



INSTRUCTION MANUAL FOR THE COMMUNITY MENTAL HEALTH SURVEY 2017

FOR TRUSTS USING AN APPROVED CONTRACTOR

THE CO-ORDINATION CENTRE FOR THE NHS PATIENT
SURVEY PROGRAMME



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Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this instruction manual. Section 251 approval has been granted for this project to provide a legal basis for trusts using a contractor to provide names and addresses to them. Any breach of the conditions of the support will be reported to the CQC and the Confidentiality Advisory Group at the Health Research Authority.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission assessments for that trust. If trusts want to make any adjustments to the method or materials set out in this instruction manual, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability.

Data from the community mental health survey are used in an increasing number of frameworks and indicators and have now achieved National Statistics status. If the sampling guidance issued for the survey is not adhered to, and errors are detected too late for remedial action to be taken, this will impact on the use that can be made of data. CQC use survey data for purposes of risk monitoring, and data is also used by NHS England and the Department of Health for Patient Experience Outcome

Measures. If data is excluded because sampling errors are detected, this will impact on the assurances these organisations can have about the experiences of your patients.

Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change. This document is available from the NHS Surveys webpage at:

<http://www.nhssurveys.org/surveys/1030>.

Contents

1	Introduction: The importance of patient feedback.....	1
1.1	The Care Quality Commission.....	1
1.2	The Co-ordination Centre for patient surveys.....	1
1.3	Why we need service user feedback.....	1
1.4	Patient feedback and the NHS Constitution	2
1.5	Care Quality Commission assessments	2
1.6	Measuring performance across trusts	2
1.7	Basic requirements for Community Mental Health Survey 2017	3
1.8	Why you need this guide	4
2	Setting up a project team.....	5
3	What's new for the 2017 survey?	6
3.1	Important information to remember	6
4	Data protection and confidentiality	9
4.1	Approval under section 251 of the NHS Act 2006	9
4.2	Extending your sample and / or collecting additional sample variables and Section 251	10
4.3	Storing sample and mailing information.....	11
4.4	Mailing questionnaires.....	12
4.5	Service users' names and addresses.....	12
4.6	Encryption of personal data.....	13
4.7	Contractor responsibilities (service contract).....	13
4.8	Service user anonymity	13
4.9	Service user confidentiality.....	13
4.10	Sharing of survey data between contractors	15
5	Ethical issues, ethics committees and research governance	16
5.1	Ethical approval for the Community Mental Health Survey 2017.....	16
5.2	Research governance requirements	16
5.3	Responsibilities of NHS organisations who are carrying out research	17
6	Timetable.....	19
7	Compiling a list of service users	21
7.1	Complete 'Section A' of the Sample Declaration form.....	21
7.2	Compile a full list of current service users	22
7.3	Complete 'Section B' of the Sample Declaration form.....	25
7.4	Instructions for taking a sample of service users.....	25

7.5	Check the sample list	26
8	Submit the service user list to the Demographics Batch Service (DBS).....	28
8.1	Create a trace request file	28
8.2	Submitting the trace request file	28
8.3	The response file	29
8.4	When the service user file is returned from DBS	29
8.5	Complete 'Sections C & D' of the Sampling Declaration Form	31
8.6	Create the sample file.....	31
8.7	Specific instructions for Mental Health Care Cluster.....	35
8.8	Sharing the service user sample file with an approved contractor.....	37
8.9	Sample checking	38
9	Publicising the survey.....	39
9.1	Pre-survey communication with staff.....	39
9.2	Publicising the survey externally	39
10	Survey materials.....	41
10.1	Questionnaire and covering letters	41
10.2	Mailing packs and reminders	41
11	Resources	41

1 Introduction: The importance of patient feedback

1.1 The Care Quality Commission

The NHS patient survey programme was established by the Department of Health and has been operating since 2002. The Care Quality Commission (CQC) took over from its predecessor, the Healthcare Commission, in April 2009 and is responsible for administering the programme. The CQC is the independent regulator of health and social care in England and is responsible for administering the programme. It regulates care provided by the NHS, private companies and voluntary organisations. The CQC aims to ensure better care is provided for everyone – in hospitals, care homes and people's own homes.

As set out in the public engagement strategy¹, CQC is committed to involving people who use services in all its work, and encouraging providers of care services to involve people and respond to their views. The experiences of patients, people who use services, their carers and families are at the heart of the CQC's work: it is the aim of the CQC and the Co-ordination Centre to make sure better care is provided for everyone.

By ensuring that organisations carry out these surveys in a consistent and systematic way it is possible to build up a national picture of people's experience and, *with care*, to compare the performance of different organisations, monitor change over time, and identify variations between different patient groups. The surveys are expected to inform local improvement activity; they are seen as an important source of information for people to help them choose between providers and for informing commissioners of services. As well as supplying the NHS England and the Department of Health with data to assess performance against national targets on patient experience, the survey programme provides an important source of data for the CQC's assessments.

1.2 The Co-ordination Centre for patient surveys

The Co-ordination Centre for the NHS Patient Survey Programme, of which the Community Mental Health Survey 2017 is part, is based at Picker Institute Europe and works under contract to the Care Quality Commission to design, test, and co-ordinate the patient survey programme.

1.3 Why we need service user feedback

Quality in health and medical care has two distinct dimensions. One has to do with the quality of care from the perspective of professional, technical standards; and the other dimension concerns the quality of care from the perspective of people using services. Understanding the way people experience the care they receive is essential to a complete assessment of the quality of healthcare, and this can only be obtained by asking the patients themselves.

It is important to adopt systematic, appropriate and effective ways to ask people about their experiences, and use this information to shape and improve the way healthcare is delivered. This manual is designed to help staff in NHS Mental Health trusts to obtain feedback through the national Community Mental Health Survey 2017. It also provides guidance on how you may use the information you gather in quality improvement programmes and for monitoring performance.

¹ <http://www.cqc.org.uk/content/our-plan-engaging-public-our-work-2015-16>

By following these instructions, you will also help to ensure that the survey results from your trust are comparable with other trusts, and with national benchmarks.

1.4 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 patients their views on the services they have received. It is intended that measuring patients' 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 is an important mechanism for making the NHS more patient-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 and inspections.

1.5 Care Quality Commission assessments

Information drawn from the questions in the survey will be used by the Care Quality Commission (CQC) in its assessment of mental health trusts in England. Questions from the survey will be used within CQC's risk monitoring tools and within CQC's inspections of mental health services. More information is available on the CQC website at: www.cqc.org.uk/content/mental-health

1.6 Measuring performance across trusts

In addition to the performance assessment, the Care Quality Commission will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves and national benchmarks based on reliable data. Asking each trust to carry out the Community Mental Health Survey 2017 in a consistent way builds a detailed picture of service users' experiences in NHS Mental Health 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 the Department of Health (DH) for performance assessment, improvement and regulatory purposes. These include the DH overall patient experience measure, the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards

The Care Quality Commission intends to archive the survey data with the UK Data Archive after the analysis is completed and published. This will be done with appropriate safeguards that ensure service user confidentiality.

1.7 Basic requirements for Community Mental Health Survey 2017

For comparisons between and within trusts to be accurate, fair and effective, it is essential that the surveys are carried out using a standard procedure in all NHS trusts. Furthermore, this is essential in order to comply with the procedures and standards covered by the Research Ethics Committee and Section 251 approvals. Those standards are set out in detail later in this document. In summary, they are as follows:

- Please let the Co-ordination Centre know the two trust contacts who will be the key contacts throughout the survey process - their job titles, phone numbers and email addresses by **6th January 2017** - to allow us to communicate vital information about the Community Mental Health Survey 2017 (e-mail to: mh.cc@pickereurope.ac.uk);
- Confirm whether you will be conducting the survey in-house or by using one of the approved contractors by **6th January 2017**. If you are using an approved contractor, you will need to confirm with the Co-ordination Centre who this is by **20th January 2017** (e-mail to: mh.cc@pickereurope.ac.uk). If you are not intending to appoint an approved contractor, please refer to the manual for trusts conducting the survey in-house instead of this one;
- Please read the section on drawing your sample, completing your **Sample Declaration** form and how to submit these to your contractor, as outlined in *Sections 7 – Compiling a list of service users & 8 – Submit the service user list to the Demographics Batch Service*;
- The samples must consist of all service users **aged 18 and over** who were seen between **1st September and 30th November 2016** as outlined in *Section 7 – Compiling a list of service users*;
- The sampling procedure set out in this guidance must be followed. To do this, you will need to work closely with the persons who draw and check the sample, and check carefully that the instructions have been adhered to. For further details see *Section 7 – Compiling a list of service users*;
- **Your Caldicott Guardian must sign off the sample declaration form** by completing the 'Declaration Agreement' tab in the new Excel template. Please send the completed declaration form to your contractor **before** you submit your sample for checking. The Sample Declaration form can be downloaded from here: <http://www.nhssurveys.org/surveys/1032>. Detailed instructions on how to complete and send it are in *Sections 7 – Compiling a list of service users & Section 8 – Submit the service user list to the Demographics Batch Service*;
- Trusts should facilitate higher response rates by commencing work as soon as possible and publicising the survey to staff, service users and the community;
- Your contractor will be responsible for printing and sending out all the required survey documents, however, you can access these for information on the NHS Surveys website here: <http://www.nhssurveys.org/surveys/1015>;
- Trusts are not permitted to publish their survey results prior to the official release of CQC national and trust level results as there might be differences which could cause confusion for people. However, trusts can start using their results internally to identify areas for quality improvement.

1.8 Why you need this guide

This guide is designed for trusts wishing to conduct the survey with an approved contractor. You must be familiar with all aspects of this guide, but in particular, the sections on drawing the sample, and data protection requirements such as Section 251.

