GUIDANCE MANUAL FOR THE NATIONAL NHS AMBULANCE SERVICES SURVEY 2014

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT SURVEY PROGRAMME

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Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this guidance manual. Alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission assessments for your trust. If trusts need to make any adjustments to the method or materials set out in this guidance, you will need to check with the Co-ordination Centre that the proposed alteration would not compromise comparability or impact on Research Ethics Committee or Section 251 approvals (see Section 3 and 4).

Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts directly to inform them of the change. This document is available from the Co-ordination Centre website at:

www.nhssurveys.org

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1 Introduction: The importance of patient feedback

1.1 The Care Quality Commission

The NHS Patient Survey Programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England and is responsible for administering the survey programme with the Survey Co-ordination Centre. CQC regulates care provided by the NHS, private companies and voluntary organisations and aims to ensure better care is provided for everyone – in hospitals, care homes and people's own homes.

CQC is committed to involving people who use health and care services in all its work, as well as ensuring that the providers of care services also involve and respond to people's views. The experiences of patients, people who use services, carers and families are at the heart of CQC's work.

By ensuring that organisations carry out these surveys in a consistent and systematic way it is possible to build up a national picture of people's experience and, *with care*, to compare the performance of different organisations, monitor change over time, and identify variations between different patient groups. The surveys are expected to inform local improvement activity; they are seen as an important source of information for helping people choose between providers and for informing commissioners of services. The national survey programme supplies NHS England and the Department of Health with data from which to assess performance against national patient experience targets. It also provides an important source of data for CQC's assessments.

1.2 The Co-ordination Centre for patient surveys

The Co-ordination Centre for the NHS Patient Survey Programme, of which the NHS Ambulance survey is part, is based at Picker Institute Europe and works under contract to the Care Quality Commission to design, test, and co-ordinate the surveys in the NHS Patient Survey Programme.

1.3 Why we need patient feedback

Quality in health and medical care has two distinct dimensions. One has to do with the quality of care from the perspective of professional, technical standards; and the other dimension concerns the quality of care from the perspective of service users. Understanding the way service users experience the care they receive is essential to a complete assessment of the quality of healthcare, and this can only be obtained by asking the service users themselves.

It is important to adopt systematic, appropriate and effective ways to ask service users about their experiences, and use this information to shape and improve the way healthcare is delivered. This manual is designed to help staff in NHS ambulance trusts to obtain service user feedback through the national ambulance services survey. It also provides guidance on how you may use the information gathered for quality improvement programmes and for monitoring performance. By following this guidance, you will also help to ensure that the survey results from your trust are comparable with other trusts, and with national benchmarks.

1.4 Patient feedback and the NHS Constitution

Improving the experience of each individual service user is at the centre of the NHS Constitution. Obtaining feedback from service users and taking account of their views and priorities are vital for the delivery of high quality services and for driving real service improvements.

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out local surveys asking service users their views on the services they have received. The NHS Patient Survey Programme is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this by:

- providing information to support local quality improvement initiatives
- tracking changes in service user experience locally over time
- providing information for active performance management
- providing information to support public and parliamentary accountability
- providing information for the Care Quality Commission to inspect and regulate services

1.5 Background to survey

This survey will be the third survey covering ambulance services run as part of the national patient survey programme. The last survey ran in 2008 and focused on Category C service users. There have been a number of challenges to repeating a nationally co-ordinated, systematic survey of ambulance users which stems largely from the differences between ambulance trusts in the way patient data is recorded. However focusing on service users who have received telephone advice from ambulance trusts allows a focus on an expanding group of service users who have not previously been asked to report on their experiences of services through a standardised national survey, while effectively utilising information that is systematically recorded. Designing the survey methodology and questionnaire was a collaborative effort involving consultation with CQC and NHS England, as well as colleagues working within all ambulance trusts across England. The input from colleagues from the National Ambulance Service Patient Experience Group has been especially valuable. However questions were largely derived from issues that service users deemed most important during focus groups and were rigorously tested with service users..

Essentially the model for this survey, requires ambulance trusts to draw samples and send them to the Coordination Centre, where a sample of service users will be drawn and their information sent in a secure, encrypted file, to the fieldwork agency, TNS BMRB for trained interviewers to administer the survey. After interviews have been conducted, all survey responses will have been anonymously recorded will be sent back to the Coordination Centre for analysis. There will be no way to link a respondent’s answers to their identifiable data. CQC will publish results that will help inform ambulance trusts about patient experience amongst their hear and treat service users.

1.6 Care Quality Commission assessments

Information drawn from the questions in the ambulance survey will be used by the Care Quality Commission (CQC) in its assessment of ambulance trusts in England. A consultation regarding how CQC regulates closed on 12 August 2013 which described how it will use information.
More information about CQC’s consultation can be found here
http://www.cqc.org.uk/public/sharing-your-experience/consultations/consultation-changes-way-we-inspect-regulate-and-monito

CQC plans to set out a signposting statement for how the new approach will apply to ambulance services in 2014. However data will be used to monitor and regulate services.

1.7 Measuring performance over time

In addition to performance assessment, the Care Quality Commission will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data. Asking each ambulance trust to carry out a service user survey in a consistent way builds a detailed picture of service users' experiences in NHS ambulance trusts. Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability. The results are also used by NHS England and the Department of Health (DH) for performance assessment, improvement and regulatory purposes.

