

SURVEY HANDBOOK

NHS ADULT INPATIENT SURVEY 2019

Last updated: 5th August 2019

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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 Patient Surveys website here: [Survey Instructions](#)

For detailed instructions and templates that are specific to the Adult Inpatient Survey 2019, please go to: [Adult Inpatient Survey 2019](#)

Introduction

1. Patient feedback and the NHS Constitution

Improving the experience of each individual patient is at the centre of the NHS Constitution, as ensuring service users have a positive experience of care is vital in providing excellent health and social care services. 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 and Social Care (DHSC) 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 Existing Methods is based at [Picker](#) and works under contract to the CQC to design, test, and coordinate the surveys in the NPSP.

Please note that the Survey Coordination Centre for Existing Methods 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 Adult Inpatient Survey 2019 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.

Survey requirements

1. 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 2019 (questionnaire, covering letters and so on) have [received ethics approval](#).

2. 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.

3. 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 for Existing Methods:

inpatient@surveycoordination.com or 01865 208 127

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 six 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 for Existing Methods.



National Data Opt-out Programme

The [National Data Opt-out Programme](#) does not apply to the surveys running under the NPSP in 2018/19 and **you must not exclude people on this basis**. The 2019 Adult 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 2019 survey, their wishes should be respected.

4. 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. The poster is available in the ten most commonly spoken languages in England, trusts should display the posters most relevant to their own patient populations. 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.

5. 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 the English language](#).

In addition to the translated dissent posters mentioned above, a multilanguage sheet is available on the website and should be included in first and third mailing packs.

Changes to the survey for 2019

As every year, changes were made to the survey. Please take the time to familiarise yourself with these changes in order to ensure you understand the new survey requirements.

1. Changes to the questionnaire

The 2019 Inpatient questionnaire has been kept as similar as possible to the 2018 Inpatient questionnaire to allow comparisons to be made between survey years. Redevelopment of the questionnaire led to one question being added with no questions being removed. Further detail about these changes are listed below and will be included in the [survey development report](#) which will be made available in July 2019.

Question added

A number of topics were considered for new questions, following stakeholder feedback.

It was felt that a question designed to assess a patient's frailty, from their perspective, would be a useful addition to the questionnaire. This is a key focus area for stakeholders and a similar version has appeared in other national patient experience questionnaires, such as the GP Patient Survey. The question has been added to the 'About You' section along with other questions which capture patient demographics. None of the questions in this section are scored but the responses do provide insight as to different people's experiences of care and treatment.

77. Have you experienced any of the following in the last twelve months (**Cross ALL that apply**)?

- 1 Problems with your physical mobility, such as difficulty getting about your home
- 2 Two or more falls that have needed medical attention
- 3 Feeling isolated from others
- 4 None of these

Amended questions

Within Q12, the words 'at night' were boldened following round three of cognitive testing as interviews showed those who were moved during the day were hesitant when answering this question:

12. Did you change wards **at night**?

- 1 Yes, but I would have preferred not to
→ **Go to 13**
- 2 Yes, but I did not mind → **Go to 13**
- 3 No → **Go to 14**

Answer option three was changed for the following question (Q51) from 'I had to wait for an ambulance' to 'I had to wait for hospital transport' to provide greater clarity. The response option was changed in preparation for the first round of interviewing following stakeholder feedback.

51. What was the **MAIN** reason for the delay? (**Cross ONE box only**)

- 1 I had to wait for **medicines**
- 2 I had to wait to **see the doctor**
- 3 I had to wait for **hospital transport**
- 4 Something else

Cognitive testing revealed some participants struggled to answer question 66, in relation to their experiences once discharged from hospital. Whilst this question was placed within the 'Leaving Hospital' section it was theorised that due to large number of questions within this section, participants were having difficulty recalling which part of their patient experience they were being asked about here (the 'Leaving Hospital' section header is on a previous page so there is no immediate frame of reference for respondents). Additional text of 'After being discharged' was added at the start of the question stem, and this tested well during round 3 of cognitive testing.

66. After being discharged, 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

Questions removed

No questions were removed from the questionnaire this year. In order to accommodate the new question without removing others however, the 'Other comments' free-text box on the back page was reduced from two columns to one.

2. Additional changes

Front cover

The front cover of the questionnaire was revised following improvements made during the development of the Urgent & Emergency Care Survey 2018 (UEC18). During cognitive testing of UEC18 and this survey, it was observed that some respondents did not read the front page, so the changes were made to try and encourage recipients to read it. Paragraphs were split out to make the instructions easier to follow and appear less busy. Instructions were boxed and the information regarding what the questionnaire is about was moved below the questionnaire title to make it stand out.

Text was added to confirm that prospective respondents should answer the questionnaire in relation to their most recent *overnight* stay in hospital. This was as a result of some cognitive interview participants getting confused as to which hospital visit the questionnaire was referring to. It follows that most inpatients will have follow-up outpatient appointments and so respondents could be referring to the wrong experience. Moreover, patients do not necessarily understand the term 'inpatient' and 'outpatient', thus the explanation that the questionnaire was in relation to their overnight stay was added.

