

Discussion Paper 2

# Key domains of the experience of hospital outpatients

## Purpose:

To stimulate debate and support practical action to improve the experience of outpatients in NHS trusts in England

## Key issues examined:

- Which aspects of outpatients' experience of care and treatment relate most strongly to satisfaction with services?
- Can these be grouped into 'core domains' of experience?
- Which domains should be prioritised for quality improvement?

# Picker Institute Europe

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- build and use evidence to champion the best possible patient-centred care
- work with patients, professionals and policy makers to strive continuously for the highest standards of patient experience.

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## Overview

Patient experience has been recognised as one of the central elements of quality in the NHS in England<sup>1</sup>. This has triggered strong interest in understanding the best ways to measure patient experience, among NHS trusts and their managers, clinicians and staff.

*This is the second occasional discussion paper from Picker Institute Europe.*

*These papers are designed to share the emerging findings from research and analysis, and to stimulate debate on patient-centred healthcare.*

Nationally in England, the experiences of primary care patients and hospital inpatients have been measured frequently. The experiences of outpatients have only occasionally been measured.

Here as in other settings, 'patient experience' can cover a very wide range of aspects of the organisation and delivery of patient care – from making the appointment, through the experience of reception and waiting areas, care and treatment, to making the transition back to home or the community.

We argued in Discussion Paper 1<sup>2</sup> that the first step in Lord Darzi's recipe for making quality the organising principle of the NHS -- 'bringing clarity to quality' – has not been fully addressed for patient experience.

There is no commonly defined framework of what is most important to patients. Nor is there much

encouragement to NHS organisations to measure the same things using the same indicators.

We anticipate that the new coalition government, which is committed to using patient experience measures to monitor quality, will seek to identify a small set of indicators that help commissioners to reward providers for the quality of their service.

Where, then, should the government and the NHS start? With what experiences, which patients, and which questions? How will we know we are measuring the 'right' things?

## This discussion paper

The purpose of this discussion paper is to help the new coalition government and the NHS to answer those queries. It specifically addresses the care and treatment of **acute hospital outpatients**.

<sup>1</sup> High Quality for All, NHS Next Stage Review, Department of Health 2008

<sup>2</sup> Core domains for measuring inpatients' experience of care, Discussion Paper 1, Picker Institute Europe 2009

The analysis we offer aims to help NHS hospital trusts to focus their efforts where they are most likely to be effective in raising outpatients' overall satisfaction with care -- particularly if the trust is receiving a relatively low rating in any of the highlighted domains.

The paper describes a secondary analysis of data from 72,447 recent outpatients who responded to the national survey of outpatients in England in 2009. It addresses the following questions:

- Which aspects of outpatients' experience of care and treatment have the most effect on satisfaction with services?
- Can these be grouped into 'core domains' of experience?
- Which domains should be prioritised for action?

## Terminology: what is a 'domain'?

A 'domain' refers to how we *measure* a distinct, underlying aspect of patient experience -- referred to as the 'construct'.

We cannot observe these constructs directly; but we can infer measurement through 'indicators' which are drawn from responses to questions.

A set of questions that all relate to the construct describe a domain. Theoretically, the domain includes all the relevant questions that could possibly be asked.

In this paper, we deduce the nature of the domains (and hence of the underlying construct) by looking at what questions measure and at the relationship between them.

## Outpatient experience

National surveys of outpatient experience in England were carried out by healthcare regulators in 2003 and 2004. Five years then passed before an updated survey was carried out in 2009 by Picker Institute Europe for the Care Quality Commission.

The 2009 survey results, published in February 2010, provide a contemporary picture of how people experience outpatient care, and therefore represent an important opportunity to focus again on quality improvement.

This is an important part of healthcare for patients, particularly those who have continuing or chronic conditions and may need successive outpatient appointments.

In the year from January 2009 to December 2009, patients attended 65.6 million outpatient appointments<sup>3</sup>. This was a rise of 10% on the previous year and is the equivalent of more than one appointment a year for every member of the population.

The 2009 survey results showed a considerable increase in the quality of these patients' experience since 2004<sup>4</sup>. On 25 indicators patients reported a better experience in 2009 than in 2004, and a worse one on only five.

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<sup>3</sup> Hospital Episode Statistics, NHS Information Centre (provisional data)

Some of the gains were very significant. For example, there was an 8% increase in the proportion of patients who said the outpatients department was 'very clean', and a 5% increase in the proportion who said their test results were explained in a way that they could completely understand.

However, substantial areas for improvement remain. Picker Institute Europe, using the conclusions from this paper, highlighted the need to improve 'information about discharge' in an article in the Health Service Journal, 17<sup>th</sup> June 2010.

If acute hospital trusts wish to continue to improve the experience of their outpatients, how will they know which aspects of care to prioritise?

In the next section, 'Propositions', we outline those domains of the care experience that we most recommend to the government, commissioners and NHS trusts as the basis for good quality improvement. For more detail on their selection, see the 'Conclusions' section.

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<sup>4</sup> See the results at:  
<http://www.cqc.org.uk/usingcareservices/healthcare/patientsurveys/hospitalcare/outpatientservices.cfm>

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# Propositions

Based on our analysis and on the discussion in the 'Conclusions' section, we make the following propositions.

## 1. The key domains of outpatient experience

We recommend the following domains of experience for the priority attention of the government, commissioners and NHS acute trusts.

- Dealing with the issue (for which patients presented themselves)
- Doctors
- Cleanliness
- Other professionals
- Information about discharge
- Information about treatment

These domains are selected for the following reasons:

- Strongest predictors of patient satisfaction
- Reliable, because they use a group of indicators (rather than a single question)
- Useful for quality improvement
- Correspond closely to core domains of inpatient experience

The tested survey questions that can be used to provide the indicators for these domains are listed in Table 1.

**Table 1: the key questions forming indicators for the domains that best predict outpatients' satisfaction**

### **Dealing with the issue**

- Q25 While you were in the Outpatients Department, how much information about your condition or treatment was given to you?  
 Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?  
 Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?

### **Doctors**

- Q13 Did you have enough time to discuss your health or medical problem with the doctor?  
 Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?  
 Q16 Did the doctor listen to what you had to say?  
 Q17 If you had important questions to ask the doctor, did you get answers that you could understand?  
 Q18 Did you have confidence and trust in the doctor examining and treating you?  
 Q19 Did the doctor seem aware of your medical history?

### **Cleanliness**

- Q10 In your opinion, how clean was the Outpatients Department?  
 Q11 How clean were the toilets at the Outpatients Department?

### **Other professionals**

- Q22 If you had important questions to ask [the other professional], did you get answers that you could understand?  
 Q23 Did you have confidence and trust in [the other professional]?

### **Information about discharge**

- Q41 Did a member of staff tell you about medication side effects to watch out for?  
 Q42 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?  
 Q43 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?  
 Q44 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

### **Information about treatment**

- Q36 Before the treatment did a member of staff explain what would happen?  
 Q37 Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?

### **Dignity and respect**

- Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?

### **Organisation of the outpatients department**

- Q46 How well organised was the Outpatients Department you visited?



## 2. Full list of domains that influence satisfaction

Compared to Discussion Paper 1, where we analysed inpatients' experience, we found a wider and more diverse set of domains that have an influence on outpatients' satisfaction.

