

**NHS trust-based patient  
surveys:  
acute hospital trusts  
Emergency Departments**

**Last updated 14 March 2003**

This document is available from the NHS Survey Advice Centre website at:

<http://www.nhssurveys.org>

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## **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.)

## **Outpatients Survey**

Acute NHS Trusts will also be required to carry out a survey of Outpatients Departments in 2002/03. A separate guidance manual, questionnaire and question bank for the outpatients survey is available from the NHS Survey Advice Centre website. The main difference in the methods to be used in these surveys is in the sampling instructions.

## **Changes to the procedures outlined in this document**

It is NOT permissible to deviate from the agreed protocol as set out in the guidance manual. For example, offering financial inducements or lottery prizes to respondents; or translation of questionnaires into other languages is not acceptable. The terms of the ethical approval does not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and this could affect the calculation of performance indicators. If Trusts want to make any adjustments, they will need to seek local research ethics approval, and check with the Advice Centre that the proposed alteration would not compromise comparability.

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# 1 Introduction: patient feedback and the NHS Plan

## 1.1 The Commission for Health Improvement

The national patient survey programme is now being led by the Commission for Health Improvement (CHI). The Commission for Health Improvement's aim is to improve the quality of patient care in the NHS. For CHI the patient's experience of the NHS is at the heart of its work.

## 1.2 Why we need patient feedback

Quality in health and medical care has two distinct dimensions. One has to do with the quality of care assessed by professional standards, clinical outcomes, and technical measures. The other dimension concerns the quality of the patient's experience, and this can only be assessed by patients themselves. It is important to adopt systematic, appropriate and effective ways to ask patients about their experiences, and use this information to shape and improve the way health care is delivered. This manual is designed to help staff in acute NHS Trusts to obtain patient feedback and use the information in quality improvement programmes and for monitoring purposes. 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.

### 1.3 Patient feedback and the NHS Plan

Improving the experience of each individual patient is at the centre of the NHS Plan reforms. Obtaining feedback from patients and taking account of their views and priorities is vital for the delivery of the plan and for driving real service improvements.

The plan requires all NHS Trusts to 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** priority for the NHS. The NHS Trust Survey programme is an important mechanism for making the NHS more patient-focused and provides a quantifiable way of achieving this. Patient surveys can help deliver the NHS Plan commitments 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.

### 1.4 Performance indicators

Information drawn from the Basic Emergency Survey questions will be used by CHI to create headline NHS Performance Indicators. These patient focus indicators will be published as part of the headline Performance Indicators set in summer 2003. Some of the patient focus indicators will also be used in Acute and Specialist Trust Performance Ratings, also due for publication in summer 2003.

In addition to the performance indicators, which will be used for ratings, CHI will also publish benchmarking data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data. Information collected in a nationally consistent way is also essential to support public and parliamentary accountability. By asking each acute trust to carry out surveys of both emergency departments and outpatients departments in a consistent way, the CHI is building up a detailed picture across the country of patients' experiences in acute NHS Trusts. Also, by repeating the same surveys on a bi-annual basis, trusts will be able to monitor their own performance over time.

## 1.5 Basic requirements for NHS Trust Emergency Department Surveys

In order for comparisons between and within trusts to be accurate, fair and effective, it is essential that the surveys be carried out using a standard procedure in all acute NHS Trusts. Those standards are set out in detail later in this document. In summary, they are as follows:

- You must contact the Survey Advice Centre by 31<sup>st</sup> January 2003 and tell them who is carrying out your survey (i.e. whether it will be carried out by an approved contractor or in-house), and who in your trust will be responsible for monitoring survey's progress (e-mail: [emergency.data@pickereurope.ac.uk](mailto:emergency.data@pickereurope.ac.uk)).
- A postal questionnaire survey must be carried out.
- The questionnaire must be sent to 850 adults who have attended emergency departments in the trust within the month selected.
- The sample of patients must be a random sample of patients taken from all patient attendances in one month. (The month should be November 2002 or January 2003)
- The questionnaire must include the 47 Basic Emergency Survey questions. See 11.1 - *The Basic Emergency Survey*.
- The response rate must be at least 60%. That is, you must get 500 returned questionnaires from the 850 mailed out. Three mailings will be necessary to achieve this target.
- The data from the Basic Emergency Survey questions, and information about the patient sample, must be submitted to the Survey Advice Centre in the form outlined in 13.4 - *Supplying data to the Survey Advice Centre* by 30<sup>th</sup> April 2003.

## 1.6 How to use this guide

Trusts have the option of conducting the survey in house or using an approved contractor (see Section 4). Whichever route you take, you will need to address the guidance in Sections 1 to 11 and 14 to 15 of this guide. Sections 12 and 13 cover the practicalities of mailing out the survey, following-up responses and processing the results. These sections will be most relevant to approved contractors, or trusts undertaking the surveys themselves.

## 2 Setting up a project team

Whether you choose to do the survey in-house, or to use an Approved Survey Contractor, you will need to set up a project team. Too often, key players and stakeholders are left out of planning and implementation phases of a patient survey and are forced to respond to results for which they feel no ownership. 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 patients' experiences and who will be responsible for responding to the results of the survey.

- **Establish a workgroup.** Put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:
  - Board members
  - Members of Patients' Forum (where established)
  - Doctors, nurses and other health care staff
  - Administrators
  - Medical records personnel or Patient Administration System staff
  - Patients and carers
  - Caldicott Guardian
  - Staff or directors responsible for:
    - Clinical governance
    - Patient advice and liaison service (PALS)
    - Quality improvement
    - Strategic planning
- **Involve the person responsible for drawing the patient sample** in planning meetings. It is essential that this person, and their line manager, understands the purpose of the survey and the importance of drawing the sample correctly.
- **Keep everyone informed.** Notify as many people as possible about ideas and activities. All departments in the Trust that have contact with patients should be made aware when a survey is being conducted, in case patients ask questions.
- **Do not overlook front-line staff**, who have the most frequent direct contact with patients. Staff can become nervous and defensive if they are not formally told about a patient survey. These feelings can compromise the effectiveness of the survey and increase resistance to any negative feedback.



## 3 Approved Survey Contractor versus in-house surveys

Trusts may choose to carry out their surveys in-house, or to commission an Approved Survey Contractor to carry out the work for them. Generally speaking, it is not advisable to carry out large-scale surveys in-house if you do not already have experience in carrying out surveys. Tracking large surveys with appropriate follow-up is an administratively complex task requiring dedicated resources for several months. Getting systematic feedback from patients requires money, resources and staff time. Considering the following questions can help you decide whether it makes sense for your trust to conduct the survey in-house or to commission an Approved Survey Contractor:

- Costs
- Quality and confidence in the findings
- Timing
- Human resources
- Comparing departments or hospitals within your trust

### 3.1 Costs

The financial resources needed to carry out a survey in-house are often underestimated. The following is a list of the main items of expenditure for a postal survey, including the two reminders that must be sent out for all NHS Trust Surveys.

#### **Staff time**

This is one of the largest expenditures, but it is sometimes overlooked. Be sure to factor in the cost of staff time, including salary and fringe benefits, and time spent away from other work.

## Consumables

### First mailing

You will need 850 of each of the following items:

- Printed questionnaires
- Large envelopes for mailing questionnaires to patient
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes
- FREEPOST envelopes for return of questionnaires
- Paper bearing the trust's letterhead for covering letters
- Cost of second class postage of questionnaire packs

### Second mailing (first reminder)

First reminders are sent to all patients who do not respond to the first mailing (except, of course, those who withdraw). Usually, around 55-75% of the original patient sample need to be sent first reminders. The following items are needed:

- Reminder letters
- Envelopes
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes
- Cost of postage

### Third mailing (second reminder)

The second reminder should include the same items as the first mailing, and will need to be sent to around 45-65% of the original sample, depending on the number of responses to the previous two mailings. The following items are needed for each second reminder:

- Printed questionnaires
- Large envelopes for mailing questionnaires to patient
- Labels for addressing envelopes
- Labels for sender address on reverse of envelopes
- FREEPOST envelopes for returning questionnaires
- Paper bearing the trust's letterhead for covering letters
- Cost of second class postage of questionnaire packs

### **FREEPHONE service**

This service gives patients easy access to advice and staff can reassure them on any concerns they have about the survey. The cost of setting up the service and of staff time in responding needs to be considered.

