



# Health Research Authority

2 Redman Place  
Stratford  
London  
E20 1JQ

Email: [cag@hra.nhs.uk](mailto:cag@hra.nhs.uk)

10 June 2026 – reissued to correct the requested annual review date (to 09 June 2027)

Nicola Johnson  
Research Team  
Data and Insight  
Care Quality Commission  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

Dear Nicola Johnson,

**Application title:** 2026 Community Mental Health Survey  
**CAG reference:** 26/CAG/0060

Thank you for submitting a **non-research** application under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 ('section 251 support') to process confidential patient information without consent.

This application was considered at the precedent set Confidentiality Advisory Group (CAG) meeting held on 15<sup>th</sup> May 2026 under category 11 (CQC annual surveys). This outcome should be read in conjunction the [minutes](#) of this meeting.

## **Confidentiality Advisory Group advice and Secretary of State for Health and Social Care decision**

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, and therefore advised recommending support to the Secretary of State for Health and Social Care.

The Secretary of State for Health and Social Care, having considered the advice from the Confidentiality Advisory Group as set out in the minutes, has determined the following:

- **The application is supported, subject to compliance with the [standard](#) and specific conditions of support.**

***Please note that the legal basis to allow access to the specified confidential patient information without consent is now in effect.*** A summary of the scope of support is provided in Appendix A.

Support provides a lawful basis to allow the information to be processed by the relevant parties for the specified purposes without incurring a breach of the common law duty of confidence only. Applicants must ensure the activity remains fully compliant with all other relevant legislation.

### **Specific conditions of support**

1. The CAG request that a summary of the feedback on the use of confidential patient information without consent, collected during the planned “cognitive testing” with service users, should be provided at annual review, alongside any further feedback collected from service users on the use of their confidential data for the purpose of sending survey mailings.
2. The CAG request that for the next iteration of the survey, the press release should explicitly include, within the “Further Information” section, wording to ensure that individuals are made aware not only of how to obtain further information but also how they may choose not to take part. The CAG considered that wording similar to that used in the dissent posters would provide appropriate clarity and consistency. These are not required to be updated for this year’s iteration, but should be updated for the next iteration.
3. Confirmation provided from the DSPT Team at NHS England to the CAG that the relevant [Data Security and Protection Toolkit \(DSPT\)](#) submission(s) has achieved the ‘Standards Met’ threshold. **Confirmed:**

The NHS England **24/25** DSPT review for the following organisations was confirmed as ‘Standards Met’ on the NHS England DSPT Tracker:

- Quality Health
- Patient Perspective
- Picker Institute Europe

This letter provides confirmation of final support, and all the above conditions are expected to be met within the stated timeframe. I will arrange for the register of approved applications on the HRA website to be updated with this information.

### **Maintaining CAG support: Reporting requirements**

Please note the following guidance on reporting requirements in order to maintain CAG support for the duration of the activity.

- **Annual review report:** It is your responsibility to submit an annual review report every 12 months for the entire duration that confidential patient information is being processed without consent. The next annual review should be provided no later than **09 June 2027** and preferably 4 weeks before this date. Further guidance and the annual review form is available on the [IRAS website](#).
- **Notifying modifications to the scope of CAG support:** Guidance on submitting CAG modifications and the modification form is available on the [IRAS website](#).
- **Notifying the end of activity:** Guidance on notifying the end of activity and the end closure report form is available on [the IRAS website](#).
- **Register of supported applications:** It is a statutory requirement to publish all supported applications to process confidential patient information without consent. Supported applications are published on the [HRA website](#).

## Approved documents

The list of documents reviewed and approved at the meeting are as follows.

