



**The National Patient
Experience Survey 2019
— changes to the
questionnaire for 2019**

Overview of changes to the National Patient Experience Survey (NPES) questionnaire for 2019

Following each annual survey the NPES team undertakes a review of the survey to ensure that the questionnaire continues to be fit for purpose. During the review process the team checks the statistical properties of the questionnaire and removes any redundant items. The team also considers requests to amend the questionnaire from various key stakeholders and formulates feasibility opinions which are subsequently discussed by the NPES Steering Group. Table 1 below outlines the changes that have been agreed by the Steering Group for the 2019 National Patient Experience Survey.

Table 1: Changes to the 2019 National Patient Experience Survey questionnaire

Location/page	NPES 2018	NPES 2019
Front cover of questionnaire/instructions	<p>Can I ask a family member or friend to help me fill in the survey?</p> <p>Yes, you can ask a friend or a relative to help you once the answers given are your own.</p>	<p>Can I ask someone to help me fill in the survey?</p> <p>Yes, you can ask someone to help you fill in the survey.</p> <p>You may also ask someone to fill in the survey on your behalf.</p> <p>However, please make sure that the answers given reflect your experience of care.</p>

p.8 in 'Leaving hospital'	<p>Q43. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	<p>Q43. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ I did not want or need any written or printed information</p>
p.9 in 'About you'	<p>Q53. Who was the main person or people who filled in this questionnaire?</p> <p><input type="checkbox"/>₁ The patient (named on the front of the envelope)</p> <p><input type="checkbox"/>₂ A friend or relative of the patient</p> <p><input type="checkbox"/>₃ Both patient and friend /relative together</p> <p><input type="checkbox"/>₄ The patient with the help of a health professional</p>	<p>Q53. Who was the main person or people who filled in this questionnaire?</p> <p><input type="checkbox"/>₁ The patient (named on the front of the envelope)</p> <p><input type="checkbox"/>₂ The patient with the help of someone else</p> <p><input type="checkbox"/>₃ A person acting on the patient's behalf</p>
p.9 in 'About you'	<p>Q54. What was the <u>main</u> reason for your most recent stay in hospital? (Tick ONE box only)</p> <p><input type="checkbox"/>₁ Tumour/cancer</p>	<p>Q54. What was the <u>main</u> reason for your most recent stay in hospital? (Tick ONE box only)</p> <p><input type="checkbox"/>₁ Tumour/cancer</p>