The Care Quality Commission intends to archive the survey data with the UK Data Service after the analysis is completed and published. This will be done with appropriate safeguards that ensure patient confidentiality.

1.8 Target Population

This survey is intended to gather information from a very specific group of service users. This group is defined as people who have dialled 999 and received telephone triage and advice from the ambulance service. These service users are referred to as ‘hear and treat’ callers. They are service users who did not have life threatening conditions or otherwise require an immediate ambulance crew response. Typically the only contact ‘hear and treat’ service users will have had with the ambulance service is over the phone; however, in some cases an ambulance crew response may have been deployed after the completion of telephone advice and triage. Hear and treat callers are classes as Green 3 or Green 4, and for the purposes of this survey only include service users who reached the ambulance service via 999 rather than NHS 111.

1.9 Basic requirements for the NHS ambulance survey

For comparisons between trusts to be accurate, fair and effective, it is essential that the surveys are carried out using a standard procedure in all NHS trusts. Furthermore, this is essential in order to comply with the procedures and standards covered by the Research Ethics Committee and Section 251 approvals. Those standards are set out in detail later in this document. In summary, they are as follows:

- By this point, the Co-ordination Centre must know who at your trust will work on the survey sampling to allow us to communicate vital information about the 2014 ambulance survey to you (e-mail: **ambulance.data@pickereurope.ac.uk**). **If you have not confirmed who this person is then please do so immediately.**
- The samples of service users must consist of the all ‘hear and treat’ callers from 00:01 on **December 1st 2013 to** 23.59 **December 31th 2013** as outlined in *Section 7 – Compiling a list of service users*.
- The sampling procedure set out in this guidance must be followed. To do this, you will need to work closely with the person who draws the sample, and check carefully that this guidance has been adhered to. For further details see *Section 7 – Compiling a list of service users*.
- Sample data must be submitted to the Co-ordination Centre *Section* 7 – *Compiling a List of Service Users.* You should to submit these sample files to us between **6th and 27th January 2014**

- To produce maximum value from the survey, we should all aim to obtain the highest response rate possible. You can help by publicising the survey to staff, service users and the community. Materials to use for this have already been sent to you, but they can also be found here http://www.nhssurveys.org/surveys/285.

2 Setting up a project team

We recommend you set up a project team to assist you. The best way to ensure that your survey is a success is to work hard *in the beginning* to involve those people who have the most impact on service user' experiences and who will be responsible for responding to the results of the survey.

We suggest:

- **Establishing a workgroup.** Put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:
  - Caldicott Guardian
  - Board members
  - Call handlers, paramedics, and other ambulance staff
  - Members of patient groups with a special interest in the trust
  - Patients and carers
  - Medical records personnel staff
  - Managers
  - Staff or directors responsible for:
    - Clinical governance
    - Patient advice and liaison service (PALS)
    - Quality improvement
    - Strategic planning

- **Involving the person responsible for drawing the service user sample in planning meetings.** It is essential that this person, and their line manager, understand the purpose of the survey and the importance of drawing the sample correctly.

- **Keeping everyone informed.** Notify as many people as possible about ideas and activities. All staff in the trust should be made aware when a survey is being conducted in case service users contact the trust asking questions about the telephone survey. For more information on publicising the survey see Section 8.

- **Not overlooking front-line staff.** These people have the most direct impact on service users' experiences.

3 Data protection and confidentiality

You will need to ensure that you comply with the Data Protection Act 1998, and ensure that all responses are kept confidential**. If you have not already done so, please ensure that you add research to your Data Protection Act registration, as one of the purposes for processing personal data supplied by data subjects.** You will also need to comply with the NHS Code of Practice on Confidentiality (2003)[1], which incorporates the Caldicott principles (see text box below). You should take particular care to ensure that your use of service user data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of patient data, and the issues which these present.

The Caldicott Principles

Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of patient data. They have to ensure that any use of patient data conforms to the following principles:

- **Principle 1**: Individuals, departments and organisations must justify the purpose(s) for which information is required
- **Principle 2**: Don’t use patient-identifiable information unless it is absolutely necessary
- **Principle 3**: Use the minimum necessary patient-identifiable information
- **Principle 4**: Access to patient-identifiable information should be on a strict need-to-know basis
- **Principle 5**: Everyone should be aware of their responsibilities
- **Principle 6**: Understand and comply with the law

Guidelines on the use and security of the data collected have been agreed by the Care Quality Commission and the Co-ordination Centre for the NHS Patient Survey Programme. These guidelines will help to ensure that data are handled in a manner most in keeping with the spirit of the Data Protection Act 1998 and the Social Research Association and Market Research Society’s *Guidelines for social research* (2005)[2].

Information about the Data Protection Act 1998 can be found at the ICO – Information Commissioner’s Office: http://ico.org.uk/

Further guidance can be found on the Market Research Society website: http://www.mrs.org.uk/standards/data_protection/

3.1 Approval under Section 251 of the NHS Act 2006

Approval for the NHS Ambulance Survey 2014 was sought under the Health Service (Control of Patient Information) Regulations 2002 – commonly also known as approval under section 251 of the NHS Act 2006. This approval allows the common law duty of confidentiality to be put aside in order to enable the processing of patient identifiable information without consent. The survey methodology was reviewed by the Confidentiality Advisory Group (CAG) of the Health Research Authority (HRA), formerly known as NIGB, who granted a recommendation of support. **Please note that any deviation from the methodology outlined in this guidance manual, or the conditions listed below, may render the approval invalid.**

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[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf

[2] http://the-sra.org.uk/wp-content/uploads/sra_data_protection.pdf

The recommendation of support is subject to a number of specific conditions[1]. These include the exclusion of any service users under 18 years of age, and that any complaints made in relation to calls are monitored and reported to CAG. All trusts have been asked to post a notice on their website to notify any service user visitors that the survey will go ahead, and as a consequence CAG requested that CQC "ensure that notices included on NHS Trust websites confirms that this is a national survey".

