



NIHR | National Institute for Health Research

Patient Focus group report

Date: 08/07/21

Prepared by: talkhealth partnership

Prepared for: Surgical MedTech Co-Operative NIHR

Topic discussed: General surgery (pre, during, post)



Table of contents

1. Executive Summary.....	3
2. Introduction.....	5
3. Methodology.....	5
3.1 Focus group instrument development	
3.2 Participant selection	
3.3 Focus groups	
4. Demographics.....	6
5. Discussion results.....	7
6. Conclusion.....	13
7. Recommendations.....	13
8. Appendices.....	15
8.1 Appendix A: Discussion guidelines	
8.2 Appendix B: Consent form	
8.3 Appendix C: Screener survey	
8.4 Appendix D: Participant selection criteria	
8.5 Appendix E: Infographic	

1. Executive Summary

The **Surgical MedTech Co-Operative**, funded by the **National Institute for Health Research (NIHR)**, is a group that supports the development of new technologies in the fields of colorectal, vascular and hepatopancreaticobiliary (liver, gall bladder and pancreas) surgery, improving both healthcare and quality of life for patients. The group works collaboratively with academics, clinicians, and patients, as well as organisations such as talkhealth, to help support their research and address areas in need of innovation, in addition to evaluating how technologies can be implemented within and across the NHS.

With this in mind, talkhealth were asked to recruit members with a specific participant profile and invite them to take part in online focus groups, with an objective of gathering feedback on general surgery experiences among the adult UK population, from pre-surgery to post-surgery, with particular focus on identifying support gaps, and asking the question directly to patients whether they believe the implementation and use of technology could be of real value in terms of filling these gaps.

Key findings:

Communication

Most of the focus group participants expressed concerns in relation to communication, predominantly focussing on the communication between patients and their surgeons, which they found to be inadequate and lacking in consistency. However, many did appreciate that this can often be dependent upon the consultant with whom they are appointed to. The participants also exhibited fears around the level of communication shared between medical experts, all the way from consultants, to GPs, and even between theatre nurses and the nurses on the ward, and questions were raised as to why this appears to be such a common observation, both during the pathway of surgery as well as medics obtaining full medical histories in general, identifying a clear discrepancy within the overall surgical experience of a patient.

Patient education

In conjunction with the concerns around communication, the participants relayed scenarios in which they had to independently search for definitions of medical language and terminology used by consultants in order to gain better understanding of what this really means for them and as a patient what they should expect. *“We’re scared. We don’t have the same knowledge as a surgeon...we are there with no information as we have not been there before, which I don’t think all surgeons take into account.”*

Follow-up and patient support

When discussing post-surgery experiences, it was explicitly clear that many of the participants believed follow-up protocols were lacking, both in consistency and in the level of support provided. For the participants who had experience of multiple surgeries, all of them were able to relay positive experiences of follow-up procedures, where clear guidance was given to them for self-management post-surgery and where contact had been made with

them from a health professional at some point since hospital discharge. Unfortunately, these same individuals also shared negative experiences where the follow-up procedure had not been as effective, and in some cases, non-existent. From a patient perspective, this lack of consistency appeared to pose a difficulty for the group to comprehend and accept.

Managing expectations

The notion of consultants managing patient expectations was also discussed throughout the focus groups. The participants were very willing to accept the fact that different NHS Trusts/hospitals have different policies and procedures, and when it comes to surgery, certain protocols may be followed, which can potentially impact upon the patient's journey, and in some instances, account for the inconsistency often experienced as previously mentioned. They were also very willing to appreciate that if these protocols were explained to them from the outset, they would feel much more comfortable and appeased, as they would know from the beginning what to expect in terms of their surgical journey, and when considering that many participants feel that surgery is like *"stepping into the unknown"*, managing expectations could be pivotal in improving patient experience.

Consent

Issues were discussed in relation to patient consent, particularly focussing on how and where this consent is gained. Participants expressed concerns over how informed they really are when giving consent and whether this process could be more thorough, with some suggesting ways in which technology could be used to improve this process.

