

# NHS Urgent and Emergency Care Survey 2018

## Contractor Briefing

**Survey  
Coordination  
Centre**



# Agenda

- Changes from 2016 survey
- Questionnaire changes
- GDPR
- National Data Opt Out Programme
- DBS checks
- Sample checking
- Key dates for 2018
- Questions

# Changes from the 2016 survey

# Type 1 and Type 3 definitions:

## **Type 1 department**

Consultant-led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

## **Type 3 Department**

Other type of A&E / minor injury activity with designated accommodation for the reception of accident and emergency patients...doctor or nurse led and treats at least minor injuries and illnesses and can be routinely accessed without appointment

# Change of survey title:

The title of the survey was changed from the 'Emergency Department Survey' to the 'Urgent and Emergency Care Survey' to reflect the inclusion of urgent care services and the development of a separate, tailored questionnaire for Type 3 services.

# Separate questionnaires for Type 1 and Type 3 departments:

- ✓ In 2016, one questionnaire was used for both Type 1 and Type 3 departments, however analysis showed that some questions were not relevant to patients attending a Type 3 department.
- ✓ A separate questionnaire for Type 3 department patients was developed to be more reflective of a Type 3 experience.
- ✓ This would also make the data more robust which is a particular consideration as analysis at trust-level was not feasible in 2016 due to low numbers of responses across some questions

# Changes to the covering letters:

- ✓ Separate covering letters for Type 1 and Type 3 departments so that terminology is reflective of the service type and familiar to the recipient
- ✓ The content of the letters for both departments remain the same aside from use of different terminology, with Type 1 using 'A&E' and Type 3 using 'urgent care centre'.

# Changes to the covering letters:

The covering letters were significantly reworked from the 2016 versions following the successful trial of similarly updated designs for the Community Mental Health Survey Pilot 2017. The aim was to increase response rates, particularly from younger recipients who tend to be less likely to respond.

Changes include:

- ✓ Using colours to highlight key words (letters are now to be printed in colour)
- ✓ Using a more informal font
- ✓ Simplifying the information
- ✓ Incorporating potentially motivating and empowering messages
- ✓ Using a much more informal and encouraging tone
- ✓ Adding a text box to the first and third letters containing instructions



# Changes in mailings:

- ✓ A faster first reminder letter is now being introduced for the UEC18 survey. This is following the results from the 2017 Inpatients Survey Pilot which saw a significant increase in response rates by 3 percentage points when sending out a faster first reminder letter.
- ✓ The gap between the initial mailing and the first reminder letter being sent out has been shortened from 10 to 5 working days.

# Removal of CQC flyers:

- ✓ CQC flyers have been removed as findings from the Community Mental Health Survey Pilot 2018 suggested that including a CQC flyer had no added impact on response rates.
- ✓ Though not statistically significant, there was also a trend in the data indicating that the CQC flyer negatively impacts response rates for patients age 18 to 35

# Changes in sample size:

- ✓ The sample size for Type 3 departments has increased from 300 to 420.
  - ✓ Trusts drawing a sample for Type 3 departments will also draw a sample size of 950 for Type 1 departments
- ✓ For trusts with Type 1 departments only, the sample size remained as per the 2016 survey at 1250, as there would be no statistical benefit in increasing the sample size for these trusts.

# Sampling month:

- ✓ The sampling month for the UEC18 survey is **September**.
- ✓ However, Trusts submitting a **Type 3 sample** are permitted to sample back into August if they are not able to meet the sample size requirement of 420 in September.
- ✓ Trusts may not sample back further than August. If they still are not able to meet the sample size requirement of 420 for their Type 3 sample then they must only submit a Type 1 sample.
- ✓ Permission will be given on a case by case basis.

# Questionnaire Changes

# Separate questionnaires for Type 1 and Type 3 departments:

- ✓ In 2016, one questionnaire was used for both Type 1 and Type 3 departments, however analysis showed that some questions were not relevant to patients attending a Type 3 department.
- ✓ A separate questionnaire for Type 3 department attendees should be more reflective of a Type 3 experience.
- ✓ This would also make the data more robust which is a particular consideration as analysis at trust-level was not feasible in 2016 due to low numbers of responses across some questions.

# Questionnaire front page

- ✓ Different titles for Type 1 and Type 3 questionnaire's to reflect the department.
- ✓ Content has been made more specific to Type 1 or Type 3 departments and includes a definition e.g. *'This department may also be referred to as Casualty, Emergency Department or A&E'* for the Type 1 questionnaire and *'The department you visited might have been called an Urgent Care Centre (UCC), Urgent Treatment Centre (UTC) or Minor Injury Unit (MIU). You might also think of it as A&E'* for the Type 3 questionnaire.
- ✓ The amount of text has been reduced.
- ✓ Colour has been added to make it more appealing and instructions put inside a box to stand out more.

