**BRAILLE COVERING SHEET – INSTRUCTIONS**

**THIS COVERING SHEET MUST BE REMOVED BEFORE SENDING LETTER TO SERVICE USER.**

The availability of Braille will be signposted on the mailing letters and administered at the request of the service user.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **Braille invitation letter** should be personalised. Please also review any highlighted blue text and remove the text if it is not relevant.
2. The **questionnaire** does not require personalisation.
3. Please contact the Survey Coordination Centre (SCC) at [mentalhealth@surveycoordination.com](mailto:mentalhealth@surveycoordination.com) as Braille requests will be set-up and coordinated centrally. The **SCC will provide the contact details for a Braille supplier**.
4. Both the invitation letter and questionnaire can then be requested from the Braille supplier. The Braille supplier should not be provided with service user contact details. Therefore, they will post Braille materials back to the contractor.
5. The questionnaire and covering letter should then be posted to the service user by the contractor.
6. Please **log any Braille requests** in the fieldwork monitoring spreadsheet.
7. We recommend that service users who request Braille are logged as **opt-out.** This will ensure they do not receive any further mailings. If the service user then takes part in the survey, the code should be changed to complete. At the time of the service user requesting Braille, if it’s likely they will receive a further mailing (e.g. due to mailing deadlines or the multiple stages involved in producing Braille materials) it is worth making them aware this will happen, but that a Braille format will also be shared.

**Processing the return:**

1. Braille questionnaires cannot be completed in Braille. Therefore, this invitation letter advises the service user to complete this online (using a screen reader or with the help of a friend/family member) or as a telephone assisted complete.

**[NHS TRUST NAME]**

**Survey number:** **[PATIENT RECORD NUMBER] Online password:** **[PASSWORD]**

[DATE]

Dear Sir/Madam,

Thank you for your interest in the Community Mental Health Survey. Please find enclosed a copy of the questionnaire in Braille.

To take part in the survey over the phone, you can contact the helpline on **[Freephone] [HELPLINE NUMBER],** [HELPLINE OPENING DAYS/TIMES].

Alternatively, you can take part in the screen-reader compatible online survey. You can use a computer, tablet or smartphone. It should take about 15 minutes. Enter the website address below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. If you would like someone to help you complete the survey, it is fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

**Website address: [online survey link]**

**Survey number:**

**[PRN]**

**Online password:**

**[PASSWORD]**

The survey will ask you questions about your experience, which will help us improve the care we provide. We understand you may also be receiving mental health care from a GP, when answering this survey please think about the care you received at the NHS Community Mental Health Trust. Even if your contact with the NHS mental health team has been short or has now finished, we would still like to hear from you.

Your responses will be kept confidential. This means staff caring for you will not know who has taken part or how you responded. This survey is voluntary, but we welcome your feedback.

There is more information about the survey and how your answers will be used below. If you have any questions, please email [[X](mailto:XXXXXXXXXXX@XXXXXX.XXX)X[XXXXXXXXX@XXXXXX.XXX](mailto:XXXXXXXXXXX@XXXXXX.XXX)] or call [our Freephone helpline] on [phone number and opening times].

Thank you for taking the time to complete this important survey.

Yours sincerely,

[CHIEF EXECUTIVE NAME]

Chief Executive,

[NHS TRUST NAME]

**What if I do not want to take part in the survey?**

This survey is voluntary. If you choose not to take part in this survey, please call our Freephone helpline [phone number] or email us on [XXXXXXXXXXX@XXXXXXXXX] stating “opt-out” and your Survey number (written on the front page of this letter). You will not need to give a reason and this will not affect your care.

**Who is carrying out the survey?**

This survey is being carried out by the Care Quality Commission (CQC) who are the independent regulator of health and adult social care in England. Surveys like this help CQC to find out where care is good or if it needs to improve. You can find out more about CQC’s work on its website: [www.cqc.org.uk](http://www.cqc.org.uk/)

**Can a relative, friend or carer complete this survey for me?**

Yes, but when answering the questions, they must give the view of the person who the letter was addressed to.

**What are the survey number and online password for?**

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven’t responded). The survey number is not linked to your NHS number.

**How are my answers and the results from the survey used?**

The results will be published on CQC’s website in spring 2024. Results from previous surveys can be found at: <http://www.cqc.org.uk/cmhsurvey>

We share results with national bodies, including the Department of Health and Social Care and NHS England to help their work. Data may also be shared with approved university or charity research teams. Shared data never includes names, phone numbers or addresses. You can find out more information about how data is shared at: <http://nhssurveys.org/received-a-questionnaire/>

Your answers to the survey are not linked to your name, phone number or full address, but researchers analysing the results of the survey will use your postcode to undertake geographical analysis of overall results. If comments on the survey suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

**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. You can find out more information about how [NHS trust name] or CQC use your personal information, what your rights are under the law or how to get in touch at [link to trust privacy notice] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>.

[NHS trust name] selected a sample of people who had recently used their services. Personal data about your involvement in this survey is not used for any other purpose and is deleted once the survey process is complete.

<IF CONTRACTOR USED> Your contact details have been passed to [contractor], only so that they can send you this questionnaire and process your response. [Contractor] will process your answers in confidence and keep them separate from your contact details. [Contractor] will delete your contact details once the survey process is completed.