	<p>2 <input type="checkbox"/> Heart disease</p> <p>3 <input type="checkbox"/> Lung disease</p> <p>4 <input type="checkbox"/> Neurological condition</p> <p>5 <input type="checkbox"/> Diabetes and related problems</p> <p>6 <input type="checkbox"/> Adverse reaction/poisoning</p> <p>7 <input type="checkbox"/> Injury and oraccident</p> <p>8 <input type="checkbox"/> Infection</p> <p>9 <input type="checkbox"/> Mental health issue</p> <p>10 <input type="checkbox"/> I was admitted for tests and or investigations</p> <p>11 <input type="checkbox"/> Don't know/I was not told</p> <p>12 <input type="checkbox"/> Other, please specify</p>	<p>2 <input type="checkbox"/> Heart condition</p> <p>3 <input type="checkbox"/> Lung condition</p> <p>4 <input type="checkbox"/> Neurological condition (including stroke)</p> <p>5 <input type="checkbox"/> Orthopaedic condition (e.g. bone or joint issues)</p> <p>6 <input type="checkbox"/> Digestive system condition (including gallbladder and appendix issues)</p> <p>7 <input type="checkbox"/> Diabetes and related problems</p> <p>8 <input type="checkbox"/> Adverse reaction/poisoning</p> <p>9 <input type="checkbox"/> Injury and oraccident</p> <p>10 <input type="checkbox"/> Infection</p> <p>11 <input type="checkbox"/> Mental health issue</p> <p>12 <input type="checkbox"/> I was admitted for tests and or investigations</p> <p>13 <input type="checkbox"/> Don't know/I was not told</p> <p>14 <input type="checkbox"/> Other, please specify</p>
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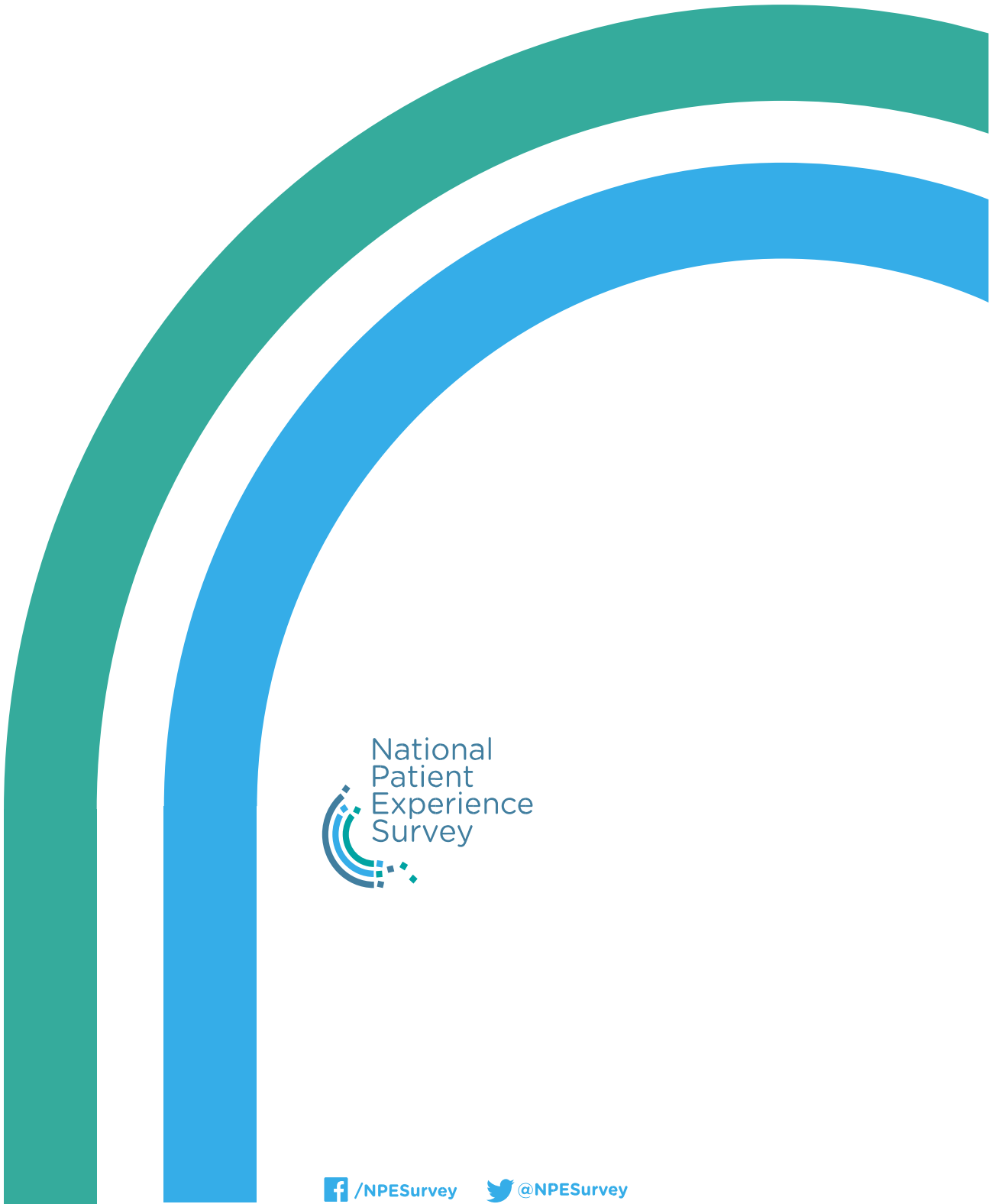
p.9 in 'About you'

Q55. Do you identify as:

- Male?
- Female?
- Other gender?

Q55. Do you identify as:

- Male?
- Female?



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