

SURVEY HANDBOOK

NHS COMMUNITY MENTAL HEALTH SURVEY 2018

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Did you know?

Throughout this document, there are hyperlinks provided to direct you to detailed information on the topics covered in this handbook.

If you are reading this on your computer, please click any of the blue underlined text for more information or visit the NHS Surveys website here:

<http://www.nhssurveys.org/usefullinks>

For detailed instructions and templates that are specific to the 2018 Community Mental Health Survey, please go to: <http://www.nhssurveys.org/surveys/1114>

1 Service user feedback and the NHS Constitution

Improving the experience of each individual service user 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 service users, their families and their carers. It is therefore important that all NHS trusts carry out local surveys asking people their views on the services they have received. It is intended that measuring people's experiences in a structured way will act as an incentive to make service user experience a real and central priority for the NHS. The NHS Patient Survey Programme (NPSP) is an important mechanism for making the NHS more person-focused and provides a quantifiable way of achieving this by:

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

2 The Care Quality Commission (CQC)

The NPSP was established by the Department of Health (DH) and has been operating since 2002. The CQC is the independent regulator of health and adult social care in England, and regulates care provided by the NHS, private companies and voluntary organisations, and aims to ensure that better care is provided for everyone.

The Survey Coordination Centre for the NPSP, of which this survey is part, is based at [Picker](#) and works under contract to the CQC to design, test, and coordinate the surveys in this programme. Please note that the Survey Coordination Centre is a completely separate division at Picker from the approved contractor. A [full list of CQC-approved contractors can be found on the NPSP website](#).

CQC assessments

Information drawn from the questions in the 2018 Community Mental Health survey will be used by the CQC in its [assessment of mental health trusts](#) in England. Questions from the survey will be used within CQC's performance monitoring tools and within CQC's inspections of community mental health services.

Measuring performance over time

In addition to the performance assessment, CQC will publish comparable data from the survey to allow trusts to make meaningful comparisons between themselves based on reliable data. Asking each mental health trust to carry out a Community Mental Health Survey in a consistent way builds a detailed picture of patients' experiences in such 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 DH for performance assessment, improvement and regulatory purposes. These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), the Overall Patient Experience Scores (OPES), the NHS Performance Framework, the cross-Whitehall Public Services Transparency Framework and NICE Quality Standards.

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

3 Setting up a project team

We recommend you [set up a survey team](#) in your trust to assist you. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on service users' experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your service user sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems.

4 What's new for 2018?

Changes to the questionnaire – questions added, modified and removed

The 2018 Community Mental Health questionnaire has been kept as similar as possible to the one used in 2017 to allow comparisons to be made between survey years. However, following stakeholder feedback a number of questions have changed and tested among recent service users. Redevelopment of the questionnaire led to six questions being removed, six new questions added and changes to seven questions. Further detail about these changes will be in the 2017 [survey development report](#) which will be made available in January 2018.

Submission of care cluster codes

The way in which care cluster data must be submitted has changed for 2018. In previous survey years, this data was submitted directly to the Coordination Centre following the approval of your sample data. To reduce confusion and possible error, we applied and received information governance approval for care cluster data to be submitted directly to your approved contractor in the same file as your sample data. **Therefore, you will be required to send only one sample file to your contractor containing the mailing data, sample data and care cluster data.** For more details on how to draw your sample including your care cluster data, please refer to the [sampling instructions handbook](#).

Submitting PDFs and hard copies (for contractors and in-house trusts only)

Prior to printing, PDFs of the questionnaires and covering letters should be submitted to the Survey Coordination Centre for approval.

In addition, hard copies will be required to be sent by 9th February 2018, prior to the start of fieldwork to allow time for adjustments to be made if necessary. All [survey materials](#) including the questionnaire and covering letters will be made available in January 2018.

5 Data protection, confidentiality and Section 251

This survey has been awarded [approval](#) under Section 251 of the NHS Act 2006.

When carrying out your survey, you will need to ensure that you comply with the 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.



General Data Protection Regulation (GDPR)

Changes in the law governing the management and use of patient data will go into effect 25th May 2018. [The GDPR](#) will replace the Data Protection Act 1998.

This should not affect how you sample and submit your files as this will be done before the GDPR is applied.

However, if your trust has implemented operational changes in preparation of the GDPR and you think these changes will impact how you sample and how you share data, please contact the [Survey Coordination Centre](#).

You will also need to comply with the [NHS Code of Practice on Confidentiality](#), which incorporates the [Caldicott principles](#). You should take particular care to ensure that your use of 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. If your trust is planning to implement trust-wide opt-in policies, or if your trust already has an opt-in consent mechanism in place**, we ask that you get in touch with the [Survey Coordination Centre](#).