Therefore we cannot be as definitive in recommending the above domains to the exclusion of others. The comprehensive list of domains of outpatient experience that have some influence on satisfaction is as follows -- in order of the **strength of their effect** on satisfaction.

- Organisation of the outpatients department
- Respect and dignity
- Dealing with the issue (for which patients presented themselves)
- Doctors
- Cleanliness
- Other professionals
- Information about discharge
- Information about treatment
- Tests
- Medication
- Privacy

For outpatients (as for inpatients) being treated with respect and dignity, and the organisation of their care, show up as strongly predictive of satisfaction. However, these domains are each based on a single indicator (less reliable). Also, because they are 'overall' ratings, they are less useful for specifically focusing quality improvement actions. We would still recommend that trusts monitor and pay attention to these domains.

The domains of 'tests', 'medication' and 'privacy' should not be ignored, particularly where a trust may have had weak scores on these domains in the national survey. But they have a less predictive effect on satisfaction, and it would be legitimate for trusts to prioritise weak scores among the other, 'key' domains.

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## Introduction

This paper describes the results of a set of analyses carried out on data from the 72,447 outpatients who responded to the core questions in the 2009 national survey of outpatients in England.

It follows a similar analysis of results for inpatients, which identified likely domains underlying patients' responses and then which of these were most related to satisfaction with the overall experience<sup>5</sup>.

### Relating aspects of care to patient 'satisfaction'

The outpatient survey questionnaire includes a single item (Q48): 'Overall ... how would you rate the care you received?'

Responses to this single question are of limited value for helping trusts improve performance. However, when patients rate this item, this is presumably influenced by various aspects of their experience of care (and by what they reflect on as they complete the preceding questionnaire items), to unknown degrees.

The analysis in this paper investigates, in a number of ways, how responses to this 'overall satisfaction' question co-vary with other responses in the questionnaire.

The first part of the analysis focuses on creating composite scores. Individual questions provide a very detailed level of information about a patient's views and a trust's performance, but as a result the broad profile of performance may be unclear. Composite scores give increased reliability using the individual level data; and at the trust level provide a more efficient way of profiling performance.

This is intended to shed light on what most influences patients when evaluating their care, which in turn is likely to reflect what they consider most important and/or most salient.

There are limitations in placing emphasis on a single questionnaire item, and the analysis goes on to examine an alternative measure of overall experience, with the aim of overcoming some of those limitations.

## Data

The raw data for the analyses comprised:

- the individual questionnaire responses from 72,447 outpatients in the core survey ('individual level data'), and

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<sup>5</sup> Core domains for measuring inpatients' experience of care, Discussion Paper 1, Picker Institute Europe 2009

- the trust mean scores on these questions, standardised for age group and gender, as used in national benchmark reports ('trust level data').

Questions assessing trust level performance were scored on a 0-100 scale, as for benchmark reporting, with 100 being the most positive rating of care.

## Approaches to the analysis

### Identifying distinctive domains

To examine the nature of the structure of outpatients' experience, sets of questions were identified that related to a single underlying aspect of experience (a 'construct').

These were identified using factor analytic methods, and checked back against the content of the questions plus the extent to which they reliably measured the underlying construct. These item sets are a starting point towards identifying distinctive domains of experience.

Further analyses were then conducted to determine which aspects of care, as reported in the survey, were most closely related to a positive overall experience. The 'overall satisfaction' question (Q48) was used for this purpose.

### An alternative indicator of overall experience

Answers to Q48 tend to be strongly related to neighbouring questions in the questionnaire, which may therefore mean that responses are being influenced by this proximity. This is known as 'order effect'.

In order to help overcome this limitation, an alternative overall experience indicator was produced by aggregating the indicators from the 'composite item sets'.

### Using correlations to find out which aspects of care most affect the quality of experience

Both indicators of overall experience – Q48 responses, and our alternative indicator -- were then used in establishing the importance of different aspects of care by correlating them against responses to all the items in the survey.

### Using the two levels of data

The above steps were carried out using the individual responses of all patients, to determine what appears to influence each person's perceptions of quality of care.

As a check on these findings, trust-level scores were also examined in a similar way, to identify which questions were most closely related to overall quality scores for the trust.

## Prediction of overall experience

Finally, regression analyses were run with the aim of identifying factors that independently predict overall experience results.

## Detail of the analyses

For reasons of readability we have separated the technical detail of the statistical analysis into the various appendices at the end of the document. Readers with further queries about the methods are invited to contact the senior statistician, at [info@pickereurope.ac.uk](mailto:info@pickereurope.ac.uk)

### Note on the outpatient survey 2009

The 2009 survey questionnaire was based on that used in 2004, but reviewed and revised before implementation.

Questions in the survey are based on research among patients and other stakeholders on what aspects of care are most important to patients. The draft questions are tested to make sure that they are understood, in the same way, by the majority of patients.

Each acute trust in England (163 in 2009) carried out the same survey with a sample of its outpatients so that comparable results, with benchmarks, could be reported at both trust and national level.

Respondents were asked to give demographic data so that the results could be weighted for age and sex.

The Care Quality Commission uses a scoring formula to produce its trust-level performance scores, by which each question is given a score from 0 to 100. We have used this scoring system throughout this statistical analysis.

The full results of the 2009 outpatients survey can be found at:

<http://www.cqc.org.uk/usingcareservices/healthcare/patientsurveys/hospitalcare/outpatientservices.cfm>

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# The analysis and findings

## Step 1: factor analysis<sup>6</sup>

The factor analysis is described in detail in [Appendix A](#). 'Factor analysis' looks at the correlations between question scores and seeks to find a set of dimensions underlying these scores that 'explain' as much variation as possible in the individual questions.

It is then possible to identify sets of questions that are each strongly associated with one factor but are not strongly related to other factors.

The results of the analysis suggested a number of dimensions of care, as measured by the questionnaire. There were also several questions that either did not relate strongly to any factor or that related to a similar extent across factors.

By examining the content of the factors, it was possible to break some down further into item sets that were subsequently tested for their reliability. Reliability analysis confirmed as viable the following composite measures:

- Doctors (Q13, Q15, Q16, Q17, Q18, Q19)      alpha = 0.86.
- Other professionals (Q22, Q23)      alpha = 0.74.
- Dealing with the issue (Q25, Q29, Q45)      alpha = 0.68.
- Information about discharge (Q41, Q43, Q44)      alpha = 0.77.
- Tests (Q32, Q33, Q34)      alpha = 0.74.
- Information about treatment (Q36, Q37)      alpha = 0.72.
- Privacy (Q26, Q27)      alpha = 0.74.
- Cleanliness (Q10, Q11)      alpha = 0.78.
- Medication (Q39, Q40)      alpha = 0.76.

**Note:** 'Cronbach's alpha' is a statistical measure of how well the different questions in a set work together to produce a reliable score. Generally, reliabilities above 0.7 are considered acceptable; and above 0.8 as good.

These nine item sets give us a starting point towards identifying distinctive domains of care. Other combinations of items were rejected as insufficiently reliable for measurement purposes. The themes of the remaining questions covered topics such as *making appointments, organisation and efficiency, and respectful communication*.