### **FREEPOST licence**

The FREEPOST address can be printed on return envelopes so that patients can send back the survey at no cost to themselves. There is a charge for obtaining a FREEPOST licence. (For more details, see 12.1 - *Setting up a FREEPOST address.*)

### **Data entry**

If the data are entered manually, you will need to allow enough staff time for this, and for checking the accuracy of the data file. Alternatively, a data processing or scanning company may be contracted to process the data. You will need to allow enough time for agreeing the details of a contract with a company and discussing their specific requirements (such as the size of the response boxes). If you use in-house scanning equipment, allow time for setting it up to read the data correctly from questionnaires.

### **Design and production of reports**

This requires a considerable amount of skilled staff time.

## **3.2 Quality and confidence in the findings**

Rigorous methodology is especially important if the data are to be used to compare experiences among groups of patients, to make precise estimates of problems or for Performance Indicators. A good survey provider will use methods that assure statistical validity and unbiased results.

Standard instruments and standard methods are essential for the national NHS survey programme. Valid, credible comparisons can only be made using data that are collected with the same instrument, using similar methods. That is, by comparing like with like. All participating Trusts should use the same sampling methods to ensure that you are comparing information about the same types of patients. Without such standardisation, comparative data will not be valid and reliable.

Since the results are to be used in a public forum, where their credibility might be questioned, it is advisable to hire an Approved Survey Contractor. Patients, too, might be sceptical about feedback that is collected by trusts themselves. Results that come from an independent source may be taken more seriously.

### 3.3 Timing

It is often possible to carry out small, localised surveys quickly in-house. However, even in the best of situations, other demands on staff can side-track them into other work. On the other hand, if you commission an Approved Contractor to carry out the survey, you should ensure that appropriate and realistic deadlines are set.

### 3.4 Human resources

In order to carry out a survey effectively, experience and/or skills in the following areas are needed:

- Administration of postal surveys
- Communication and coordination of multi-disciplinary teams
- Data entry, validation and cleaning using proprietary data management/analysis software, such as Microsoft Excel or Access for Windows, EpiInfo or SPSS for Windows
- Data analysis and interpretation
- Report writing

### 3.5 Comparing departments or hospitals within your trust

If want to go beyond the minimum requirements, you could use the NHS Trust Survey programme as an opportunity to gather data about different units or hospitals within your trust. You could extend the number of patients you target, and ensure that you target sufficient numbers from each of the units you want to compare so that you can get enough responses to make comparisons.

Small limited surveys are easier for in-house administrative and volunteer staff to handle than are large surveys. You may wish to consider doing the large NHS Trust survey with an Approved Survey Contractor, and following it up with smaller, targeted in-house surveys.

**N.B.** If you choose to increase your sample size, it is essential that you ensure that the sample of patients you draw according to the requirements for the national survey can be easily distinguished from any additional patients you include in the sample. You will need to send only the data from the 850 patients sampled according to these guidelines to the Survey Advice Centre.

**N.B.** When you have decided who will carry out your survey, you must inform the Survey Advice Centre. The deadline for this is 31<sup>st</sup> January 2003.

## 4 Commissioning a survey from an Approved Contractor

The framework agreement set up by the Department of Health covers the core survey process. Approved Contractors are expected to provide the following services:

- Advising on sampling, providing support to trusts for sampling
- Printing questionnaires, covering letters, reminders and providing consumables
- Handling receipt of questionnaires, liaising with trusts re non-responses and reminders
- Support to ensure good response rates, e.g. FREEPHONE line
- Data entry, cleaning data and providing data to Survey Advice Centre by the deadline
- Preparing standard reports for trusts

Fourteen organisations have been approved by the Department of Health to carry out the local NHS Trust Emergency Department surveys. Trusts may commission one of these contractors without further tendering for the survey work. Before committing to a contractor, you are advised to **check exactly what is covered** within the cost quoted.

Further information about each of these organisations, including their prices, can be found on the NHSsurveys website at

<http://www.nhssurveys.org>

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## Taylor Nelson Sofres

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## Contracts

In addition to standard contractual terms and conditions, the contract should specify the following:

- The groups, and numbers, of patients to be surveyed.
- The survey methodology (i.e. postal questionnaire with two reminders to non-responders).
- Exactly what the survey provider and the trust are responsible for in carrying out the survey project.
- The main person at the survey provider and at the trust responsible for managing the project.
- A timetable showing the dates on which each task is to be carried out and by whom.
- Copies of the questionnaire(s) to be used.
- The outputs of the project. That is, types of and numbers of reports to be delivered and details of any presentations to be carried out by survey contractors.
- The costs and a payment schedule.

## 5 Data protection and confidentiality

You will need to ensure that you comply with the Data Protection Act 1998, and that patient responses are kept confidential. You will also need to take care that you meet any guarantees of anonymity or confidentiality made in covering letters and on the questionnaire form. Your trust's Caldicott Guardian will be able to advise you on matters of data protection.

### 5.1 Caldicott

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

Further information about the use of patient information and the Data Protection Act can be found at:

<http://www.doh.gov.uk/dpa98/>

### 5.2 Sending out questionnaires

To comply with the Data Protection Act, NHS Trusts should not release the names, addresses and other personal details of patients to anyone who is not employed by the trust. This includes releasing names and addresses for the purpose of mailing survey questionnaires to patients.

If you commission an Approved Survey Contractor to carry out the survey, there are two common methods currently being practised by trusts working with contractors:

1. The contractor delivers pre-packed serial-numbered envelopes containing questionnaires, covering letters and FREEPOST envelopes to the trust. The trust then attaches number-matched address labels to the envelopes and sends them out to patients. Completed questionnaires can then be returned to the contractor and, by checking the Patient Record Numbers on returned questionnaires, they can inform the trust which patients need to be sent reminders. This process is described in more detail in Chapters 9 and 12.
  
2. Alternatively, with the agreement of the trust's Caldicott Guardian, you may set up an *honorary contract* between the trust and one or two people who are already employed by the external contractor. Those people then become unpaid employees of the trust (while continuing to be employees of the external contractor) during the period in which the survey is carried out. It is then permissible for the contracted employee to be given patient contact details for the purposes of sending out questionnaires and reminders to patients. The external contractor must be registered under the Data Protection Act and appropriate steps must be taken to protect patient confidentiality. A sample honorary contract is printed on the following page.
  - The amount of patient information handed over to the contractor should be kept to a minimum.
  - The data should be password-protected, and the password should only be known to one individual in the trust who sends out the information and one or two people from the external contractor who receive the information.

## 5.3 Sample Honorary Contract

[Name of NHS Trust]

To: [Name of employee]

[Date]

1. We are pleased to offer you an honorary (unpaid) appointment with this Trust. The appointment is to enable you to carry out the necessary operations and procedures that will enable this Trust to participate in the NHS Patient Surveys.
2. The period of appointment covered will be from [1st date] to [2nd date]. However, your work during this period will be part-time and intermittent, and may well be complete before the end of the period.
3. Similarly the pattern of hours worked in any week will vary according to the requirements of the survey procedures. The number and distribution of hours will be a matter for mutual agreement between you and [name of external contractor]. You will of course be covered by the Working Time Regulations 1998 and will not be expected to follow other than standard procedures in respect of working time.
4. The work will be carried out off-site at a location to be agreed with [name of external contractor].
5. Since the appointment is unpaid, this contract carries no entitlement to paid holidays, bank holidays, sick pay etc. Your entitlements in these respects will be the responsibility of [name of external contractor] which is the organisation responsible for the overall design, conduct and reporting of the NHS Patient Survey.
6. It will be expected that you carry out your work in a manner which is safe and absent from risk to your own health and that of any other person who may be affected by your actions or omissions. It is also expected that you will co-operate with the Trust in complying with any relevant statutory regulation imposed by the Trust. Whilst on Trust premises you must comply with the requirements of the Health & Safety at Work Acts 1974 (including Regulations and Codes of Practice issued thereunder).
7. During the course of your work you may have access to information concerning the Trust's staff, policies, finances or patients, which is strictly confidential. It is a condition of your appointment that in no circumstances will such information be passed on or discussed with any unauthorised person. A breach of confidentiality during this contract would result in its termination.
8. It follows from the above that any confidential information and data for which you are responsible should be kept under continuous review and stored in secure circumstances when it is off-site. The data will be disposed of in a safe manner, and any patient details will be destroyed before disposal.
9. If required to work on the Trust premises the Trust cannot accept responsibility for articles of personal property lost or damaged on their premises whether by burglary, fire, theft or otherwise. You are therefore advised to cover yourself in this respect against all risks.
10. Notwithstanding the above, for the purpose of employment insurance (and for no other purpose) you will be regarded as a Trust employee during the proper performance of your duties, provided that at all times you exercise all reasonable skills and judgement and always act in good faith.
11. Please sign and return this letter by way of confirmation of your agreement to the terms on which the appointment is made.
12. The offer and the acceptance of it should together constitute a contract between two parties.