It is a requirement of the Section 251 approval received for the survey that trusts must use a contractor that has received confirmation from the Information Governance Toolkit Team at the Health and Social Care Information Centre of suitable security arrangements via Information Governance Toolkit (IGT) submission. For the 2017 Community Mental Health survey these are:

Capita Surveys and Research
Membership Engagement Services
Patient Perspective
Picker Institute Europe
Quality Health

Contact information is available on the NHS Surveys website at:
<http://www.nhssurveys.org/approvedcontractors>

2 Setting up a project team

We recommend you set up a project team to assist you in running the survey. The best way to ensure that your survey is a success is to work hard *in the beginning* to involve those people who have the most impact on service users' experiences and who will be responsible for responding to the results of the survey.

We suggest:

- **Establishing a workgroup.** Put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:
 - Caldicott Guardian;
 - Board members;
 - Doctors, nurses and other mental health care staff;
 - Members of service user groups with a special interest in the trust;
 - Service users and carers;
 - Medical records personnel or Patient Administration System (PAS) staff;
 - Managers;
 - Staff or directors responsible for:
 - Clinical governance;
 - Patient advice and liaison service (PALS);
 - Quality improvement;
 - Strategic planning.
- **Involving the persons responsible for drawing and checking the service user sample in planning meetings.** It is essential that they, and their line manager, understand the purpose of the survey and the importance of drawing the sample correctly.
- **Keeping everyone informed.** Notify as many people as possible about ideas and activities. All departments in the trust should be made aware when a survey is being conducted, in case service users contact the trust asking questions about the survey they have received.
- **Not overlooking front-line staff.** These people have the most direct impact on service users' experiences.

3 What's new for the 2017 survey?

Questionnaire: The only difference between the 2017 questionnaire and the 2016 questionnaire is the addition of the CQC helpline number on the cover page, all else remains the same. The questionnaire will be made available here: <http://www.nhssurveys.org/surveys/1026>

Covering letters: No changes aside from any reference to the survey year has been updated to 2017.

Sample Declaration Form: This year, the Sample Declaration Form is in Excel rather than Word and so can be signed off electronically by completing the 'Sample Figures', 'Checklist' and 'Declaration Agreement' tabs rather than sign a hard copy. See Section 3.1 below.

Single sample and mailing file: To reduce error, this year the trust will send only one file to the contractor which will contain both the sample and mailing information. The contractor will then separate the files and send only the sample file to the Co-ordination Centre. Keep in mind that the Mental Cluster Care code will still be sent directly to the Co-ordination Centre and will not be sent to the contractor – more details on this in *Section 8*.

There are no other changes either to the methodology or the survey materials for the 2017 survey however some important notes are highlighted below:

3.1 Important information to remember

Recording dissent: An essential requirement to meet the conditions of the 'Section 251 approval' for this survey is that any service user who has previously indicated dissent must be removed from the eligible survey population prior to sending the sample to an approved contractor. It is expected that trusts will have appropriate mechanisms in place for recording dissent. However, depending on the process that the trust has in place, this could potentially result in large numbers of service users being excluded from the survey population, which could in turn introduce bias to the sample. It is important that all consent requests are clearly worded and specific, to avoid any unnecessary removal of people from the samples (where they would otherwise have agreed to take part in the survey). The Sample Declaration Form (see below) will ask for the number of dissenters to be logged. Please also refer to *Section 4.1 – Section 251 Approval*.

Sample Declaration Form: The sample will need to be drawn and checked by different people within the trust. Both the person drawing the sample and the Caldicott Guardian will need to sign and date the declaration by completing the 'Declaration Agreement' tab in the form.

When the form is complete, it needs to be sent to your approved contractor for approval before you can send your sample file to them.

The Sample Declaration can be downloaded from the NHS Surveys website at <http://www.nhssurveys.org/surveys/1032> The new Excel version is completed electronically and must be emailed to your contractor from the work email of the Caldicott Guardian or by the person drawing the sample with the Caldicott Guardian cc-ed in the email.

CQC Intelligence Model:

A new indicator based on the community mental health survey was introduced in early 2016 in the final refresh of CQC's intelligent monitoring reports for trusts providing mental health services. Trusts were flagged as a risk if they either failed to submit a sample for the community mental

health survey or if it became evident at a later date that an error was made in drawing the sample that rendered the data unusable. This will be carried forward as part of CQC's ongoing intelligence monitoring and will be based on the two most recent years of the community mental health survey. Further details will be included in the guidance that accompanies our intelligence products. This indicator will be refreshed on an annual basis.

Errors considered in the indicator may be 'minor' or 'major'. A minor error means that data is still able to be used despite the error. A 'major' error is so serious that data for a trust is unable to be used and would be excluded from CQC publication and all other uses, such as in CQC's intelligence model, as well as by other organisations, such as NHS England, for use in their national statistics.

Making errors in drawing the sample, such as neglecting to include a core group of eligible service users, effectively biases the sample. This means an individual trust's results are not comparable to other trusts. If major errors are spotted during the sample checking phase, then the Co-ordination Centre will request that a fresh sample be drawn; however, errors are not always easy to spot in an anonymised file. If it only later becomes evident that a major error has been made and there is no time to submit a new sample for inclusion in the survey, the survey response data will be excluded from the CQC dataset and the trust will be flagged as a risk in CQC's intelligence model.

Ultimately, it is the trust's responsibility to ensure that the sample is drawn correctly. To help avoid making such errors, ensure that you follow the instructions very carefully when drawing your sample. You should also read the 'Sampling Errors Report' for the previous year's survey which highlights the errors that were made in compiling and submitting samples – it can be found here <http://www.nhssurveys.org/survey/1742>.

Care Cluster data: Again, there is a requirement for Mental Health Care Cluster to be submitted directly to the Co-ordination Centre, detailed fully in *Section 8.7 - Specific instructions for Mental Health Care Cluster*.

Mental Health Care Cluster: Your trust's service users should have been assigned care clusters between 0-21 (also known as PbR currencies) using the current PbR (Payment by Results) guidance.¹ For more information, please see the NHS Data Dictionary: http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/add/adult_mental_health_care_cluster_code_de.asp?shownav=1.

This data must be **collected by the trust and submitted to the Co-ordination Centre**. Please be aware this will be collected during the sample checking period (it will be requested by the Co-ordination Centre once your sample has been approved). This is explained in *Section 8.7 - Specific instructions for Mental Health Care Cluster*. **Please note that we do not have Section 251 approval for you to share this information with your approved contractor.**

Embargo on results: Trust-level findings for the national Community Mental Health Survey 2017 **must not** be released outside of the trust until the national results are published by the Care Quality Commission. Please continue to use the results from your contractor, but wait until the survey results for all trusts are published by the Care Quality Commission before promoting your results in any way (either on your website, in press releases or any other external publicity) to the local community and media. You will receive, along with communications staff in your trust,

¹ <https://www.gov.uk/guidance/new-payment-approaches-for-mental-health-services>

advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

4 Data protection and confidentiality

When carrying out your survey, you will need to ensure that you comply with the Data Protection Act 1998, and ensure that all responses are kept confidential. **If you have not already done so, please ensure that you add research to your Data Protection Act registration, as one of the purposes for processing personal data supplied by data subjects.** You will also need to comply with the NHS Code of Practice on Confidentiality (2003), which incorporates the Caldicott principles¹.

It is your legal responsibility to ensure that you meet any guarantees of anonymity or confidentiality made in covering letters and on the questionnaire form. Your trust's Caldicott Guardian and legal advisors should advise you on these matters.

Guidelines on the use and security of the data collected have been agreed by the Care Quality Commission and the Co-ordination Centre for the patient survey programme. These guidelines will help to ensure that data are handled in a manner most in keeping with the spirit of the Data Protection Act 1998 and the Market Research Society's *Guidelines for social research* (2005). They have implications for approved contractors and for NHS trusts conducting surveys in-house.

The website below has further information:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Information about the Data Protection Act 1998 can be found at the ICO – Information Commissioner's Office (<https://ico.org.uk/>)

Further guidance can be found in the Market Research Society document at http://www.mrs.org.uk/pdf/data_protection_social.pdf

4.1 Approval under section 251 of the NHS Act 2006

Approval has been granted for the Community Mental Health Survey 2017 under section 251 of the NHS Act 2006 to provide a legal basis for trusts using a contractor to provide names and addresses to them. The survey methodology was reviewed by the Confidentiality Advisory Group at the Health Research Authority and submitted to the Secretary of State for Health for. The letter of approval is available on the website here: <http://www.nhssurveys.org/surveys/1041>.

¹ Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of service user data. They have to ensure that any use of service user data conforms to the following principles:

- **Principle 1** - Individuals, departments and organisations must justify the purpose(s) for which information is required
- **Principle 2** - Don't use service user-identifiable information unless it is absolutely necessary
- **Principle 3** – Use the minimum necessary service user-identifiable information
- **Principle 4** - Access to service user-identifiable information should be on a strict need-to-know basis
- **Principle 5** – Everyone should be aware of their responsibilities
- **Principle 6** - Understand and comply with the law

You should take particular care to ensure that your use of service user data in carrying out the survey complies with these 6 principles. In particular, you should be aware of the flows of service user data, and the issues which these present. The Caldicott guidance and principles were incorporated into the NHS code of practice on confidentiality.

The Section 251 support does not cover the transfer of service user identifiable information where a service user has indicated dissent - by this we mean instances where a service user has explicitly indicated that they do not want their information to be shared for purposes such as service user surveys, or specifically stated that they do not want their details shared outside of the Trust.

Consequently, if any service users have indicated that they do not want their records used for secondary purposes (e.g. they have asked to be excluded from all surveys or they do not want their address details shared for any reason other than clinical care), these people must be excluded from the mailing list.

