SURVEY HANDBOOK

NHS URGENT AND EMERGENCY CARE SURVEY 2020

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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 2020 Urgent and Emergency Care Survey, please go to: https://nhssurveys.org/surveys/survey/03-urgent-emergency-care/

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:

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

2. The Care Quality Commission (CQC)

The NPSP was established by the Department of Health and Social Care (DHSC) and has been operating since 2002. The 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 Existing Methods is based at Picker and works under contract to the CQC to design, test, and coordinate the Urgent and Emergency Care Survey 2020.[1]

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

CQC assessments

Information drawn from the questions in the 2020 Urgent and Emergency Care Survey will be used by the CQC in its assessment of NHS Trusts in England. Questions from the survey will be used within CQC's performance monitoring tools and within CQC's inspections of urgent and emergency care services.

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[1] Please note that CQC now works with two different Survey Coordination Centres – Picker for existing methods, i.e. letter-only surveys (Survey Coordination Centre for Existing Methods) and Ipsos Mori for mixed methods surveys (Survey Coordination Centre for Mixed Methods). Trusts should refer to specific survey guidance for Survey Coordination contact information.

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 NHS Improvement and DHSC for performance assessment, improvement and regulatory purposes.

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

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

Survey requirements

1. Ethical issues, ethics committees and research governance

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

All the changes made to the NHS Urgent and Emergency Care Survey in 2020 (questionnaire, covering letters and so on) will have received ethics approval.

2. Research governance requirements

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

3. Data protection and confidentiality

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

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

General Data Protection Regulation (GDPR)

Changes in the law governing the management and use of patient data went into effect 25th May 2018. The GDPR replaces the Data Protection Act 1998.

If your trust has implemented operational changes as a consequence of the GDPR and you think these changes will impact how you sample and how you share data, please contact the Survey Coordination Centre for Existing Methods:
emergency@surveycoordination.com or 01865 208 127

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

National Data Opt-out Programme

The National Data Opt-out Programme does not apply to the surveys running under the NPSP in 2019/20 and **you must not exclude people on this basis**. The 2020 Urgent and Emergency Care Survey will continue to operate separate opt-out mechanisms as described in the Sampling Instructions. This means that **patients do not have to actively consent to their data being used for the purpose of these surveys.** However, if patients choose to specifically opt-out of the 2020 survey, their wishes should be respected.

4. Publicising the survey

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

In addition, it is a requirement as per Section 251 approval that your trust advertise the upcoming survey during the sampling period. This is done by putting up dissent posters in all the relevant places. Two types of posters are available for the Urgent and Emergency Care Survey: one for Type 1 departments and one for Type 3 to be displayed as appropriate. The posters are available in the twelve most commonly spoken languages in England, this year we have added Kurdish-Sorani and Romanian, and trusts should display the posters most relevant to their own patient populations. These posters allow patients to be aware of the survey and provide an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part.

5. Collecting data from non-English-speaking populations

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

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

Changes to the survey for 2020

1. Changes to the questionnaires

Changes to questions were made following the analysis of the 2018 Urgent and Emergency Survey data, discussions with the Advisory Group and from three rounds of cognitive testing. For Type 1 this included 8 new questions, removal of 5 questions and 7 amended questions. For Type 3 this included 7 new questions, removal of 9 questions and 6 amended questions. In addition, throughout the Type 3 questionnaire, all questions and instructions were changed from 'Urgent Care Centre' to 'Urgent Treatment Centre' in response to changed NHS guidance. For more details please see the Survey Development Report.

2. Changes to the covering letters

The covering letters have been redesigned to make them more appealing to patients. We have adopted best practise principles of design to increase response rates and these letters proved successful during cognitive testing with recent patients. The changes to the 2020 Urgent and Emergency Care Survey covering letters include:

- Using NHS blue colour to highlight key words and phrases in the letter, reinforcing the recognisability of the NHS.

- Using one of the NHS official fonts (Arial).
- Removing superfluous and repetitive text on the front page.
- Incorporating potentially motivating and empowering messages.