Further analysis indicated that the nine measures above could themselves be combined to provide a reliable **overall patient experience score**. We use this later in this paper as an alternative indicator to Q48 ('overall satisfaction').

<sup>6</sup> Relevant questions are listed according to their number in the questionnaire. The full list of questions can be seen at [Appendix A](#).

## Step 2: correlation analysis

'Correlations' measure the strength of the relationship between two items. This is a way of seeing whether patients' responses to one question in the survey have a strong relationship to their responses to another question.

If, for example, patients' collective answers to a question about how long they were kept waiting have a strong relationship to their answers to Question 48, this suggests that the experience of waiting has an effect on patient satisfaction.

If we can find out which question items have the *strongest* relationship with satisfaction, this enables us to begin suggesting priority areas for quality improvement.

In examining the relationships between patients' responses to all the questions, and their responses to the 'overall satisfaction' question, we wanted to identify and minimise the 'order effect' referred to in the Introduction – that is, the fact that similar items placed close together in the questionnaire tend to exhibit high correlations with one another, regardless of content.

Our approach was to examine the relationship between each scored question in the survey and not one, but three overall measures:

- first, the overall patient experience score combining the nine composites from Step 1
- second, Q48 (overall satisfaction)
- third, the mean of these two summary measures.

Inspecting the correlations side by side is a good basis for determining the importance of each aspect of experience. These are shown in full in [Appendix B](#).

### 2a strongest correlations using individual data

**Table 2: Top fifteen correlations with overall ratings of individual patient experience**

Correlations – individual level data			
	Overall composite score	Q48 Overall, how would you rate the care you received..?	Mean of both satisfaction measures
Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	.678	.596	.700
Q18 Did you have confidence and trust in the doctor examining and treating you?	.608	.520	.613
Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?	.653	.464	.608
Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	.517	.577	.608

Q17 If you had important questions to ask the doctor, did you get answers that you could understand?	.638	.473	.598
Q22 If you had important questions to ask [the other professional], did you get answers that you could understand?	.658	.442	.595
Q23 Did you have confidence and trust in [the other professional]?	.627	.470	.595
Q16 Did the doctor listen to what you had to say?	.612	.472	.588
Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?	.625	.448	.582
Q46 How well organised was the Outpatients Department you visited?	.473	.577	.581
Q37 Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?	.686	.391	.581
Q43 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	.679	.394	.577
Q36 Before the treatment did a member of staff explain what would happen?	.658	.393	.569
Q13 Did you have enough time to discuss your health or medical problem with the doctor?	.586	.455	.564
Q40 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	.665	.381	.561

## 2b strongest correlations using trust level data

**Table 3: Top fifteen correlations with overall trust scores for outpatient experience**

Correlations - trust level scores			
	Overall composite score	Q48 Overall, how would you rate the care you received?	Mean of both satisfaction measures
Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	.893	.904	.921
Q46 How well organised was the Outpatients Department you visited?	.842	.927	.910
Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	.845	.913	.904
Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?	.878	.836	.875

Q11 How clean were the toilets at the Outpatients Department?	.812	.845	.850
Q10 In your opinion, how clean was the Outpatients Department?	.790	.849	.842
Q18 Did you have confidence and trust in the doctor examining and treating you?	.819	.809	.834
Q13 Did you have enough time to discuss your health or medical problem with the doctor?	.817	.782	.818
Q23 Did you have confidence and trust in [the other professional]?	.779	.796	.808
Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?	.804	.768	.804
Q19 Did the doctor seem aware of your medical history?	.770	.752	.778
Q17 If you had important questions to ask the doctor, did you get answers that you could understand?	.782	.720	.767
Q16 Did the doctor listen to what you had to say?	.759	.716	.753
Q32 Did a member of staff explain why you needed these test(s) in a way you could understand?	.751	.704	.743
Q22 If you had important questions to ask [the other professional], did you get answers that you could understand?	.742	.695	.734

## 2c summary of correlation findings

Taking both sets of correlations together, this indicates that **the key questions relating to overall positive experience** were:

- Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?
- Q18 Did you have confidence and trust in the doctor examining and treating you?
- Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?
- Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?
- Q17 If you had important questions to ask the doctor, did you get answers that you could understand?
- Q22 If you had important questions to ask [the other professional], did you get answers that you could understand?
- Q23 Did you have confidence and trust in [the other professional]?
- Q16 Did the doctor listen to what you had to say?



- Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?
- Q46 How well organised was the Outpatients Department you visited?

The major area of difference between individual and trust-level analysis was 'cleanliness', which was much more highly correlated with overall ratings in the trust-level analysis.

## Step 3: composite score correlations with overall satisfaction

While it is useful to see which single questions have a strong relationship to overall experience (Step 2), for measurement purposes it is much more reliable to use *groupings of questions* that are known to relate to similar areas of experience – in this case, the nine composite item sets identified in Step 1.

We therefore correlated those nine composite scores with the three measures of overall satisfaction – our overall experience indicator, Q48, and the mean of the two.

Again, we used both the individual level and the trust level data.

### 3a composite score correlations using individual data

**Table 4: Composite score correlations with overall individual ratings of outpatient experience**

Correlations – individual level			
	Overall composite score	Q48 Overall, how would you rate the care you received..?	Mean of both satisfaction ratings
<i>Dealing with the issue score</i>	.791	.589	.758
<i>Doctors' interaction score</i>	.773	.594	.742
<i>Treatment score</i>	.751	.432	.641
<i>Other professionals' interaction score</i>	.693	.488	.640
<i>Information around discharge score</i>	.750	.423	.628
<i>Medication score</i>	.702	.400	.592
<i>Tests score</i>	.705	.383	.592
<i>Cleanliness score</i>	.497	.458	.528
<i>Privacy score</i>	.528	.348	.484

These results tend to mirror those of the correlations for separate questions: positive experience was most closely associated with whether the main reason for the visit was successfully dealt with, and with the interactions with healthcare professionals.

### 3b composite score correlations using trust level data

**Table 5: Composite score correlations with trust-level ratings of overall outpatient experience**

Correlations – trust level			
	Overall composite score	Q48 Overall, how would you rate the care you received..?	Mean of both satisfaction ratings
<i>Dealing with the issue score</i>	.925	.881	.923
<i>Doctors' interaction score</i>	.871	.833	.871
<i>Cleanliness score</i>	.819	.864	.864
<i>Information around discharge score</i>	.882	.747	.828
<i>Other professionals' interaction score</i>	.812	.794	.821
<i>Treatment score</i>	.776	.676	.739
<i>Medication score</i>	.814	.608	.719
<i>Privacy score</i>	.714	.686	.716
<i>Tests score</i>	.726	.648	.700

Again, these results reflect those of the individual-level analysis except that 'cleanliness' appears relatively more important.

## Step 4: regression analysis

The steps above have shown us how to group indicators into potential domains of care (represented by the nine composite item sets), and have indicated where the strongest relationships to overall experience might be found.

They do not, however, tell us which indicators are best for **predicting** overall experience. This is partly because the findings so far may be affected by two things:

- the high level of correlation that exists anyway between aspects of patient experience, and
- for analyses at individual level, background factors, such as the characteristics of the patients themselves – their age and gender, in particular.