This should be done using your local records and also with the Personal Demographics Service (PDS) if your system is compliant (i.e. those service users listed through the PDS service as having an S flag which restricts the patient's location details from being shown in PAS). We understand that some records are S-flagged for data quality reasons and some because of concerns about their contact details being available for wider research or similar uses. We expect that these flagged service users may not eventually be included in the sample drawn from the trust as the address fields will be incomplete.

Please discuss this issue with your Caldicott Guardian to ensure that any service users who have indicated that they do not wish to have their details shared for purposes such as this survey, yet may have sufficient address details visible in PAS, are not included in the sample that is submitted to contractors.

For more information on the fair processing of data, please see the Q&A on the NHS surveys website at:

http://www.nhssurveys.org/Filestore/documents/20120704_FAQs_on_fair_data_processing_draft4.pdf

It is very important that you follow the instructions set out in the survey guidance so as not to breach this approval, or related data protection requirements. If CQC become aware of a breach of the section 251 approval they are obliged to take the following steps:

- The Confidentiality Advisory Group will be informed of the breach;
- The relevant CQC Inspector will be informed. All breaches will be considered by inspectors as a breach of regulation 20 (Records) and inspectors will make a decision as to whether enforcement activity is required.

4.2 Extending your sample and / or collecting additional sample variables and Section 251

Please note that the application for Section 251 approval has been made on behalf of all trusts for a NHS standardised survey only. If your trust would like to do anything in addition to this, such as increasing their sample size beyond 850, or including extra sample variables outside of the requirements specified in the guidance, it is important to note that this is **not covered by the Section 251 approval. You must consult your trust's Caldicott Guardian for advice as to whether it is appropriate to contact the Health Research Authority for further Section 251 approval.** You should also ensure that you have appropriate contractual arrangements in place to ensure the secure transfer of additional data.

In addition to the minimum sample requirement for this survey (850 records), you may wish to use this survey as an opportunity to gather further data beyond that required by the Care Quality Commission. Increasing the sample size could be a good way to do this.

Increasing the sample size for the survey may be helpful for example, if you wish to analyse or compare results for specific subgroups (for example, people treated at different sites or people of different ethnicities) in more detail than would be possible from a sample of 850. By increasing the sample size trusts are more likely to have a large enough sample of people from each group.

Alternatively, if your trust regularly treats very large numbers of people, you may wish to draw an extra sample to survey in addition to those included in the main survey. By running the survey locally in addition to the national survey, you can establish a more frequent pattern of reporting enabling you to track experience over time, or test the impact of recent quality improvement initiatives. If you decide to carry out an survey locally at the same time as the NHS survey you will need to ensure that you sample two distinct and separate groups of people which do not overlap.

If you decide to collect additional data outside of the NHS survey, this must not under any circumstances be sent by trusts or contractors to the Survey Co-ordination Centre, as it would constitute a breach of the Section 251 approval and action would be taken accordingly.

For more information on local surveys please refer to the NHS website here:
<http://nhssurveys.org/localsurveys>

4.3 Storing sample and mailing information

If using one of the approved contractors, you will submit one file containing the mailing information and sample information (but not care cluster code) to your contractor for checking. **Before** sample and mailing data is sent to contractors, it is essential each service user is provided with a unique number (a **Service User Reference Number**) and this number should match in the care cluster data file. Once contractors separate the files, the Service User Reference Number must be available and correctly matched on both the mailing file and the sample file. Contractors will then forward the sample file only to the Co-ordination Centre for checking and approval.

It will be the responsibility of contractors to ensure patients' names and addresses are stored separately. Keeping names and addresses separate from either sample information or respondent data is the best way to ensure that the service user responses cannot be matched to service users who made them. Keeping the two sets of information separate reduces the amount of information disclosed if either file were to be lost or shared with unauthorised individuals. It also means that only the necessary information is shared with those who need it. For example, the Co-ordination Centre should not have access to names and address of participants and therefore contractors must separate this information from the file before sending the sample information.

Applying the Service User Record Number is the responsibility of the trust - approved contractors must not do this for trusts. Approved contractors will also not be permitted to draw the 850 sample (from the post DBS list) for trusts- this will be considered a breach of the surveys Section 251 approval and action taken against both the trust and approved contractor will follow.

Please note that the signed Sample Declaration Form that you must fill in includes the separation of the Mental Cluster Code. **By signing the Sample Declaration Form the trust is confirming that no identifiable data is included in the anonymised sample file.** You should only send your approved contractor your sample and mailing file once they have confirmed to you that they have determined that your form has been completed satisfactorily. This is to help prevent breaches of the Section 251 approval and related data protection requirements.

Where identifiable data is inadvertently transferred, the trust will be required to review the severity of the data breach using the 'Serious Incident Requiring Investigation' (SIRI) guidance, which forms part of Information Governance Toolkit Approval. Breaches are reviewed by CQC and the Confidentiality Advisory Group also.

4.4 Mailing questionnaires

There are two methods available to trusts for getting questionnaires mailed out:

1. If a trust is unwilling to share names and addresses with a contractor, despite the section 251 approval, the contractor could deliver pre-packed serial-numbered envelopes containing questionnaires, covering letters and FREEPOST envelopes to the trust. The trust then would attach number-matched address labels to the envelopes and send them out to patients. Completed questionnaires can then be returned to the contractor and, by checking the record numbers on returned questionnaires, they can inform the trust which patients need to be sent reminders.
2. Alternatively, with the agreement of the trust's Caldicott Guardian, you may set up a written agreement between the trust and the external contractor. The Care Quality Commission has provided the template service contract for trusts and approved contractors carrying out the survey, to avoid the need for each trust to develop its own arrangements. It is strongly recommended that these documents are reviewed by each trust and approved contractor to ensure they are satisfied with them, and to amend where required. This Service Contract can be found here: <http://www.nhssurveys.org/surveys/1029>. Section 4.6 below gives more information.

4.5 Service users' names and addresses

Please note that under the data protection guidelines for patient surveys, the following principles must be followed:

- Trusts must undertake to keep their products up to date to ensure that security is effective and must strictly observe the following guidance. The requirements that dictate the guidelines include the Data Protection Act 1998, the Health and Social Care Act (Community Health and Standards) Act 2003 and the NHS confidentiality code of practice 2003 (which incorporates the Caldicott principles), see: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality - NHS Code of Practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf)
- Personal data such as names and addresses must be sent by trusts to contractors securely (please see further details below).

Trusts transferring files must use the agreed FTP sites, with files encrypted. Please ensure that the relevant members of staff at your trust have completed the sampling declaration and checklist, and signed them. These documents are to be sent to your approved contractor before you are able to submit your sample. Once your approved contractor has checked your sample, both the sample declaration form and the anonymised sample file will be submitted to the Co-ordination Centre by your approved contractor. Sample files will not be accepted before the completed sample declaration form has been approved. The completed form can be (1) sent to your contractor from the email address of the Caldicott Guardian or (2) from the email address of

the person who drew the sample if the Caldicott Guardian is cc'd into the email. The Co-ordination Centre will use these documents to help check your sample file.

4.6 Encryption of personal data

Any patient identifiable information sent between trusts and contractors must be in an encrypted format with password protection to help ensure good standards of information security. When sending data electronically an encrypted session based on the Transport Layer Security (TLS) or Secure Sockets Layer (SSL) protocol (for example as with HTTPS or SFTP) must be used. A key size of 256 bits or greater should be used. This is to ensure a high level of security, to protect against any accidental or intentional interception during the transfer of patients' details.

Many different encryption algorithms exist and not all of these are suitable, so both the Co-ordination Centre and the Care Quality Commission very strongly recommend the use of the 256-bit AES (Advanced Encryption Standard) algorithm. There are several software tools that can be used to encrypt data in this way, the most commonly available of these being WinZip® (v9 and above). Approved contractors should be able to provide guidance to trusts on the use of an encrypted session.

4.7 Contractor responsibilities (service contract)

A service contract has been drafted by the Care Quality Commission. This is an agreement between the approved contractor and the trust contracting them. By signing it, the approved contractor is obliged to keep the information confidential at all times, and to comply with the Data Protection Act 1998. It provides the trust with some recourse if any breach of the Data Protection Act were to occur, as a result of the actions of the approved contractor. The document also ensures that approved contractor staff members sign and abide by the service contract. The service contract is set up between the trust and the approved contractor who will have access to service users' information. The service contract describes how service users' personal data will be sent to the approved contractor, and how the data can be used. The CQC strongly recommend that the clauses contained in the template service contract are reviewed by qualified staff at each trust to ensure they are appropriate. The service contract in Word format is available under the Mental Health survey section of the website <http://www.nhssurveys.org/surveys/1029>.

The service contract is designed to be used as a template contract; trusts and approved contractors may agree on amendments to the wording and content when using them, and we recommend that Caldicott Guardians are involved in this process.

4.8 Service user anonymity

Service user anonymity can be achieved if there is a clear separation between the information seen by an approved contractor and the information held by the trust. Service users' names and addresses will be seen by trust staff when generating the sample, while contractor staff will usually possess both service user details and service user responses. As long as the response data supplied back to you do not include service user record numbers or any other detail that allows individuals to be identified or linked, it can reasonably be claimed, with regard to the trust and trust staff, that service users' responses are anonymous.

4.9 Service user confidentiality

It is essential that any service user survey is conducted in such a way that service user confidentiality is respected and given a high priority. The covering letters that accompany the mailed questionnaires inform service users that their name and address will never be linked to their

responses. Furthermore, service users' responses must not be presented to anyone in a way that allows individuals to be identified. For example, if a service user's sex and ethnic category are known from their survey responses, it might be possible to use this information to identify them. It would be unlawful to provide staff who may have had contact with respondents any information that would allow these respondents to be identified.