Some font was highlighted in blue to make it more prominent.

Instructions before question one

The instructions prior to question one have also been revised to further clarify that prospective respondents should answer the questionnaire in relation to their most recent overnight stay in hospital, with the word 'overnight' now included within the text:

*'Please remember, this questionnaire is about your **most recent overnight stay at the hospital named in the accompanying letter.**'*

All instructions

The colour of the instruction text has also been changed from black to blue to make it distinct from the question text.

Routing

As the routing used on page two of the questionnaire can be complex, depending on the patient's route of admission to hospital, the following amends were made to make the instructions easier to follow:

- routing instructions were moved closer to the corresponding answer options (This change has also been made to routing instructions throughout the remainder of the questionnaire)

- routing instructions were added to question four
- routing instructions prior to question five were shortened and placed within a box
- routing instructions were made blue to help them stand out

Year of birth question (Q79)

The example year of birth for this question was changed from 1934 to 1964 so as not to alienate younger respondents. This follows a change that was made to the recent Community Mental Health Survey 2019 questionnaire as a result of advisory group feedback.

The 'YYYY' in the answer box was also removed, as when questionnaires were printed in black & white it was found that the 'YYYY' printed out dark, thereby obscuring what the respondent was trying to write in (and some respondents wrote below the boxes). Other surveys in the NPSP do not feature the 'YYYY' and so there was no reason to retain this.

Other comments box

The other comments box which previously covered one full page has been reduced to be contained within one column on the final page of the questionnaire. This is to accommodate the new question but also means that the existing questions can be more comfortably spaced.

Thank you text

The text included at the end of the questionnaire which thanks respondents for their time and provides instructions on how to return the questionnaire has been shortened to only include essential information.

Previous text

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed. If you do not have your FREEPOST envelope, please return the questionnaire to:

FREEPOST XXXX-XXXX-XXXX,

Address,

Address,

Address,

Address,

If you have concerns about the care you or others have received please contact CQC on 03000 61 61 61

New text

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.
No stamp is needed.

The text 'If you have concerns about the care you or others have received please contact CQC on 03000 61 61 61', has been moved to the front page, rather than being removed altogether as this is considered as essential information.

3. Changes to the covering letters

Some changes were made to the covering letters as follows:

- Following on from the clarification that was added to the questionnaire, an explanation was added to the letters outlining what is meant by the term 'inpatient';
- In line with what is now done as standard on other surveys within the programme, an instruction to add the full signatory for mailing two was included;
- Toned down the black font as per other surveys;
- Made the blue font and box the same shade as the questionnaire.

In addition, the content of the second covering letter was changed significantly as the version used for the 2018 survey was taken from a pilot study, results from which suggested that the second letter was not motivating.

4. Faster postal reminders

As per the Adult Inpatient Survey 2018, 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. The faster reminder has been identified as driving factor in the increase of the response rate on the Adult Inpatient Survey 2018.

5. Submission of respondent questionnaires (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods will require the scanned copies of two respondent-completed questionnaires to be sent to them. Ideally, we require one copy that has been

returned from the first mailing pack and one that has been returned as a result of the third mailing pack. Some contractors or in-house trusts may have an identifier on first or third mailing packs that would help identify this. If you do not, please send any two scanned questionnaires via the Survey Coordination Centre for Existing Method's secure transfer site (instructions to upload these will be given in due course).

The check of the scans is an additional check introduced this year as cases of discrepancies between the version submitted pre-fieldwork and the actual version sent to patients have led to data suppression in previous iterations of the survey. Please note that this does not replace the submission of the pdf and hard copies of the questionnaire that are submitted to the Survey Coordination Centre for Existing Methods before the beginning of fieldwork. Please refer to the [key dates](#) table in the timetable section to see when these are scheduled for.

Managing the survey

1. 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.

As timing is crucial in implementing the survey, you might want to map planned leave of the members of the project team in order to ensure that deadlines are met. For example, you might want to consider who would be the person of contact to answer queries if the person who drew the sample is out of the office. This is particularly relevant during the sampling phase and when the questionnaires are being sent out.

2. Optimising the fieldwork period

The survey fieldwork period for 2019 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 map internal contingencies such as planned leave of staff in charge of drawing the sample and/or sending the questionnaire. This could result in delays producing the sample or entering into fieldwork.

- To inform the Survey Coordination Centre for Existing Methods immediately of changes of survey lead.
- To ensure that you generate your sample promptly - within the recommended three-week sample checking period - submitting this before 23rd August 2019. Please note that you might need to resubmit the sample following queries from the Survey Coordination Centre for Existing Methods. This should be taken into account when planning your sampling.
- Respond to queries as quickly as possible to avoid unnecessary delays
- Adhere to the [key dates](#) listed below.