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### FORM OF ACCEPTANCE

I hereby accept the terms and conditions set out above.

Signed: ..... Date:.....

[Name of employee]

Signed: ..... Title: .....  
(On behalf of the Trust)

[NHS Trust]

13. Date:.....

## 5.4 Patient confidentiality

It is essential that any patient survey is conducted in such a way that respects patient confidentiality. That is, patients must be assured that doctors, nurses and other healthcare workers will not be able to identify individual patients' responses. Furthermore, their responses must not be presented to anyone in a way that allows individuals to be identified. For example, if a patient is known to have visited a particular department, and his or her age, sex and ethnic category are known from their survey responses, it might be possible to use this information to identify them. We would recommend that patient responses should be aggregated into groups of no less than 30 patients before data are presented.

## 5.5 Patient anonymity

### In-house surveys

It is important to ensure that any claims you make about patient anonymity are accurate. In most cases where a survey is carried out in-house, it is not accurate to tell patients that their responses will be anonymous. The person who receives the completed questionnaires is usually able to match these responses to patient names and addresses.

### Approved Contractors

Patient anonymity can sometimes be achieved if there is a clear separation between the information seen by an approved contractor and the information held by the trust. Patient names and addresses should be seen by trust staff only, while individual patient's responses should be seen by contractor staff only. As long as the response data supplied to trusts do not include Patient Record Numbers and are not provided to trusts in a way that allows individuals to be identified, it can reasonably be claimed that patients responses are anonymous.

## 5.6 Storing completed questionnaires

Completed questionnaires must be stored in a separate location to lists of patients' names. Similarly, the electronic file containing the patients' names and addresses should be stored on a separate computer to that containing the survey data.

Any mailing lists of patients' names and addresses should be deleted or destroyed as soon as the mailing process is complete. However, when you destroy the name and address information, remember to keep the other information held in the same file (such as age, sex and survey number) since this will be needed later.

## 6 Ethical issues and ethics committees

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.

### Seeking ethical approval

CHI has obtained ethical approval for the Basic Emergency Survey, the question bank, the covering letter and the reminder letter, all of which are now downloadable from the NHSsurveys website.

You do not, therefore, need to seek ethical approval for the NHS Trust Surveys, unless you design your own additional questions. However, you might want to inform the relevant LREC(s) and/or send them a copy of the MREC approval letter. You do not need to wait for confirmation or approval from the LREC before starting your survey. The MREC documents are on the NHSsurveys website. Note that there are different documents, depending on whether you use only the pre-approved questionnaire and question bank, or if you choose to add new questions or change the methodology (see below).

### New questions or different methodology

If you write your own questions, or design your own research for a different project, you will need to obtain ethical approval from the Local Research Ethics Committee (LREC) before you proceed. The LREC will want to see the letter from the MREC and any additional documents relating to the changes you intend to make. This process may take at least 2 months. The relevant MREC documents are available from the NHSsurveys website.

Further information can be found at [www.corec.org.uk/LRECContacts.htm](http://www.corec.org.uk/LRECContacts.htm) or by e-mailing [queries@corec.org.uk](mailto:queries@corec.org.uk).

## 7 Collecting data from non-English-speaking populations

The patients who respond to your survey should be representative of all of the patients who use the Trust, so it is important that groups with limited understanding of English are not excluded. However, for these Emergency Department Surveys, it is not permissible to translate questionnaires. At least for the 2003 survey, there would not be adequate time to check that all translations were accurate, and to carry out the necessary validation checks. Furthermore, we do not recommend translation of questionnaires as the most effective way of obtaining feedback from minority language groups. In considering this issue, it is worth noting the following points:

- It will be difficult or impossible to identify non-English-speaking patients from patient records before questionnaires are sent out because language spoken is not usually included on patient administrative systems. Therefore, the first contact with them will have to be in English.
- The Basic Emergency Survey and the question bank have been written in as **simple language** as possible to facilitate optimum understanding by all respondents. The questions have also been tested with patients from a range of ethnic groups.
- You could include a **multi-language leaflet** with the first mailing, offering help or translation services to those who might require it.
- You could offer patients whose spoken English is better than their written English the option of **completing the questionnaire over the telephone**, using a FREEPHONE line.
- Consider subscribing to a specialist interpreting service. Your Trust may already be in touch with one in your area. Alternatively, you could use a national service, such as **Language Line** (See <http://www.languageline.co.uk>, e-mail [info@languageline.co.uk](mailto:info@languageline.co.uk) or call 020 7520 1430.) Telephone interpreting services in around 100 languages are offered on a pay-as-you-go basis. If required, a three-way conversation can be set up between you, the patient and the interpreter.
- Many households include at least **one competent English speaker** who can help the patient to fill in a questionnaire. In practice, this is often the most efficient way of gathering data from non-English-speakers, although it is not ideal, as there is no control over the way in which a patient's family or friends translate questions or interpret their responses, and it does not allow the patient to answer the questions for themselves.



- It might be appropriate to use **alternative data collection methods** to assess the experiences of non-English-speaking patients, or patients whose literacy levels are low. For example, it may be easier for some groups to report their experiences in focus groups or face-to-face interviews.
- Translating the questionnaire is not a feasible option, at least for the 2003 Emergency Department Surveys. However, for other surveys, you might consider translating questionnaires into the languages of minority groups who use your Trust. It should be noted that translating a questionnaire involves a considerable amount of staff time and expense.
- There is a risk when translating any document that the ideas contained in the original document are not accurately represented in the other languages. In any case, once a document has been translated by one person, a different person should translate it back into English. Refinements to the wording can then be made where the back-translation differs from the original document. The translation and back-translation process needs to be repeated until discrepancies between the two documents are minimal. For the 2003 Emergency Department Surveys, there is not enough time to carry out the validation procedures necessary to translate a survey.

## 8 Timetable

The length of time taken to complete the survey process will depend on many factors. Assuming no delays in drawing the patient sample, it is reasonable to allow about 12 weeks from start to finish, i.e. from drawing the sample to receiving the final report. Dissemination of the results to all staff could take considerably longer than this.

The following timetable is based on the *minimum* expected duration of each stage. If you commission an Approved Contractor, most of the work will be done by them, but you will still have to be involved in some of the stages of the process, marked in **bold** in the timetable below.

### Timetable

Week	Task	See Section
1	<b>Draw sample of patients to be included in the survey</b>	9
1	<b>Submit sample list to Tracing Service to check for deceased patients</b>	9.5
1	<b>Inform Survey Advice Centre about who is carrying out the survey (by 31<sup>st</sup> Jan 2003 at the latest).</b>	3
2	<b>Decide on questions to be included in the survey (i.e. select from question bank or use a Basic Emergency Survey)</b>	11
2	Print questionnaires and covering letters	12.2&12.3
2	Ensure you have enough envelopes, return envelopes and labels	12.2
2	Set up FREEPOST address and FREEPHONE (optional)	12.1&12.4
2	Establish system for responding to telephone enquiries	12.4
3	Establish system for booking in questionnaires	12.6
3	Send out first questionnaires	12.5
3 - 8	<b>Stick labels on pre-packed numbered questionnaires supplied by approved contractor</b>	
3-12	Continue responding to telephone enquiries	
3-12	Continue to book in returned questionnaires	
3-12	Enter data	13
5-6	Send out first reminders to non-responders	12.7
5-6	Be prepared for a small peak in telephone calls as people receive first reminder	
8	Send out second reminders to non-responders	12.7
11	Complete data entry	
11	Check data for errors	13.3
12	Send data to Survey Advice Centre (by 30 <sup>th</sup> April 2003 at the latest)	13.4
12	Begin analysing trust's results and writing report	14&15

## 9 Compiling a list of patients

This section explains in detail how to draw the sample of patients. This task will need to be carried out by a member of staff at the NHS Trust.