The recommendation of support does not cover the transfer of patient identifiable information where a patient has indicated dissent - by this we mean instances where a patient has indicated that they do not want their information to be shared for purposes such as patient surveys, or specifically stated that they do not want their details shared outside of the trust. Consequently, if any service users have indicated that they do not want their records used for secondary purposes (e.g. they have asked to be excluded from all surveys or they do not want their contact details shared for any reason other than clinical care), please ensure that these service users are excluded from your sample. This should be done using your local records. This includes any service users who contacted your trust as a result of seeing a notification about the national survey on your website.

In order to keep the potential for bias to a minimum, we request that trusts ensure that where any opportunity is provided for service users to opt out, service users are made aware of the purpose of this specific use of the data, including the aim of the NHS Patient Survey Programme and how data will be used by the Care Quality Commission (and others) to assess and improve the care that is provided in the future. Information on the NHS Patient Survey Programme is available on the CQC website here: www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

Please discuss this issue with your Caldicott Guardian to ensure that any service users who have indicated that they do not wish to have their details shared for purposes such as this survey, yet may have sufficient contact details visible in the records system, are not included in the sample that is submitted to the Co-ordination Centre.

For more information on the fair processing of data, please see the Q&A on the NHS surveys website at:
http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf

3.2 Sharing personal data (patients' names and addresses)

Please note that under the data protection guidelines for patient surveys, the following principles **must** be followed:

- Trusts must undertake to keep their products up to date to ensure that security is effective and must strictly observe the following guidance. The requirements that dictate the guidelines include the Data Protection Act 1998, the Health and Social Care Act (Community Health and Standards) Act 2003 and the NHS confidentiality code of practice 2003 (which incorporates the Caldicott principles), see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf
- Personal data such as names and telephone numbers must be sent by trusts to the Co-ordination Centre securely (please see further details below).

- As the owners of the data, the method for transferring service user samples is ultimately the trust's decision because the trust remains legally responsible for the security and processing of the information it shares. Trusts wishing to send information by encrypted email will need to seek their own specialist advice. Guidance on best practice in encryption is available from NHS Connecting for Health see: http://systems.hscic.gov.uk/infogov/security/infrasec/gpg/acs.pdf

3.3 Encryption of personal data

Any patient identifiable information sent between trusts and the Co-ordination Centre should be in an encrypted format with password protection to help ensure good standards of information security. When sending data electronically an encrypted session based on the Transport Layer Security (TLS) or Secure Sockets Layer (SSL) protocol (for example as with HTTPS or SFTP) must be used. A key size of 256 bits or greater should be used. This is to ensure a high level of security, to protect against any accidental or intentional interception during the transfer of service users' details.

Many different encryption algorithms exist and not all of these are suitable, so both the Co-ordination Centre and the Care Quality Commission very strongly recommend the use of the **256-bit AES** (Advanced Encryption Standard) algorithm. There are several software tools that can be used to encrypt data in this way, the most commonly available of these being WinZip® (v9 and above)[1].

It is important to note also that when the Coordination Centre sends the personal data of the final sample to TNS BMRB, the fieldwork agency selected to administer the telephone interviews, the same type of encryption practice will be followed. This will ensure that all data is highly secure throughout the duration of the survey

4 Ethical issues, ethics committees and research governance

Research Ethics Committees provide independent advice to participants, researchers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. They will also seek reassurances regarding issues such as data protection, confidentiality and patient anonymity, and they will want to check that proposed research projects will not cause physical or mental harm to patients.

4.1 Ethical approval for the Ambulance Survey

Research Ethics Committee (REC) approval has been obtained for the NHS Ambulance Services Survey 2014 which can be downloaded from the NHS Surveys website:

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[1] http://www.winzip.com/

http://www.nhssurveys.org/survey/1348. In order to comply with the ethical approval, the survey must be carried out according to the guidelines set out in this document.

Trusts do not, therefore, need to seek individual ethical approval for this survey. If you wish, you can send your Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter, but you are not required to do this and you do not need to wait for confirmation or approval from the LREC before starting your survey.

You must ensure your relevant Research and Development (R&D) office is aware that the survey is taking place. Further information on the ethical approval process can be found on the National Research Ethics Service website: http://www.nres.nhs.uk/home/ or by e-mailing nres.queries@nhs.net

4.2 Research governance requirements

The *Research Governance Framework* (2002, 2003, 2005) aims to ensure that health and social care research is conducted to high scientific and ethical standards. It spells out standards and the responsibilities of various parties involved in the research. One of the main purposes of the framework is to reduce unacceptable variations in research practice.

The Care Quality Commission, as sponsor of this national survey, has taken steps to ensure that principles of research governance and ethics are followed thoroughly. A standard core questionnaire and guidance notes are an important step in ensuring that the survey is carried out by all trusts in the same way without any variations.

