SURVEY HANDBOOK

NHS URGENT AND EMERGENCY CARE SURVEY 2018

Last updated: 3 September 2018

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Did you know?

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

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

For detailed instructions and templates that are specific to the 2018 Urgent and Emergency Care Survey, please go to: http://nhssurveys.org/surveys/1227

1 Patient feedback and the NHS Constitution

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

The NHS Constitution requires that NHS services reflect the needs and preferences of patients, their families and their carers. It is therefore important that all NHS trusts carry out surveys asking people their views on the services they have received. It is intended that measuring patient's experiences in a structured way will act as an incentive to make patient experience a real and central priority for the NHS. The NHS Patient Survey Programme (NPSP) is an important mechanism for making the NHS more person-focused and provides a quantifiable way of achieving this by:

- o Providing information to support local quality improvement initiatives
- o Tracking changes in patient experience locally over time
- o Providing information for active performance management
- o Providing information to support public and parliamentary accountability
- o Providing information for the Care Quality Commission's programme of reviews, monitoring and inspections.

2 The Care Quality Commission (CQC)

The NPSP was established by the Department of Health (DH) and has been operating since 2002. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. They make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

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

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

CQC assessments

Information drawn from the questions in the 2018 Urgent and Emergency Care Survey will be used by the CQC in its assessment of trusts in England. Questions from the survey will be used within CQC's performance monitoring tools and within CQC's inspections of emergency care services.

Measuring performance over time

In addition to performance assessment, the CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data, while providing a detailed picture of patient's experiences in NHS trusts. Information collected nationally in a consistent way is also essential to support public and Parliamentary accountability

The results are also used by NHS England and the Department of Health and Social Care (DHSC) for performance assessment, improvement and regulatory purposes. These include the NHS

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

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

3 Setting up a project team

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

4 What's new for 2018?

Two separate questionnaires – Type 1 and Type 3

Analysis of the 2016 Accident and Emergency Survey, revealed that many questions were not relevant for patients who had visited an urgent care centre (Type 3). As a result, there was high question level non response for some questions. This year, in order to help ensure questionnaire saliency, and to gain a more accurate picture of patient experience of Type 1 (A&E) and Type 3 departments, there are two versions of the questionnaire. The new Type 3 questionnaire was designed to be as similar to the Type 1 version as possible, though there are some differences in terminology, the wording of certain questions and some question response options, to reflect the difference in setting.

Changes to the questionnaires

Changes to questions were made following the analysis of the 2016 Accident and Emergency Survey data, discussions with the Advisory Group and from three rounds of cognitive testing. For Type 1 this included 5 new questions, removal of 3 questions and 11 amended questions. For Type 3 this included 5 new questions, removal of 6 questions and 12 amended questions. For more details please see the Survey Development Report.

Changes to the covering letters

The covering letters have been redesigned to make them more appealing to patients. The design used proved to increase response rate in a 2017 Community Mental Health pilot study. The changes to the 2018 Urgent and Emergency Care Survey covering letters include:

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

- o Incorporating potentially motivating and empowering messages.

As we now have two separate questionnaires for Type 1 and Type 3, there will also be two separate sets of covering letters. The only difference between Type 1 and Type 3 letters will be the terminology used.

Faster postal reminders

For the 2018 iteration of the survey, there will be a reduction in time between the initial contact (first mailing letter) and first reminder (second mailing letter): the latter will be sent out five working days after the initial mailing.

This decision was made following the results of a 2017 Inpatient pilot study where a faster postal reminder significantly increased response rates from 40.8% to 44%.

Increase in sample size for Type 3 (urgent care centre) samples

The sample size for Type 3 samples has increased from 300 to 420. This is to increase the number of responses received and enable the production of trust-level benchmark reports. In the 2016 iteration of the survey, many responses from Type 3 patients were suppressed due to having less than 30 responses given per question, per trust.

5 Data protection, confidentiality and Section 251

This survey has been awarded approval under Section 251 of the NHS Act 2006.