3. 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 raised 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 for Existing Methods in plenty of time before drawing your sample. Please see the [sampling errors report](#) from the 2018 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 died since they were an inpatient at your trust. Before mailing two, submitting for DBS checks is not required, however a local check **must** still be conducted. Before mailing three, 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.

DBS & local checks requirements	
Before mailing 1	Local AND DBS checks
Before mailing 2	Local checks (+ optional DBS check)
Before mailing 3	Local OR DBS checks

Your sample should only be used for the purposes of distributing the Adult Inpatient Survey 2019 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.



Boost samples and local surveys

We have been informed that some trusts decide to draw a “boost-sample” (i.e. a sample bigger than the required 1,250 patients) or conduct local surveys using similar sampling criteria.

These samples are **not** reviewed by the Survey Coordination Centre for Existing Methods and are **not** used as part of the analysis delivered by CQC. It is crucial that you ensure that any additional sampling does not affect the quality or the timeliness of the sampling for the survey. Common examples include sampling the same patient twice or not adhering to the initial discharge date (31st of July).

4. 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. [Your sample file must be transferred over a secure encrypted link](#), meeting standard NHS levels of encryption (i.e. AES256 or higher) and password-protected. Data should never be sent via email as this would constitute a breach of section 251 approval. Please note that unless you are conducting the survey in-house, you should not be submitting any data files to the Survey Coordination Centre for Existing Methods. That is your sample data and mailing data should be submitted all in one file to your approved contractor via their secure transfer site.

5. 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.

6. Submitting PDF, hard copies and respondent-completed questionnaires (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods will carry out checks on questionnaires and covering letters at three stages:

- Before you start printing your **questionnaires and covering letters**, you should email them as **PDF's** to the Survey Coordination Centre for Existing Methods for checking;
- Following that, once you have your **questionnaires and covering letters** set up and ready for printing, you will need to post **two hard copies** of each document for checking. You must not print your survey materials until you have received approval from the Survey Coordination Centre for Existing Methods. If errors are made in the questionnaires then it could render your data unusable;
- In addition, it is a new requirement this year to send scans of **two respondent-completed questionnaires** to the Survey Coordination Centre for Existing Methods (please refer to section '[Changes to the survey for 2019](#)').

7. Weekly monitoring (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods requires weekly submissions of data on response rates and usage of the helpline. A guide to the survey practicalities will advise on how to manage [helpline](#) calls. Using the [weekly monitoring template](#), the first submission must be made on **the 5th September 2019**, 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.

8. Entering and submitting final data (for contractors and in-house trusts only)

Final data must be submitted to the Survey Coordination Centre for Existing Methods 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 secure transfer site.

For the Adult Inpatient Survey 2019, there are two multiple response questions for which respondent data must be entered differently than other questions: Q75 and Q77.

Free-text comments should be entered verbatim and in full.

9. Timetable

Key dates	
Display of dissent posters	July (and earlier for some trusts)
(Contractors and in-house trusts only) Send pdf copies of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods	By 12 th August
(Contractors and in-house trusts only) Send hard copies of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods	By 19 th August
Submit sample data no later than	23 August 2019
Survey Coordination Centre for Existing Methods to contact all trusts with sample outstanding	23 August 2019
CQC to contact all trusts with sample outstanding	30 August 2019
Start of fieldwork	27 August 2019
Weekly monitoring starts	5 September 2019
(Contractors and in-house trusts only) Send one scanned completed questionnaire to the Survey Coordination Centre for Existing Methods	Soon after the start of fieldwork – after first mailing
(Contractors and in-house trusts only) Send one scanned completed questionnaire to the Survey Coordination Centre for Existing Methods	After third mailing (ideally a questionnaire returned from the third mailing)
Close of fieldwork	3 January 2020
Contractors and in-house trusts to send final data to the Survey Coordination Centre for Existing Methods	10 January 2020

10. Making sense of the data

CQC will provide you with two specific outputs based on your trust individual results from the survey:

- A benchmark report: this report provides the **score** for your trust for each question and section and whether it performs 'better', 'about the same' or 'worse' compared to other

participating trusts. Any statistically significant change from scores achieved in 2018 will also be flagged in this report.

- Trust tables: these tables display your trust's results for each question in **percentage and number** of respondents.

Your approved contractor might provide you with additional analysis of the data as part of their contractual agreement with the trust. Please note that CQC does not see these outputs and cannot comment on these.

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). This type of analysis requires additional data not delivered by CQC as standard.
- Look at the comments from the last question – these can provide additional insight into where your trust is doing well and areas to focus on for improvement.

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

11. Reporting results

Just as important as the analysis, development and the execution of the survey; is the presentation of the data. How you focus, design and present a report will go on to 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.

12. Questions?

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

inpatient@surveycoordination.com

01865 208127