

# NHS Urgent and Emergency Care Survey 2018

## Webinar for trusts

**Survey  
Coordination  
Centre**



# Agenda

- Changes from 2016 survey [15 min]
- Questionnaire development [15 min]
- Data Protection and Section 251 Requirements [10 min]
- National Data Opt Out Programme [5 min]
- Potential Sampling Errors [10 min]
- DBS checks [5 min]
- Entering fieldwork [5 min]
- Key dates [5 min]
- 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



# 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.

# Changes to guidance materials:

- ✓ As per the other surveys in the programme, the guidance materials have been redeveloped
- ✓ The UEC18 survey now has a survey-specific handbook
- ✓ The **Survey Handbook** provides links to generic documents, located on the NHS Surveys website
- ✓ The **generic documents** give more details on topics such as pre-survey publicity and setting up a survey team
- ✓ The **Sampling Instructions** are no longer included in the survey handbook, and is only available as a separate document

# Changes to dissent posters:

- ✓ As the survey is aimed at two distinct types of services, two versions of the dissent poster were made to suit either Type 1 or Type 3 environments:
  - ✓ Imagery has been used that suits the relevant department
  - ✓ Different colours used to distinguish difference between the two posters
  - ✓ Terminology differs to reflect the name of each department

# 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.

# Questionnaire development

# 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.



# Questions added to both questionnaires

## Question about assistance

This question was added following advisory group discussions that some people, the elderly for example, may need assistance for things like walking to the toilet.

11. While you were waiting, were you able to get help from a member of staff?

- 1  Yes
- 2  No
- 3  I did not need any help

(Q10 in the Type 3 questionnaire)

# Questions added to both questionnaires

## Routing question concerning family, friend or carer accompanying the patient.

This question was added following cognitive testing, which saw a number of interviewees miss out a response option in both Type 1 and Type 3 questionnaire's that stated that they went to A&E or the Urgent Care Centre alone.

Q19. When you were at A&E, did you have a family, friend or carer with you?

1  Yes

2  No

(Q18 in the Type 3 questionnaire)

# Questions added to both questionnaires

## Question about self-care

This question was added to measure the promotion of self-care and appropriate use of services once discharged from A&E. Proper use of services and patients knowing that they should visit their GP or pharmacist if they have any concerns for example, should help reduce the number of unnecessary visits to A&E.

Q44. Did staff give you enough information to help you care for you condition at home?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I did not need this type of information

(Q41 in the Type 3 questionnaire)

# Questions added to both questionnaires

## Routing question regarding long-term conditions

This question was added to reflect the redevelopment work completed on the long-term condition questions. A set of three questions were designed and introduced to all surveys within in the programme, one of which included the following filter question.

Q52. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

1  Yes

2  No

(Q49 in the Type 3 questionnaire)

# Questions removed from both questionnaires

## Question regarding distress

Q24 If you were feeling distressed while you were in the emergency department, did a member of staff help to reassure you?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I was not distressed
- 5  Not sure / can't remember

This question was removed following cognitive testing as volunteers felt this question was similar to another in the questionnaire. As it appeared to not be interpreted as intended, it was agreed to remove this from the questionnaire.

# Questions removed from both questionnaires

## Questions regarding pain relief

Q30. Did you request pain relief medication?

- 1  Yes
- 2  No
- 3  I was offered or given pain relief medication without asking

Q31. How many minutes after you requested pain relief medication did it take before you got it?

- 1  0 minutes / right away
- 2  1 – 5 minutes
- 3  6 – 10 minutes
- 4  11 – 15 minutes
- 5  16 – 30 minutes
- 6  More than 30 minutes
- 7  I asked for pain relief medication but wasn't given any

These questions were removed as Trusts should not be penalised for how long it takes to provide pain relief to patients. Patients would need to be assessed before pain relief could be given and these questions do not take this into account.

# Questions amended for both questionnaires

- ✓ Q2 for simplicity, with new options added.
- ✓ Q3 for simplicity, with new options added.
- ✓ Q9 (Q8 in T3) response options amended to reflect appropriate waiting times.
- ✓ Q10 (Q9 in type 3) due to the variations in the ways waiting times are displayed or given to patients.
- ✓ Q12 (Q11 in type 3) response options amended to reflect appropriate waiting times.
- ✓ Q13 (Q12 in type 3) terminology changed for consistency and removed an irrelevant response option.
- ✓ Q20 (Q19 in type 3) changed to mention family, friends and carers and to combine the three response options that are not scored.
- ✓ Q36 (Q33 in type 3) to reflect appropriate options for what happens following care.
- ✓ Q42 (Q39 in type 3) terminology changed following cognitive interviews.
- ✓ Q53 and Q54 (Q50 and Q51 in type 3) the long term condition questions were changed to match the programme wide change of these questions.

# Changes for Type 1 questionnaire only

## Question added regarding test results

Q30. If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?