Additionally, the text on the reverse side of the first and third covering letters has been updated to inform patients how their data will be used and protected as per the requirements of the General Data Protection Regulation (GDPR). The first reminder letter does not have an FAQ section on the reverse side and therefore does not include this text.

As per the 2018 Urgent and Emergency Care Survey, there are two sets of covering letters: one for Type 1 departments and one for Type 3 departments. The only difference between Type 1 and Type 3 letters will be the terminology used.

3. Faster postal reminders

As 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.

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

The Survey Coordination Centre for Existing Methods will require the scanned copies of two respondent-completed questionnaires per department type, two Type 1 questionnaires and two Type 3 questionnaires. We require two copies that have been returned from the first mailing pack. Some contractors or in-house trusts may have an identifier on the first mailing pack that would help identify this. If you do not, please send any two scanned questionnaires via the Survey Coordination Centre for Existing Method's secure transfer site (instructions to upload these will be given in due course).

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

Managing the survey

1. Setting up a project team

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

If there are any changes to the project team from previous years, please inform the Survey Coordination Centre for Existing Methods. This includes if your trust recently underwent a merger with another trust.

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

2. Optimising the fieldwork period

The survey fieldwork period for 2020 is 20 weeks. It is important that your trust enters fieldwork on time in order to maximise responses from younger and black and minority (BME) groups. Previous research shows that these groups take longer to respond.

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

- To map internal contingencies such as planned leave of staff in charge of drawing the sample and/or sending the questionnaire. This could result in delays producing the sample or entering into fieldwork.
- To inform the Survey Coordination Centre for Existing Methods immediately of changes of survey lead.
- To ensure that you generate your sample promptly - within the recommended three-week sample checking period - submitting this before 19th October 2020.
- Please note that you might need to resubmit the sample following queries from your contractor and/or the Survey Coordination Centre for Existing Methods. This should be taken into account when planning your sampling.
- Respond to queries as quickly as possible to avoid unnecessary delays.
- Adhere to the key dates listed below.

3. Compiling a list of service users

You are required to follow the sampling instructions published for this survey. If an error in sampling is detected, queries will be raised and you may be required to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust. If you have any questions regarding the eligibility criteria or how to draw your sample, be sure to contact your approved contractor or the Survey Coordination Centre for Existing Methods in plenty of time before drawing your sample. Please see the sampling errors report from the 2018 survey to get an idea of the most common mistakes made in drawing samples.

Once you draw your sample of eligible patients, this list must be locally checked for deceased patients **and** it must be submitted for DBS (Demographic Batch Service) checks. This is to check for any patients who may have died since they used services at your trust. If there is more than two weeks between the DBS check and the first mailing, additional local and DBS checks have to be conducted. Before mailing two, a local check **must** be done and we would recommend doing another DBS check. Before mailing three, you **must** do another local check and we would recommend doing another DBS check. Please ensure you read the sampling instructions carefully on how to submit your file to DBS and how to remove deceased patients.

DBS & local checks requirements	
Before mailing 1	Local AND DBS checks if it has been 2 weeks or more since DBS checks prior to sample submission and mailing 1
Before mailing 2	Local checks (+ optional DBS check)
Before mailing 3	Local checks (+ optional DBS check)

Your sample should only be used for the purposes of distributing the Urgent and Emergency Care Survey 2020 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 Confidentiality Advisory Group for Section 251 approval and received independent ethical approval.

Boost samples and local surveys

We have been informed that some trusts decide to draw a “boost-sample” or conduct local surveys using similar sampling criteria. A boost sample would be a sample bigger than the required 1,250 patients for trusts drawing only a Type 1 sample, or bigger than 1,370 patients for trusts drawing Type 1 and Type 3 samples.

These samples are **not** reviewed by the Survey Coordination Centre for Existing Methods and are **not** used as part of the analysis delivered by CQC. It is crucial that you ensure that any additional sampling does not affect the quality or the timeliness of the sampling for the survey. Common examples of this include sampling the same patient twice or including patients who did not attend during the sampling period.