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

General Data Protection Regulation (GDPR)

Changes in the law governing the management and use of personal data went into effect 25th May 2018. The GDPR forms part of the data protection regime in the UK together with the new Data Protection Act (DPA)

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

You will also need to comply with the [NHS Code of Practice on Confidentiality](#), which incorporates the [Caldicott principles](#). You should take particular care to ensure that your use of patient data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of patient data and the issues which these present. If your trust is planning to implement trust-wide opt-in policies, or if your trust already has an opt-in consent mechanism in place, we ask that you get in touch with the [Survey Coordination Centre](#).

National Data Opt-out Programme

The [National Data Opt-out Programme](#) does not currently apply to the surveys running under the NPSP in 2018/19 and **you must not exclude people on this basis**. The 2018 Urgent and Emergency Care Survey will continue to operate separate opt-out mechanisms as described in the [Sampling Instructions](#).

6 Ethical issues and ethics committees

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

All the changes made to the NHS Urgent and Emergency Care Survey 2018 (questionnaire and covering letters) will have received [NHS ethics approval.](#)

7 Research governance requirements

The [UK Policy Framework for Health and Social Care Research](#) sets out the principles of good research governance and aims to ensure that health and social care research is conducted to high scientific and ethical standards. It spells out standards and the responsibilities of various parties involved in the research. The CQC has produced [a table](#) that sets out the responsibilities of organisations providing care and the arrangements made by the CQC for patient surveys.

8 Collecting data from non-English-speaking populations

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

9 Timetable

The survey fieldwork period for 2018 is 21 weeks. It is important that your trust enters fieldwork on time in order to maximise responses from younger and black and minority ethnic (BME) groups. Previous research shows that these groups take longer to respond.

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

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

Key dates	
Send hard copies of questionnaires and mailing letters to the Survey Coordination Centre	14 September 2018
Trust to draw their sample	1 October 2018
Submit sample data no later than	22 October 2018
Start of fieldwork	26 October 2018
Weekly monitoring starts	1 November 2018
Close of fieldwork	19 March 2019
Contractors and in-house trusts to send final data to the Survey Coordination Centre	26 March 2019

10   Compiling a list of patients

You are required to follow the sampling instructions published for this survey. If an error in sampling is detected, queries will be sent and you may be required to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust. If you have any questions regarding the eligibility criteria, be sure to contact your approved contractor or the Survey Coordination Centre in plenty of time before drawing your sample. Please see the sampling errors report from the 2016 survey to get an idea of the most common mistakes made in drawing your sample.

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

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

11   Submitting your sample file

Before submitting your sample file, you must complete the sample declaration form, confirming the sample has been drawn as per the sampling instructions and your Caldicott Guardian has signed the form in approval of transferring patient data.

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

12   Weekly monitoring

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

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

13 Publicising the survey

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

In addition, it is a requirement as per the Section 251 approval that your trust advertise the upcoming survey during the sampling period (September 2018). This is done by putting up dissent posters in all the relevant places. This poster allows patients to be aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part.

For the first time this year, the dissent posters for the Urgent and Emergency Care Survey will be available in 10 different languages, including English. The English poster is required to be displayed and it is up to the trust what other languages to display. Please note that for any non-English poster displayed, an English poster must be displayed alongside it.

Please note that if your trust also has a Type 3 department, you should display the dissent posters during the month of August 2018 as well. This is because you may need to sample back to August to reach the requested sample size of 420 patients.

14 Implementing the survey – practicalities

You can find information and advice on printing the survey materials, setting up a PO box and a Freepost address, sending out the survey packs, and booking in questionnaires in the Implementing the survey: practicalities advice sheet.

15 Entering and submitting final data

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

For the 2018 Urgent and Emergency Care Survey, Q53 in the Type 1 questionnaire and Q50 in the Type 3 questionnaire are the only multiple response questions.

16 Making sense of the data

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

- o Examining the number and percentage of patients giving each response to a question
- o Analysing the data by particular groups of patients (e.g. males/female, different long term conditions), stages of the patient journey (e.g. arrival, pain).

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

17 Reporting results

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

18 Questions?

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

emergency@surveycoordination.com

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