**N.B. It is essential that the person who draws the patient sample understands the importance of following these instructions carefully. Also, that person's line manager must give them the time and support they need do to the task properly.**

**We advise that you read all of this section before you start to compile your patient list.**

### 9.1 Compile a full list of patient attendances in 1 month

- Select the month of Emergency Department attendances that your survey will cover. Depending on when you start, this should be **either** November 2002 **or** January 2003. (December should be avoided, as it tends to be atypical.)
- Compile a full list of all patient **attendances** at all Emergency Departments (A&E /Casualty) **at all sites** in your trust during one month.
- This is a list of **attendances/visits**, rather than a list of patients, so some patients will appear in the list more than once, but that does not matter at this stage.

#### What to leave out

Attendances by the following patients should be removed from the list:

- Any attendances at **Minor Injuries Units**
- Any patients who were admitted to hospital via **Medical or Surgical Admissions Units**
- Children **under 16** at the date of their arrival at the hospital
- Any patients who are known to be **current inpatients**
- Patients who are known to have **died**
- Patients who do not have a **known UK address**
- Planned attendances at **outpatient clinics which are run within the Emergency Department** (such as fracture clinics)

## 9.2 Data fields to include in the list of visits

The list should contain the following information:

- Patient Record Number <sup>1</sup>
- Title (Mr, Mrs, Ms, etc.)
- Initials (or First name)
- Last name
- Address Fields <sup>2</sup>
- Postcode
- Year of birth
- Gender
- Ethnic category <sup>3</sup>
- Date of arrival at the Emergency Department
- Survey unit – e.g. hospital site <sup>4</sup> - **Optional**
- Any other details required by the NHS Strategic Tracing Service (NSTS). <sup>5</sup>

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<sup>1</sup> This field will be a series of sequential numbers (for example, 1001 through to 1850 but make sure it is a different number range than that used in your Outpatients Survey). The patient record number will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or returned undelivered), you (or the Approved Survey Contractor) will be able to use these numbers to monitor which patients have returned their questionnaires and to identify any non-responders, who will need to be sent reminders.

<sup>2</sup> The patient address should be held as separate fields (e.g. street, area, town, county, postcode). This should be consistent with the address format required by the NSTS.

<sup>3</sup> It is acknowledged that patient records for the Emergency Department might not always contain complete data on patients' ethnic category. However, this field should be included wherever possible. This data is required in order to evaluate non-response from different ethnic categories. This is in keeping with the aims of CHI and Department of Health to be more responsive to all ethnic groups and provide services that take account of their individual requirements.

<sup>4</sup> This is optional, but it might be useful information if you later want to compare hospital sites or units within the trust. However, you should discuss this fully with the approved survey contractor, who will advise on the minimum sample size required for such comparisons.

<sup>5</sup> For example, the NHS number can give more accurate matching, especially if addresses are incomplete. It is advisable to liaise with the registered NSTS batch trace user (if this is not the same person who creates the sample list) to ensure that all the required fields are included in the list of patient visits (see Section 9.5 for more details on using the NSTS).

### 9.3 Taking a sample

It is likely that your full list will include thousands of attendances, but you will need to send questionnaires to only **850** patients.

**Note:** You are aiming for a **response rate of at least 60%**, which means that you should have about 500 completed questionnaires if you send questionnaires to 850 patients. You will be able to maximise your response rate by following this guidance carefully. It is **not** acceptable to try to boost the number of responses you receive by sending out questionnaires to a larger number of patients. The Survey Advice Centre will only be able to accept responses from the 850 patients in your list that have been correctly sampled.

In order to select the 850 patients to be included in your sample, you need to take a **random sample** of 850 patients from your full list. The procedure for doing this is as follows:

1. Put the list of attendances into an electronic file in a programme that allows sorting by columns (for example, Microsoft Excel or Access).
2. Sort the list by patients' names, and then by year of birth (N.B. Ensure that you select all columns before sorting in Excel, otherwise the patient details will get mixed up). Sorting should ensure that all attendances by the same patients come next to each other in the list.
3. Count the total number of attendances in the chosen month.
4. Calculate **n**: the fraction of patient attendances you will need to extract from the total number of attendances, in order to select 850 patients (See example below).

#### **Example**

Number of Emergency Department attendances at your trust in one month = 25,000

**Fraction** of full list you need to extract =  $25,000 \div 850 = 29.4$

5. Round down your fraction to the nearest whole number to give you a value which we will call **n** (in this example, n would be **29**.)
6. Create a new data column in your patient file (call this column '**fraction**'). Fill this column with a repeating series of numbers, starting with 1 in the first row and then numbering each record consecutively through to **29** (remember to use your own value of **n**).

7. Choose a random number, between 1 and the value of  $n$  (29). Let's assume the random number is **14** in this example.
8. The sample will be all those records with a value of **14** in the 'fraction' column (remember to use your own random number). Delete all records with values that are **not equal to 14**.

If you are using Excel, it might be easiest to sort the data by the new column 'fraction' and then delete all the rows above and below those with **14** in the fraction column (N.B. Ensure that you select all the columns before sorting in Excel, otherwise the patient details will get mixed up).

9. This will give you a list of patients consisting of every  $n^{\text{th}}$  record from the original list. This should be at least 850 records, but may be slightly more. Save this sample into a new file (keeping the initial sample list in another file, in case you need to return to it later).

## 9.4 Check the sample list

Once you have compiled your list of 850 patients, it is important to carry out a few final checks before sending the data to the NSTS:

- **Duplications.** You should check your list to make sure patients' names do not appear more than once, and you should remove any duplicated names. <sup>6</sup>
- **Postal addresses.** Exclude any addresses that are outside the UK.
- **Patient ages.** Check that all patients are aged 16 or over.
- **Incomplete information.** Check for any records with incomplete information on key fields (such as surname and address) and remove those patients. However, do not exclude anyone simply because you do not have a postcode for them.
- **Current inpatients.** Check again that none of the patients are known to be current inpatients in your trust (or elsewhere, if known).
- **Deceased patients.** Check that the patients were all discharged alive. Also check that the trust does not have a record of a patient's death from a subsequent admission or visit to hospital.

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<sup>6</sup> This sampling procedure minimises the chances that patients will be duplicated in your final list. That is, in the above example, a patient could only be selected twice if they had 29 or more attendances to the Emergency Department in 1 month. However, if your trust has particularly small numbers of attendances, you are more likely to have some duplicated patients.

## 9.5 Submit the sample list to the NHS Strategic Tracing Service (NSTS)

Before sending out the questionnaires, the list of patients will also have to be checked for any deceased patients by the NHS Strategic Tracing Service (NSTS). NSTS update their information about every 7 days, so you can increase accuracy by asking them for a check shortly after one of these data updates.

The NSTS contact details are as follows:

Help desk telephone number: 0121 788 4001

Website: <http://nwww.nhsia.nhs.uk/nsts/>

The time required to carry out the checks depends partly on the compatibility of the list you submit to the NSTS. To avoid any delay, check carefully that your list is in the correct format for NSTS.

The file returned from NSTS can be used to identify the records that need to be deleted from the sample file. This will reduce the numbers in the sample list slightly.

**Note:** Please be aware that tracing services are not fool-proof and even after your patient list has been checked for deaths, some patients may die in the period between running the NSTS check and the questionnaire being delivered. You may find that some recently deceased patients remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

## Note from SchlumbergerSema (NSTS Partner)

Within your trust, there should be a “Caldicott Guardian delegated authority”, who is the person authorised to send batch traces to the NSTS. You should ask this person to submit the batch trace request for the patient survey, as SchlumbergerSema will only accept submissions from this person.

The format of the patient survey files and accompanying paperwork must be identical to that submitted by trusts on a regular basis for NHS number tracing.

The full details are given in the new instruction manual:

[SchlumbergerSema NHS Patient Survey File Creation Guide](#)

This is available on the NHSsurveys website.

The basic requirements are:

- The file must contain all 27 fields listed in Appendix D of the NSTS manual, even if they contain no data.
- No column headings must be included.
- The file can be either in fixed length or Comma Separated Variable (CSV) format. CSV is more popular and easier to create.
- File must be able to be opened in Notepad or similar text editor.
- Excel spreadsheets are not permitted.
- It is advisable to send a spare tape or disk with your batch trace, so that the tracing service can record their results on that, rather than having to delete your original file to re-use your original disk or tape. This will speed up the process.
- When the file is returned from the NSTS, the deceased marker can be found in field 32, where there would be a 3 digit Q-Code or a D (deceased).