The following requirements are made:

- 1) Approved contractors **will not** provide raw data to the trust as a matter of course;
- 2) If the trust has a particular need for the raw data from the survey from the approved contractor, the contractor may provide an abridged version of this dataset to the trust upon request, providing that the steps below are undertaken first:
 - a. The contractor will delete the two variables pertaining to ethnicity (e.g. both sample and response variables);
 - b. The contractor will band year of birth into four age groups (18-35, 36-50, 51-65, 66+). This process should be repeated separately for both sample and response variables. The original year of birth variables (e.g. those specifying an exact year rather than age group) will be deleted;
 - c. The contractor will delete the responses to questions 45 and 46 pertaining to the respondents' religion and sexual orientation;
 - d. Additional information specific to a survey that can be used to identify individual service users will also be removed;
 - e. Free text comments will be included in full by your contractor and not anonymised in any way, before submitting to the Co-ordination Centre, as a statement has been added to the questionnaire stating that any information provided in the free text box will be shared. **PLEASE NOTE:** This does not apply if you are publishing the comments, any comments that are published must have any identifiable information removed such as people's names or members of staff names, ethnicity, condition or health details;
 - f. Prior to releasing the raw data, your approved contractor will ask for confirmation that you have destroyed the names and addresses of the sampled service users, otherwise you will potentially be able to identify people by matching up the service user record number/serial numbers on the name and address list to those in the raw data file.

If data are to be presented to trust staff, only the aggregated totals for each question should be provided. If analysis by subgroup is carried out, the results for any group consisting of fewer than **30 respondents** should be suppressed. The data should be presented as in the following example. In this case responses for the 'Mixed' and 'Asian' ethnic categories are suppressed (though other sub-group totals are shown):

Q24 In the last 12 months, have you been receiving any medicines for your mental health needs?			
Ethnic category	Yes	No	Total responses
	%	%	N
White	81	19	261
Mixed / Multiple	-	-	8

Asian / Asian British	-	-	18
Black African / Caribbean / Black British	79		52
Other ethnic groups	85	15	36

Furthermore, do not present response information (including comments) in a form that allows an individual service user to be identified by the group receiving the information. For example, if you are presenting the results of a small number of service users, make sure that it will not be possible for the reader/audience to identify individual service users from their responses, and pay particular attention to the service users' free text comments in this context.

4.10 Sharing of survey data between contractors

If a trust will be using a different approved contractor than in the last survey year, contractors are permitted to receive an unabridged version of the data set if there is a clear need to use the data from the previous year's surveys to allow year-on-year comparison. You will need to give your new contractor written permission to request this data from the Co-ordination Centre.

5 Ethical issues, ethics committees and research governance

Research Ethics Committees provide independent advice to participants, researchers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. The purpose of Research Ethics Committees in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. They will also seek reassurances regarding issues such as data protection, confidentiality and service user anonymity, and they will want to check that proposed research projects will not cause physical or mental harm to service users.

5.1 Ethical approval for the Community Mental Health Survey 2017

Research Ethics Committee (REC) approval has been granted for the Community Mental Health Survey 2017. All survey materials such as the questionnaire and covering letters will be published on the NHSSurveys website: <http://www.nhssurveys.org/surveys/1015>. **In order to comply with the ethical approval, the survey must be carried out according to the guidelines set out in this document.**

Trusts do not, therefore, need to seek individual ethical approval for this survey. If you wish, you can send your Local Research Ethics Committee(s) (LREC) a copy of the REC approval letter, but you are not required to do this and you do not need to wait for confirmation or approval from the LREC before starting your survey.

Your trust should notify the relevant Research & Development (R&D) office that ethical approval has been obtained for the Community Mental Health Survey 2017. The REC letter of approval is available on our website at <http://www.nhssurveys.org/surveys/1040>. Further information on the ethical approval process can be found at <http://www.hra.nhs.uk/> or by e-mailing hra.queries@nhs.net.

5.2 Research governance requirements

The *Research Governance Framework* (2002, 2003, 2005) 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. One of the main purposes of the framework is to reduce unacceptable variations in research practice.

The Care Quality Commission, as sponsor of this NHS survey, has taken steps to ensure that principles of research governance and ethics are followed thoroughly. A standard questionnaire and instruction manual are an important step in ensuring that the survey is carried out by all trusts in the same way without any variations.

The Department of Health has confirmed to the Care Quality Commission that it would be inappropriate for individual trusts to follow the same local research governance processes as they would if the survey were a study the trust is sponsoring. As this national service user survey has research ethics committee approval and the Care Quality Commission takes responsibility for it as sponsor, this would duplicate work and delay implementation unnecessarily.

The following table has been prepared by the Care Quality Commission and is taken from Section 3.10 of the *Research Governance Framework for health and social care (2005)*. The left-hand column sets out the responsibilities of organisations providing care and the right-hand columns

sets out the arrangements made by the Care Quality Commission for service user surveys. If you are required to seek approval from your research governance lead, you are advised to present this information to your Research and Development Manager in support of your request.

5.3 Responsibilities of NHS organisations who are carrying out research

Research Governance Framework	Care Quality Commission sponsored service user surveys
Retain responsibility for the quality of all aspects of participants' care whether or not some aspects of care are part of a research study.	<i>The survey is carried out on the experiences of service users after they have received the care so this does not apply.</i>
Be aware and maintain a record of all research undertaken through or within the organisation, including research undertaken by students as part of their training.	<i>All Chief Executives are informed of the proposals of the survey. Trusts should notify their Research and Development Managers of the survey.</i>
Ensure service users or users and carers are provided with information on research that may affect their care.	<i>The survey does not affect the care of the service users. Anonymised results are used by the Care Quality Commission, the Department of Health and NHS England for performance assessment purposes, and for local quality improvement initiatives. Detailed guidance is issued to survey leads regarding the publicity of the results and its impact on patient care.</i>
Be aware of current legislation relating to research and ensure that it is implemented effectively within the organisation.	<i>This requirement is not specific to this survey.</i>
Ensure that all research involving participants for whom they are responsible has ethical approval and that someone with the authority to do so has given written permission on behalf of the care organisation before each study begins.	<i>The Care Quality Commission as sponsors of the study have sought ethics approval from a REC. There is a designated lead for each survey who is appointed by the Chief Executive.</i>
Ensure that no research with human participants, their organs, tissue or data, begins until an identified sponsor, who understands and accepts the duties set out in this framework, has confirmed it accepts responsibility for that research.	<i>The Care Quality Commission as sponsors have undertaken steps to ensure that all the duties of the sponsors listed in Section 3.8 of the Research Governance Framework are followed thoroughly.</i>
Ensure that written agreements are in place regarding responsibilities for all research involving an external partner, funder and/or sponsor, including agreement with the University or other employer in relation to student supervision.	<i>Detailed guidance is issued to all the trusts, which spells out the responsibilities of all parties involved in the survey.</i>
Maintain the necessary links with clinical governance and/or best value processes.	<i>The guidance notes very strongly recommend that trusts maintain these links and follow best practice evidence.</i>

Research Governance Framework	Care Quality Commission sponsored service user surveys
Ensure that, whenever they are to interact with individuals in a way, which has a direct bearing on the quality of their care, non-NHS employed researchers hold honorary NHS contracts and there is clear accountability and understanding of responsibilities. ¹	<i>In situations where trusts opt to use the services of an external contractor to draw the sample for the survey, the contractor is required to enter into an honorary contract with the trust. These procedures are specifically detailed in the guidance notes.</i>
Put and keep in place systems to identify and learn from errors and failures.	<i>The Care Quality Commission also undertakes consultations with the trusts in order to ensure that the errors and failures are reported back to the Care Quality Commission. The survey programme is constantly evaluated and reviewed in light of these.</i>
Put and keep in place systems to process, address and learn lessons from complaints arising from any research work being undertaken through or within the organisation.	<i>This requirement is not specific to this survey.</i>
Ensure that significant lessons learnt from complaints and from internal enquiries are communicated to funders, sponsors and other partners.	<i>The Care Quality Commission maintains a helpline facility, which can be used by service users or trusts to report any complaints. Similar arrangements are in place with the Co-ordination Centre who are commissioned by the Care Quality Commission to co-ordinate the service user surveys.</i>
Ensure that any research-related adverse events are included in reports to the National Service user Safety Agency in line with the standard procedures of the organisation; or to the systems for adverse events reporting in social care.	<i>Not applicable to the service user survey. Service user safety is not compromised, this being a postal survey.</i>
Permit and assist with any monitoring, auditing or inspection required by relevant authorities.	<i>The results of the surveys are used for monitoring of trusts performance by the Care Quality Commission</i>

¹ When universities and hospitals employ staff on joint or dual contracts, they are expected to make joint arrangements for accountability and management. See *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties*, a report to the Secretary of State for Education and Skills by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001 (The Follett Report).

6 Timetable

The survey fieldwork period for 2017 is 18 weeks. We very strongly recommend making full use of this to maximise responses from younger and black and minority ethnic (BME) groups as previous research shows that these groups take longer to respond¹. If your trust's population has high proportions of either group, it is especially vital you allow enough fieldwork time to capture responses from these people. The best way to optimise the length of available fieldwork is to ensure that you generate your sample promptly which will enable your approved contractor to mail out your questionnaire packs promptly.

As you are using an approved contractor, much of the work will be done by them, but you will still have to be involved in some of the stages of the process. The approved contractor may provide you with a timetable that differs slightly to the one below.