Regression analysis takes us beyond the previous steps because it allows the interactions **between** variables to be taken into account; and it enables us to adjust the analysis to cope with the effects of age and gender<sup>7</sup>.

A series of analyses was conducted, with details reported in [Appendix C](#).

The overall experience score we produced in Step 2 was itself made up of our nine composite item scores, so it could not be used in the regression analysis.

We were therefore looking for those individual items or composites that most strongly predicted responses to Q48, 'overall satisfaction'.

The **five most powerful independent predictors**, in order, proved to be:

- How well organised was the Outpatients Department you visited?
- Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?<sup>8</sup>
- *Dealing with the issue* score
- *Doctors' interaction* score
- *Cleanliness* score

These results are interesting in that 'cleanliness' appears amongst the top individual-level predictors, whereas it did not appear amongst the highest individual-level correlations (because regression takes account of the correlation between predictors, scores that are strongly related to other scores may not contribute anything to the prediction, and these are then removed from the analysis).

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<sup>7</sup> Patients are asked for this demographic information at the end of the questionnaire.

<sup>8</sup> Note that this is question 47, and appears alongside Q48 in the questionnaire, hence as a single item it may be subject to 'order effect'.

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## Conclusions

The analyses suggested a number of key domains of experience underlying patients' responses to the 2009 Outpatients Survey, as listed below.

### Comprehensive list of domains

The following domains of care have been found to influence patients' satisfaction with the service they received.

Those domains highlighted in **bold** are the ones which consistently featured in the regression analysis and amongst the highest correlations with overall experience for *both* individual and trust level data.

- **Organisation of the outpatients department** (Q46)
- **Respect and dignity** (Q47)
- **Dealing with the issue** (Q25, Q29, Q45)
- **Doctors' interaction** (Q13, Q15, Q16, Q17, Q18, Q19)
- **Cleanliness** (Q10, Q11)
- **Other professionals' interaction** (Q22, Q23)
- **Information about discharge** (Q41, Q43, Q44)
- **Treatment** (Q36, Q37)
- Tests (Q32, Q33, Q34)
- Privacy (Q26, Q27)
- Medication (Q39, Q40)

These domains provide a basis for summarising and comparing patient experience across settings.

## Refining the list for quality improvement purposes

For the purpose of focusing commissioners and NHS trusts on the priorities for quality improvement in outpatients' experience, we propose to refine the list above as follows.

### The single indicator domains

Questions 46 ('organisation') and 47 ('respect and dignity') are single items, which provide less reliable measures than composites. They also sit alongside Q48 ('overall satisfaction') and may be subject to 'order effect'. They are useful for taking a general reading of outpatients' overall experience, but they do not tell trusts specifically where to focus their improvement plans.

For these three reasons we do not recommend their use as 'key domain' measures of outpatient experiences.

There may be a case for examining, for future surveys, whether additional questions on these aspects of care should be included, and whether these questions should appear in a different place in the questionnaire.

### Tests, privacy and medication

The three domains of 'tests', 'privacy' and 'medication' clearly have significance for patient satisfaction, but they appear less strongly in our analyses than the other multi-indicator domains.

Ideally, all trusts should pay attention to these three domains and take steps to address any particularly weak scores.

However, if there are weak scores on the 'bold domains' then those could legitimately be chosen as more important priorities.

### The key domains of outpatient experience

The discussion above leads us to recommend a particular focus on the following domains of outpatients' experience as being the best predictors of overall satisfaction:

- Dealing with the issue (Q25, Q29, Q45)
- Doctors (Q13, Q15, Q16, Q17, Q18, Q19)
- Cleanliness (Q10, Q11)
- Other professionals (Q22, Q23)
- Information about discharge (Q41, Q43, Q44)
- Information about treatment (Q36, Q37)

## Comparison to inpatients

This suggested set of key domains for outpatients' experience can be compared to the set of 'core domains' of inpatients' experience of hospital, previously proposed by Picker Institute Europe (2009).

Domains of hospital patients' experience	
<i>Inpatients</i>	<i>Outpatients</i>
Involvement in decisions	Dealing with the issue
Doctors	Doctors
Nurses	Other professionals
Cleanliness	Cleanliness
Pain control	Information about discharge
	Information about treatment
<i>Plus</i>	<i>Plus</i>
Consistency and coordination	Organisation
Respect and dignity	Respect and dignity

The two sets clearly complement each other.

Their similarity becomes even more apparent when it is noted that questions on how much information the patient was given about their condition or treatment, and the extent to which they were involved in decisions, appear in both the domains of 'involvement in decisions' (inpatients) and 'dealing with the issue' (outpatients).

The most interesting difference between outpatients and inpatients is that whereas, for outpatients, 'information about discharge' has a strongly predictive effect on satisfaction, an exactly similar set of indicators for inpatients does not show up as predictive of satisfaction.

An hypothesis to explain this would be that inpatients' recollection of their experience may be dominated by what happened during their stay in the hospital, but outpatients are usually coming from their home and returning there the same day to continue managing their health status. Therefore, securing the information that helps them to manage successfully at home is more likely to be seen as a significant outcome of their visit.

Otherwise the close similarity of these two sets of domains encourages us to recommend this set of outpatient domains for priority attention of the government, commissioners, and NHS acute trusts alike.

## Limitations

1. The study can only work with the data available – there may be important areas of care that were not represented in the survey.
2. There are limitations to the use of a single question to assess overall satisfaction (and this is one of the reasons why specific patient experience measures are used). The use of a derived score from across the range of questions in the survey goes some way to address this weakness, but there is also an element of circularity in that questions are used to predict something to which they have contributed, albeit at two steps removed.
3. Some questionnaire sections are not applicable to all outpatients – for example, only 28% of patients said they had been prescribed a new medicine -- and there are fewer data for these, making the findings less robust.
4. We do not present these analyses as 'definitive', and the findings should be cross-validated with any other relevant studies that are forthcoming. We have aimed for a logical, robust and reliable set of measures for the purpose of helping to focus NHS quality improvement actions.



#### **Box 4: Endnote -- the use of 'satisfaction' measures**

Picker Institute Europe does not, in general, advocate the use of measures of patient 'satisfaction'. Indeed, methods of measuring patient 'experience' were first developed in order to improve on satisfaction measures.

Satisfaction questions tend to ask patients to give subjective responses, in the form of ratings on a scale (from 'poor' to 'excellent', for example). They have been found to be unreliable in themselves, and they do not provide specific factual reports that can be used to improve quality.

Patient experience questions, by contrast, ask patients to give factual responses to questions about what did or did not happen during an episode of care. By examining specific issues they provide a better guide to where the service provider is performing well or poorly, and hence which areas of performance should be addressed.

However, the fact is that patients are normally asked to give an 'overall satisfaction' rating in the national surveys; and NHS trusts often use this as a 'headline' indicator of their performance.

The assumption we make in this discussion paper is that, having completed several dozen 'experience' questions in the questionnaire, patients' answers to the satisfaction question will have been influenced by thinking about all those aspects of care.

We therefore correlate (statistically link) all the previous responses to the 'overall satisfaction' response to determine which experience indicators have the strongest relationship to the satisfaction expressed by patients.