2. Introduction

Two online focus groups were conducted with the aim of better understanding the experience of general surgery, from pre to post, highlighting and exploring any support gaps. The focus groups were also used as an opportunity to identify how technology could be used within areas that need improvement and whether technology played a part in the participants' experiences of surgery.

The information gathered from these focus groups and relayed in this report can be used by the Surgical MedTech Co-Operative group to aid the development of new ideas that can address clinical problems across the NHS, many of which were identified in this project.

3. Methodology

3.1 Focus group instrument development

Focus group discussion guidelines (Appendix A) were developed by talkhealth and sent to all participants in advance. These guidelines were created with inclusivity and confidentiality in mind, which was further supported by the development of a consent form (Appendix B) also sent to participants in advance to ensure all individuals were aware of what was expected of them within the discussion, as well as reinforcing the importance of confidentiality and respect for all involved.

3.2 Participant selection

Participants were selected by talkhealth after an 8 week recruitment campaign hosted on the talkhealth website, which included a screener survey (Appendix C) developed to obtain a set of participants that met a specific criteria (Appendix D) and demographic profile. 112 people were initially screened to identify potential participants, with 67 respondents meeting the recruitment criteria. An infographic summarises this data (Appendix E). 20 individuals were selected from this list, with 12 of these available to attend on the specific date and time offered.

3.3 Focus groups

Two focus groups were conducted online via zoom on the 24th and 25th June 2021, with a total of 12 people attending overall, 6 participants in each group. Each focus group lasted for approximately 1.5 hours and were recorded for analysis purposes, consent for which was gained in advance, in line with GDPR regulations.

Each focus group was also attended by a general surgeon, who was able to offer their expertise and knowledge and well as answer questions raised by participants in relation to the surgical process.

Focus group (date)	Number of females in attendance	Number of males in attendance
24/06/21	3	3
25/06/21	4	2

4. Demographics

12 people in total attended the focus groups, 7 females and 5 males. The participants were situated in various locations across the UK, which was beneficial in terms of gaining a broad perspective on surgery experiences at NHS hospitals across the nation, locations of which are shown in table 1:

Table 1: Participant locations across the UK

Location	No. of participants
England: East Midlands	2
England: North West	3
England: South West	1
England: South East	1
England: West Midlands	1
England: Yorkshire and the Humber	2
England: London	1
Scotland	1

Table 2: Participant age range

Age range	No. of participants
25 – 34	1
35 – 44	2
45 – 54	3
55 – 64	3
65+	3

Table 3: Participant ethnic group/community

Ethnicity	No. of participants
Asian/Asian British	1
Black/African/Caribbean/Black British	1
White (British)	8
White (any other background)	2

Table 4: Time since the most recent experience of surgery

Time	No. of participants
1 month ago	3
2 – 6 months ago	1
6 months – 1 year ago	1
2 years ago	5
3 years ago	1
5 years ago	1

Table 5: The number of surgical procedures experienced by participants

No. of surgery experiences	No. of participants
1	2
2	2
3	2
4	1
5	5

Within the group of participants, only 2 had emergency surgery, with the remaining 10 individuals all having elective surgery. All experiences of surgery discussed within the focus groups were organised by the NHS, but 2 participants also said they had previous experience of privately organised surgery.

The initial screener survey sought information in relation to the types of surgery experienced. Within the final group of selected participants, there was a variety in the types of surgery the participants had, as shown in tables 6 and 7:

Table 6: Focus group 1 – type of surgery

Type of surgery
Spinal implant
Post prostatectomy insertion of artificial urinary device
Heart pacemaker fitted
Gall bladder removal
Autologous sling
2 wisdom teeth were removed under general anaesthetic

Table 7: Focus group 2 – type of surgery

Type of surgery
Hernia
Bowel
Bowel resection
Hamstring repair
Hysterectomy
one participant did not wish to disclose this information

5. Discussion results

Topic 1 - Pre-surgery

The participants in both focus groups were generally quite responsive when asked to give feedback on their experiences of pre-surgery, with each participant contributing to the discussion in a valuable way. All of the participants had very different stories to share, with a wide variation in the types of surgery undertaken, and yet despite this, there were a number of common themes threaded throughout the conversation.