The Department of Health has confirmed to the Care Quality Commission that it would be inappropriate for individual trusts to follow the same local research governance processes as they would if the survey were a study the trust is sponsoring. As this national ambulance services survey has research ethics committee approval and the Care Quality Commission takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily. The following table (Table 1, below) has been prepared by the Care Quality Commission and is taken from Section 3.10 of the *Research Governance Framework for health and social care (2005).* The left-hand column sets out the responsibilities of organisations providing care and the right-hand column sets out the arrangements made by the Care Quality Commission for patient surveys. If you are required to seek approval from your research governance lead, you are advised to present this information to your Research and Development Manager in support of your request.

Table 1 – Responsibilities of NHS organisations who are carrying out research

Research Governance Framework	**Care Quality Commission sponsored patient surveys**
Retain responsibility for the quality of all aspects of participants' care whether or not some aspects of care are part of a research study.	*The survey is carried out on the experiences of patients after they have received the care so this does not apply.*
Be aware and maintain a record of all research undertaken through or within the organisation, including research undertaken by students as part of their training.	*All Chief Executives are informed of the proposals of the survey. Trusts should notify their Research and Development Managers of the survey.*

Research Governance Framework	**Care Quality Commission sponsored patient surveys**
Ensure patients or users and carers are provided with information on research that may affect their care.	*The survey does not affect the care of the patients. Anonymised results are used by the Care Quality Commission, the Department of Health and NHS England for performance assessment purposes, and for local quality improvement initiatives. Detailed guidance is issued to survey leads regarding the publicity of the results and its impact on patient care.*
Be aware of current legislation relating to research and ensure that it is implemented effectively within the organisation.	*This requirement is not specific to this survey.*
Ensure that all research involving participants for whom they are responsible has ethical approval and that someone with the authority to do so has given written permission on behalf of the care organisation before each study begins.	*The Care Quality Commission as sponsors of the study have sought ethics approval from MREC. There is a designated lead for each survey who is appointed by the Chief Executive.*
Ensure that no research with human participants, their organs, tissue or data, begins until an identified sponsor, who understands and accepts the duties set out in this framework, has confirmed it accepts responsibility for that research.	*The Care Quality Commission as sponsors have undertaken steps to ensure that all the duties of the sponsors listed in Section 3.8 of the Research Governance Framework are followed thoroughly.*
Ensure that written agreements are in place regarding responsibilities for all research involving an external partner, funder and/or sponsor, including agreement with the University or other employer in relation to student supervision.	*Detailed guidance is issued to all the trusts, which spells out the responsibilities of all parties involved in the survey.*
Maintain the necessary links with clinical governance and/or best value processes.	*The guidance notes very strongly recommend the trusts to maintain these links and follow best practice evidence.*
Ensure that, whenever they are to interact with individuals in a way, which has a direct bearing on the quality of their care, non-NHS employed researchers hold honorary NHS contracts and there is clear accountability and understanding of responsibilities.[1]	*I This requirement is not specific to this survey.*
Put and keep in place systems to identify and learn from errors and failures.	*The Care Quality Commission undertakes consultations with trusts in order to ensure that any errors and failures are reported back to the Care Quality Commission. The survey programme is constantly evaluated and reviewed in light of these.*

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[1] When universities and hospitals employ staff on joint or dual contracts, they are expected to make joint arrangements for accountability and management. See: *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*, a report to the Secretary of State for Education and Skills by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001 (The Follett Report).

Research Governance Framework	**Care Quality Commission sponsored patient surveys**
Put and keep in place systems to process, address and learn lessons from complaints arising from any research work being undertaken through or within the organisation.	*This requirement is not specific to this survey.*
Ensure that significant lessons learnt from complaints and from internal enquiries are communicated to funders, sponsors and other partners.	*The Care Quality Commission maintains a helpline facility, which can be used by patients or trusts to report any complaints. Similar arrangements are in place with the Co-ordination Centre who are commissioned by the Care Quality Commission to co-ordinate the patient surveys.*
Ensure that any research-related adverse events are included in reports to the National Patient Safety Agency in line with the standard procedures of the organisation; or to the systems for adverse events reporting in social care.	*Not applicable to the patient survey. Patient safety is not compromised, this being a telephone survey.*
Permit and assist with any monitoring, auditing or inspection required by relevant authorities.	*The results of the surveys are used for monitoring of trusts performance by the Care Quality Commission*

5 Timetable: key dates

Sampling period	1st- 31st December 2013
Submission of sample data	6th- 27th January 2014
Fieldwork (telephone interviews made by agency)	February- March 2014

6 Compiling a list of service users

This section explains how to draw a sample of service users. This task will need to be carried out by a member of staff at the NHS Trust. In ambulance trusts, the sample will normally be drawn from the CAD, AMPDS or NHS Pathways system records.

Before compiling your service user list

We strongly advise that you read all of Section 7 BEFORE you start to compile your service user list.

6.1 Compile a list of eligible service users

1) Your sample will include a list of every ‘hear and treat’ service user from 00.01 on 1st December 2013 and 23.59 on 31th December 2013.

2) ‘Hear and treat’ callers are 999 callers classed as Green 3 or Green 4 who receive telephone advice from the ambulance service. This survey is capturing the experience of whoever made the call and received telephone advice – this might be the patient or it might be someone calling on their behalf.