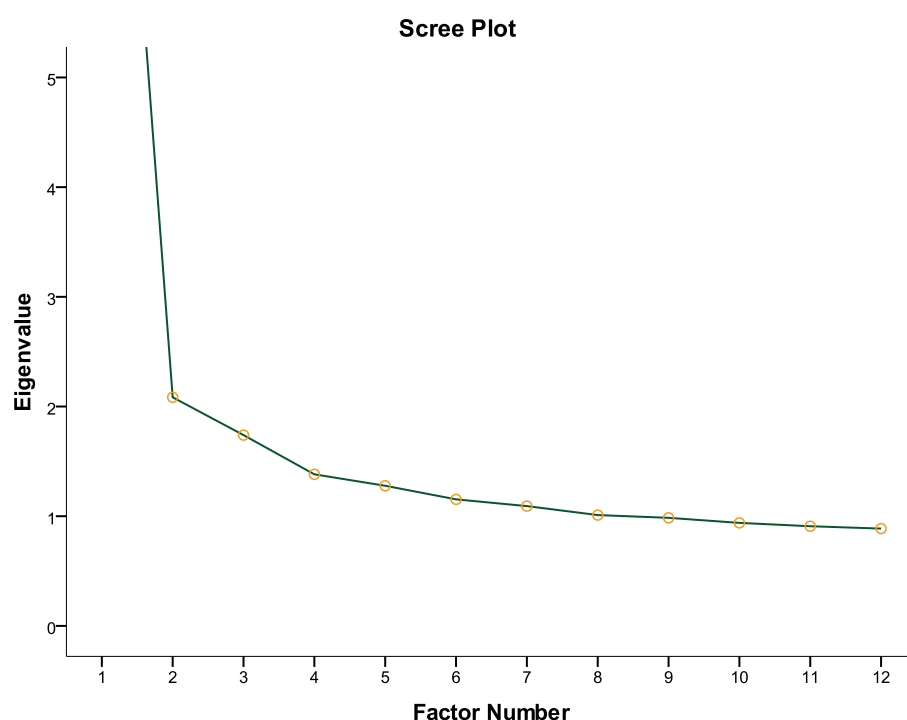
This leads NHS trusts back to the experience measures themselves, and provides specific guidance as to which should be considered as priority areas if they want 'satisfaction' scores to improve.

The purpose here is not to lay claims for the very best research method, but to use a robust and logical method of analysis to provide strong pragmatic guidance for quality improvement in the NHS.

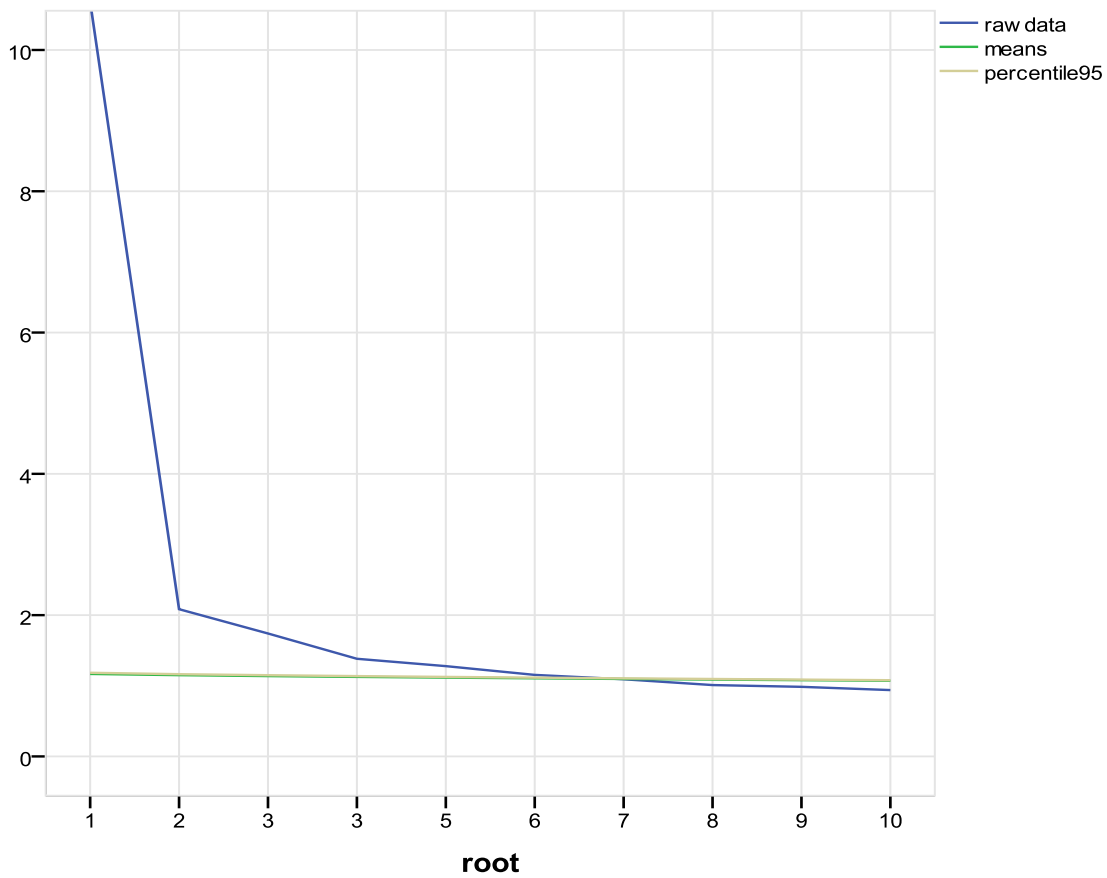
## Appendices

### Appendix A: Factor analysis

An exploratory principal components analysis was conducted to assess the suitability of the scored data for factoring. The scree plot suggested that eight factors were likely to be appropriate, although there were also 'elbows' at four or six factors. The Kaiser criterion also indicated that eight components would be appropriate.



Parallel analysis was conducted to check the number of factors required to account for the data. The parallel analysis method used was based on random data, with the criterion set at the 95th percentile (O'Connor, 2000). This showed that six factors exceeded the explanatory power of random data.



Accordingly, six principal axes were extracted and rotated using the Promax oblique rotation method with Kappa set to 4. The pattern and structure matrices are shown below.