Week	Task	See Section
2	Inform the Co-ordination Centre of the names and contact details of two key contacts who will manage the survey on behalf of your trust – by 6th January 2017	1.7
-	Instruction manual to be published on NHS Surveys website January 2017	-
1-6	Draw sample of service users to be included in the survey	7
1-6	Check sample for deceased service users using trust records	7.5
3-6	Submit sample list to DBS to check for deceased service users	8
1-6	Supply approved contractor with trust headed paper	10.1
3-6	Have the completed sample declaration form sent to approved contractor for checking, before submitting the combined sample and mailing file	8.5
5-7	Check your own trust's records again for any service user deaths and inform your approved contractor prior to 1 st reminder mailing	10.2
10-12	Check your own trust's records for any service user deaths and inform your approved contractor prior to 2 nd reminder mailing	10.2
22+	Review results and / or report provided by your approved contractor but please do not release outside of the trust until published by CQC	3.1
	Disseminate results to staff, service users, once published by CQC	

¹ For details of this research carried out by the Picker Institute Europe see http://www.nhssurveys.org/Filestore/documents/Extension_of_fieldwork_for_inpatient_survey_2007.pdf

Key dates

Inform Co-ordination Centre of key contacts	By 6 th January 2017
Inform the Co-ordination Centre which approved contractor you are using	By 20 th Jan 2017
Submission of sample data by contractors to Co-ordination Centre	16 th Jan – 10 th Feb 2017
Fieldwork	20 th Feb – 23 rd June 2017
Contractor will send final data to Co-ordination Centre	By 30 th June 2017

7 Compiling a list of service users

This section explains how to draw the sample of service users. This task will need to be carried out by a member of staff at the NHS Trust. Prior to sending out questionnaires, the list will also have to be checked by the Demographics Batch Service¹ (DBS) to identify deceased service users. Please follow the instructions below carefully and allocate sufficient work time to check the sample with DBS before the first mailing and within the trust prior to each mailing.

Please note: It is essential that the persons who draw and check the sample understand the importance of following these instructions carefully. Also, these persons line managers must give them the time and support they need to do the task properly. An incorrectly drawn sample can delay the start of the survey or can result in the questionnaires being sent to the wrong service users, both of which can have serious implications.

If an error in a sample is discovered at the close of fieldwork, data for the trust may not be suitable for inclusion in the survey publication, and, as discussed in section three in this manual, may incur penalties in the CQC's intelligence model.

Please read all of this section before you start to compile your service user list.

Who is being surveyed?

The sample for this survey is selected from all service users, aged 18 and over, seen by the NHS Trust - i.e., including those on the CPA and also those not on the CPA but receiving specialist care or treatment for a mental health condition. Details on the sampling period and who should be included and excluded are set out below.

Please note that your sample of service users should only be used for the purposes of distributing the Mental Health Survey 2017 and up to two reminder letters. This is because the precise use of the sample collated for the survey is described in the survey protocol that forms part of the ethical approval for the survey, and any additional use of the sample would therefore require a separate ethics application. For example, it would not be appropriate to send additional reminder letters to people in the sample, nor to contact them as a group either before or after the survey.

7.1 Complete 'Section A' of the Sample Declaration form

Before you begin drawing your list of eligible service users, please complete Section A in the 'Sample Figures' tab of your sample declaration form giving details of the service user population aged 18+ at your trust prior to removing any who have indicated dissent (at box A of Section A). The number of people who have indicated dissent should be recorded in box B on the form then subtracted from the number of service users (box A) to get the figure for box C. Box C should be the total population at the trust minus any dissenters ie those who have indicated they do not wish to take part.

This form is available to download from the NHS Surveys website at <http://www.nhssurveys.org/surveys/1032>.

¹ The Demographics Batch Service (DBS) is the replacement service for the NHS Strategic Tracing Service (NSTS) batch trace.

7.2 Compile a full list of current service users

- Compile a full list of all service users aged 18 and over who were seen between **1st September and 30th November 2016**. Make sure that you take out any duplicated names;
- Include **all** teams within your trust providing specialist mental health services to service users eligible to receive this survey;
- If your trust does not already have all service users on one electronic list, you will need to **combine all the separate lists** so that you have one complete list and then select as outlined below. If some service users' details are not held electronically, it will be necessary to **type in their details**, so that all service users' details are held electronically;

If you do not have an adequate list of service users...

OR

...if you do not have adequate information on date of last contact

Call the Co-ordination Centre on 01865 208127

Who to include:

Anyone (whether or not they were on the CPA) who used the Trust's community based treatment and care services **during the sample period of 1st September and 30th November 2016**, including the following:

- Outpatients services;
- Day therapies services;
- Adult services;
- Services for older people;
- Crisis teams;
- Complex needs services;
- Assertive outreach teams;
- Early intervention and short-term intervention teams;
- Recovery teams;
- Home Treatment Teams;
- Rehabilitation support teams;
- Memory clinics;
- Service users with dementia;
- Child and Adolescent Mental Health Services (CAMHS) service users who are **18 years of age or over** on the date the sample is drawn.

Please note that service users who were seen during the sample period of **1st September and 30th November 2016** and meet these criteria **must** be included even if they have subsequently been discharged from these services.

Who to leave out:

The following service users should be removed from the list:

- Anyone seen **only once ever** for an assessment (for example, those who were seen by a duty worker or a psychiatrist for a single assessment). Please note if the service user was seen once during the sampling period (1st September to 30th November 2016) but also seen outside the sampling period, they **should be included** in the sample. It is possible that:
 - The service user's other attendance(s) fell prior to 1st September 2016;
 - All the service user's attendances were within the sampling period;
 - The service user's other attendance(s) fell after 30th November 2016.
- Anyone seen for assessment only through a liaison service, even if they were seen more than once¹;
- Anyone primarily receiving drug & alcohol services;
- Anyone primarily receiving Learning Disability services;
- Anyone primarily receiving specialist forensic services;
- Anyone primarily receiving psychological treatments from Improving Access to Psychological Therapies (IAPT) services;
- Anyone primarily receiving Chronic Fatigue/ME services;
- Anyone primarily receiving Psychosexual Medicine (sexual dysfunction) services;
- Anyone primarily receiving Gender Identity services;
- Any service users who are **under 18 years of age** on the date the sample is drawn;
- Any service users who are known to be **current inpatients** at the time of drawing the sample;
 - *Note: any service user who is not a current inpatient but has previously been an inpatient at the trust should be included*
- Service users who are known to have **died**;
- Service users who **do not** have a **known UK address**²;
- Service users who did not have contact with Mental Health Services **during the sample period of 1st September and 30th November 2016**;
- Service users who have **only** been in contact via telephone or email, and have not been seen in person at all;
- Any **duplicate** names: Check that the same service user has not been included more than once;
- Any **alias names** where the person's real name is already included in the list;
- Any service user known to have requested their details are not used for any purpose other than their clinical care. These should have been removed prior to drawing up your list of

¹ Some trusts operate liaison services for assessing the mental health needs of inpatients receiving care for physical health issues. As details of these services may vary from trust to trust, please contact the Co-ordination Centre if you are unsure whether some of your service users fall into this category.

² Remove a service user **only** if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. Do not exclude anyone simply because you do not have a postcode for them.

eligible service users – please see Section 7.1 – ‘*Complete Section A of your Sample Declaration form*’.

Please note:

- **Exclusions should only be made based on the criteria listed in the sampling instructions.** In general, service users with safeguarding concerns should be included in your list, unless they meet any of the other exclusion criteria. You may want to consider whether certain service users might be placed at risk by being sent a service user survey and discuss with your Trust Safeguarding Lead whether any of these individuals should be removed from your list of eligible service users.

Service users should only be removed from the list of eligible service users in extreme circumstances, where the delivery of the questionnaire itself is likely to increase the risk of harm to the individual. We would expect only a very small number of service users to be removed, if any. If you expect to remove more than a handful of service users in these circumstances, please ensure you discuss this with the Co-ordination Centre first.

Data fields to include in the list of attendances

Please note: not all these fields are required by DBS but it will save time and effort if all the information is gathered at the same time.

You will need to keep the list in an electronic file in a programme such as Microsoft Excel or Access. The list should contain the following information (more detail can be found in *Section 8.6 – Create the sample file*):

- Service User Record Number;
- Title (Mr, Mrs, Ms, etc.);
- First name;
- Surname;
- Address Fields;
- Postcode;
- Year of birth;
- Gender;
- Ethnic category;
- Day of last contact¹;
- Month of last contact;
- Year of last contact;
- CPA status²;

¹ This field indicates the last contact made overall and should include contact made after the end of the sampling period up until the date the sample was drawn (and not extending beyond this date). Date of last contact should include actual attendances only; scheduled appointments that were not attended should not be included.

² Please use current CPA status. For service users who have been discharged, please indicate CPA status at date of discharge, if known. Please do not exclude people with CPA status unknown.

- CCG Code;
- Mental Health Care Cluster (**Please note: this must be drawn at the same time as the rest of the sample, but must not be submitted to your approved contractor– see Section 8.7 - Specific instructions for Mental Health Care Cluster for more detail.**)

Please note: the sample must be drawn in accordance with the procedures outlined in this instruction manual, and all inclusion and exclusion criteria followed correctly. Do not include or exclude any service users based on any other criteria, for example, manually removing service users from your sample who you feel should not complete the survey.

If you have any queries, please phone the Co-ordination Centre on: 01865 208 127 or email mh.cc@pickereurope.ac.uk for advice.

7.3 Complete 'Section B' of the Sample Declaration form

Once you have your **full list of all service users** who were seen between 1st September and 30th November 2016 and meet the specified eligibility criteria (i.e. the inclusion and exclusion criteria), please complete **Section B** in the 'Sample Figures' tab of the Sample Declaration form. Please note, at box 'D' of Section B, the figure you enter here should be your number of **eligible service users** – check that all inclusion and exclusion criteria have been applied correctly, and that anyone indicating dissent has been removed.