3) There are a series of exclusion criteria you must apply to this list. No data should be transferred from the following service users:
   - Children or young persons aged under 18 years at the time of sampling[1]
   - Those who called regarding pregnancy*
   - Those who called regarding a domestic dispute
   - Those who called regarding a severe mental illness[2]
   - Any service user whose records do not include both a telephone number and sufficient first and last name details. only exclude those service users where there is insufficient name information to make re-contact, i.e.: no first name, title or initials. Do include those service users where there is a title, initials and surname
   - Any service user who was patched through to the ambulance service from 111 or any other emergency service apart from 999.
   - Any service user who was Red 1or Red 2
   - Any service user known to have requested their details are not used for any purpose other than their clinical care (if this information is collected by your trust you should ensure that you remove these patients from your sample list at this stage).

* The Coordination Centre is aware that ambulance trusts may not have outcome codes for all service users and therefore might not be able to identify all cases related to pregnancy, domestic dispute or mental illness. The Coordination Centre askes that these exclusions be made to the best to the trust’s ability.

We are aware there is no standard procedure for checking for deceased service users within ambulance trusts. However, we ask for your assistance in employing any mechanism to check the sample does not include deceased service users if this is deemed possible with resources available

4) This list should include all eligible **service users**. This includes both patients and third party callers.

6.2 Checks carried out by the trust

Once you have compiled your list of service users, you should carry out the following checks *before* you send the list to the Co-ordination Centre:

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[1] For some trusts, this is not possible. Some can only guarantee a service user is over 16 year. Section 251 and ethics approval allow for this on a case by case basis. All trusts who can exclude based on age must do so.

[2] * The Coordination Centre is aware that ambulance trusts may not have outcome codes for all service users and therefore might not be able to identify all cases related to pregnancy, domestic dispute or mental illness. The Coordination Centre askes that these exclusions be made to the best to the trust’s ability

- **Deceased patients**. Check to make sure no deceased service users appear in your sample if this is possible.
- **Patient ages**. Check that all service users are aged 18 or over at the time of sampling (i.e. on the day you draw your sample in December the service user must be aged 18 or over).
- **Incomplete information**. Check for any records with incomplete information on key fields (such as surname and telephone number) and remove those service users. However, do not exclude anyone simply because you do not have a full first name for them (eg initials and surname are sufficient for name information).
- **Duplications**. Check that the same service user has not been included more than once.
- Check again that none of the service users called **about anything relating to pregnancy, a severe mental health condition or a domestic dispute.**
- **Dissent**. Any service user known to have requested their details are not used for any purpose other than their clinical care (if this information is collected by your trust you should ensure that you remove these service users from your sample list at this stage).

6.3 Create the sample file

Information relating to your sample of service users should be entered into an Excel file which should resemble Table 2 below. A pre-designed spreadsheet including the all the required column headings can be downloaded from the NHS Surveys website (http://www.nhssurveys.org/survey/1343) and is entitled ‘Sample construction spreadsheet’.   You will be required to submit your sample data in the spreadsheet provided. Enter the required information and save this file as <NHStrustname>_Ambulance2014.

This file will be used by the Co-ordination Centre to keep a record from which to draw a sample of 1000 service users to survey[1].

More details about the information required in this file are provided below.

Table 2 – Sample construction spreadsheet of service user details

Record number	Title	First name	Surname	Telephone number	*Year of birth*	*Gender*	*Day of call*	*Month of call*	*Year of call*	*Time of call*	*Duration of call*
AM13RX10001	Mrs	A	Abbot	01265 336771	1934	2	5	12	2013	10:23	05:30
AM13RX10002	Mr	EC	Ahmed			1	20	12	2013	19.11	10:19

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[1] One trust has already indicated that they will have 500 rather than 1,000.

AM13RX10849	Ms	K	Yoo			2	17	12	2013	04:26	29:04
AM13RX10850	Ms	F	Young		1946	2	14	12	2013	17:12:	08:59

The information that must be entered into this spreadsheet will come from a number of different sources:

Information from trust records

The following information about the service user* should be compiled from trust records:

- **Title** (Mr, Mrs, Ms, etc.)
- **Initials** (or First name)
- **Surname**
- **Telephone number** recorded as the person who dialled 999
- **Year of Birth** of service user* should be included in the form NNNN. If this information is not available, please record age in years or approximate years. **All service users under age 18 must be excluded.**
- **Gender** should be coded in numeric form: 1 = male, 2 = female.

*Remember, the service user is the person who dialled 999 and received telephone advice. This is person is sometimes the patient, but other times may be a friend, relative or member of the public.

- **Day** of the call (1 or 2 digits; e.g. 7 or 26)*
- **Month** of call (1 digit; e.g. September= 9)*
- **Year** of call (4 digits; e.g. 2013)*
- **Time** of call (24 hour clock, 4 digits; e.g. 13:45)
- **Duration of call:** six digits; 00:13:45 where 00 represents hours, 13 represents minutes and 45 represents seconds.

Note on duration of call:

The call duration should be taken from the CAD. For trusts using NHS Pathways it will be the length of the first call with the service users and in trusts using MPDS it will be the length of the second call with the service user, or the call during which telephone advice is administered.