Communication

The most common observations made by the participants were in relation to communication, specifically the “*lack of communication*”, the miscommunication in terms of the language used by surgeons, as well as “*inconsistency*”. The following are representative responses:

“We’re scared. We don’t have the same knowledge as a surgeon...we are there with no information as we have not been there before, which I don’t think all surgeons take into account.”

“I just think we [patients and medics] almost have a different language, a different understanding of what the same words mean and what we hear as patients and what you say as surgeons, and therein lies the problem.”

In line with the response above, another participant in a different focus group interestingly shared a very similar opinion: *“I’ve found that the manner of different surgeons in terms of the language that they use widely differs.”* She explained that some surgeons use medical terminology and use descriptions of the surgery that can often make the patient feel quite uncomfortable, especially when referring to surgical tools and the kind of incisions that will be made. But she also mentioned other surgeons who she said *“showed compassion”* and instead talked about the difference the surgery can make on their life.

In the first focus group, the participants discussed how surgeons relayed information, with one participant saying there was almost *“a lack of brutality”*, and another saying they received a *“fluffy presentation”* of their procedure:

“Before the surgery, I had an appointment with a consultant who wasn’t carrying out the surgery, who was very fluffy...he didn’t tell me about anything that could possibly go wrong with the surgery, or any kind of after-effects. On the day of the surgery, I never met the surgeon who carried out the procedure. Instead, a junior doctor came and saw me with a consent form that had a list of various things such as “nerve damage”...none of these things had been explained to me before this. I was just about to have the surgery when I read this form. None of things that could go wrong with the surgery were discussed with me prior to this.”

One participant who had gone through a gallbladder removal, talked about *“lack of communication between doctors/surgeons”*. In the discussion, he explained that at the initial appointment, he was told that the procedure would be keyhole surgery, which he had previous experience of so felt comfortable with this news. At a following appointment, he had a second consultant who gave him conflicting information, saying that it was in fact going to be a much bigger procedure and told the patient *“we can’t do keyhole surgery as you have this done before”*. The participant went on to explain to the group: *“I suffer with depression, and this news made it worse for me.”* From this point, he expressed how anxious he felt as it was now a major operation which he did not have previous experience of and thus did not know what to expect. He relayed that on the morning of the operation, he was then told that he was in fact having keyhole surgery. *“I couldn’t believe this, as I had got myself so worked up and gone through hell, to only find out it was back to the original statement of keyhole surgery. It seems there was a lack of communication between doctors and the way they get the message across to the patient.”*

Another participant queried why it appears that doctors do not communicate with each other, with concerns focussed particularly towards when patients are moving between consultants, departments, and sometimes hospitals. The rest of the group seemed to agree with this observation, with the general consensus being that patients feel that this lack of communication often results in patients having to repeatedly answer the same questions: *“it feels like you have to constantly explain yourself.”* In response to this, another participant said:

“It’s not always a lack of communication, but it’s more not reading the records that are there. Even within the same department, every time you turn up for an appointment, they are asking a whole load of questions that I know are on the records...it’s the taking the time to read what is in front of them on the computer screen...and preferably not sitting behind the computer screen when they are talking to you...I found out I have cancer by the doctor reading my notes to me over the top of his computer screen...But another consultant sat with me and twisted his screen around so that we could both see it and he could

then point things out, which I found a lot better as an experience. He used his notes on the computer screen as a way of involving and engaging me and not something to hide behind.”

Consent

Important points were raised in relation to how consent is obtained prior to the surgical procedure. One participant felt quite strongly about the topic of consent. Firstly, the participant expressed recollections of times when she has been given a handwritten consent form and cannot read/understand the information in front of her, and then goes on to share her thoughts on where this consent is obtained:

“There are two things around consent that I would like to raise. One is where consent forms are handwritten...so there is a definite need for technology here in terms of making that information accessible and not rely upon how well someone can write. The other thing is where that consent takes place. I have been in positions before where I have been sat in a side room within the pre-op area to give my consent which is great. But I have a condition that I am not particularly comfortable sharing with people. So one of the things that really irks me is when you’re on a shared ward and the doctors speak quite loudly about your medical condition, and you’re in a room amongst strangers with this personal information being spoken about so openly and explicitly. I’m more concerned about feeling embarrassed than thinking about informed consent and whether I do actually understand this and whether I am asking the right questions...so I think where it happens and how it’s recorded is really important.”

