**BRAILLE COVERING SHEET – INSTRUCTIONS**

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

The availability of braille will be signposted on the mailing letters and multi-language sheet and administered at the request of the service user. When you receive a request for a braille questionnaire, please take down the service user's name and address and, if possible, the questionnaire’s survey number.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **braille cover letter** should be personalised. Please also review any highlighted blue text and remove the text if it is not relevant. Please save this personalised version of the cover letter.
2. The cover letter can then be requested from the braille supplier. **The SCC will provide the contact details for a braille supplier**. **The paper questionnaire has already been set up in braille by the supplier, a printed version of this should be requested from the supplier.** Please send the personalised version of the cover letter (with text in yellow updated, and text in blue removed if not relevant) to the braille supplier for printing. The braille supplier should not be provided with service user’s contact details. Therefore, the braille supplier will post braille materials back to the contractor or in-house trust.
3. Please attach the mailing information onto the covering letter or envelope with a sticker. Please also add the survey number or barcode onto the questionnaire with a sticker. The braille questionnaire and covering letter should then be posted to the service user by the contractor or in-house trust.
4. In the mailing pack, the following documents should be included: braille cover letter and braille questionnaire.
5. We are monitoring requests for braille questionnaires separately for CMH25. Any braille requests should be logged in the weekly monitoring spreadsheet. On completion, please record this as **outcome 1** in the Outcome column. This will ensure the service user does not receive any further mailings.
6. **At the time of the service user’s 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.
7. If the service user **does not take part in the survey**, the braille request noted in the weekly monitoring spreadsheet should be left in and an outcome code 6 added.

**Processing the return:**

1. Braille questionnaires cannot be completed in braille. Therefore, this cover letter advises the service user to complete the questionnaire over the telephone or online.
2. When the service user rings the helpline to complete the questionnaire please ask them for their name, the NHS Trust highlighted on the cover letter and their survey number to identify them from the correct sample. Their responses will then need to be inputted into the main data entry spreadsheet along with their sample information and coded with an outcome of 1.

**[PERSONALISATION OF NHS TRUST]**

**[NHS TRUST NAME]**

 **Survey number:** **[SERVICE USER RECORD NUMBER] Online password:** **[PASSWORD]**

[DATE]

Dear Sir/Madam,

Thank you for your interest in the 2025 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. Please enter the website address below into the address bar of your internet browser and enter the survey number and online password to begin the survey. Alternatively, scan the QR code located in the bottom right-hand corner of this page to start the survey straight away. 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.

 **[online survey link]**

**Survey number:**

 **[SURN]**

**Online password:**

 **[PASSWORD]**

**Website address:**

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 you have 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 [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]

**[INSERT UNIQUE QR CODE HERE]**

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

**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. The findings from this study will be published in the spring of 2026 at **www.cqc.org.uk/publications/surveys.**

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

If you would like someone to help you complete the survey it’s fine to ask a friend or relative to help, but please make sure the answers are only about your experiences. If you would like a paper version of the questionnaire, you don't need to contact us - one will be sent in the next few weeks.

**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).

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

Your answers are put together with the answers of other people to provide results for this trust and produce national results and will be kept confidential by researchers at [CONTRACTOR/IN-HOUSE TRUST NAME] and the Survey Coordination Centre at Picker (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you will know who has taken part. Neither your name nor full address will be linked to your responses, and nobody will be able to identify you in any results that are published. Researchers analysing the results of the survey will use your postcode to undertake geographical analysis of overall results. If comments on the questionnaire were to 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. 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.

**How is my personal data protected?**

Your name was chosen from a list of people who had recently used the services of [TRUST NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can find the notices at **[NHS TRUST PRIVACY STATEMENT ON WEBSITE]** and **www.cqc.org.uk/about-us/our-policies/privacy-statement**. For more information go to **www.nhssurveys.org/faq**.

<IN-HOUSE TRUSTS TO REMOVE PARAGRAPH> Your contact details have been passed to [CONTRACTOR], only so that they can invite you to take part in this survey. [CONTRACTOR] will **keep your contact details confidential** and destroy them once the survey is over.

**Who do I contact if I have a query or complaint about my care?**

If you have a query or a complaint about the care you have received, please contact your trust on [phone number] or at [email address].