<i>Document</i>	<i>Version</i>	<i>Date</i>	
CAG application from (signed/authorised) [CMH26_CAG Section 251 form non-research applications]			
Other [25CAG0067 SofS CAG Fully Supported Outcome Letter]		19 June 2025	
Other [CMH26 Methodology and information flow chart_V1.0]	1.0		
Other [CMH26_ Dissent_V1.0]	1.0		
Other [CMH26_Charity Press Release_V1.0]	1.0		
Other [CMH26_Cover letter 1_V1.0]	1.0		
Other [CMH26_Cover letter 2_V1.0]	1.0		
Other [CMH26_Cover letter 3_V1.0]	1.0		
Other [CMH26_Data flow diagram - postcode_V1.0]	1.0		
Other [CMH26_GDPR declaration for additional data analysts_V1.0]	1.0		
Other [CMH26_GDPR declaration of data compliance_V1.0]	1.0		
Other [CMH26_Model service contract_V1.0]	1.0		
Other [CMH26_Multilanguage sheet_V1.0]	1.0		
Other [CMH26_Sample construction spreadsheet for central online tool_V1.0]	1.0		
Other [CMH26_Sample construction spreadsheet_V1.0]	1.0		
Other [CMH26_Sample declaration form_V1.0]	1.0		
Other [CMH26_Sampling instructions draft_V1.0]	1.0		
Other [CMH26_SMS guidance_V1.0]	1.0		
Other [CMH26_Survey handbook draft_V1.0]	1.0		
Other [CMH26_Trust Press Release_V1.0]	1.0		
Other [CMH26_Website Banner_V1.0]	1.0		
Other [precedent - 24CAG0088 SOS CAG Conditionally Supported Outcome]			
Other [response to CAT Queries]			
Patient Information Materials [CMH Social media cards V1.0_Updated s251 phrasing]	1.0		
Patient Information Materials [CMH25_ Questionnaire_V1.0]	1.0		
Patient Information Materials [CMH26_16-17 year olds leaflet_V1.0_Updated s251 phrasing]	1.0		
Patient Information Materials [CMH26_Dissent Poster_V1.0_Updated s251 phrasing]	1.0		
Patient Information Materials [CMH26_Social media cards 1-4 accompanying text_V1.0_Updated s251 phrasing]	1.0		
Write recommendation from Caldicott Guardian (or equivalent) of applicant's organisation [CMH26_CMH Survey - Caldicott Guardian recommendation letter V1.0]		15 April 2026	

Please do not hesitate to contact me if you have any queries following this letter. I would be grateful if you could quote the above reference number in all future correspondence.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Richard Reed', is placed over a light grey rectangular background.

(Richard Reed)  
Approvals Administrator

On behalf of the Secretary of State for Health and Social Care

Email: [cag@hra.nhs.uk](mailto:cag@hra.nhs.uk)

*Included:*                      List of members who considered application  
   Summary of scope of support

**Confidentiality Advisory Group Precedent Set meeting 15 May 2026**

**Members present:**

Name	Capacity
Mr Dan Roulstone	CAG Vice Chair
Mr David Evans	CAG Member (Expert)
Mrs Sarah Palmer-Edwards	CAG Member (Expert)
Ms Rose Payne	CAG Member (Lay)
Ms Mary Thomas	CAG Member (Lay)

**Also in attendance:**

Name	Position (or reason for attending)
Ms Katy Cassidy	HRA Confidentiality Advisor
Ms Rachel Katzenellenbogen	HRA Approvals Specialist
Mr Richard Reed	HRA Approvals Administrator
Ms Wangari Njiiri	HRA Approvals Administrator
Ms Caroline Watchurst	HRA Confidentiality Advisor

## **Appendix A – Summary of Scope of Support**

### Summary of application

This non-research application from Picker Institute Europe on behalf of Care Quality Commission (CQC) is for the purpose of management of health and social care to administer the 2026 Community Mental Health Survey (CMH26).

CMH26 falls within the NHS Patient Survey Programme (NPSP). The NPSP was initiated in 2002 by the then Department of Health, and is now overseen by the CQC, the independent regulator of health and social care in England. CMH26 will be the twenty-third carried out to date. All 50 eligible mental health provider trusts will be asked to conduct the survey, drawing a sample of service users according to set criteria, and following standardised materials and procedures for all stages of the survey.

Trusts will collect information of all eligible patients and, following suitability checks, will share confidential patient information with the approved contractors, Quality Health and Patient Perspective, and separately with the coordination centre - Picker Institute Europe, in their role as 'Survey Coordination Centre' (SCC). Full postcode will be disclosed to the SCC (to map LSOA) – this is in line with other supported surveys.