4. Submitting your sample file

Before submitting your sample file, you must complete the sample declaration form, confirming the sample has been drawn as per the sampling instructions and your Caldicott Guardian is requested to sign off on the form.

Your completed sample declaration form should be submitted and approved prior to sending your sample data.

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

5. Implementing the survey – practicalities

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

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

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

- Before you start printing your **questionnaires and covering letters**, you should email them as **PDF's** to the Survey Coordination Centre for Existing Methods for checking;
- Following that, once you have your **questionnaires and covering letters** set up and ready for printing, you will need to post **two hard copies** of each document for checking. You must not print your survey materials until you have received approval from the Survey Coordination Centre for Existing Methods. If errors are made in the questionnaires then it could render your data unusable;
- In addition, it is a new requirement this year to send scans of **two respondent-completed questionnaires** to the Survey Coordination Centre for Existing Methods (please refer to section 'Changes to the survey for 2020').

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

The Survey Coordination Centre for Existing Methods requires weekly submissions of data on response rates and usage of the helpline. A guide to the survey practicalities will advise on how to manage helpline calls. Using the weekly monitoring template (available to download in the Instructions and Guidance section), the first submission must be made on **the first Thursday after fieldwork has commenced, i.e. Thursday 5 November,** regardless of whether any mailings have been sent out. Further submissions will be made every Thursday thereafter, until the final date of submission.

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

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

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

For the Urgent and Emergency Care Survey 2020, there are three multiple response questions for which respondent data must be entered differently than other questions: Q2, Q50 and Q52 (Q2, Q42 and Q44 in Type 3). Q50 (Q42 in Type 3) has been amended this year to include two additional long term conditions, which will mean the data will be historically incomparable. There is also one grid question this year, Q33 (Q28 in Type 3) which will require different data entry, further information on this can be seen in the data entry spreadsheet. Free-text comments should be entered verbatim and in full.

9. Timetable

The survey fieldwork period for 2020 is 20 weeks. It is important that your trust enters fieldwork on time to maximise responses from younger and Black, Asian and minority ethnic (BAME) groups. Previous research suggests that these groups take longer to respond to patient surveys.

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

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

Key dates	
Display of dissent posters	August - September 2020
(Contractors and in-house trusts only) Send **pdf copies** of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods	25th September 2020
(Contractors and in-house trusts only) Send **hard copies** of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods	5th October 2020
Submit sample data no later than	19th October 2020

Survey Coordination Centre for Existing Methods to contact all trusts with sample outstanding	20th October 2020
CQC to contact all trusts with sample outstanding	2nd November 2020
Start of fieldwork	2nd November 2020
Weekly monitoring starts	5th November 2020
(Contractors and in-house trusts only) Send two **scanned completed questionnaires** to the Survey Coordination Centre for Existing Methods. You must submit two per department type, i.e. two Type 1 questionnaires and two Type 3 questionnaires.	Soon after the start of fieldwork – after first mailing
Close of fieldwork	19th March 2021
Contractors and in-house trusts to send final data to the Survey Coordination Centre for Existing Methods	26th March 2021

10. Making sense of the data

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

- A benchmark report: this report provides the **score** for your trust for each question and section and whether it performs 'better', 'about the same' or 'worse' compared to other participating trusts. Any statistically significant change from scores achieved in 2018 will also be flagged in this report. These results will also be made public on the NHS patient survey website and on CQC's website under the organisation's search tool.
- Trust tables: these tables display your trust's results for each question in **percentage and number** of respondents.

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

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

- Examining the number and percentage of patients giving each response to a question
- Analysing the data by particular groups of patients (e.g. males/females, different long-term conditions), stages of the patient journey (e.g. admission, discharge), or other information (e.g. departments or sites in your trust). This type of analysis requires additional data not delivered by CQC as standard.
- Look at the comments from the last question – these can provide additional insight into where your trust is doing well and areas to focus on for improvement.

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

11. Reporting results

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

12. Questions?

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

emergency@surveycoordination.com

01865 208127