## 9.6 Number of patients in final list

### Too many patients in the list

When your patient list comes back from NSTS, if it is still greater than 850, you will need to delete a random selection of records to from the file to reduce it to 850 records.

### Too few patients in the list

You are required to achieve a **60% response rate**, and to obtain completed questionnaires from at least 500 patients. Therefore, to achieve the required number of responses you need to send out questionnaires to a minimum of 833 patients. (The figure 850 allows for a few extra patients.) If you have fewer than 833 patients in your final list, you might want to consider carrying out the patient sampling procedure again. (If necessary, call the Survey Advice Centre for further advice on this.)

## 9.7 Organise the patient information into the sample file

- It would be helpful to the Survey Advice Centre team if you sent this file to them as soon as it is ready but, in any case, it should be sent in an anonymised form by **30<sup>th</sup> April 2003** at the latest (See 13.4 - *Supplying data to the Survey Advice Centre* for details of how to do this).

Table 1 shows part of an example Excel file comprising patient details.

**Table 1 – Sample Excel file of patient details**

Patient Record Number	Title	Initials	Lastname	Address1	Address2	Address3	Address4	Postcode	Year of birth	Gender	Ethnic Category	Date of attendance	Comments	Outcome
1001	Mrs	AM	Abbot	Upper Flat	24, West Rd	Town name	County	AB1 1YZ	1925	2	1	09/11/2002	Informed Patient died	4
1002	Mr	EC	Ahmed	1, Field Drive	Town name	County		AB2 6XZ	1937	1	3	14/11/2002		1
1849	Miss	K	Yoo	54, Cross St	Town name	County		AB4 7MX	1965	2	5	21/11/2002		
1850	Ms	F	Young	31a Main Road	Town name	County		AB9 5ZX	1941	2	1	08/11/2002		1

- It can be seen that the **Patient Record Numbers** are in ascending order, starting at 1001 at the top of the list. The sampled attendances are numbered consecutively, through to 1850 at the bottom of the list. This Record number is unique for each patient. It is printed on the questionnaires and on the address labels and can be used to identify which patients have returned their surveys. If an approved contractor is used, you will need to agree with them on the range of serial numbers that will be used for your patients.
- Make sure the number range you use for the **Patient Record Numbers** is different from that used for your Outpatients Survey.
- The **Record Number, Title, Initials, Lastname, Address** fields and **Postcode** are used for printing out address labels. You can use mail merge in a word processing package for this purpose.
- The Year of Birth is included (in the form YYYY), so that the ages of those patients who send back questionnaires can be compared with the ages of non-responders.
- **Gender** should be coded as 1 = male and 2 = female. However, be aware that other systems may use a different coding.
- **Ethnic category** should be coded using the broad categories 1 = White; 2 = Mixed; 3 = Asian or Asian British; 4 = Black or Black British; 5 = Chinese; 6 = any other ethnic category. These are based on the standard categories introduced by the NHS Information Authority from 1<sup>st</sup> April 2001.
- The **Date of attendance** (in the form DD/MM/YYYY) is included as it can be used to check the actual sampling period used by the trust.

### Additional fields

You also need to add two additional data columns:

- The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which patients opt out of the survey, etc. This column is left blank if the survey has not been returned (so it can be seen that Miss Yoo has not yet returned her survey); 1 = returned useable questionnaire, (Mr Ahmed and Ms Young have returned their surveys); 4 = patient died (Mrs Abbott's relative called to say that she had died).

If the survey is being carried out in-house by the trust, you can use the file containing the patient name and address details to record the outcome information. If you are working with an Approved Survey Contractor, you should supply them with a list of record numbers with patient names and addresses removed, against which they can record the outcome codes.

- The **Comments** column is useful for recording any additional information that may be provided when someone calls the FREEPHONE to inform you that the respondent has died or is no longer living at this address.

## **10 Maximising patients' receptiveness to the survey process**

The following procedures will be necessary to increase response rates and reduce the number of questions and complaints about a survey.

### **Establish a process for answering questions and handling complaints**

- Survey managers should have contact details of patient liaison staff or complaints managers, so that they can guide patients to the correct services if they contact them about matters not related to the survey.
- You might want to set up a dedicated telephone line, or FREEPHONE line that patients can call with any questions they might have about the survey.
- Patients can be expected to call doctors, nurses, patient liaison officers, Emergency Departments, or the Chief Executive's office with questions about the survey, even when your covering letters give contact details for the survey managers. Notify front line staff and executive offices that a survey is being conducted, and give them the name and number of a contact person. Survey managers should be prepared to respond to these calls quickly.

### **Publicise the survey**

- Heighten awareness of the survey and the importance the trust places on patient feedback through posters in the hospital and communications with patients after their attendance, and in community newsletters. Also, it is sometimes a good idea to send a press release to the local media to gain publicity before the survey takes place.

## 11 The Basic Emergency Survey questions and question bank

Each trust must include in their survey at least the 47 Basic Emergency Survey questions. There is a pre-designed questionnaire on the NHSsurveys website, which includes only these questions. In addition, by using the "Create your own survey" option on the website, you can include supplementary questions from a bank of validated questions. These questions will be inserted into the appropriate places in the Basic Emergency Survey questionnaire, and the document will then be generated in .pdf format, ready for printing.

There is also a facility to design your own questions and response options on the website.

In summary, there are three options for carrying out the NHS Emergency department surveys:

1. The **Basic Emergency Survey**, which comprises 47 core questions.
2. The **Enhanced Survey**, which includes all of the 47 Basic Emergency Survey questions, with an additional bank of validated questions.
3. The **Customised Survey**, which is either the **Basic** or **Enhanced** Survey with additional new questions designed by you.

If you design your own questions, it is essential that survey questions be **carefully designed and properly tested** before they are included in a questionnaire.

You should also be aware that, if you include new questions, you might need to obtain **ethical approval** before proceeding with sending out questionnaires, as any new questions will not have been pre-approved by ethics committees.

The surveys can be accessed from the NHSsurveys website:

<http://www.nhssurveys.org>

### 11.1 The Basic Emergency Survey

The Basic Emergency Survey consists of 47 questions on 8 pages. These 47 questions cover the issues that have been found to be most important to patients and they must be included in your survey. The front page of the survey explains the purpose of the survey and gives instructions on how to fill it in. In the following pages, the survey questions are divided into sections that broadly follow the patient's experience.

## 11.2 Using the question bank

The Basic Emergency Survey covers all the compulsory questions you need to ask for the NHS national survey programme. However, you might want to ask more questions on some topics, and you can do this by using the "Create your own survey" option on the website. The instructions on the website will guide you through the steps you need to take to create your own survey.

You will notice that some questions have tick boxes next to them, while other questions do not. Those questions that have tick boxes are the optional questions, which can be selected or deselected from the question bank. The questions with no tick boxes (just bullet points) cannot be deselected because they are compulsory Basic Emergency Survey questions, and they must be included in all NHS Trust Surveys.

As you select questions from the question bank, they are placed in the appropriate section on the survey form, so that the questionnaire flows sensibly. For example, if you add further questions about *Hospital environment and facilities*, they will be put into the section with that heading.

## 11.3 The Customised Survey

From the NHSsurveys website, there is also an option to include additional questions that you design yourself.

It must be emphasised, however, that it is not advisable to design new survey questions unless you have considerable experience in doing so. The time, effort, costs and skills required to design survey questions is very often grossly under-estimated. For example, it is common for a single question to be re-worded ten or more times before it is considered acceptable. You would need to ensure that you have adequate time to carry out essential research with patients to check that questions are clear, appropriate and unambiguous. You may also need to seek approval from your Local Research Ethics Committee if you include new questions (See Chapter 6 - *Ethical issues and ethics committees*).