Questionnaires will be distributed to patients using the approach detailed below;

Contact 1: Letter with URL link & QR code for online questionnaire

Contact 2: 5 working days after contact 1, SMS despatched with URL link for online questionnaire

Contact 3: 10 working days after contact 1, letter with URL link & CR code for online questionnaire, and paper questionnaire

Contact 4: 15 working days after contact 1, SMS despatched with URL link for online questionnaire

Contact 5: 20 working days after contact 1, letter with URL link & CR code for online questionnaire, and paper questionnaire

Ahead of each reminder, it will be necessary to remove all respondents who have completed the survey already, and to conduct a DBS or local check on the full sample to ensure any deceased individual is removed from the sample. If anyone has requested to be opted out of further reminders, they should also be removed at these timepoints.

### NHS Patient Survey Programme

This survey is part of the NHS Patient Survey Programme, and as such follows the same methodology as other surveys within the programme. The methodology is supported in principle by the CAG, and applications are usually considered via the Precedent Set pathway. This survey does utilise some of the more recent 'mixed methods', but these have now been supported by CAG many times. There have been only minor changes from the 2025 survey, for example using 2 approved contractors rather than just 1, and adding a new sample variable to capture whether the service user has been subject to a Community Treatment Order (CTO) at any point in the last 12 months.

### Confidential patient information requested

The following sets out a summary of the specified cohort, listed data sources and key identifiers. Where applicable, full datasets and data flows are provided in the application form and relevant supporting documentation as this letter represents only a summary of the full detail.

<b>Cohort</b>	<p>Patients aged 16 and over who had been in contact with NHS community mental health services in the two-month period from 1 April to 31 May 2026, and who were receiving specialist care or treatment for a mental health condition, and fulfil the inclusion criteria as detailed in the application.</p> <p>Final sample size of 1,250 service users from each Trust, plus any 'boost' samples (however Trusts will send at least 1,350 eligible service users data due to duplications etc).</p> <p>Approximately 67,500 users of community mental health services in total.</p>
<b>Data sources</b>	<ul style="list-style-type: none"> <li>• Electronic patient records, Mental Health Trusts in England</li> <li>• NHS England - NHS Spine Personal Demographics Service (PDS)</li> </ul>
<b>Identifiers required for deceased check purposes</b>	<ol style="list-style-type: none"> <li>1. NHS Number</li> <li>2. Full date of birth</li> </ol>
<b>Identifiers required for contact purposes</b>	<ol style="list-style-type: none"> <li>1. Trust code</li> <li>2. A standardised unique identifier code</li> <li>3. Title (Mr, Mrs, Ms, etc.)</li> <li>4. First name</li> <li>5. Surname</li> <li>6. Address Fields</li> <li>7. Postcode</li> <li>8. Mobile phone number</li> </ol>
<b>Identifiers required for analysis purposes</b>	<ol style="list-style-type: none"> <li>1. Trust code</li> <li>2. A standardised unique identifier code</li> <li>3. Year of birth</li> <li>4. Postcode</li> <li>5. Gender</li> <li>6. Ethnic category</li> <li>7. Date of last contact</li> <li>8. Sub-ICB codes</li> <li>9. Mental Health Inpatient indicator</li> <li>10. Service or team type</li> <li>11. Assessment service group</li> <li>12. Severe mental illness indicator</li> <li>13. Mode of contact</li> <li>14. Community Treatment Oder (CTO) status</li> </ol>
<b>Additional information</b>	<p>Trusts may also choose to collect additional sample variables outside of those detailed in the Survey Handbook. This can be valuable to trusts in enabling them to make greater use of their survey locally to target quality improvements.</p> <p><i>Sample and mailing data will be submitted by trusts to approved contractors in a single file. The file which contains both mailing and sample information will be split into separate files by the contractor before submitting only the sample information to the Coordination Centre for checking and approval.</i></p>

	Please note that the Survey Coordination Centre does <b>not</b> receive any names or full addresses
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