Another patient had a different experience when providing consent. She explained that for her, it was done 2-4 weeks prior to the procedure in the privacy of a doctors’ office, and she recalls the experience being very *“calm and relaxed”* but also told the group that she was not asked for her consent at any point after this, not even on the day of the surgery and questioned whether patients should be given another opportunity on the day to be asked *“would you still like to go ahead with this?”* and make sure it is the right decision for them.

In response to this, one participant suggested: *“why don’t they send us the risks and consent form before the surgery or information before the appointment because then we have time to read about it and ask specific questions based on our needs. When you are at the appointment, it’s quite overwhelming and you may not be able to think of the right questions on the spot.”*

“We have to think about people who have different learning styles, being sat in a room in an unfamiliar environment, being told information in language that they might not be familiar with, whether that’s because of the language they speak or not understanding the medical terminology used, it’s about getting the most out of the appointment.”

Most of the participants in the second focus group shared a common opinion that there did not seem to be enough time and that the process appeared rushed. Ideas were discussed about the kind of technology that could help with this, particularly in helping patients consider their options, making sure they

are giving informed consent, which they can do within a familiar and comfortable environment, rather than on the day of the surgery when patients are nervous, avoiding the feeling of *“being rushed.”*

Patient education

In the first focus group, the discussion around pre-surgery initiated a conversation about clinic letters. All the participants said they received a clinic letter but raised the concern that some of the medical terminology and language used in the letters can sometimes be difficult to understand as a patient. Despite this, everyone seemed to agree that the letters were useful because it allowed them to process the information in their own time, and look things up if they were unsure and needed clarification, with one participant admitting: *“I’ve had to google words before.”*

The second group reiterated very similar thoughts and experiences, reporting that as patients who do not have medical experience, you often are concentrating so much on the information being relayed to you from a medical expert who you trust, that you tend to forget to ask the right questions in pre-surgery appointments, and forget a lot of the information once you have left the appointment. One participant suggested that *“patients should be encouraged to pre-plan and prepare for those appointments, ask for the right information and take notes”* with this suggestion conjuring ideas about how technology could be used to help patients achieve this.

Topic 2 – During surgery

Patient preferences

When asked about experiences during surgery, most participants reported that they were happy with the actual procedure they had so were not as vocal and did not have as many thoughts to share with the group. However, one participant who has experienced several surgical procedures, raised a point about patient preferences:

“Before my surgeries, I always speak to the anaesthetist, because I prefer IV paracetamol as opposed to morphine, and I want to let them know this. After all of my previous operations, I have woken up in agony. My most recent experience was completely different. I spoke to him [the anaesthetist] and he said that he would do the best he could. And this time, I woke up from that procedure for the first time ever without pain. As patients, when we have been through surgery before, we know what to expect, and we know what it feels like when we wake up, and so for him to have listened to me and take what I said on board, it meant a lot.”

The surgeon present in this particular focus group responded by asking: *“do you think electronic patient records that you have access to would be appealing to a lot of patients? Within this, you could add a note saying that you prefer IV paracetamol which could pop up each time so that you’re not repeating the same story – would that help?”*

The participant’s response to this was: *“Yes! I am on ‘patient knows best’ (derby’s electronic system), as well as the NHS version which allows you to order your prescriptions, but they don’t link up.”*

The surgeon explained the new technology being used currently which does allow interaction between the medic and the patient, but appreciates more needs to be done so that these electronic systems link up and also include patient preferences.

