

SURVEY HANDBOOK

NHS ADULT INPATIENT SURVEY 2018

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Did you know?

Throughout this document, there are hyperlinks provided to direct you to detailed information on the topics covered in this handbook.

If you are reading this on your computer, please click any of the blue underlined text for more information or visit the NHS Surveys website here: <http://www.nhssurveys.org/usefullinks>

For detailed instructions and templates that are specific to the 2018 Adult Inpatient Survey, please go to: <http://www.nhssurveys.org/surveys/1203>

1. Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining [feedback from patients](#) 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 patients their views on the services they have received. It is intended that measuring patients' experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The NHS Patient Survey Programme (NPSP) 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 patient 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's programme of reviews and inspections.

2. The Care Quality Commission (CQC)

The NPSP was established by the Department of Health (DH) and has been operating since 2002. The CQC is the independent regulator of health and adult social care in England, and regulates care provided by the NHS, private companies and voluntary organisations, and aims to ensure that better care is provided for everyone.

The Survey Coordination Centre for the NPSP, of which this survey is part, is based at [Picker](#) and works under contract to the CQC to design, test, and coordinate the surveys in this programme.

Please note that the Survey Coordination Centre is a completely separate division at Picker from the approved contractor. A [full list of CQC-approved contractors can be found on the NPSP website](#).

CQC assessments

Information drawn from the questions in the 2018 Adult Inpatient Survey will be used by the CQC in its [assessment of trusts in England](#). Questions from the survey will be used within CQC's performance monitoring tools and within CQC's inspections of acute services.

Measuring performance over time

In addition to the performance assessment, CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data. Asking each hospital trust to carry out an inpatient survey in a consistent way builds a detailed picture of patients' experiences in NHS hospital 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 DHSC for performance assessment, improvement and regulatory purposes.

These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), DHSC overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

CQC 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.

3. Setting up a project team

We recommend you [set up a survey team](#) in your trust to assist you. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your patient sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems.

4. What's new for 2018?

Changes to the questionnaire – questions added and removed

The 2018 Inpatient questionnaire has been kept as similar as possible to the 2017 Inpatient questionnaire to allow comparisons to be made between survey years. However, following stakeholder feedback a few questions have been added and tested among recent inpatients. Redevelopment of the questionnaire led to two questions being added and one question being removed. Further detail about these changes are listed below and will included in the 2018 [survey development report](#) which will be made available in August 2018.

Questions removed

One question was removed from the 2017 questionnaire. Factors discussed with the Advisory Group when considering question removal included relevance to service improvement, patient experience and policy, current question usage, and the quality and usability of the data. It is worth noting that the questionnaire length was also considered, as research shows that questionnaires longer than 12 pages obtain lower response rates. The question removed was formerly Q59:

Q59. Were you told how to **take** your medication in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to be told how to take my medication

This question presented a high correlation with the former Q57 (*Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?*), and as such was put forward as an item that could be removed from the questionnaire.

Questions added

A number of topics were considered for new questions, following stakeholder feedback. These were discussed in the Advisory Group, and as a result two questions were added to the questionnaire.

It was felt that a new question exploring integrated care was necessary to ascertain whether patients were able to access the care that had been organised for them following discharge. The question below was therefore added to the 2018 questionnaire:

Q66. Was the care and support you expected available **when** you needed it?

- 1 Yes
- 2 No
- 3 I did not expect any further care or support after I was discharged

Members of the Advisory Group and other stakeholders felt a question about participation in research was much needed. Therefore the following question was added.

Q69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?

- 1 Yes, and I agreed to take part
- 2 Yes, but I did not want to take part
- 3 No
- 4 Don't know / can't remember

Additional changes to the questionnaire

The reminder paragraph below has changed position on the questionnaire. It still remains after Q73 (*Who was the main person or people that filled in this questionnaire?*) but instead of being placed at the bottom of the column, it is now placed at the top of the next column, directly above Q74.

Reminder: All the questions should be answered from the point of view of the person named on the envelope. This includes the following background questions.

The new location of the paragraph is considered a more appropriate place to draw patients' attention to whom the questionnaire responses should refer to, as it now comes directly before the demographic questions (long term condition, age, gender, and so on) which should refer to the patient. The content of the paragraph did not change.

