

Example of supporting documentation

## **Community Hospitals Research study: Understanding patients' experiences**

### **PATIENT INFORMATION SHEET**

Community Hospitals have been recognised to provide vital services and are a valued part of local health and social care services. However, we know relatively little about Community Hospitals: the nature of the services they provide, what the patient experience is for those who visit or stay, what contribution Community Hospitals make to their communities, or how they are supported by their local communities. Our study hopes to fill these evidence gaps.

#### **Who is conducting the research?**

The research is being conducted by the University of Birmingham's Health Services Management Centre and Third Sector Research Centre. We are also working in partnership with the Community Hospitals Association. The study is funded by the National Institute for Health Research.

#### **What are the aims of the research?**

The primary aim of the study is to provide a comprehensive profile of the characteristics, patient experience and community value of the classic Community Hospital. The study will address three questions:

- What is a Community Hospital?
- What are patients' experiences of Community Hospitals?
- What does the community do for its Community Hospital, and what does the Community Hospital do for its community?

#### **What does my participation involve?**

As a patient using [insert name] Community Hospital, we would like to hear about your experiences of care, support and treatment. If you agree to take part, we will contact you to arrange a time to meet and hear about your experiences of being a patient at this hospital. This will take place at a time and place of your convenience. You are welcome to ask a friend or relative to accompany you during the meeting. The meeting will take place at a convenient time and location, and will last for up to 90 minutes. You will be asked to sign a consent form that says you understand what is involved and consent to participate.

#### **What will this meeting be like?**

One of the researchers will meet with you, to hear about your experiences of being a patient at [insert name] Community Hospital. We are particularly interested in the different services you received, what you valued about the care, support and treatment provided and what you felt could have been improved. The researcher may also ask you a few questions about those experiences. The questions will be open ended, so there are no right or wrong answers. In order to make it easier for the researcher to store and analyse your story they will ask you for your consent to make an audio-recording. Once transcribed, the recording will be destroyed, but the anonymous transcript will be archived for future analysis.

### **Do I have to take part?**

No - taking part is voluntary, but it could help others to have a better experience of being a patient in a Community Hospital. If you agree to take part, then you are free to withdraw at any time, without giving a reason and without your medical or legal rights being affected. If you wish to do this at any time, all you have to do is tell the researcher. You will be reimbursed for any expenses incurred in attending the interview, and will be offered £15 in appreciation of your time.

### **What if English is not my first language?**

If you would like to take part but wish for an interpreter to be present at the meeting we can arrange for this. Just initial the relevant box on the reply slip, or tell the researcher when they call to arrange the interview.

### **How will my participation help?**

Knowing more about Community Hospitals, the patient experience and their value to the community will help to improve future policy and practice. By sharing your story, you could help others to have a better experience of Community Hospitals.

### **Will the findings be anonymous?**

Yes. All recordings and transcripts will be anonymised. We may use direct quotations in reports, but we will not attribute any comments to you, without first seeking your permission. With your permission, transcripts will be archived and made available to other researchers for secondary analysis, but only after they have been anonymised. All information will be managed in accordance with the Data Protection Act (1998).

### **Who has ethically reviewed this study?**

The Wales Research Ethics Committee 6 reviewed this research study reference: 16/WA/0021, on the 24<sup>th</sup> February, 2016, and provided a favourable ethical opinion. The integrity of our research rests on good ethical practice. All researchers have completed good practice training and have been DBS checked (Disclosure and Barring Service, formerly CRB).

### **What will happen with the findings?**

Locally, we will provide you with an executive summary of our report. We will also produce a short report for the Community Hospital. Nationally, a report will be submitted to the National Institute for Health Research, and widely disseminated to practitioners and policy makers across the NHS and beyond. We also plan to use the research to develop a series of other presentations and publications including journal articles, working papers and policy briefings. We hope that the findings will be used to develop understanding and to enhance patient experience and community engagement within Community Hospitals.

### **Who do I contact to find out more?**

If you have any questions, please get in touch with a member of the University of Birmingham research team:

Deborah Davidson: [d.c.davidson@bham.ac.uk](mailto:d.c.davidson@bham.ac.uk)

Mobile: 07527 401 947

Angela Ellis Paine: [a.ellisaine@bham.ac.uk](mailto:a.ellisaine@bham.ac.uk)

Mobile: 07753 747 883

If you would like to talk to someone from the University of Birmingham outside of the immediate research team, you can contact:

Dr Iestyn Williams: [i.p.williams@bham.ac.uk](mailto:i.p.williams@bham.ac.uk)

Tel: 0121 414 7063

Alternatively, if you would like to talk to someone at the Hospital about the research, please contact: [insert senior clinician or manager contact details]

Who do I contact if I want to make a complaint?

If you wish to make a complaint, please contact the Patient Advice and Liaison Service at:[insert name and address of PALS services]

### **What do I do now?**

If you are willing to give your consent to take part in an interview, please complete the reply slip and send it to the University of Birmingham, in the pre-paid envelope provided. Deborah or Angela will then get in touch with you to arrange a time for the interview.

If you do not wish to take part, please ignore this invitation. Please do not return it to the hospital.

**Thank you.**

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## PATIENT INTERVIEW: CONSENT FORM

RESEARCHER'S

NAME \_\_\_\_\_

The University of Birmingham has been funded by the National Institute for Health Research to undertake research into the characteristics, patient experience and community value of Community Hospitals (see information sheet).

We would like to involve you in the research, by asking you about your experience of being a patient and the care, support and treatment provided at [insert hospital name].

If you are happy to take part in this research, please read and initial the following eight statements:

1. I have read and understood the project information sheet and I have had the opportunity to ask questions.	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time.	<input type="checkbox"/>
3. I agree to the interview being audio-recorded.	<input type="checkbox"/>
4. I consent to Community Hospital staff involved in my care, support and treatment, knowing about my participation in this research, so that they can provide additional information about services I have accessed.	<input type="checkbox"/>
5. I agree to an anonymised version of the transcript from the interview being archived and made available for future research analysis.	<input type="checkbox"/>
6. I understand that direct quotes might be taken from an interview and used in reports, but these will be anonymised (e.g. Patient 1, case study B). Nothing will be reported that will identify any individual by name.	<input type="checkbox"/>
7. I agree to my GP being informed about my participation	<input type="checkbox"/>
8. I agree to take part in this research	<input type="checkbox"/>

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_