Similar discussions were had in the second focus group about patient preferences and the need for technology in this area to achieve more person-centred care for patients: *“whiteboards are still being used to write ‘what is important to me?’ but I don’t quite know what to say for this...could technology be used to make the process more person-centred? Nurses don’t have time to read your notes, so how do we make that information available to them more readily?”*

Topic 3 – Post-surgery

Follow-up and patient support

Both focus groups had in depth discussions about post-surgery care, with particular focus on the importance of patients being given the tools and resources to cope with day-to-day life and self-manage their recovery after surgery. Most participants expressed concerns that they did not receive any follow-up post-surgery, with the following quotes being representative responses:

“I felt I was left to my own devices and spent a lot of time on the phone speaking to my GP who didn’t know what was happening. Lots of miscommunication.”

“I ended up searching up the brand of my spinal implant as there is an online community of people who have had this brand of spinal implant. There are still things that I am unsure of in terms of what I can and cannot do...where do I go? My surgeon has now discharged me, so I only get to see someone from pain management now, but due to COVID, I have not been able to see them for nearly 2 years, which is a long time. And it’s also very hard to explain how I am over a phone call.”

One of the surgeons present in the focus groups explained that the information given to patients post-surgery varies widely depending on trusts and hospitals. He told the group that some trusts will send a patient home with leaflets and information, but that is not a nationwide procedure and there is not a standardised protocol for discharge across the NHS.

A participant recalled their post-surgery experience: *“I was allowed home within a few hours of the operation, which was amazing because I just wanted to get home. But that’s where it ended. I went home and recovered and have heard nothing at all to this day from the hospital regarding the operation, so they don’t know how I’ve got on and I find that upsetting, it would have been nice to have someone check up to see if I was alright.”*

In stark comparison, another participant who had bariatric surgery 3 years ago explained how thorough the process was, referring to the training they were offered which included diet and nutrition advice to help them cope with the lifestyle changes post-surgery. They also explained that the surgeon has still not discharged them, 3 years on, and remain under their care until it is determined that this is no longer necessary. The participant expressed that while she understood that due to financial reasons the NHS would not be able to do this for every type of surgery, there are a lot of life-changing types of surgery that would benefit from this level of assessment, care and monitoring.

Managing expectations

One participant shared his experience of post-surgery following a gallbladder removal, recalling that he has not received any kind of follow-up communication since being discharged from hospital. The surgeon present explained that it might have been that particular Trust’s policy not to follow-up that type of procedure, and that if the surgeons believe they have given the patient all information regarding recovery, they have no evidence that follow up will improve the outcome. The surgeon also appreciated that this is might not be made clear from the outset and that perhaps it is about managing patient’s expectations, a suggestion to which the participant responded saying:

“It would have been nice if I was told from the beginning and then I wouldn’t have been expecting it. I have had 5 operations and each one I have had some kind of communication afterwards, and that makes you feel a lot better, just to know that they’re thinking of you and that they care about what’s happening. If I had been told that initially that would have been fine.”

Another participant who had an emergency pacemaker fitted said that *“it’s a big shock afterwards. I was positive before but I didn’t realise what a difference it would make to me. I’ve been extremely tired ever since”* and feels there was a lack of explanation or information given to him prior to the surgery in terms of how long recovery would take.

Most patients want to know *“what can I expect about my recovery?”* The participants reiterated the importance for a patient to know what to expect, what’s normal and not so normal, and the things to look out for so patients know whether they need to seek medical advice or not.

The surgeon in the focus group explained how overwhelming intensive care can be, and that the NIHR have been interested in using virtual reality technology so that patients can have a better idea of what to expect on the ward as well as the patient journey as a whole. The surgeon then suggested whether this could be rolled out for surgery to give patients a clearer idea of what to expect from pre to post. The participants thought this was a great idea, with one person identifying that it would come down to patient preference as some would like to know while others would prefer not to, but also appreciated the value of using this type of technology to manage patient expectations.

6. Conclusion

The focus groups conducted and hosted by talkhealth provided an opportunity to identify areas within the general surgery experience that could benefit from the implementation and use of technology, and how this could improve the patient journey. Similar themes and experiences were identified throughout both focus groups with no prompting or encouraging from the host, including concerns around communication, patient support, and informed consent.