## 12 Implementing the survey-practicalities

This chapter gives guidance on administering the NHS Trust Emergency Department Surveys using pre-designed surveys and pre-validated questions from the NHSsurveys website. The following topics are covered:

- Setting up a FREEPOST address
- Printing questionnaires
- Covering letters
- Setting up a FREEPHONE line
- Sending out questionnaires
- Booking in questionnaires
- Sending out reminders
- Recording external events

### 12.1 Setting up a FREEPOST address

A FREEPOST address allows patients to return completed questionnaires at no cost to themselves. After you have paid for the licence, you will only pay for the responses you receive. The FREEPOST address can be printed on the envelopes you send out with the questionnaires. Printed envelopes must comply with Royal Mail guidelines. Details of how to apply for a FREEPOST licence can be found at the Royal Mail website:

<http://www.royalmail.com>

Or you can call your local Sales Centre on 0845 7950 950.

### 12.2 Printing questionnaires

#### Number of pages

It is practical to ensure that the number of pages in a questionnaire is a multiple of four so that sheets can be printed double-sided on A3 paper and folded to make an A4 booklet, stapled in the middle. If pages are stapled at the corner, there is a greater chance that some pages will become detached and get lost. The Basic Emergency Survey, available in pdf format on the NHSsurveys website, is designed to fit on to eight sides of A4 paper.

## Number of questionnaires

When calculating the number of questionnaires to be printed, you will need to allow for sending out duplicate questionnaires as second reminders. Printing costs can be unnecessarily high if a second print-run is required, so it is worth ensuring that the first print-run is sufficiently large to allow for contingencies. As a rule of thumb, multiply the number of patients in the sample by 1.7 to obtain the number of questionnaires required. So, if the number of questionnaires you intend to send out is 850, then you might want to print  $850 \times 1.7$ , or approximately 1,500 copies.

## 12.3 Covering letters

The following covering letter has been given ethical approval for use in the NHS Trust Emergency Department Surveys. It should be printed on the trust's letterhead paper. If you make any substantial alterations to it, you will need to seek the approval of your local research ethics committee (LREC).

### Covering letter

*To be printed on Trust headed notepaper. Text in square brackets needs to be edited.*

[Date]

Dear Patient

#### **Re: Emergency Department (A&E) survey**

You are invited to take part in a survey of patients visiting the Emergency Department[s] (A&E/Casualty) [at Hospital A] or [Hospital B] of the [NHS Trust name]. This survey is part of our commitment, outlined in the NHS Plan, to design a health service around the patient. We are asking you to give us your views by filling in the enclosed questionnaire. The questionnaire should only take about 20 minutes to complete. A freepost envelope is enclosed.

Your views are very important in helping us to find out how well the Emergency Departments work and how they can be improved. This is your chance to have a say in how services are provided in the future. You are being invited to take part in this survey because you recently visited the Emergency Department at [NHS Trust name]. We are sending similar questionnaires to 850 people who visited the department[s] in [month].

**Your participation in the survey is entirely voluntary.** If you choose not to take part it will not affect the care you receive from the NHS in any way. If you do not wish to take part in the survey, or you do not want to answer some of the questions, you do not need to give us a reason. If you choose not to take part, please could you return the uncompleted questionnaire in the freepost envelope provided and this will make sure you will not be contacted again. If we do not receive anything from you within three weeks, we may send you a reminder letter.

If you do decide to give us your views, you can rest assured that your answers will be kept confidential. Information will not be passed on to doctors, nurses or other NHS health care staff in a form that allows individuals to be identified.

If you would like more information about the survey, or you have questions on how to complete the questionnaire, please do not hesitate to contact [our FREEPHONE/us] on **[phone number]** [at no cost to yourself]. The line is open between [opening time] and [closing time], Monday to Friday and we will try our best to answer any questions you may have.

Yours faithfully

Chief Executive [or similar]

[NHS Trust name]



## 12.4 Setting up a FREEPHONE line

The covering letter to patients should include a telephone number for patients to call if they have any questions or complaints about the survey. You might want to set up a FREEPHONE line for this purpose. All staff who are likely to take calls should be properly briefed about the details of the survey, and be aware of the questions or complaints they are likely to receive.

### Common questions and comments

*I have had two or more hospital visits - which one should I refer to?*

Patients should be advised to refer only to the hospital emergency department visit covered by the month selected by you at the trust named on the questionnaire/covering letter. Usually, this is their most recent visit.

*I have a specific comment, complaint or question about my care or treatment. Who can I contact at the trust?*

Patients can be referred to the trust's PALS, the complaints manager or patient services manager.

*The person to whom the questionnaire is addressed is unable to comprehend the questionnaire.*

Relatives or carers may call to pass on this information. In some cases, they may offer to complete the questionnaire for the patient, but this is only advisable if there is a good chance that the responses will be a true reflection of the patients' views.

*The person to whom the questionnaire is addressed has died.*

Even with the use of a deceased patients tracing service, it will not be possible to identify all deceased patients, particularly those who have died most recently. It is important that staff who take the calls are aware of this possibility and are prepared to respond sensitively to such calls.

*I would like to take part but English is not my first language.*

If a patient's spoken English is better than their written English, they may be willing to have someone fill in a form on their behalf over the telephone. Alternatively, if your trust offers translation or interpreter services, participants could make use of these. For example, interpreters could read out the questions over the telephone in the patient's own language and record them on a questionnaire form.

*I do not wish to participate in this survey.*

A few patients might call to say that they do not want to be involved in the survey, and fewer still may object to being sent the questionnaire in the first place. Staff should apologise to the patient and reiterate the statement in the covering letter - that the survey is voluntary, and that the patient's care will not be affected in any way by their not responding. It might be helpful to point out the purpose of the survey, and to emphasise the potential value of the patient's responses. If the patient is willing to tell the staff member the identification number written on their survey, it might also be possible to prevent any further reminders being sent to that patient. It is also advisable to ask the patient to ignore any future reminders that they might receive.

### **Making a record of the calls**

Where appropriate, ask the patients who call to tell you their Patient Record Number, which should be on the address label of the envelope they received, and on the questionnaire itself. You can then use this number to identify people who do not want to receive any further reminders.

It is useful to keep a record of the reasons patients called, as this can help to make improvements to future surveys and can provide useful additional information on patients' concerns. A standard form should be developed, so that the relevant details of each call can be recorded and survey organisers can monitor any problems and remove patients who wish to be excluded from the mailing list.

## **12.5 Sending out questionnaires**

### **Mailing labels**

Three mailing labels are needed for each patient. One set of labels will be used for the first mailing, one for the first reminder and one for the second reminder.

We recommend using the mail merge feature in a word processing package to create the mailing labels from the database of patient names and addresses. **It is essential that the Patient Record Number is on each address label**, as this has to be matched with the questionnaire number.

### **Questionnaire packs**

The envelope sent to each patient at the first mailing should include the following:

1. A numbered questionnaire. The number must match the number on the address label and the number on the list of patient details.
2. A covering letter.
3. A large envelope, labelled with the FREEPOST address on it.

These items should be packed into an envelope that has a return address on the

outside. This should be the contact at the NHS Trust, or the Approved Contractor.

### **Postage**

**Note:** the postage may exceed the standard letter rate. It is essential that the appropriate postage rate is paid.

### **Approved contractors**

If an approved contractor is carrying out most of the work, they should send pre-packed questionnaires to the trust for mailing out. The envelopes should be clearly marked with the patient record number so that trust staff can match these with their patient list and put on appropriate address labels.

## **12.6 Booking in questionnaires**

When questionnaires are received, match up the Patient Record Numbers against the list of patients, so that you can record which patients have returned questionnaires and will not therefore need to be sent reminders.

### **Approved contractors**

If an approved contractor carries out the work, questionnaires will be returned directly to them, so they will be able to record these returns against the list of patient record numbers. Trusts should inform the contractor of any questionnaires that were returned undelivered, and of any patients who inform the trust that they do not wish to be included in the survey. The contractor can then record these details in their own patient list.

## **12.7 Sending out reminders**

For results to be representative, it is essential to get a good response rate. The minimum response rate for the NHS Trust Emergency Department Surveys is 60%. In order to achieve this, you will need to send out two reminders to non-responders.

After the first mailing, you can expect 30-45% of patients to have returned completed questionnaires within 2-3 weeks. First reminders should be sent out after 2-3 weeks and you can expect the percentage of returned questionnaires to rise by about 20%. The second reminder sent out after a further 2-3 weeks should bring the final proportion of returned questionnaires to 60-75%.

Depending on the time that has elapsed since you first checked your patient list for deaths, it might be necessary to send your list to the tracing service for a further check before you send out reminders.