**Table A1: Factor pattern matrix**

	Factor					
	1	2	3	4	5	6
Q1 Overall... how long did you wait for an appointment?						
Q2 Were you given a choice of appointment times?						
Q3 Before your appointment, did you know what would happen to you during the appointment?						
Q4 Was your appointment changed to a later date by the hospital?						
Q6 Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?						
Q7 How long after the stated appointment time did the appointment start?				.398		
Q8 Were you told how long you would have to wait?						.663
Q9 Were you told why you had to wait?						.661
Q10 In your opinion, how clean was the Outpatients Department?				.818		
Q11 How clean were the toilets at the Outpatients Department?				.781		
Q13 Did you have enough time to discuss your health or medical problem with the doctor?	.763					
Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?	.808					
Q16 Did the doctor listen to what you had to say?	.900					
Q17 If you had important questions to ask the doctor, did you get answers that you could understand?	.896					
Q18 Did you have confidence and trust in the doctor examining and treating you?	.814					
Q19 Did the doctor seem aware of your medical history?	.517					
Q22 If you had important questions to ask [the other professional], did you get answers that you could understand?	.388					
Q23 Did you have confidence and trust in [the other professional]?						
Q24 Did doctors and/or other staff talk in front of you as if you weren't there?						
Q25 While you were in the Outpatients Department, how much information about your condition or treatment was given to you?	.401					
Q26 Were you given enough privacy when discussing your condition or treatment?					.780	
Q27 Were you given enough privacy when being examined or treated?					.849	
Q28 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?						
Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?	.588					
Q30 Did the staff treating and examining you introduce themselves?						
Q32 Did a member of staff explain why you needed these test(s) in a way you could understand?		.678				
Q33 Did a member of staff tell you how you would find out the results of your test(s)?		.762				
Q34 Did a member of staff explain the results of the tests in a way you could understand?		.820				
Q36 Before the treatment did a member of staff explain what would happen?		.511				
Q37 Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?		.427				
Q39 Did a member of staff explain to you how to take the new		.300				

medications?					
Q40 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?		.370			
Q41 Did a member of staff tell you about medication side effects to watch you?			.630		
Q42 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?					
Q43 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?			.914		
Q44 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?			.703		
Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	.558				
Q46 How well organised was the Outpatients Department you visited?				.550	
Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?					

NOTE: figures below 0.3 suppressed

**Table A2: Factor structure matrix**

	Factor					
	1	2	3	4	5	6
Q1 Overall... how long did you wait for an appointment?						
Q2 Were you given a choice of appointment times?	.377	.388	.380	.443		.315
Q3 Before your appointment, did you know what would happen to you during the appointment?	.352	.327	.324	.313		
Q4 Was your appointment changed to a later date by the hospital?						
Q6 Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?	.309					
Q7 How long after the stated appointment time did the appointment start?				.391		
Q8 Were you told how long you would have to wait?						.647
Q9 Were you told why you had to wait?		.302	.306	.339		.698
Q10 In your opinion, how clean was the Outpatients Department?	.336			.701	.320	
Q11 How clean were the toilets at the Outpatients Department?	.332			.676	.320	
Q13 Did you have enough time to discuss your health or medical problem with the doctor?	.701	.447	.375	.411	.412	
Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?	.738	.521	.433	.384	.381	
Q16 Did the doctor listen to what you had to say?	.766	.464	.394	.407	.427	
Q17 If you had important questions to ask the doctor, did you get answers that you could understand?	.781	.512	.434	.406	.405	
Q18 Did you have confidence and trust in the doctor examining and treating you?	.735	.444	.393	.445	.431	
Q19 Did the doctor seem aware of your medical history?	.560	.382	.351	.393	.348	
Q22 If you had important questions to ask him/her, did you get answers that you could understand?	.609	.541	.420	.456	.433	
Q23 Did you have confidence and trust in him/her?	.557	.475	.366	.492	.462	
Q24 Did doctors and/or other staff talk in front of you as if you weren't there?						
Q25 While you were in the Outpatients Department, how much information about your condition or treatment was given to you?	.503	.442	.385		.301	
Q26 Were you given enough privacy when discussing your condition or treatment?	.428	.341		.345	.742	
Q27 Were you given enough privacy when being examined or treated?	.374	.309		.329	.753	
Q28 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?	.361			.330		
Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?	.682	.538	.439	.419	.439	
Q30 Did the staff treating and examining you introduce themselves?	.364	.422	.362	.337	.322	
Q32 Did a member of staff explain why you needed these test(s) in a way you could understand?	.417	.633	.440		.305	
Q33 Did a member of staff tell you how you would find out the results of your test(s)?	.319	.581	.363			
Q34 Did a member of staff explain the results of the tests in a way you could understand?	.490	.732	.490	.349	.309	
Q36 Before the treatment did a member of staff explain what would happen?	.506	.646	.501	.385	.405	
Q37 Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?	.510	.649	.584	.362	.367	
Q39 Did a member of staff explain to you how to take the new medications?	.446	.541	.500	.362	.344	
Q40 Did a member of staff explain the purpose of the	.510	.615	.545	.389	.394	

medications you were to take at home in a way you could understand?						
Q41 Did a member of staff tell you about medication side effects to watch you?	.403	.529	.687	.371		
Q42 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?						
Q43 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	.470	.564	.845	.355		
Q44 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	.341	.416	.642			
Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	.698	.528	.495	.527	.431	
Q46 How well organised was the Outpatients Department you visited?	.443	.367	.332	.632	.354	.326
Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	.549	.419	.317	.533	.504	

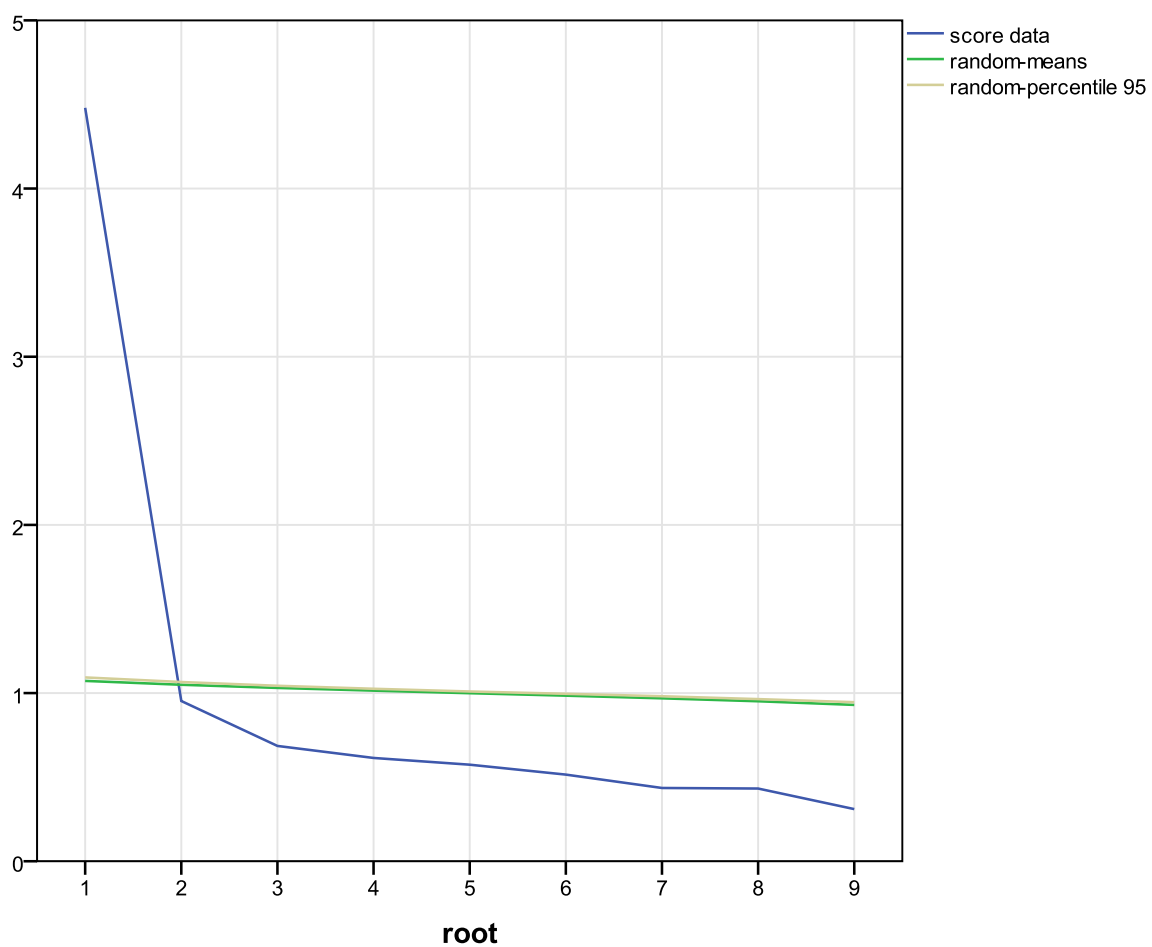
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**Table A3: Factor correlation matrix**