Additional information

A number of additional pieces of information should also be entered into this spreadsheet:

1) **Record number (RN)**. This is a unique serial number which must be allocated to each service user by the trust. It should take the following format: AM13XXXNNNN where XXX is your trust's 3-digit trust code and NNNN is the 4-digit number relating to your sampled service users, e.g., 0001-1000.

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[*] Date fields must be supplied in separate columns (e.g. date, month, and year).

6.4 Checking the distribution of service user by gender

Your sample will probably have similar proportions of men and women. You should check that both men and women are included and that you can explain if the sample is skewed toward male or female patients.

6.5 Avoiding Bias

It is important that any sample bias is reduced as much as possible when drawing up your final sample list. We ask that you adhere to the requested exclusion criteria and bear the following points in mind.
Points to remember before you draw the final sample list:

- Ensure that all service users in the sampling period are included, and take care that the first and last dates in the sampling period are covered.

- Do not exclude any records because name and telephone details are unusual or difficult to read at first. It is important that all eligible 'hear and treat' service users are included.

- Do not exclude records just because they do not contain all the sample details requested.

- The exclusion criteria that applies is if the service user was NOT classes as G3 or G4, is known to be under the age of 18 years, the service users known to have died, if the service user called about pregnancy, domestic dispute or an otherwise sensitive issues, and finally if there is insufficient information for contacting the service user by telephone to complete a survey, such as a missing telephone number or name for the service user.

6.6 Summary of key steps

By following the guidance in this section you should have completed all of the tasks set out below:

1. Compiled a list of eligible service users (Section 7.1)
2. Checked your service user list to make sure it meets requirements and only includes eligible service users (Section 7.2)
3. Created a sample file (Section 7.3)
4. Checked the distribution of service user gender (Section 7.4)

6.7 Recording Exclusions

Please provide the Coordination Centre with a number of how many G3 and G4 service users your trust had to exclude based on the exclusion criteria. You will find a designated place to list this in the Sampling Checklist provided to you http://www.nhssurveys.org/survey/1345.

7 Sample Collection by the Co-ordination Centre

7.1 Procedure for submitting the sample file to the Co-ordination Centre

In order for the Co-ordination Centre to check the quality of samples and draw a final sample of the required size, a sample file must be submitted to the Co-ordination Centre. This file will contain all columns in Table 2 – *Sample construction spreadsheet of service user details*.

7.2 Co-ordination Centre Sampling

The Co-ordination Centre will be responsible for sampling from the submitted census files. The Co-ordination Centre will draw a random sample from each trust's census to be provided to the fieldwork agency. All files will be deleted by the Co-ordination Centre once transferred to the fieldwork agency.

7.3 Timetable for submitting data to the Co-ordination Centre

The Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files.

In cases where anomalies are discovered in the sample data submitted trusts will be notified within two days.

Samples should be submitted to the Co-ordination Centre **6 January 2014 and 27 January 2014**. If they are not, there is a risk your trust will not have enough time to correct any problems in the sample before the beginning of survey fieldwork. Major errors may result in the data from the trust being excluded from the relevant Care Quality Commission assessments.

Trusts which have not submitted their sample for checking by the **27th January 2014** will be contacted by the Co-ordination Centre to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **29th January 2014**, then we are required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced indicators and assessments.

8 Publicising the survey

8.1 Pre-survey communication with staff

As highlighted in Section 2, the best way to ensure your survey is a success is to work hard in the beginning to involve those people who have the most impact on service users' experiences and who will be responsible for responding to the results of the survey.

Setting up a project team

We suggest you put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:

- Caldicott Guardian
- Board members
- Call handlers, paramedics, and other ambulance staff Members of patient groups with a special interest in the trust

- Service users and carers
- Medical records personnel staff
- Managers
- Staff or directors responsible for:
    - Clinical governance
    - Patient advice and liaison service (PALS)
    - Quality improvement
    - Strategic planning

Keeping everyone informed

Notify as many staff members as possible about the survey in case service users contact the trust asking questions about the questionnaire they have received. Survey Leads should be prepared to respond to these calls and refer to the Survey Co-ordination Centre if necessary.

Staff could be notified of the survey through a variety of methods:

- Electronic (e.g. e-bulletins, website, intranet)
- Paper-based (e.g. staff briefings, newsletters, flyers, posters)
- Face-to-face (e.g. meetings, presentations and events)

Appendix 1 includes information which you can tailor for publicising the survey to staff.

8.2 Publicising the survey externally

To help promote involvement and maximise response rates, and to give service users the opportunity to opt out, the survey can be publicised to patients and the public through a number of ways, for example:

- Send a press release to the local media to raise awareness of the survey and gain publicity just before the survey takes place. Information to help you draft a press release is shown in Appendix 2 and can be found on the NHS surveys website: http://www.nhssurveys.org/surveys/285. Talk to your trust's press office for more ways in which you can gain publicity locally.
- Issue website press release about the survey prior to telephone interviews commencing, to raise awareness of the survey and to gain publicity. A template for a press release has been sent to all trusts and will include contact details for a telephone survey helpline at the Co-ordination Centre for people to call if they wish to opt out of the survey at any point or if they wish to ask any questions about the survey in general. It is best to issue the publicity as soon as possible.

9 Reporting results

9.1 Prioritising your findings

Service user surveys can raise many compelling and important issues. To help you decide which issues to focus on first, you may like to consider the following suggestions:

Rank results by their magnitude

The most straightforward method of prioritising is to rank issues in order of the size of the problem and to focus first on those that are the greatest.