This form is available to download from the NHS Surveys website at <http://www.nhssurveys.org/surveys/1032>.

7.4 Instructions for taking a sample of service users

It is likely that your full list will include thousands of service users, but you will need to send questionnaires to only **850** service users. Taking a sample can only take place once you have compiled the full list of eligible service users (as described in *Section 7.2*) and completed **Sections A and B** of the **Sample Declaration Form** (as described in *Sections 7.1 and 7.3*).

Although the aim is to send questionnaires to 850 service users, you will need to select more than 850 users initially. This is because your list of selected service users is likely to contain duplicate names or service users who are ineligible for the survey and some may have died. We have estimated that around 50 users will need to be removed from the initial list, so you need to take a **simple random sample of 900** service users from your full list. This means that each eligible service user in the full list (the population) has an equal chance of being included in the sample. The procedure for doing this is as follows:

1. Put the list of service users into a Microsoft Excel file. The first row of this file should be headings (such as *Service User Record Number, name, year of birth*, etc). There should be one row for each service user below that;
2. Put the cursor in cell A1 and insert a blank column (Click Insert, then Columns). Give this column a heading: **Random**;
3. In cell A2, type =Rand()
When you press Enter, a random number between 0 and 1 will be generated in that cell;
4. Copy the formula from Cell A2 to all the other cells in that column, so that each service user has a random number. To copy the formula, hover the cursor over the bottom right-hand corner of cell A2 so that the cursor becomes a black cross +, press and hold down the left mouse

button and drag down column A;

5. You are now ready to sort the list of service users. Before you do this, it is essential that you **select all columns in your list, including the header row**. The simplest way of ensuring this is to click on the blank square above and to the left of Cell A1 or hold the Ctrl key and press 'A'. This selects all cells in the worksheet. If you do not select all cells in your list, you could mix up service users' details, or you could fail to sort some of the service users in the list;
6. Once you have highlighted all the cells, click Data, then Sort. At the bottom of the *Sort* dialogue box which appears on the screen, ensure that <My data has Header row> is selected. At the top of that dialogue box, use the drop-down box under "Sort by" to select **Random** and click **OK**.

The data will then be sorted by the random number. Do not worry that the random numbers change when you sort them and they do not look as if they are sorted in any order¹. You can now select the top 900 service users in the file, that is, rows 1 to 901 as these will be a random selection of your service users. Note that to do this, you should **delete rows below 901** in your file. This will leave a file containing a header row plus 900 **rows of service user data**.

7.5 Check the sample list

If the list comprises fewer than 900 service users please contact the Co-ordination Centre. When you have compiled your list of 900 service users, it is important to carry out a few final checks before sending the list for checking by the Demographic Batch Service (DBS):

- **Remove duplications.** Check your list to make sure service users' names do not appear more than once, and remove any duplicated names (see 'Who to leave out' at Section 7.2). Where possible, link any alias names so that only one name per service user appears in the list.
- **Postal addresses.** Check again that there are no addresses that are outside the UK.
- **Ages.** Check again that all service users are aged 18 and over on the date the sample is drawn.
- **Incomplete information on key name and address fields.** Check for any records with incomplete information on key fields (surname and address) and try to find more complete information. If key name and address fields cannot be verified, remove those individuals from the sample. In removing cases at this stage, please bear in mind that the more cases that are removed, the poorer the sample coverage and the greater the danger of bias. As a result, remove a service user only if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. **Do not exclude anyone simply because you do not have a postcode for them, or because you could not get a matched trace with DBS.**
- **Current inpatients.** Check again that none of the service users are known to be current inpatients in your Trust or elsewhere if possible.
- **Deceased service users.** Check that your Trust does not have a record of a service user's death.
- **Service user in sample period.** Check that all service users were seen in the sample period of **1st September and 30th November 2016**.
- **Distribution of service user ages.** Check that your sampled service users' ages cover the full range of expected ages (**aged 18 and over**).

¹ The random numbers change each time any cell in the worksheet is changed

- Any service user known to have requested their details are not used for any purpose other than their clinical care.
- **Before submitting your sample files to DBS for checking, ensure that you have removed the information relating to Mental Health Care Cluster.**

8 Submit the service user list to the Demographics Batch Service (DBS)

Before sending out the questionnaires, and reminders, the list of service users should be checked for any deaths by the Demographics Batch Service (DBS).

The DBS enables users to submit and receive a file containing relevant service user records electronically using dedicated client software. The service user records in the file are matched against the NHS Spine Personal Demographics Service (PDS).¹

8.1 Create a trace request file

Using your list of service users, you need to create a correctly-formatted batch trace request file to send to DBS. You should take advice from your local Trust PAS team on the correct format to submit files. Technical details on the file format are available from:

<http://webarchive.nationalarchives.gov.uk/20160921135209/http://systems.digital.nhs.uk/demographics>

For each service user you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach *OR*
- Surname, first name, gender, date of birth and postcode (can be wildcarded eg LS1*)

Although residential postcode can be omitted it is recommended to avoid incorrect matches. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

8.2 Submitting the trace request file

The DBS does **not** accept the transfer of files by encrypted emails or on physical media. Instead, **request and response files must be transferred electronically using the dedicated DBS client software**. The DBS client software should have already been installed on a server within your trust. Please speak to a member of your IT department or PAS team if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: demographics@nhs.net and they should be able to advise you.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client in-box. The DBS client will then send the file to the Spine and, if you are registered, you will receive an email to say that the file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed. During periods of high demand for DBS service, it may take 48 hours for your file to be returned.

¹ The PDS is a national electronic database of NHS service user demographic details. The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

8.3 The response file

The DBS will return a header row, response body and trailer row. The response row will be in two parts:

- The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases;
- An additional response column, which is returned only when there is a single unique match. It is on this additional response column that service users found to be deceased will be indicated.

Further information see:

https://digital.nhs.uk/article/273/Demographics_hics

Note

Please be aware that tracing services are not foolproof and even after your service user list has been checked for deaths, some service users may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased service users remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

8.4 When the service user file is returned from DBS

The trace response file returned from DBS can be used to identify any service users that have died (indicated by a letter 'D') and therefore need to be deleted from the sample file. This will reduce the numbers in your sample list slightly.

You should not exclude service users just because it was not possible for DBS to match them on their records. If you did this, you would bias the sample.

If you have more than 850 service users remaining on your list

When your service user list is returned by DBS, and you have removed all deceased service users, there should still be more than 850 service users in the list. You will need to reduce the file to 850 service users by repeating the steps carried out before which are repeated here for your convenience. **Do not exclude service users just because DBS could not find a match.**

You need to take a **simple random sample** of 850 service users from your DBS checked list. The procedure for doing this is as follows:

1. Put the list of service users into a Microsoft Excel file. The first row of this file should be headings (such as *Service User Record Number, name, year of birth*, etc). There should be one row for each service user below that.
2. Put the cursor in cell A1 and insert a blank column (Click Insert, then Columns). Give this column a heading: **Random**.
3. In cell A2, type =Rand()

When you press Enter, a random number between 0 and 1 will be generated in that cell.

4. Copy the formula from Cell A2 to all the other cells in that column, so that each service user has a random number. To copy the formula, hover the cursor over the bottom right-hand corner of cell A2 so that the cursor becomes a black cross +, press and hold down the left mouse button and drag down column A.

5. You are now ready to sort the list of service users. Before you do this, it is essential that you **select all columns in your list, including the header row**. The simplest way of ensuring this is to click on the blank square above and to the left of Cell A1 or hold the Ctrl key and press 'A'. This selects all cells in the worksheet. If you do not select all cells in your list, you could mix up service users' details, or you could fail to sort some of the service users in the list.
6. When all cells are highlighted, click Data, then Sort. At the bottom of the *Sort* dialogue box which appears on the screen, ensure that <My data has Header row> is selected. At the top of that dialogue box, use the drop-down box under "Sort by" to select **Random** and click **OK**.

The data will then be sorted by the random number. Do not worry that the random numbers change when you sort them and they do not look as if they are sorted in any order. You can now select the top 850 service users in the file, that is, rows 1 to 851 as these will be a random selection of your service users. Note that to do this, you should **delete rows below 851** in your file. This will leave a file containing a header row plus 850 rows of service user data.

If you are using an Approved Contractor, the sample should be checked as normal by the Trust and by DBS before being submitted to the contractor. We strongly recommend the contractor carries out the same high standard of checks as in previous years, but will then submit the file to the Patient Survey Co-ordination Centre. The Patient Survey Co-ordination Centre will address any issues arising from these final checks to the Approved Contractor.

Your approved contractor will submit your sample file to the Co-ordination Centre.

If you have fewer than 850 service users remaining on your list

If your service user list has fewer than 850 service users after deceased service users have been removed, you **MUST** contact the Co-ordination Centre on 01865 208127 or email mh.cc@pickereurope.ac.uk.

Important note

You are aiming for as high a response rate as possible. You will maximise your response rate by following this guidance carefully. It is **not** acceptable to try to boost the number of responses you receive by sending out questionnaires to a larger number of service users. The Co-ordination Centre will only be able to accept responses from the 850 correctly sampled service users in your list.

Remember, you should only have 850 service users in the list at this stage.

8.5 Complete 'Sections C & D' of the Sampling Declaration Form

Once you have finalised your sample of 850 service users, please complete Sections C in the 'Sample Figures' tab of the Sample Declaration Form to show the numbers by CPA status and your definitions of CPA. Then complete Section D in the 'Checklist' tab where we require the sample to be drawn and checked by different people within the trust. Both the person drawing the sample and Caldicott Guardian will need to sign the declaration form by completing the 'Declaration Agreement' tab of the form.