Factor	1	2	3	4	5	6
1	1.000	.694	.585	.611	.596	.295
2	.694	1.000	.715	.528	.509	.300
3	.585	.715	1.000	.469	.358	.345
4	.611	.528	.469	1.000	.532	.394
5	.596	.509	.358	.532	1.000	.184
6	.295	.300	.345	.394	.184	1.000

Extraction Method: Principal Axis Factoring. Rotation Method: Promax with Kaiser Normalization.

The nine composite scores were themselves entered into a parallel principal components analysis. This indicated that one factor was sufficient to explain the correlations between these variables and that they could therefore be aggregated into a single overall experience score for trusts.





## Appendix B: Correlations

**Table B1: question correlations with overall experience (individual level)**

Pearson product-moment correlations			
	Overall composite score	Q48 Overall, how would you rate the care you received.?	Mean of both satisfaction ratings
Overall composite score	1	.670	.902
Q48 Overall, how would you rate the care you received at the Outpatients Department?	.670	1	.925
Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	.678	.596	.700
Q18 Did you have confidence and trust in the doctor examining and treating you?	.608	.520	.613
Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?	.653	.464	.608
Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	.517	.577	.608
Q17 If you had important questions to ask the doctor, did you get answers that you could understand?	.638	.473	.598
Q22 If you had important questions to ask him/her, did you get answers that you could understand?	.658	.442	.595
Q23 Did you have confidence and trust in [the other professional]?	.627	.470	.595
Q16 Did the doctor listen to what you had to say?	.612	.472	.588
Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?	.625	.448	.582
Q46 How well organised was the Outpatients Department you visited?	.473	.577	.581
Q37 Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?	.686	.391	.581
Q43 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	.679	.394	.577
Q36 Before the treatment did a member of staff explain what would happen?	.658	.393	.569
Q13 Did you have enough time to discuss your health or medical problem with the doctor?	.586	.455	.564
Q40 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	.665	.381	.561
Q34 Did a member of staff explain the results of the tests in a way you could understand?	.651	.369	.557
Q41 Did a member of staff tell you about medication side effects to watch you?	.627	.355	.528
Q39 Did a member of staff explain to you how	.608	.350	.515

to take the new medications?			
Q10 In your opinion, how clean was the Outpatients Department?	.468	.445	.506
Q19 Did the doctor seem aware of your medical history?	.516	.398	.499
Q25 While you were in the Outpatients Department, how much information about your condition or treatment was given to you?	.541	.328	.484
Q32 Did a member of staff explain why you needed these test(s) in a way you could understand?	.573	.311	.482
Q11 How clean were the toilets at the Outpatients Department?	.462	.415	.481
Q44 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	.561	.299	.473
Q26 Were you given enough privacy when discussing your condition or treatment?	.494	.324	.452
Q33 Did a member of staff tell you how you would find out the results of your test(s)?	.518	.271	.428
Q2 Were you given a choice of appointment times?	.407	.359	.417
Q30 Did the staff treating and examining you introduce themselves?	.420	.328	.415
Q27 Were you given enough privacy when being examined or treated?	.448	.299	.411
Q9 Were you told why you had to wait?	.334	.312	.355
Q3 Before your appointment, did you know what would happen to you during the appointment?	.354	.281	.344
Q28 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?	.315	.283	.341
Q7 How long after the stated appointment time did the appointment start?	.271	.334	.335
Q6 Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?	.290	.248	.297
Q24 Did doctors and/or other staff talk in front of you as if you weren't there?	.224	.209	.242
Q8 Were you told how long you would have to wait?	.225	.205	.242
Q1 Overall, ... how long did you wait for an appointment?	.202	.178	.218
Q42 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	.218	.151	.204
Q4 Was your appointment changed to a later date by the hospital?	.152	.142	.167

**Table B2: question correlations with overall experience (trust level)**

Pearson product-moment correlations			
	Overall composite score	Q48 Overall, how would you rate the care you received?	Mean of both satisfaction measures
Overall composite score	1	.905	.971
Q48 Overall, how would you rate the care you received at the Outpatients Department?	.905	1	.980
Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?	.893	.904	.921
Q46 How well organised was the Outpatients Department you visited?	.842	.927	.910
Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	.845	.913	.904
Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?	.878	.836	.875
Q11 How clean were the toilets at the Outpatients Department?	.812	.845	.850
Q10 In your opinion, how clean was the Outpatients Department?	.790	.849	.842
Q18 Did you have confidence and trust in the doctor examining and treating you?	.819	.809	.834
Q13 Did you have enough time to discuss your health or medical problem with the doctor?	.817	.782	.818
Q23 Did you have confidence and trust in [the other professional]?	.779	.796	.808
Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?	.804	.768	.804
Q19 Did the doctor seem aware of your medical history?	.770	.752	.778
Q17 If you had important questions to ask the doctor, did you get answers that you could understand?	.782	.720	.767
Q16 Did the doctor listen to what you had to say?	.759	.716	.753
Q32 Did a member of staff explain why you needed these test(s) in a way you could understand?	.751	.704	.743
Q22 If you had important questions to ask him/her, did you get answers that you could understand?	.742	.695	.734
Q44 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	.747	.689	.733
Q43 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	.750	.684	.731
Q24 Did doctors and/or other staff talk in front of you as if you weren't there?	.694	.706	.718
Q26 Were you given enough privacy when	.702	.680	.707

discussing your condition or treatment?			
Q36 Before the treatment did a member of staff explain what would happen?	.736	.650	.706
Q30 Did the staff treating and examining you introduce themselves?	.712	.667	.704
Q28 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?	.665	.695	.698
Q37 Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?	.729	.629	.691
Q34 Did a member of staff explain the results of the tests in a way you could understand?	.709	.633	.684
Q41 Did a member of staff tell you about medication side effects to watch you?	.775	.575	.682
Q27 Were you given enough privacy when being examined or treated?	.674	.641	.672
Q3 Before your appointment, did you know what would happen to you during the appointment?	.662	.632	.661
Q4 Was your appointment changed to a later date by the hospital?	.621	.626	.639
Q7 How long after the stated appointment time did the appointment start?	.589	.615	.618
Q25 While you were in the Outpatients Department, how much information about your condition or treatment was given to you?	.657	.554	.615
Q40 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	.662	.504	.590
Q9 Were you told why you had to wait?	.517	.502	.521
Q1 Overall ... how long did you wait for an appointment?	.523	.480	.512
Q2 Were you given a choice of appointment times?	.479	.485	.494
Q39 Did a member of staff explain to you how to take the new medications?	.512	.397	.460
Q6 Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?	.427	.423	.436
Q33 Did a member of staff tell you how you would find out the results of your test(s)?	.375	.305	.345
Q8 Were you told how long you would have to wait?	.345	.324	.342
Q42 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	.089	.011	.047