Changes to the covering letters

The covering letters have been redesigned to make them more appealing to patients. The design used proved to increase response rate in a 2017 pilot study. The changes to the 2018 Inpatient covering letters include:

- Using colour to highlight key words and phrases in the letter.
- Using a more informal font.
- Removing superfluous and repetitive text on the front page.
- Incorporating potentially motivating and empowering messages.

Faster postal reminders

There will be a reduction in time between the initial contact (first mailing letter) and first reminder (second mailing letter): the latter will be sent out five working days after the initial mailing.

This decision was made following the results of the 2017 Pilot Study that ran alongside the 2018 NHS Adult Inpatient Survey. A faster postal reminder significantly increased response rates from 40.8% to 44%, with the 40.8% response rate being achieved in the control group.

Mobile phone number indicator

For the 2018 Inpatient Survey, an additional variable will be required when submitting your sample: a mobile phone number indicator. This is for us and CQC to gain insight into the availability of patient mobile phone numbers from NHS trusts and allow us to understand the feasibility and implications of using mobile phone numbers in future surveys. Just to note, actual mobile phone numbers **must not be submitted** with your sample, only an indicator of '1', '0' or '9'. For a more detailed guidance on how to code for this variable, please see the [sampling instructions](#).

5. Data protection and confidentiality

This survey has been awarded [approval](#) under Section 251 of the NHS Act 2006.

When carrying out your survey, you will need to ensure that you comply with the General Data Protection Regulation ([GDPR](#)) in providing survey respondent information and [ensure that all responses are kept confidential](#). If you have not already done so, please ensure that you add research as one of the purposes for processing personal data supplied by data subjects under your privacy notices and, to the extent applicable, any necessary consents are obtained to the sharing of this data.



General Data Protection Regulation (GDPR)

Changes in the law governing the management and use of patient data went into effect 25th May 2018. [The GDPR](#) replaces the Data Protection Act 1998.

If your trust has implemented operational changes as a consequence of the GDPR and you think these changes will impact how you sample and how you share data, please contact the [Survey Coordination Centre](#).

You will also need to comply with the [NHS Code of Practice on Confidentiality](#), which incorporates the [Caldicott principles](#). You should take particular care to ensure that your use of patient 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. **If your trust is planning to implement trust-wide opt-in policies, or if your trust already has an opt-in consent mechanism in place,** we ask you that you get in touch with the [Survey Coordination Centre](#).



National Data Opt-out Programme

The [National Data Opt-out Programme](#) does not currently apply to the surveys running under the NPSP in 2018/19 and **you must not exclude people on this basis**. The 2018 Inpatient Survey will continue to operate separate opt-out mechanisms as described in the Sampling Instructions. This means that **patients do not have to actively consent to their data being used for the purpose of these surveys** however if patients choose to specifically opt-out of the 2018 survey, their wishes should be respected.

6. Ethical issues, ethics committees and research governance

NHS organisations in England looking to undertake research follow a process of [seeking approval from the Health Research Authority](#) (HRA). Although the NPSP is considered a service evaluation and therefore does not require approval, every survey within the programme applies for ethical approval to comply with best practice.

All the changes made to the NHS Adult Inpatient Survey in 2018 (questionnaire, pilot study, and so on) have [received NHS ethics approval](#).

7. Research governance requirements

The [UK Policy Framework for Health and Social Care Research](#) sets out the principles of good research governance and 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. The CQC has produced [a table](#) that sets out the responsibilities of organisations providing care and the arrangements made by the CQC for patient surveys.

8. Collecting data from non-English-speaking populations

The patients who respond to your survey should be representative of all of the people who use the trust, so it is paramount that groups with limited understanding of English are not excluded. There are a number of strategies that you can use to ensure you collect the views of [people with a limited understanding of English language](#).

9. Timetable

The survey fieldwork period for 2018 is 19 weeks. It is important that your trust enters fieldwork on time in order to maximise responses from younger and black and minority (BME) groups. [Previous research](#) shows that these groups take longer to respond.

The best way to optimise the length of available fieldwork is:

- To ensure that you generate your sample promptly - within the recommended three week sample checking period
- Respond to queries as quickly as possible to avoid unnecessary delays
- Adhere to the key dates listed below

Key dates

Inform the Survey Coordination Centre who is carrying out the survey (in-house or contractor)	19 July 2018
Send hard copies of the questionnaire and covering letters to the Survey Coordination Centre	3 August 2018
Submit sample data no later than	22 August 2018
Start of fieldwork	28 August 2018
Weekly monitoring starts	30 August 2018
Close of fieldwork	4 January 2019
Contractors and in-house trusts to send final data to the Survey Coordination Centre	11 January 2019

10. Compiling a list of patients

You are required to follow the [sampling instructions](#) published for this survey. If an error in sampling is detected, queries will be sent and you may be required to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust. If you have any questions regarding the eligibility criteria or how to draw your sample, be sure to contact your approved contractor or the [Survey Coordination Centre](#) in plenty of time before drawing your sample. Please see the [sampling errors report](#) from the 2017 survey to get an idea of the most common mistakes made in drawing your sample.