## Approved contractors

When reminders are due to be sent out, survey contractors should send the pre-packed envelopes bearing the patient record numbers of the non-responders. Again, the envelopes should be clearly marked with the patient record number so that trust staff can match these with their patient list and put on appropriate address labels.

## First reminders

CHI has obtained ethical approval for the reminder letter printed below. This is downloadable from the NHSsurveys website. If you make any substantial alterations to it, you will need to seek the approval of your local research ethics committee (LREC).

The first reminder should be sent to patients who have not responded after two to three weeks.

### First reminder

Text in square brackets needs to be edited

[Date]

**[Name of NHS Trust]**

Approximately three weeks ago we sent you a questionnaire about health care at [NHS Trust Name]. At the time of sending this note, we have not yet received your response.

Participation in the survey is voluntary, and if you choose not to take part it will not affect the care you receive from the NHS. However, **your views are important to us** so we would like to hear from you. (The return envelope you were sent with the questionnaire does not need a stamp.)

If you have already returned your questionnaire – **Thank you**, and please accept our apologies for troubling you.

If you have any queries about the survey, please call our [FREEPHONE line /us] on [number] between [opening time] and [closing time] Monday to Friday

## **Second reminders**

Second reminders should be sent out after a further two to three weeks to patients who have not yet responded. The envelopes should include the following:

1. A numbered questionnaire. The number must match the number on the address label and the number on the list of patient details.
2. A covering letter.
3. A large envelope, labelled with the FREEPOST address on it.

A sample of the second reminder letter is printed below:

## Covering letter for second reminder

*To be printed on Trust headed notepaper. Text in square brackets needs to be edited.*

[Date]

Dear Patient

### **Re: Emergency Department (A&E) survey**

Enclosed is a copy of a patient survey about your visit to the Accident & Emergency Department of [Hospital A] or [Hospital B] of the [NHS Trust name]. We originally sent the survey to you a few weeks ago. **Your views are very important in helping us to find out how well the Accident & Emergency Departments work and how they can be improved**, so we would like to hear from you. If you have already replied, please ignore this letter and accept our apologies.

**Your participation in the survey is entirely voluntary.** If you choose not to take part it will not affect the care you receive from the NHS in any way. If you do not wish to take part in the survey, or you do not want to answer some of the questions, you do not need to give us a reason. If you do not return the questionnaire, you need do nothing more, and you will receive no further reminders.

You have been invited to take part in a survey because you recently visited the Emergency Department at [NHS Trust name]. We are sending similar questionnaires to 850 people who visited the department[s] in [month year]. This survey is part of our commitment, outlined in the NHS Plan, to design a health service around the patient. This is your chance to have a say in how services are provided in the future.

We are asking you to give us your views by filling in the enclosed questionnaire. The questionnaire should only take about 20 minutes to complete. A FREEPOST envelope is enclosed.

If you do decide to give us your views, you can rest assured that your answers will be kept confidential. Information will not be passed on to doctors, nurses or other NHS health care staff in a form that allows individuals to be identified.

If you would like more information about the survey, or you have questions on how to complete the questionnaire, please do not hesitate to contact [us /our FREEPHONE] on **[phone number]** [at no cost to yourself]. The line is open between [opening time] and [closing time], [days] and we will try our best to answer any questions you may have.

Yours faithfully

[signature]

[print name of signatory]

Chief Executive [or similar]

[NHS Trust name]

## 12.8 Recording external events

The results of your survey may be affected by a number of external events at either the national or local level. For example, a 'flu epidemic may cause excessive pressure on beds and staff resources. Similarly, a strike by health care staff may have an unusual effect on the quality of patient care. It is important to record these events so that your results can be interpreted in the light of such influences, and when year-on-year comparisons are made, external circumstances may be taken into account.

## 13 Entering data

If an Approved Survey Contractor is used, they will be responsible for all of the data entry and checking, and when the survey is completed they should supply the trust with the data in an appropriate format.

### 13.1 Entering and coding data from the Basic Emergency Survey

The data should be entered into a pre-designed Excel file on the NHSsurveys website. There is a link to this file from the NHSsurveys website:

<http://www.nhssurveys.org/>

You will see that, at the bottom of the Excel screen, there are labelled tabs for each of the worksheets within the workbook. The first of these tabs is labelled "Data". Click on this tab to show the data entry window. Data should be entered using the following guidelines:

- Each row records one patient's responses to the survey
- For each question, the small number next to the box ticked by the patient should be entered as the response
- If a response is missing for any reason, it should be coded as a dash (-).
- If two boxes are ticked (where only one should be ticked), the response should be coded as missing – i.e. as a dash (-).

### 13.2 Entering data from Enhanced or Customised questionnaires

If you are using an Enhanced questionnaire, with questions added from the question bank, you will need to set up your own Excel file for entering all the data. Your data file will have columns corresponding to each of the questions in your questionnaire



## Adapting data file for sending data to Survey Advice Centre

You will need to send the data for the 47 compulsory Basic Emergency Survey questions to the Survey Advice Centre. In order to do this, you will need to transfer those columns of data that cover the responses to those 47 questions to the pre-designed Excel file available on the website. The columns of this standard Excel file are headed with the numbers corresponding to the question numbers in the Basic Emergency Survey. They also include the wordings of the 47 Basic Emergency Survey questions so that you can match up questions from Enhanced Surveys with the Basic Emergency Survey questions. It is essential that you check carefully that the columns of data you select from your larger data set correspond to the 47 Basic Emergency Survey questions. Further details on supplying data to the Survey Advice Centre are given in Section 13.4.

### 13.3 Checking the data for errors

When the data have been entered, they need to be checked for errors. That is:

1. Have the data been entered accurately? You can check this by double-entering the survey responses, and comparing the lines of data for any discrepancies. (This is a standard procedure available in many statistical computer packages.)
2. Are all the data entries valid responses for that question? For example, if a question allows three response options: "1", "2" or "3", check that your data does not include any other responses (except for "-" to represent missing data).
3. Scanned data is also likely to contain errors and must be checked.

### 13.4 Supplying data to the Survey Advice Centre

The NHS Trust Emergency Department Survey data must be supplied to the Survey Advice Centre for the calculation of performance indicators. Two separate files must be supplied, plus some additional information.

#### File 1: The original sample of patients

##### File format

- Microsoft Excel File (any version of the software is acceptable)
- File name should be in the form <NHSTrustName>\_EmergencySample.xls
- One row of data for each respondent
- One column of data for each field listed

Table 2 shows the information that must be provided for each of the 850 patients in the original sample.

**Table 2 - Data for inclusion in File 1**

<b>Field</b>	<b>Format</b>	<b>Data codes</b>	<b>Comments</b>
Patient Record Number	NNNN		The unique serial number allocated to each patient by the trust or Approved Survey Contractor administering the survey
Year of birth	YYYY		
Gender	N	0 = Not known 1 = male 2 = female 9 = Not specified	
Ethnic category	N	1 = White 2 = Mixed 3 = Asian or Asian British 4 = Black or Black British 5 = Chinese 6 = Other ethnic category	Ethnic category should be included if the information is available
Date of attendance	DD/MM/YYYY		Date the patient attended Emergency Department
Outcome of sending questionnaire	N	1 = Returned useable questionnaire 2 = Returned undelivered by the mail service or patient moved house 3 = Patient reported deceased by tracing service 4 = Patient reported deceased by relatives 5 = Patient reported too ill to complete questionnaire 6 = Patient opted out or returned blank questionnaire 7 = Patient was not eligible to fill in questionnaire 8 = Questionnaire not returned (reason not known)	

**N.B.** To comply with Data Protection regulations, details that allow individuals to be identified must not be sent to the Survey Advice Centre.

Table 3 is an example of the columns of data you should send in File 1. Your file should have about 850 rows (one for each patient included in your sample)

**Table 3 – Example of File 1 to be sent to Survey Advice Centre**

Patient Record Number	Year of birth	Gender	Ethnic category	Date of attendance	Outcome
1001	1925	2	1	09/11/2002	4
1002	1937	1	3	14/11/2002	1
1849	1965	2	5	21/11/2002	8
1850	1941	2	1	08/11/2002	1

## File 2: Questionnaire responses

### File format

- Microsoft Excel File downloaded from NHSsurveys website
- File name should be in the form <NHSTrustName>\_EmergencyResponses.xls
- One row of data for each respondent
- One column of data for each of the 47 Basic Emergency Survey questions, with columns appropriately labelled with question numbers
- Missing data <sup>7</sup> should be coded as a dash (-)

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<sup>7</sup> Data may be missing because the patient skipped a question or set of questions by following instructions. Alternatively, a patient may have not answered for some other reason. However, all missing data should be coded as "-", regardless of the reason for the omission.