**Table B3: Composite score correlations with overall ratings of outpatient experience**

Pearson product-moment correlations			
	Overall composite score	Q48 Overall, how would you rate the care you received..?	Mean of both satisfaction ratings
Overall composite score	1	.670	.902
Q48 Overall, how would you rate the care you received at the Outpatients Department?	.670	1	.925
<i>Dealing with the issue score</i>	.791	.589	.758
<i>Doctors score</i>	.773	.594	.742
<i>Treatment score</i>	.751	.432	.641
<i>Other professionals score</i>	.693	.488	.640
<i>Discharge information score</i>	.750	.423	.628
<i>Medication score</i>	.702	.400	.592
<i>Tests score</i>	.705	.383	.592
<i>Cleanliness score</i>	.497	.458	.528
<i>Privacy score</i>	.528	.348	.484

**Table B4: Composite score correlations with overall ratings of outpatient experience**

Pearson product-moment correlations – trust level			
	Overall composite score	Q48 Overall, how would you rate the care you received..?	Mean of both satisfaction ratings
Overall composite score	1	.905	.971
Q48 Overall, how would you rate the care you received at the Outpatients Department?	.905	1	.980
<i>Dealing with the issue score</i>	.925	.881	.923
<i>Doctors score</i>	.871	.833	.871
<i>Cleanliness score</i>	.819	.864	.864
<i>Discharge information score</i>	.882	.747	.828
<i>Other professionals score</i>	.812	.794	.821
<i>Treatment score</i>	.776	.676	.739
<i>Medication score</i>	.814	.608	.719
<i>Privacy score</i>	.714	.686	.716
<i>Tests score</i>	.726	.648	.700

## Appendix C: Regression analyses

Patient experience measures tend to exhibit high correlations with one another (multi-collinearity). Analyses were therefore performed using the composite scores previously identified and by centring all variables on their mean.

First, demographic variables (gender and four age groups, coded into a set of dummy variables) were tested for predictive power, together with the respondent's rating of health in the period before completing the questionnaire (EQ5D). All were significantly related to the combined quality score. The composite scores were entered in a second, stepwise, block. These all proved predictive with the exception of medication, but health score and gender were no longer significant predictors and were therefore removed from further analysis.

In the next stage, the remaining independent questions (all centred) were entered in a stepwise block following the age group variables. All the questions except Q4 proved predictive, but the age groups were no longer significant and were removed from future analysis.

The final stage was to enter all the composite scores and independent questions together into a regression. This identified a number of non-predictive variables, which were then removed and the regression re-run – see next page.

**Table C1: Regression of Q48 on individual-level predictor variables**

Regression coefficients					
Model (dependent variable = Q48)	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	82.845	.119		697.803	.000
Q46 How well organised was the Outpatients Department you visited?	.150	.005	.224	27.710	.000
Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?	.214	.008	.221	27.886	.000
<i>Dealing with the issue</i> score	.121	.009	.143	14.084	.000
<i>Doctors</i> score	.132	.010	.137	13.555	.000
<i>Cleanliness</i> score	.135	.008	.129	17.445	.000
Q7 How long after the stated appointment time did the appointment start?	.046	.005	.067	9.413	.000
<i>Other professionals</i> score	.052	.007	.063	7.698	.000
<i>Discharge information</i> score	.028	.004	.060	7.355	.000
Q9 Were you told why you had to wait?	.016	.004	.034	4.347	.000
Q2 Were you given a choice of appointment times?	.011	.003	.029	3.890	.000
Q30 Did the staff treating and examining you introduce themselves?	.016	.005	.025	3.440	.001
Q8 Were you told how long you would have to wait?	.010	.003	.024	3.272	.001
Q1 Overall ... how long did you wait for an appointment?	.022	.007	.023	3.346	.001
<i>Treatment</i> score	.015	.006	.021	2.550	.011
Q6 Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?	.010	.004	.018	2.588	.010

## Appendix D: Domains of outpatient experience

### Doctors' interaction

- Q13 Did you have enough time to discuss your health or medical problem with the doctor?  
 Q15 Did the doctor explain the reasons for any treatment or action in a way that you could understand?  
 Q16 Did the doctor listen to what you had to say?  
 Q17 If you had important questions to ask the doctor, did you get answers that you could understand?  
 Q18 Did you have confidence and trust in the doctor examining and treating you?  
 Q19 Did the doctor seem aware of your medical history?

### Other professionals' interaction

- Q22 If you had important questions to ask [the other professional], did you get answers that you could understand?  
 Q23 Did you have confidence and trust in [the other professional]?

### Dealing with the issue

- Q25 While you were in the Outpatients Department, how much information about your condition or treatment was given to you?  
 Q29 Were you involved as much as you wanted to be in decisions about your care and treatment?  
 Q45 Was the main reason you went to the Outpatients Department dealt with to your satisfaction?

### Information about discharge

- Q41 Did a member of staff tell you about medication side effects to watch you?  
 Q42 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?  
 Q43 Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?  
 Q44 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

### Tests

- Q32 Did a member of staff explain why you needed these test(s) in a way you could understand?  
 Q33 Did a member of staff tell you how you would find out the results of your test(s)?  
 Q34 Did a member of staff explain the results of the tests in a way you could understand?

### Treatment

- Q36 Before the treatment did a member of staff explain what would happen?  
 Q37 Before the treatment did a member of staff explain any risks and/or benefits in a way you could understand?

### Privacy

- Q26 Were you given enough privacy when discussing your condition or treatment?  
 Q27 Were you given enough privacy when being examined or treated?

### Cleanliness

- Q10 In your opinion, how clean was the Outpatients Department?  
 Q11 How clean were the toilets at the Outpatients Department?

### Medication

- Q39 Did a member of staff explain to you how to take the new medications?  
 Q40 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

### Dignity and respect

- Q47 Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?

### Organisation of the outpatients department

- Q46 How well organised was the Outpatients Department you visited?



### Questions not included in any domain

- Q1 Overall ... how long did you wait for an appointment?
- Q2 Were you given a choice of appointment times?
- Q3 Before your appointment, did you know what would happen to you during the appointment?
- Q4 Was your appointment changed to a later date by the hospital?
- Q6 Do you see the same doctor or other member of staff whenever you go to the Outpatients Department?
- Q7 How long after the stated appointment time did the appointment start?
- Q8 Were you told how long you would have to wait?
- Q9 Were you told why you had to wait?
- Q24 Did doctors and/or other staff talk in front of you as if you weren't there?
- Q28 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?
- Q30 Did the staff treating and examining you introduce themselves?
- Q39 Did a member of staff explain to you how to take the new medications?
- Q42 Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?

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