- 1  Yes
- 2  No
- 3  Don't know / can't remember

The inclusion of this question was to ensure that people were kept informed and knew what would happen next.



# Changes for Type 3 questionnaire only

## Question added regarding appointments

Q6. Did you have an appointment on your most recent visit to the urgent care centre?

- 1  Yes
- 2  No
- 3  Don't know / can't remember

Q6 was added to gather information on the proportion of attendances that were appointment based at urgent care centres.

# Changes for Type 3 questionnaire only

## Questions removed

Q4 Were you taken to the emergency department in an ambulance?

- 1  Yes
- 2  No

Q5 Once you arrived at the emergency department, how long did you wait with the ambulance crew before your care was handed over to the emergency department staff?

- 1  I did not have to wait
- 2  Up to 15 minutes
- 3  16-30 minutes
- 4  31 – 60 minutes
- 5  More than 1 hour but no more than 2 hours
- 4  More than 2 hours
- 5  Don't know / can't remember

Q4 and Q5 were removed as results from the 2016 survey indicated that only a small number of patients were taken to an urgent care centre by ambulance.

# Changes for Type 3 questionnaire only

## Questions removed

Q21 If you needed attention, were you able to get a member of medical or nursing staff to help you?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No, I could not find a member of staff to help me
- 4  A member of staff was with me all the time
- 5  I did not need attention

Q21 was removed as it was thought not to be relevant in urgent care centres as patients are usually in the company of a healthcare professional whilst they are being seen, and not left in a bay as may occur in A&E.

# Data Protection and Section 251 Requirements

# 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.

# Section 251 requirements

- Section 251 requires [dissent posters](#) to continue to be displayed in all relevant areas of your trust until the start of fieldwork.
- We request you publicise the survey both internally and externally to ensure patients are aware of the survey and have the opportunity to opt-out should they wish. Example materials are available in the ['Publicising survey'](#) document.
- Ensure a log of patients who have dissented from taking part in the survey is accurately kept.
- Section 251 allows patient data to be shared outside of NHS trusts **without gaining prior and explicit consent from these patients**

# Dissent Poster

- Dissent posters give potential participants the opportunity to opt out of the survey: <http://www.nhssurveys.org/surveys/1285> - there are separate versions available for Type 1 and Type 3 departments.
- Posters must be on display during the sampling month(s) to comply with S251 requirements.
- It is not allowed to alter the poster in any way – this would invalidate the survey's S251 approval.
- In the box provided, a telephone number must be provided. In addition, an email and a postal address should be provided if they are available.

# 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.

# Potential Sampling Errors

# Implications of Major Errors

Survey data is used by CQC to monitor quality of care within each provider. If a major error occurs and it cannot be rectified, implications are as follows:

- The lack of assurance would be flagged as a warning to inspectors against your trust
- No data would be provided to NHS England for your trust's Overall Patient Experience Scores
- No historical comparisons would be provided for your trust in the current survey report if a major error is found to have occurred in your 2016 data

For detailed information on sampling errors see the 2016 report:

<http://www.nhssurveys.org/survey/2012>

The Sample Declaration Form can help you avoid errors. Avoiding errors will ensure your questionnaires can be mailed out earlier and your data will be usable in this years survey.

# How to Avoid Potential Errors:

- Examples of checks you should do before submitting your sample:
  - ✓ Are you missing 16 year olds?
  - ✓ Are there any errors in the query used to extract patient list?
  - ✓ Are there any missing or incomplete data in your initial database?
  - ✓ Be aware of system migrations.
  - ✓ Check that patients were not incorrectly excluded by speciality code.
  - ✓ Check that patients have been drawn from the correct sample month(s)

You should ensure to follow the sampling instructions correctly as sampling differs between surveys.

# DBS Checks

## 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.

# Entering fieldwork

# Entering fieldwork early / on time

Entering fieldwork on time or earlier will enable your trust to maximise responses from younger and Black and minority ethnic (BME) groups. You will also likely receive an overall higher response rate, providing your trust with more data.

- Ensure you have a survey team in place **before** you start drawing your sample
- Generate your sample promptly – begin preparing now and start on 1<sup>st</sup> October.
- Respond to queries as soon as possible to avoid unnecessary delays
- Ensure there is sufficient resourcing around the time of drawing your sample and answering queries – communicate with your team, handover tasks if people are going to be on leave and let your contractor and the survey coordination centre know any updates.
- If there are any changes in the survey lead, inform your contractor and the coordination centre.

# Key dates



# Key Dates

Submission of hardcopies of questionnaire and covering letters (for in-house trusts)	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 submitting your 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 (for in-house trusts only)	Every Thursday during fieldwork, starts 1 <sup>st</sup> November 2018
Deadline for final data (for in-house trusts only)	26 <sup>th</sup> March 2019

**Questions?**

# Thank you for your time.

- Copy of the slides:

<http://www.nhssurveys.org/survey/1289>

- Contact us:

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