Compare your results against outside norms or benchmarks

A common method of prioritising is to select issues that compare unfavourably with national, regional, or local norms or with benchmark institutions. This allows you to focus on areas of comparative weakness. Compare your trust's results with the benchmarks on the Care Quality Commission website to find out where your trust performs better or worse than other trusts.

Comparison with predefined goals

Another way to identify priorities is to set threshold or target goals prior to the survey. You would then focus on issues where performance does not meet these goals. This method is particularly effective when there is clear consensus on what those goals should be.

Correlation with overall measures

Correlating service user responses to specific questions with their response to the question about their overall experience can help focus attention on issues that are important for service users.

Predictive value on overall measures (regression analysis)

Similar to correlation, regression analysis also gives a sense of the issues that most sharply affect patients' overall assessments of care. Regression analysis is superior to simple correlation, in that it can adjust for other things that have an impact on the overall measure, and it provides more precise estimates of how overall measures will change in response to improvement on individual items. Regression analysis is also more complex, but, in essence, it allows for a more level 'playing field'. There are limits to a univariate (crude) analysis and so regression analysis is an attractive option.

Ease of action

Many organisations focus initially on the issues that are easiest to improve. By demonstrating successful interventions, this prioritisation method can rally support for more difficult improvement efforts later on.

Areas of excellence

An organisation may also want to maintain excellence in areas where it is already perceived to be doing well. This approach can provide a clear and positive focus for clinical and administrative staff.

9.2 Writing the report

User-friendly reports that enable readers to understand and begin to take action on key issues are critical to the success of any survey project. The following suggestions will help you produce useful reports:

Tailor the document to the audience

- Use brief, succinct summaries for executive audiences.
- Use comprehensive summaries for those who will implement improvements. They will help achieve buy-in and generate action.
- A separate resource booklet or data disks/CD-ROMs with full details may be important if staff or researchers have questions.

Use graphics

- Data that are displayed visually can be easier to interpret.
- Display trends or comparisons in bar charts, pie charts, and line charts.
- Remember that colours don't photocopy or fax very well.

Keep the format succinct and consistent

- Graphics, bullets, tables, and other visuals help guide the reader.
- Choose a few of these elements and use them consistently.
- Too many types of visual elements can detract from the message.
- Be consistent in the use and appearance of headers, fonts, graphic styles and placement of information.

Emphasise priorities clearly

- Emphasise the highest priority items for action or commendation in executive summaries and major findings sections.
- Highlight the most important items - for example, use bold type.

10 Using results for quality improvement

Arguably the most important aspect of the survey process is making use of the results to bring about improvements. It is essential that this service user feedback is used to set priorities for quality improvement programmes and to create a more responsive, service user-centred service. It should then be possible to measure progress if the survey is repeated.

10.1 Prepare in advance

The most important way to ensure that the survey will result in improvement is to plan for improvement work before the survey is conducted.

- We recommend the survey lead/team take responsibility for developing a dissemination strategy to inform all of the relevant stakeholders about the survey findings.
- Publicise the survey before it happens. Issue a web press release prior to telephone interviews commencing, to raise awareness of the survey and to gain publicity. Templates for this have been circulated to all trusts.

10.2 Dissemination of survey results

Engage key stakeholders

Raising awareness of the survey programme in your organisation is vital. Publication is an excellent way to inspire staff to take service user feedback seriously. By communicating your survey results to key stakeholders you will help to ensure they are used effectively and not forgotten. Consider the following groups:

- Staff throughout the trust as they will be responsible for tackling any problems identified by service users.
- Board members as they are involved in prioritising areas for improvement and shaping action plans. Their support is often crucial for the successful implementation of change.
- Service users have taken time to report their experiences so it is important they are informed of the results via local meetings, newsletters and articles in the local press.
- Service user groups with special interest in the trust who may have a key role to play in initiating discussions with the board about priorities for improvement and be keen to monitor progress as it occurs.
- When reporting the results it is a good idea to also invite people to contribute their ideas on how services could be improved and to suggest ways in which they can become involved if they wish to.

Spread the Word

Disseminating survey results entails far more than producing and photocopying a report. Consider how to share the survey results in training sessions, staff and public meetings, employee newsletters, executive communications, process improvement teams, patient care conferences, and other communication channels. You may wish to consider the following:

- Determine whether information should be shared initially with only senior-level people, or whether (and when) it should be spread further afield

- Make presentations to your trust board and to as many groups of staff as possible, each tailored appropriately for the audience
- Organise a high profile event to publicise the results and invite staff and patients to contribute to improvement plans
- Encourage staff at all levels in the organisation to contribute their ideas for improving patients' experience
- Publish the survey results on your website, including any intranet site and give readers the opportunity to feed back their ideas
- Email staff to tell them about the survey results and the action plan
- Share information with other NHS organisations in your area and other partner organisations including local authorities
- Give the results to community organisations and ask them for their views and suggestions
- Publicise results via local press, radio and community newsletters
- Publish results in your trust newsletter along with details of improvement plans

Promote understanding

To assist others in understanding the results, we recommend the following:

- Present results in user-friendly formats. Remember not everyone will be an expert in reading graphs and deciphering data
- Communicate information in a visual way, perhaps in the form of posters which can be displayed around your organisation.
- Focus on key messages arising from the results and emphasise both the positive and negative themes
- Illustrate themes with relevant patient comments or other forms of service user feedback to put the results in context

10.3 Identify key "change agents"

The people who can motivate others to bring about change and who hold the 'keys' to improvement in the organisation are not necessarily the most senior people. Identify these individuals and involve them as "change agents" early in the survey process.