Caldicott Guardians are requested to sign off the sample before questionnaires are sent out to ensure that the sample has been drawn correctly and to confirm that they are assured that no service user identifiable data is being sent outside of the trust.

The Caldicott Guardian is asked to:

- Confirm that the sample file will be submitted via the contractor's secure FTP site and by no other means;
- Confirm that necessary information security guidelines will be followed by trust staff;
- Verify that the sample has been drawn correctly according to the criteria set out in the instruction manual and the checklist contained in the Sample Declaration, including confirmation that:
 - The sample consists of service users aged 18 and over, seen by the NHS Trust in the three month sampling period 1st September 2016 and 30th November 2016 - ie, including those on the CPA and also those not on the CPA but receiving specialist care or treatment for a mental health condition;
 - Confirm that deceased checks have been run on the sample file, and that they are content with the level of checks undertaken (Please note that as custodians of the data, if insufficient checks are taken to remove deceased service users from the sample frame, this is a risk that the trust takes);
 - The sample file has been separated from the mailing file (see *Section 8.8*);
 - Mental health care cluster data has been separated from the sample file and will be sent separately to the Co-ordination Centre (see *Section 8.7*).

The Sample Declaration Form must be completed and emailed to your contractor from the work email of the Caldicott Guardian or from the person drawing the sample with the Caldicott Guardian cc-ed in the email.

8.6 Create the sample file

An example of the spreadsheet you should complete has been included below. This can be downloaded from the NHS Surveys website and is named '*Sample construction spreadsheet*' <http://www.nhssurveys.org/surveys/1031>.

Table 1 – Sample construction spreadsheet of service user details

Trust code	Service User Record Number	Title	First name	Surname	Address1	Address5	Postcode	Year of Birth	Gender	Ethnic Category	Day of last contact	Month of last contact	Year of last contact	CPA Status	CCG Code	Care Cluster	Day of questionnaire being received	Month of questionnaire being received	Year of questionnaire being received	Outcome
RYG	MH17RY G0002	Mr	AM	Abbott			AB1 1YZ	1971	2	A	2	09	2016	1	04 J	20				3
RYG	MH17RY G0015	Mr	EC	Ahmed			AB2 6XZ	1958	1	A	14	02	2016	3	04 J	2	22	3	2017	1
RYG	--																			
RYG	MH17RY G0745	Ms	K	Yoo			AB4 7MX	1987	2	M	21	10	2016	2	04 M	99				
RYG	MH17RN A0898	Ms	F	Young			AB9 5ZX	1946	2	Z	30	09	2016	1	04 J	5	6	4	2017	1

Important note about table 1

The headings of Table 1 are in three different colours:

Bold black headings: these columns contain information on service users' names, addresses and comments that may allow them to be identified. This information should be submitted to your contractor along with the information from the *red italic* headings.

Red italic headings: these columns should be completed during the sampling phase and submitted to your approved contractor for inspection along with the information from the **bold black** headings.

Purple italic heading: this is the data relating to service users' care cluster codes. It should only be present in your own Sample Construction Spreadsheet, and the Care Cluster file. **Do not include in the file sent to contractors as this should only be sent to the Co-ordination Centre upon request.**

Green italic headings: these columns will be completed by your approved contractor during fieldwork

Follow the additional instructions in the Sample Construction Spreadsheet.

The following information is compiled using trust records:

- Title (Mr, Mrs, Ms, etc.);
- First name;
- Surname;

- Address Fields¹;
- Postcode;
- The **Year of Birth** should be included in the form of NNNN;
- **Gender** should be coded as 1 = male and 2 = female;
- **Ethnic Category**² coding is the same as for last year's service user's survey. The ethnicity of a person is specified by that person, and should be coded using the 17 item alphabetical coding specified by NHS Digital³. The codes are as follow:

National Codes:

White

A	British
B	Irish
C	Any other White background

Mixed

D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background

Asian or Asian British

H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background

Black or Black British

M	Caribbean
N	African
P	Any other Black background

Other Ethnic Groups

R	Chinese
S	Any other ethnic group
Z	Not stated ⁴

¹ The address should be held as separate fields (e.g. street, area, town, and county), consistent with the address format required by the DBS.

² It is acknowledged that service user records might not always contain complete data on service users' ethnic category. However, this field should be included wherever possible. This data is required in order to evaluate non-response from different ethnic categories. This is in keeping with the aims of the Care Quality Commission and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

³ These codes can be found in the NHS Data Dictionary provided by NHS Digital on the following website: http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/end/ethnic_category_code_de.asp?shownav

⁴ The code "Z" should only be used if the service user was asked for their ethnic category but refused to provide it. If this code is missing for any other reason, ethnic category should be left blank in the sample information.

- **Trust Code** - this is an additional field to improve identification within the body of the data files. This code will remain constant throughout the file;
- **Unit or team** - include this if you plan to compare units within your Trust. (This would not be submitted to the Co-ordination Centre);
- **Day of the month of last contact** (1 or 2 digits; e.g. 2 or 30) - Date fields must be supplied in separate columns. This field indicates the last contact made overall and should include contact made after the end of the sampling period;
- **Month of last contact** (1 or 2 digits; e.g. 9 or 10);
- **Year of last contact** (4 digits; e.g. 2016 or 2017);
- **CPA status** - should be coded 1 = service user is registered on 'new' CPA;
2 = service user is NOT registered on new CPA;
3 = service user CPA status unknown.

Trusts need to ensure that they include up to date CPA information for all service users as this information is used in the analysis of some questions. Ensuring this information is present will be part of the sample checking process undertaken by the Co-ordination Centre. Please use current CPA status. For service users who have been discharged, please indicate CPA status at date of discharge, if known.

- **CCG code** – please provide the 3 character CCG code. This should be the CCG which will be billed for the care of the person using service. Please see: <https://digital.nhs.uk/organisation-data-service/data-downloads>
- **Care Cluster Code** You will see there is a column for the service user's Care Cluster code. The care cluster information will be gathered when you draw the sample, but only so you can align the Trust Code and Service User record Numbers with the care cluster codes. The Care Cluster Code will need to be removed and submitted in a separate 'Care Cluster file'. **Do not submit care cluster information as part of your mailing data or sample data files.** See *Section 8.7 – Specific instructions for mental health care cluster* and *Section 8.8 – Sharing the service user sample file with an approved contractor* below for more detail.

Additional information should also be entered on this 'Sample Construction Spreadsheet'. The details of this information are discussed below:

1) **Service user record number.** This number is unique for each service user. It should have the format **MH17XXXNNNN**, where XXX is the three letter trust/organisation code and NNNN is the four digit unique number.

In the example above, the numbers are in ascending order, starting at MH17RYG0002 at the top of the list, through to MH17RYG0898 at the bottom – note that the unique four digit identifier will be any number from 0001 to 0900 as assigned pre-DBS checks (though you will have 850 records exactly in your sample). The service user record number will be included on address labels and questionnaires. Later, when questionnaires are returned (whether completed or not), you will use these numbers to monitor which service users have returned their questionnaires and to identify non-responders, who will need to be sent reminders;

2) **Day of questionnaire being received.** This can only be completed if and when a questionnaire is received by your approved contractor. They will use a one or two digit numerical response e.g. 1 or 15, **not** a date format e.g. 15/04/17;

- 3) **Month of questionnaire being received.** This can only be completed if and when a questionnaire is received by your approved contractor. They will use a one or two digit numerical response, **not** a date format;
- 4) **Year of questionnaire being received.** This can only be completed if and when a questionnaire is received by your approved contractor. They will use a four digit numerical response, **not** a date format;
- 5) The **Outcome** field will be used by your contractor to record which questionnaires are returned to the freepost address, or are returned undelivered, or which service users opt out of the survey, etc.
- 1 = Returned useable questionnaire
 - 2 = Returned undelivered by the mail service or service user moved house
 - 3 = Service user died (*after fieldwork had started*)
 - 4 = Service user reported too ill to complete questionnaire, opted out or returned blank questionnaire
 - 5 = Service user was not eligible to fill in questionnaire
 - 6 = Questionnaire not returned (reason not known)
 - 7 = Service user deceased prior to fieldwork

The outcome column is left blank at first if the survey has not been returned (on table 1 you can see that Ms Yoo has not yet returned her questionnaire);

- 6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline – for example, to inform you that the respondent has died or is no longer living at this address.

8.7 Specific instructions for Mental Health Care Cluster

In brief

As per last year, we would like you to collect service users' mental health care clusters (also known as PbR currencies) when you draw your samples, but **this information is not to be submitted within the sample file.**

We have obtained approval for you to submit this information to the Co-ordination Centre but it must be sent in a separate file to your sample information. You **must not send this information to your approved contractor**, as we do not have section 251 approval for this.

Background

The Community Mental Health Survey 2017 has been granted approval from the Health Research Authority Confidentiality Advisory Group under Section 251 of the NHS Act 2006 to include service users' care clusters in the data provided by trusts about their samples of service users.

You will need to collect this information when you draw your sample so that it can be submitted to the Co-ordination Centre once your sample has been approved.

Collecting Mental Health Care Cluster

Service users should have been assigned care clusters (also known as PbR currencies) using the current PbR (Payment by Results) guidance.¹ A service user's cluster may change following reassessment; please submit the most recent recorded care cluster. If a service user has been discharged from care, please submit the most recent care cluster before discharge.

In order to ensure a consistent methodology, this information must be drawn from your system at the same time as the sample itself is drawn.

Care clusters should be coded as follows, which is as specified in the NHS Data Dictionary:

http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/add/adult_mental_health_care_cluster_code_de.asp?shownav=1

Please submit codes in the below format (for example, use '1' not '01'). Please ensure that the data you submit is as complete as possible and that you follow up any records that are missing this code. Any trusts with large amounts of missing data will be contacted by the Co-ordination Centre to confirm this is correct and clarify the reasons. If no cluster is assigned please code this as 99.