Overall, the focus groups were received well by the participants, with all involved reporting that they enjoyed the discussion and found it useful. One participant was particularly grateful for the opportunity to be involved, saying: *“it’s given us a voice. We are very lucky to have the NHS in this country. This has given us a voice to share the good and the bad.”*

The experiences and stories shared in these focus groups can hopefully be used as the foundation upon which new ideas and technological concepts can be built upon, and the importance of patient feedback should not be underestimated. The involvement of patients in this process is critical to the continuing success of the NHS, and the enthusiasm shown amongst the study group is an indication of the willingness of patients to be involved in these types of discussion to ensure the right developments are put in place.

7. Recommendations

1. **Managing expectations by using virtual reality technology to give patients a better comprehension of what to expect from the patient journey.** The majority of the participants reported that if they had a better idea of what to expect, from arriving at hospital, to being on the ward following surgery, and even to their recovery once they’re home, they would feel much more reassured. Virtual reality experiences showing the journey of general surgery from a patient perspective could be extremely beneficial in achieving this. Another suggestion raised in the focus group was the concept of a video displaying a typical experience of a ward following surgery, explaining how a patient might feel, what the process is and what they should expect. A lot of patients question *“what can I expect about my recovery?”* and it’s important to them that they know what’s normal and perhaps not so normal, and the things to look out for so they know whether they need to seek medical advice or not.
2. **Use of technology to improve the process of gaining consent to equip patients with the knowledge they need to make an informed decision.** Patients described experiences of giving consent under pressured conditions, often on the day of the surgery, which did not allow time for them to be sure they wanted to go ahead with the procedure. The participants were very enthusiastic about the idea of online consent forms that can get sent to the patient in advance of the planned procedure and come with educational packages that include the benefits and risks of surgery. This would enable the participants to digest the information within a familiar environment and

have the time to assess their options, while having the opportunity to consider any questions they would like to ask before signing anything.

3. **Implementation of an electronic system that allows patients to access their medical records easily, either in an app form or web-based, that is kept up to date and includes patient preferences.** The participants were aware that such applications/systems are already in existence, but the general consensus was that these records did not appear to be kept up to date. Patients feel that they have to answer the same questions each time they go to an appointment, and for some, this can be a distressing thing to do. Patients also appreciated that health professionals do not have a lot of time to read patient notes, and did not feel that the electronic systems currently in place are designed in a way to make patient notes readily available. One suggestion to make a patient experience more person-centred was having electronic medical records that were accessible to patients and enabled them to write in their own patient preferences, such as *“I prefer IV paracetamol”*, so that the patient would not have to explain this each time they had surgery. Another suggestion was having the details of the most recent hospital admission displayed at the top of the medical records so that doctors can easily and quickly see this information. A representative response in relation to this recommendation was: *“some form of app where you can get your own information, and you have a password or NHS number, a place where everything is up to date so you know that when you pull up the folder, the consultants you see has all of the information they need. You can order your prescriptions online, you can do everything online – how hard can it be to view your own medical records?”*
4. **Development of a centralised database accessible to patients where they can find educational material and reliable information that is audited and controlled.** The focus group participants reported the many times they have searched the internet to seek medical advice, or find out what is deemed to be ‘normal’ or not within their post-surgery recovery process. They also described how much information is out there, and their reservations over which source is reliable or not, reporting how overwhelming this can be. This database could also document patient experiences and include guidance about fitness, nutrition and the psychological impacts that most patients experience post-surgery, particularly for those where surgery has been a life-changing procedure. Patients need to be equipped with the tools, resources and knowledge they need to cope with life after surgery and be able to self-manage their recovery. Technology could be vital in achieving this.
5. **Utilising online video call software to provide patients with easy-access appointments, both before and after surgery, reducing the need for patients to travel, particularly when recovering after surgery.**
6. **Educational packages for patients to take home with them/access following surgery so that they are adequately equipped with the knowledge they need to self-manage their recovery.** These packages could include information on how to look after a wound, instructions on dealing with a catheter, or perhaps even guidance on pain management. They could also provide guidance on the next steps, managing expectations by clarifying whether the patient should be expecting a follow-up call or not, advice on what to do in an emergency, along with details of helplines or tips on who patients should call should they need advice. These packages of information

could be contained electronically in a web-based format so that they are readily available for patients when required and audited on a regular basis to maintain reliability of information.