10.4 Prioritising areas for improvement

Compare with other trusts

Compare your trust's results with the benchmarks on the Care Quality Commission website to find out where your trust performs better or worse than other trusts.

Identify where service users report most room for improvement

Issues can be ranked according to the size of the problem. Look at questions where more service users indicate that their care was not perfect and could be improved. Select the questions where most problems are reported and focus on the issues that are a priority for your organisation.

Focus on areas where work is already underway and solutions can be easily identified

Focusing on issues that present solutions and choosing topics currently being considered by existing groups in your trust (e.g. the Clinical Governance Group) will help to gain the ownership and involvement of staff and service users and avoid duplication of effort.

Identify problems surrounding particular aspects of the service user experience

There may be particular aspects of care or elements of the service user experience where more problems are reported than others. For example:

- The time waiting to receive a call back from the ambulance service
- Being given enough information about their condition or treatment
- Explanation for why they were given particular advice

10.5 Develop an action plan

Having used your survey results to identify areas for improvement, we recommend you work with staff and service users to identify and prioritise the actions required. Decide on achievable timescales and on the individuals who will be responsible for taking this work forward. This will form the basis of an action plan which can be updated on a regular basis.

Wherever possible, link the information from the service user survey results with other activities in the trust. You can also use other sources of service user feedback from:

- Patient Advice and Liaison Service (PALS)
- Complaints
- Service Improvement/Modernisation Teams

Initially it is a good idea to focus on one or two key areas for improvement and not to attempt to tackle all of the issues at once. Publishing regular progress reports widely throughout your trust and the local area will help to enlist ongoing support. Repeat surveys can then be used to monitor any improvements.

10.6 Use small follow-up surveys or focus groups to delve deeper

Your initial survey can help you identify areas in need of improvement, but you might need more detailed information to focus your improvement effort. It can be time-consuming and expensive to gather this information on a large scale. Small follow-up surveys focusing on selected groups of service users can provide valuable information and faster feedback.

10.7 Use already existing resources

The Department of Health has published the guide ‘Understanding what matters: A guide to using patient feedback to transform care’, which can be found on their website at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099780. This guide may help you to get the most from your survey results.

11 Appendix 1: Suggested template text for pre-survey article for external media

Suggested template text for pre-survey article for external media

Trust type:	**Ambulance**
Surveys:	**National ambulance services survey 2014**
Target:	**Patients and public**

Example titles:

What our callers think about the clinical telephone advice at [trust name]

Listening to callers' views on the quality of clinical telephone care in [trust name]

Understanding callers' experiences of clinical telephone advice in [trust name]

Callers' views vital to drive service improvements in [trust name]

[NHS trust name] is carrying out a survey to find out what people who call 999 think about the care they receive. The results will help [NHS trust name] see where they perform well and to identify any areas where there is room for improvement.

The survey will focus on callers who have been treated or given advice over the telephone by [NHS trust name], rather than those who received a visit from the ambulance service. Callers may later be contacted by an independent research agency by telephone asking for their views. All interviews will be short and undertaken in the strictest confidence. Questions will cover the quality of care received, communication with ambulance service staff, information and advice given and overall experience of the service.

This is the first national survey of its type and almost every NHS ambulance trust in England is included as part of a national programme led by the Care Quality Commission (CQC). The survey is part of a commitment to design a health service around the needs and priorities of patients and service users, and to take account of their feedback and views. It signals the value and importance of listening to the people who use services to drive improvement.

The results of this survey will be published in 2014 on the Care Quality Commission's website
http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys
The results will not allow any individual person's answers to be identified.

[A senior executive at the trust] says "We hope that people will take the time to help us and the Care Quality Commission with this survey. Their views are vital in helping us to find out how we are performing and how we can improve. This is an excellent way for service users to help shape the services we provide in the future."

If you do not want to be invited to participate, please contact researchers at the NHS Patient Survey Co-ordination Centre by email Ambulance.Data@PickerEurope.ac.uk or by telephone on 01865 208127.

NEW NATIONAL SURVEY WILL REVEAL PEOPLE’S VIEWS ABOUT CARE FROM AMBULANCE SERVICES

A national survey will soon be taking place, asking callers for their views on the care they have received from the ambulance service, after calling 999. It will focus on people who have received telephone advice and care, rather than those who were visited by a member of ambulance staff.

An independent research agency will interview people by telephone, and the results will be used by the Care Quality Commission (CQC) as part of its assessment of the quality of ambulance service care. [NHS ambulance trust name] will also be keen to consider how your views can be used to improve their service. All interviews will be short and completely confidential. Participation is optional: if you take part in the survey it will not be possible to identify you, but if you prefer not to participate it will not affect your NHS care in any way. If you do not want to be invited to participate, please contact us by email [INSERT EMAIL ADDRESS] or by telephone [INSERT CONTACT TELEPHONE NUMBER]. If you have any general questions about the survey, please contact researchers at the NHS Patient Survey Co-ordination Centre on 01865 208127.