Once you draw your sample of eligible patients, this list must be locally checked for deceased patients **and** it must be submitted for DBS (Demographic Batch Service) checks. This is to check for any patients who may have deceased since they were an inpatient at your trust. Before mailing 2 submitting for DBS checks is not required, however a local check **must** still be conducted. Before mailing 3, you must do **one of the two** checks – local checks or DBS checks – and it is up to the trust to decide which they would rather do. Please ensure you read the [sampling instructions](#) carefully on how to submit your file to DBS and how to remove deceased patients.

Your sample should only be used for the purposes of distributing the 2018 Adult Inpatient Survey and up to two reminder letters to non-respondents. This is because the precise use of the sample collated for the survey has been approved by the NHS ethics for the survey only, and any additional use of the sample would therefore require a separate ethics application.

11. Submitting your sample file

Before [submitting your sample file](#), you must complete the [sample declaration form](#), confirming the sample has been drawn as per the sampling instructions and your Caldicott Guardian is requested to sign off on the form.

Your completed [sample declaration form](#) should be submitted and approved prior to sending your sample data in an encrypted file and [via an encrypted FTP](#); data should never be sent via email. Please note that unless you are conducting the survey in-house, you should not be submitting any data files to the Survey Coordination Centre. That is your sample data and mailing data should be submitted all in one file to your approved contractor.

12. Weekly monitoring

The Survey Coordination Centre requires weekly submissions of data on response rates and usage of the helpline. Using the [weekly monitoring template](#), the first submission must be made on **the first Thursday after fieldwork has commenced**, regardless of whether any mailings have been sent out. Further submissions will be made every Thursday thereafter, until the final date of submission.

Please note that unless you are conducting your survey in-house, you are not required to submit a weekly monitoring sheet, this will be the responsibility of your approved contractor.

13. Publicising the survey

The best way to ensure your survey is a success is to ensure that you involve those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. We recommend that you keep everyone in your trust informed and that you [publicise the survey externally](#).

In addition, it is a requirement as per [Section 251](#) approval that your trust advertise the upcoming survey during the sampling period. This is done by putting up [dissent posters](#) in all the relevant places. This poster allows patients to be aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part.

14. Implementing the survey – practicalities

You can find information and advice on printing the survey materials, setting up a PO box and a Freepost address, sending out the survey packs, and booking in questionnaires in the [implementing the survey](#) advice sheet.

15. Entering and submitting final data

Final data must be submitted to the Survey Coordination Centre uncleaned and checked using the [final data checklist](#) and [data entry spreadsheet](#) provided. Response data must be entered following the coding rules described in the [entering and submitting final data](#) guidelines. This includes guidelines on how to code missing responses, free-text comments and multiple response questions. The completed data entry spreadsheet **must not** be emailed, instead it must be password protected and submitted [via our FTP](#).

For the 2018 Adult Inpatient Survey, there is only 1 multiple response question for which respondent data must be entered differently than other questions: Q75.

16. Making sense of the data

The usefulness of your survey data will depend on having a clear improvement programme in place and on how well you are able to make use of the data. The fundamental steps of understanding and interpreting data usually involve:

- Examining the number and percentage of patients giving each response to a question
- Analysing the data by particular groups of patients (e.g. males/females, different long term conditions), stages of the patient journey (e.g. admission, discharge), or other information (e.g. departments or sites in your trust).

You can find further advice and suggestions tailored to the surveys within the NPSP in the [making sense of the data](#) document.

17. Reporting results

Just as important as the analysis, development and the execution of the survey is the presentation of the data. How you focus and design, and present a report will go on facilitate the use of the data collected into in real actionable outcomes. To help you decide which issues to focus on in your report you may like to consider the suggestions proposed in the [reporting results](#) document.

18. Questions?

For any questions, please contact the Survey Coordination Centre at:

inpatient@surveycoordination.com

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