Table 4 shows the information that must be provided for each patient returning a questionnaire.

**Table 4 – Data for inclusion in File 2**

<b>Field</b>	<b>Field format and codes</b>	<b>Comments</b>
Patient Record Number	Format = NNNN	The unique serial number allocated to each patient by the trust or Approved Survey Contractor for purposes of administering the survey. <b>This number must match the number in File 1 – the patient sample file.</b>
Responses to each of the 47 Basic Emergency Survey questions	Format = (N or NN) Data should be coded using the numbers next to the response boxes on the printed surveys.	Each column must be clearly headed with the question number that corresponds to the question number on your questionnaire.
Ethnic category (other)	Format = text Include up to 50 characters in this field	Where patients have written their ethnic category in one of the “other” boxes, the text of these responses should be included.

### Additional information

The following information should also be provided:

- **Contact details** (telephone numbers and e-mail addresses) of at least two personnel who will be available to answer any queries about the data, and who can supply passwords where necessary
- **Two hard copies of the questionnaires** used to collect the data

### Delivery

Trust survey data (on floppy disc) and additional information should be sent by post to the following address:

Emergency Department Surveys  
 Advice Centre for NHS Patient Survey Programme  
 Picker Institute Europe  
 King’s Mead House  
 Oxpens Road  
 OX1 1RX

Data files may be e-mailed to: [emergency.data@pickereurope.ac.uk](mailto:emergency.data@pickereurope.ac.uk)

## **Date**

The data must be supplied by 30<sup>th</sup> April 2003.

## **Checklist**

Before sending your data to the Survey Advice Centre, ensure that you have included the following items:

1. Microsoft Excel File 1
2. Microsoft Excel File 2
3. Two hard copies of your questionnaire
4. Contact details of two personnel

## 14 Making sense of the data

The usefulness of your survey data will depend on how well you plan the survey process and on how effectively you analyse the data. Standard data analysis usually involves an analysis of the frequency of responses to each question and some cross-tabulation of responses against demographic and other information.

### 14.1 Using the NHSSurveys website to look at results

Once you have entered the data from the Basic Emergency Survey into the Excel file on the website, the numbers and percentages of responses to each of the 47 Basic Emergency Survey questions are automatically computed and displayed on other sheets of the Excel workbook. There are ten sheets within the workbook, which correspond to ten sections of the Basic Emergency Survey. For each question, the numbers and percentages of respondents who gave each answer is shown. The number of missing responses will also be shown, as long as you have coded missing responses on the data sheet as a dash (-).

### 14.2 Suggestions on data analysis

The following suggestions should help make the data analysis more useful and focused.

#### **Use the data to help pinpoint problems**

It is often tempting to focus on organisational strengths. This may be important for public relations and employee morale. However, if you emphasise only the positive, you may miss a critical opportunity to use the data to spur improvement.

One way to focus attention where improvements are needed is to analyse responses in terms of "problem scores" - that is, the proportion of answers that suggest a problem with care. Try to maintain high standards in determining what constitutes a problem. For example, if questions allow patients moderate response categories (such as "to some extent" or "sometimes"), in addition to more extreme ones ("always" or "never"), your analysis will be more powerful if you identify these moderate responses, too, as indicating a problem.

#### **"Drill down" into the data**

It is impossible to analyse absolutely every issue a patient survey raises. One reasonable way to control the number of analytical questions is to conduct a staged analysis.

The **first** level of a staged analysis should be the most general - for example, summary measures or measures of overall performance. The next level should delve into particular issues that underlie the summary measures - performance along particular dimensions of care, for example, or of particular units or staff. The final level should entail statistical or cross-tab analysis to get at the causes of the particular issues.

### **Group similar questions together to provide summary analysis**

Analysing and presenting an analysis of many questions in a way that is comprehensive, logical and not overwhelming is a significant challenge. To make the data more compelling, and to speed up the analysis:

- **Link questions that cover similar topics or processes**
- **Combine several questions into a single composite measure (by averaging problem rates, for example)**

### **Use statistical tests to make comparisons and subgroup analyses**

Statistical tests can be used to examine relationships and associations between groups. These tests take into account the number of responses, the variation in responses, and values of the items you are comparing (such as average problem rate). If tests show that the differences between two groups are not statistically significant, you should view the patterns of responses as only suggestive.

### **Calculate confidence intervals to give an indication of the uncertainty surrounding your results**

Although there are many methods of describing uncertainty, confidence intervals are used most often. By taking into account the number of responses, the variation in response, and the magnitude and direction of the estimate, the confidence interval describes the range of plausible values within which the "true" value for the population is likely to fall. Remember that the estimate itself is the most likely result, and this is therefore your best estimate, not the limits of the confidence interval.

### **Use patient feedback data with other data**

Patient feedback data provide one valuable source of information about how patients experience and feel about the health services they receive. Linking feedback data with clinical data, outcomes data, and routinely collected data, when done appropriately, can provide useful insights.

## 15 Reporting results

### 15.1 Prioritising your report

Patient surveys can raise many compelling and important issues. How do you decide what issues to focus on first? The following suggestions can help with these decisions.

#### **Rank problems 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. For example, if 40% of the patients in a survey report a problem with privacy when discussing their condition or treatment, and if this problem rate is the largest, then quality improvement efforts might focus first on this issue.

#### **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 results within your organisation**

Comparisons within organisations facilitate networking among units or departments and sharing information about effective practices. Internal competitiveness may also fuel improvement efforts.

#### **Compare results over time**

Investigating trends in survey results over time is a powerful analytical tool for prioritising. Analysis of trends allows you to focus on correcting aspects of performance that are slipping. For informative analysis of trends, however, sample sizes for each survey period must be large enough to achieve stable estimates of performance.

#### **Comparison with predefined goals**

One way to rationalise 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

In some organisations, it is clear which overall or summary measures are most important. For example, the Basic Emergency Survey questions might be the most important indicator of quality for a hospital or a single overall rating on the quality of care may be of particular interest. Correlating patient responses to specific questions with this single most important indicator can help focus attention in a way that improves the overall measure. (It is important to remember that the distribution of survey responses is unlikely to be *normal* in the statistical sense, and so rank-based correlation methods are more appropriate e.g. Spearman's rank correlation coefficient.)

## 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. However, regression analysis is also much more complex and time consuming, but in essence, it allows for a more level 'playing field'. There is only so far you can take a univariate (crude) analysis and so regression analysis is an attractive option.

## Ease of action

Many organisations focus initially on the issues that most easily present solutions. 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, in order to exploit its existing market advantage. This approach, too, can provide a clear and positive focus for clinical and administrative staff.

## 15.2 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.

### Gear the format 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 resource booklet or data diskettes with full details may be important when problems arise, or if researchers have questions

### **Use graphics**

- Data that are displayed visually are 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 graphic elements 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.
- Highlight the most important items - for example, use bold type.

## **15.3 Using patient feedback for improvement**

There is always something to learn from survey results. Applying the lessons and implementing change is probably the most useful aspect of the survey process. It is also the most difficult.

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

### **Identify key "change agents"**

- The people who can motivate others to change and who hold the keys to improvement in the organisation are not necessarily the most senior people.
- Identify those who hold the keys in your organisation, and involve these "change agents" early in the survey process.

### **Disseminate survey results through many outlets**

- Disseminating survey results entails far more than producing and photocopying a report. Consider how to share results in training sessions, meetings, employee newsletters, executive communications, process improvement teams, patient care conferences, and other communications channels.
- Engage a multi-disciplinary team to prepare a dissemination strategy.
- Determine whether information should be shared initially with only senior-level people, or whether (and when) it should be spread wide and far.

### **Results that measure performance versus results that educate people**

- Using surveys to measure performance can be a strong motivator for improvement, but it can also undermine morale and lead to defensive responses.
- Using survey results to educate staff may make the process of improvement slower, but it can also have a less negative effect on morale.

### **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 will probably need more detailed information to design your improvement effort. It can be time-consuming and expensive to gather this information on a large scale. Small follow-up surveys to selected groups of patients can provide valuable information and faster feedback.