8. Appendices

Appendix A: Discussion guidelines

- First and foremost, your participation in this focus group is completely voluntary, and you are free to withdraw your participation at any point.
- We want you to know that it is completely acceptable to abstain from discussing specific topics if you do not feel entirely comfortable in doing so.
- All responses are valid. There are no right or wrong answers, so please speak as openly as you feel comfortable to.
- We ask that you are respectful of the responses given from other participants, even if you do not agree with them. Please also be respectful of people's decision to abstain on discussing specific topics if they do not feel comfortable enough to do so. The focus group is a safe space to discuss general surgery experiences openly and honestly.
- Try to stay on topic – we only have a maximum of 1.5 hours and would like all participants to get involved and speak, so it is very important that we stay within the realm of the research objectives/questions.
- Avoid revealing very detailed information about your personal health/medical history, and try to focus solely on your surgery experience.
- Help protect the privacy of others by not disclosing any information shared by others outside of the focus group.

Appendix B: Consent form

- I understand that this research is sponsored by Surgical MedTech Co-operative (NIHR -National Institute for Health Research) and is being carried out in accordance with the General Data Protection Regulation (GDPR).
- I understand that the aim of this research is to gain my views and experiences of surgery for market research purposes only and is not intended to be promotional.
- I understand that the identity of participants is confidential and none of my details will be passed on to any 3rd party, including the sponsoring company.
- I understand that any information I disclose will be treated in the strictest confidence and the results of the research combined to provide an overall picture of the areas being covered in this project. No answers will be attributable to me as an individual.
- I understand that my participation is voluntary and that I have the right to withdraw from the focus group event at any time and to withhold information as I see fit.
- I agree to the focus group event being recorded via the Zoom application. The recorded audio is used for analysis and quality control purposes only and will not shared with the sponsoring company.
- I will not disclose any information shared by the other participants outside of the focus group.
- I agree to take part in this research project.
- I have read, understood and agree to adhere to the guidelines laid out in the 'Discussion Guidelines' document.

Appendix C: Screener Survey

1. Have you ever had general surgery?
2. How long ago did you have surgery?
3. How many times have you had surgery?
4. Was your surgery organised via the NHS or privately?
5. Thinking about your most recent experience of general surgery, was this emergency surgery or elective (pre-arranged) surgery?
6. How far do you agree with the following statement: "I was given adequate support/information before going into surgery"
7. How far do you agree with the following statement: "I was fully informed of the benefits and risks before going into surgery"
8. How far do you agree with the following statement: "I was fully informed about the procedure and what was going to happen to me during surgery"
9. How far do you agree with the following statement: "I was given adequate support/information about post-surgery care"

10. On a scale of 1 - 5 (1 = Not aware at all, 5 = Very aware), how aware were you of what to expect during post-surgery recovery?
11. Were you offered any rehabilitation following your surgery?
12. Did you receive follow-up appointments?
13. If you elected to have surgery, would you choose to have the surgery again?
14. Overall, how would you rate your most recent experience of general surgery?
15. Briefly, how would you describe your most recent experience of general surgery?
16. In your opinion, were there any gaps in the information/support you were provided with? (e.g. could technology have been used to improve your experience?)
17. It is important to note that the focus group event will be hosted on Zoom and will be recorded for analysis purposes only. Only talkhealth will review the recording and will discard of it once the analysis has been completed. In order to record the focus group, we will require consent from ALL participants. Please specify below whether you consent to be being recorded on zoom during the focus group event.

Appendix D: Participant selection criteria

- Has had previous experience of general surgery
- Has had surgery within the past 5 years
- Has had surgery that was necessitated by health condition as opposed to cosmetic purposes
- Provided consent to be recorded during the online focus group

Appendix E: Infographic



NIHR infographic
v1.pdf

- A link to the infographic can be found here: [_____](#)