Contact the Co-ordination Centre if you have any queries: mh.cc@pickereurope.ac.uk:

0 Variance

1 Common mental health problems (low severity)

2 Common mental health problems

3 Non-psychotic (moderate severity)

4 Non-psychotic (severe)

5 Non-psychotic (very severe)

6 Non-psychotic disorders of overvalued ideas

7 Enduring non-psychotic disorders (high disability)

8 Non-psychotic chaotic and challenging disorders

10 First episode in psychosis

11 Ongoing recurrent psychosis (low symptoms)

12 Ongoing or recurrent psychosis (high disability)

13 Ongoing or recurrent psychosis (high symptom and disability)

14 Psychotic crisis

15 Severe psychotic depression

16 Dual diagnosis (substance abuse and mental illness)

17 Psychosis and affective disorder difficult to engage

18 Cognitive impairment (low need)

19 Cognitive impairment or dementia (moderate need)

20 Cognitive impairment or dementia (high need)

21 Cognitive impairment or dementia (high physical or engagement needs)

99 No cluster assigned

Please note that service users with no care cluster code should still be included in the sample, if otherwise eligible. If no cluster has been assigned to them you should use code '99' (see list of codes above).

¹ <https://www.gov.uk/government/publications/mental-health-payment-by-results-arrangements-for-2013-14>

Before submitting your sample files to your approved contractor please ensure that you have removed the Mental Health Care Cluster variable. You should use the template provided on the NHS Surveys website that contains the Trust Code, Service User Record Number and the Mental Health Care Cluster only. This Care Cluster spreadsheet can be found here: <http://www.nhssurveys.org/surveys/1035>.

This can be done by copying and then pasting the Trust Code, Service User Record Number and the Mental Health Care Cluster into the template file. Please be very careful to do this accurately. Please then delete the Care Cluster Code from your Sample Construction Spreadsheet. Please save this file using the name **MH17_CareCluster_XXX**, where XXX is your three character trust code (eg RYG). The information remaining in the Sample Construction Spreadsheet **after the removal of the care cluster information** will make up your sample file (saved as **MH17_SampleFile_XXX**).

The excel file containing the Service User Record Number and the Mental Health Care Cluster must be stored securely and in a separate location from the name and address file (see *Section 8.8 – Sharing the service user sample file with an approved contractor*).

It is very important that the Mental Health Care Cluster is not shared outside your trust until the Co-ordination Centre has notified you that they are ready to receive the care cluster data file. The Co-ordination Centre will contact you directly about providing them with the care cluster information: you will also be given specific instructions on how to do this.

Storing and submitting the data

Please store this separately within your own system and **do not send to your approved contractor**. You will need to send the care cluster data to the Co-ordination Centre in a separate file containing only your trust code, the Service User Record Number (the unique identifier given to each service user), and the care cluster they are assigned to.

To do this, the main IT contact at your trust will be contacted by a member of the Co-ordination Centre with personalised logon details for the FTP secure server. This information will be needed for them to deposit the data for a member of the Co-ordination Centre to pick up.

This information will be provided once your sample has been approved so please ensure that you've told the Co-ordination Centre who this IT contact will be and provide contact details for the links to be set up. The Co-ordination Centre will contact your trust directly to receive the data: you must not provide this information to your contractor.

Please don't hesitate to contact the Co-ordination Centre at mh.cc@pickereurope.ac.uk if you have any queries.

8.8 Sharing the service user sample file with an approved contractor

In previous years, it has been a requirement for trusts to separate the mailing and sample information before sending this to their contractor. As this led to a number of errors in trust data, it has now been agreed with the Confidentiality Advisory Group that this separation of mailing and sample data will be done by the contractor rather than the trust. This means that you will send your contractor a single file containing all the mailing and sample information.

Once you have received confirmation that your sample declaration form is approved, you will need to submit your sample file to your contractor. **This must be sent to the contractor staff as a password protected file in encrypted format via their FTP.**

You will send your contractor a single file containing all the mailing and sample information – this file will be called ‘MH17_SampleFile_XXX’ which is created once the cluster code information has been removed.

If you are working with an approved contractor, but have chosen to mail out the questionnaires yourself, within the trust, you should remove all personal data such as names and addresses before sending it to the contractor. If you are doing this, please ensure the record number is kept the same in both versions of the file. The contractor can use this list to record the outcome codes, but you should ensure that the contractor is kept up to date with any information that comes directly to the trust about service user deaths, etc.

8.9 Sample checking

Once you have submitted your sample declaration form to your contractor, and they are happy to receive your sample file, the contractor will undertake their own internal checks on the data. You may well get some queries from your contractor so please respond to these quickly as they cannot submit the sample file to us in the Co-ordination Centre until they have resolved those queries with you.

The Co-ordination Centre will then check the sample file, sent to us by your contractor, and we will respond to them with any queries. They may come back to you for clarification, and please respond quickly to those queries so the sample can be approved and mailing can begin.

Contractors will set deadlines for when they will need your sample file by, however, the Co-ordination Centre will be checking these files between **16th January and 10th February 2017 so we must have received your file from your contractor within this time frame.**

Trusts which have not submitted their sample for checking by the **19th February 2017** will be contacted by the Co-ordination Centre directly to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **26th February 2017** then we are required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced data.

9 Publicising the survey

The following measures will help to increase response rates and reduce the number of questions or complaints that you or your contractor may be receive about a survey, and some will help address the fair processing principle of the Data Protection Act:

9.1 Pre-survey communication with staff

The best way to ensure your survey is a success is to work hard in the beginning to involve those people who have the most impact on service users' experiences and who will be responsible for responding to the results of the survey. We suggest you put together a small team of people who are key stakeholders and involve them in decisions. Groups to consider include:

- Caldicott Guardian
- Board members
- Doctors, nurses and other mental health care staff
- Members of service user groups with a special interest in the trust
- Service users and carers
- Medical records personnel or Patient Administration System (PAS) staff
- Managers
- Staff or directors responsible for:
 - Clinical governance
 - Patient advice and liaison service (PALS)
 - Quality improvement
 - Strategic planning

Keeping everyone informed

Notify as many staff members as possible about the survey, in case service users contact the trust asking questions about the questionnaire they have received. Service users can be expected to ask receptionists, doctors, nurses, patient liaison officers, or the Chief Executive's office about the survey, even when your covering letters give contact details for the survey manager(s) and the dedicated helpline. Notify front line staff and executive offices that a survey is being conducted, and give them the name and number of a contact person. Survey manager(s) should be prepared to respond to these calls quickly.

Staff could be notified of the survey through a variety of methods:

- Electronic (e.g. e-bulletins, website, intranet)
- Paper-based (e.g. staff briefings, newsletters, flyers, posters)
- Face-to-face (e.g. meetings, presentations and events)

A template letter which includes information which you can tailor for publicising the survey to staff can be found on the survey website at <http://www.nhssurveys.org/surveys/1025>

9.2 Publicising the survey externally

To help promote involvement and maximise response rates, and to offer the opportunity to opt out, the survey can be publicised to service users and the public through a number of ways, for example:

- Send a press release to the local media to raise awareness of the survey and gain publicity just before the survey takes place. Information to help you draft a press release is available

on the website: <http://www.nhssurveys.org/surveys/1025>. Talk to your trust's press office for more ways in which you can gain publicity locally.

- Put up posters which show the importance the trust places on gathering service user feedback. To be most effective at increasing your response rate, posters should be put up during the fieldwork period. A poster is available on the NHS surveys website at <http://www.nhssurveys.org/surveys/1025>.
- Consider using social media such as twitter or Facebook for example or other local social media to publicise the survey.

We also recommend that posters publicising the survey should allow service users to **opt out** if they do not wish to take part by providing a survey helpline phone number they can call. You can then remove any service users who wish to opt out of the survey.

To encourage service users to respond, we recommend you illustrate how the trust has acted on the results of the previous Community Mental Health Surveys carried out by the trust. Service users are likely to be more motivated to take part in the survey if they can see tangible outcomes from a previous survey.

10 Survey materials

10.1 Questionnaire and covering letters

The questionnaire is rigorously tested in the format on the website at <http://www.nhssurveys.org/surveys/1026>. Your contractor will be responsible for printing your questionnaires for you, but please note, **there are to be no additional questions added to the survey or layout request changes. Logos are also not to be added to the questionnaire.**

The covering letters are also available for information: <http://www.nhssurveys.org/surveys/1027>. Please note that your contractor will be responsible for printing these but you will need to provide your contractor with your trust letter head and CEO signature. No deviation from the wording in these letters is possible due to the ethical approval given to the survey materials.

10.2 Mailing packs and reminders

Your contractor will prepare the mailing packs but these will typically include (first and third mailing), the following items:

- Questionnaire;
- Covering letter;
- Multi language sheet;
- Freepost envelope;
- CQC flyer.

As per the standard methodology for this survey, two reminders will be sent to non-responders throughout the course of fieldwork. Your contractor will manage this process for you but you will need to check your sample list against local records for deceased service users before each of these reminder mailings- your contractor will advise you when to do this.

As standard, before the second and third mailings are sent out, you should check the sample list for any further deceased records. It is likely that your approved contractor will inform you of the mailing dates for your trust: you must send the full sample list (ie: the 850 records) to DBS prior to the second and third mailings and inform your approved contractor of any deceased records.

Please ensure that you allow sufficient time to provide this information to your contractor otherwise the mailings for your trust may be delayed. Your contractor will log any service users identified as deceased during this time as 'code 3 – service user died' in the Outcome field.

11 Resources

This instruction manual and associated documents for the Community Mental Health Survey 2017 can be found on the website: <http://www.nhssurveys.org/surveys/1014>