their tests, but over one fifth (21%) of patients were not given this information
- 52% said that a member of staff had 'definitely' explained their test results in a way they could understand. Almost one fifth (19%) said they had understood the explanation of their test results 'to some extent', but 9% had not understood the explanation given
- 21% were not given the results during their appointment – 16% were told that they would be given the results at a later date and 5% were never told the results of their tests

Twenty nine percent of patients had some treatment during their outpatient appointment. Ninety six percent of patients wanted an explanation of what would happen before the treatment began:

- 77% said that a member of staff had definitely explained what would happen before the treatment began
- 18% felt they had been told what would happen to some extent
- 6% said that staff did not explain what would happen during their treatment (these figures exclude the 4% of patients who did not want an explanation of their treatment)

“I recently had an operation, the hospital failed to inform me of the significant changes I would experience. The operation involved lifestyle changes.”



Ninety one percent of patients who had treatment during their appointment wanted a clear explanation of any risks and/or benefits of the treatment before it began. Of these:

- 67% said that a member of staff had definitely explained any risks and/or benefits in a way they could understand
- 21% said the risks and/or benefits had been explained to some extent
- 12% said that staff had not explained any risks and/or benefits in a way they could understand (these figures exclude the 9% of patients who did not want an explanation of risks/benefits)



Leaving the outpatient department

Most patients (71%) were not prescribed any new medications for example, medicines, tablets or ointments before leaving the outpatient department. However, when medication is prescribed, it is crucial that patients are well informed about why it is needed, how to take it correctly and any possible side effects. The survey found there is room for improvement in providing this information to patients. Of those patients (29%) who were prescribed new medications:

- 82% said that a member of staff had completely explained the purpose of the new medications they were given to take at home. But 13% said this had only been explained to some extent and 5% said the purpose of the medications was not explained in a way they could understand. (These figures exclude those patients 7% who said they did not need an explanation of the purpose of the new medications they were prescribed)
- 86% said that a member of staff had completely explained how to take the new medications they were prescribed. But 9% felt they had only been told how to take their new medications to some extent and 5% were not told how to take them. (These figures exclude those patients (8%) who said they did not need an explanation of how to take the new medications they were prescribed)

- 42% said that a member of staff had explained any medication side effects completely. Nineteen per cent said they were told about any side effects to some extent and 39% said they had not been told about any medication side effects in a way they could understand. (These figures exclude those patients (18%) who did not need an explanation of any side effects of the new medications they were prescribed)

Patients also need information to help them manage their condition after they go home, such as how to recognise danger signals, when to seek help and who to contact if they become worried about their condition or treatment:

"I was given printed information regarding how to care for wounds to take home and the nurse talked me through everything as well. Both nurse and doctor were friendly and professional."

- 35% of patients were told about any danger signals regarding their illness or treatment to watch for after they went home

"I had one bad doctor, he never spoke to me and was not nice, he sent me home and never told me what to do."

- 53% said that hospital staff had told them who to contact after they got home if they were worried about their condition or treatment

Overall

Fifty nine percent of patients thought that the outpatient department was very well organised. A further 38% said it was fairly organised and 2% said it was not at all organised.

Overall, most patients (99%) felt they were treated with respect and dignity whilst in the outpatient department, either all (87%) or some of the time (12%). Only 1% of patients said they did not feel as though they were treated with respect and dignity.

"I was extremely impressed with the organization, efficiency and the genuine caring of everyone who dealt with me in the outpatient department."

Almost four fifths of patients (78%) rated the care they had received in the outpatient department as either excellent (37%) or very good (41%). A further 16% of patients rated their care as good, but 5% rated it as fair and 1% rated it 'poor'. Fewer than 0.5% of patients rated their care as very poor.

About CHI

What is the Commission for Health Improvement?

The Commission for Health Improvement (CHI) was established to improve the quality of patient care in the NHS. It does this by reviewing the care provided by the NHS in England and Wales (Scotland has its own regulatory body, Quality Improvement Scotland, formerly known as the Clinical Standards Board). CHI aims to address unacceptable variations in NHS patient care by identifying both notable practice, and areas where care could be improved. CHI has six operating principles that underpin all of its work:

- the patient's experience is at the heart of CHI's work
- CHI will be independent, rigorous and fair
- CHI's approach is developmental and will support the NHS to continuously improve
- CHI's work will be based on the best available evidence and focus on improvement
- CHI will be open and accessible
- CHI will apply the same standards of continuous improvement to itself that it expects of others

How was the survey undertaken?

Each trust identified a list of patients who had attended an outpatient appointment (excluding maternity or psychiatric clinics) during either November 2002 or January 2003. Staff at the hospital selected 850 patients from the list, at random. The sampled patients were sent a postal questionnaire and a covering letter and up to two reminders.

How was the survey developed?

The questionnaire and survey methods were developed for CHI by the NHS Survey Advice Centre at the Picker Institute

Europe. They carried out interviews and focus groups with patients to find out identify the issues which patients considered to be most important (a full report of the development and pilot work for the outpatients survey is available on the www.nhssurveys.org website).

Who took part in the survey?

For the national survey, in total over 143,000 patients were sampled. Completed questionnaires were received back from 90,552 – a response rate of 63%, after allowing for some patients who proved to be ineligible. Response rates varied among trusts, from 34% to 76%.

Nationally, of all those patients who returned completed questionnaires:

- 42% were men; 58% were women; 11% were aged 16-35; 18% were aged 36-50; 29% were aged 51-65; 33% were aged 66-80; 9% were aged 81 or over
- 95% of respondents were White; 2% were Asian or Asian British; 2% were Black or Black British and 1% were either of mixed race or from Chinese or other ethnic groups
- 17% of respondents rated their health during the past 4 weeks as 'excellent'; 33% rated it 'very good'; 29% rated it 'good', 15% rated it 'fair', 5% rated it 'poor' and 1% rated it 'very poor'. Comparing these figures with the results from the [accident & emergency department survey \(2003\)](#) shows that the self reported health status of outpatients was better than patients recently attending A&E departments. Thus, 79% of outpatients rated their health during the past four weeks as 'good' or better, compared with 61% of respondents in the emergency department survey



Commission for
Health Improvement

Finsbury Tower
103-105 Bunhill Row
London EC1Y 8TG

Telephone 020 7448 9200
Text phone 020 7448 9292

www.chi.nhs.uk