# Changes in terminology

- ✓ The terminology has been changed throughout both questionnaires in reference to the departments and the different staff that patients may encounter:
  - ✓ The term 'doctors or nurses' is used in the Type 1 questionnaire and 'healthcare professional' is used in the Type 3 questionnaire.
  - ✓ The term 'A&E' is used throughout the Type 1 questionnaire, and 'urgent care centre' throughout the Type 3 questionnaire.



# New, removed and amended questions

For the Type 1 questionnaire:

- ✓ 5 new questions were added
- ✓ 3 questions were removed
- ✓ 11 questions were amended

For the Type 3 questionnaire:

- ✓ 5 new questions were added
- ✓ 6 questions were removed
- ✓ 11 questions were amended

For details on all new, removed and amended questions, please see the Survey Development Report here: <http://nhssurveys.org/surveys/1276>

# **General Data Protection Regulation**

# General Data Protection Regulation (GDPR).

- GDPR came into force on May 25, 2018.
- How patient's personal data is being protected under the new GDPR has been stated on the reverse side of both covering letters 1 and 3:

## How is my personal data protected?

Your personal data are held in accordance with the General Data Protection Regulation and the NHS Confidentiality Code of Practice. If you would like further information on how [hospital or NHS trust name] uses your personal information, keeps it safe and what your rights are under the law, please write to us, or call [Freephone survey helpline] or see our privacy notice [include link to privacy notice on trust website].

[Hospital or NHS trust name] drew a sample of people who had recently used their services which is used to send you the questionnaire and reminders. Personal data about your involvement in this survey is not used for any other purpose and is deleted once the survey process is complete. Your responses are not linked back to your name, or to other personal data that may identify you.

# National Data Opt-out Programme

# NPSP Temporary Exemption

## 7.9. National patient experience surveys

**The national data opt-out does not apply in 2018/19 to the National Cancer Patient Experience Survey (CPES) and CQC NHS Patient Survey Programme, both of which will continue to run unaffected<sup>14</sup> under their current arrangements.**

These national surveys will continue to operate separate opt-out mechanisms and details of how to opt-out of these surveys are provided by the relevant organisations undertaking the surveys. In relation to the treatment of surveys more generally under the new national data opt-out, further work to consider and agree a long-term position on how the national data opt-out will relate to surveys will be undertaken.

# DBS Checks

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Before mailing 1:

Demographic Batch Service (DBS) checks are **required** along with local checks for deceased patients

Before mailing 2:

Only local checks are required

Before mailing 3:

Either a local check **or** a DBS check is required though it is up to the trust as to which one they do.

# Sample checking



# Sample checks:

- ✓ Eligible patients **must be 16 at the time they attended A&E or UCC**. This means that assurance is needed from trusts that patients who were born in 2002 were 16 at the time of attendance.
- ✓ Trusts who submit a Type 3 sample must confirm that they manage the Type 3 department in question. Trusts who have a Type 3 department on site, but don't manage the department, **cannot submit a Type 3 sample**.
- ✓ Queries will be raised if there is a **5 or more percentage point difference** between their 2018 and 2016 samples for any variables unless there is a noticeable reason for the change or we've already received explanation for the change.

# Sampling updates:

- ✓ We will be asking contractors to submit sampling updates to the SCC **by the end of every Tuesday**, so these figures can be reported back to the CQC during the weekly catch-up calls that take place on Wednesdays.
- ✓ We will be asking for the following:

Number of samples sent to the coordination centre:

- Number of these approved:
- Number of these with queries sent:

Number of declaration forms / samples not submitted to the coordination centre:

- Number of these with queries sent (including sample declaration forms and samples):
- Number of these yet to be checked:
- Number of these checked but not yet sent to the coordination centre:
- Number of declarations forms / samples not yet received from trusts:
  - Number of these that have not yet submitted their forms/samples to contractor but have been in contact (i.e. expected date of submission):
  - Number of these that have not yet submitted their forms/samples to contractor and have **not** been in contact (please also list these trusts below):

# Key Dates for UEC18

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Submission of hardcopies of questionnaire and covering letters	14 <sup>th</sup> September
Scored questionnaire published	13 <sup>th</sup> October
Data entry spreadsheet published	15 <sup>th</sup> October
Weekly monitoring spreadsheet published	16 <sup>th</sup> October
Deadline for trusts submitting their sample	22 <sup>nd</sup> October
Fieldwork	26 <sup>th</sup> October 2018 to 19 <sup>th</sup> March 2019
Submission of Weekly Monitoring reports	Every Thursday during fieldwork, starts 1 <sup>st</sup> November 2018
Deadline for final data	26 <sup>th</sup> March 2019

# Questions?

# Thank you for your time

- Copy of the slides:

<http://nhssurveys.org/surveys/1263>

- Contact us:

[emergency@surveycoordination.com](mailto:emergency@surveycoordination.com) / 01865 208127