6 Ethical issues and ethics committees

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

All the changes made to the NHS Community Mental Health Survey 2018 (questionnaire and covering letters) will have received [NHS ethics approval](#).

7 Research governance requirements

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

8 Collecting data from non-English-speaking populations

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

9 Timetable

The survey fieldwork period for 2018 is 18 weeks. It is important that your trust enters fieldwork on time in order to maximise responses from younger and black and minority ethnic (BME) groups. [Previous research](#) shows that these groups take longer to respond.

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

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

Key dates

Inform the Survey Coordination Centre if you will be running the survey in-house or if you are using an approved contractor, which contractor you will be going with	21 December 2017
Send PDF copies of questionnaires and mailing letters to the Survey Coordination Centre	Before you print
Send hard copies of questionnaires and mailing letters to the Survey Coordination Centre	09 February 2018
Trust to submit their sample data no later than	22 January 2018
Start of fieldwork	19 February 2018
Weekly monitoring starts	22 February 2018
Close of fieldwork	22 June 2018
Contractors and in-house trusts to send final data to the Survey Coordination Centre	29 June 2018

10 Compiling a list of service users

You are required to follow the [sampling instructions](#) published for this survey. If an error in sampling is detected, queries will be sent and you may be required to redraw your sample. This can cause delays in approving your sample which may result in a shorter fieldwork period for your trust. If you have any questions regarding the eligibility criteria, be sure to contact your approved contractor or the Coordination Centre in plenty of time before drawing your sample.

Your sample should only be used for the purposes of distributing the Community Mental Health Survey 2018 and up to two reminder letters to non-respondents. This is because the precise use of the sample collated for the survey has been approved by the NHS ethics REC for the survey only, and any additional use of the sample would therefore require a separate ethics application.

11 Submitting your sample file

Before you begin drawing your list of eligible service users, Section A of the [sample declaration form](#) must be completed. Section B, C and D should be completed as you draw the sample and your Caldicott Guardian is requested to sign off the declaration form before submitting.

Your completed [sample declaration form](#) should be submitted and approved prior to sending your sample data in an encrypted file and [via an encrypted FTP](#); data should never be sent via email. Please note that unless you are conducting the survey in-house, you should not be submitting any

data files to the Coordination Centre. That is your sample data, mailing data and care cluster data should be submitted all in one file to your approved contractor.

12 Weekly monitoring

The Coordination Centre requires weekly submissions of data on response rates and usage of the helpline. Using the [weekly monitoring template](#), the first submission must be made on **the first Thursday after fieldwork has commenced**, regardless of whether any mailings have been sent out. Further submissions will be made every Thursday thereafter, until the final date of submission.

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

13 Publicising the survey

The best way to ensure your survey is a success is to ensure that you involve those people who have the most impact on service users' experiences and who will be responsible for responding to the results of the survey. We recommend that you [keep everyone in your trust informed](#).

In addition, it is a requirement as per [Section 251](#) approval that your trust advertise the upcoming survey during the sampling period (1st September to 30th November 2017). This is done by putting up [dissent posters](#) in all the relevant places. This poster allows service users to be aware of the survey and provides an opportunity for them to ask questions or give dissent if they wish to be excluded from taking part.

14 Implementing the survey – practicalities

You can find information and advice on printing the survey materials, setting up a PO box and a Freepost address, sending out the survey packs, and booking in questionnaires in the [Implementing the survey: practicalities](#) advice sheet.

15 Entering and submitting final data

Final data must be submitted to the Survey Coordination Centre uncleaned and checked using the [data checklist](#) and [data entry spreadsheet](#) provided. Response data must be entered following the coding rules described in the [entering and submitting final data](#) guidelines. This includes guidelines on how to code missing responses, free-text comments and multiple choice questions. The completed data entry spreadsheet **must not** be emailed, instead it must be password protected and submitted [via our FTP](#).

For the 2018 Community Mental Health Survey, there is one multiple choice question for which respondent data must be entered differently than other question: Q40. A further question, Q7,

though not a multiple choice question, has been presented in the data entry spreadsheet as a multiple choice and therefore data must be entered as such.¹

16 Making sense of the data

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

- Examining the number and percentage of service users giving each response to a question
- Analysing the data by particular groups of service users (e.g. males/females, different long term conditions), different areas of care (e.g. therapies, crisis care), or other information (e.g. care cluster, CPA status).

You can find further advice and suggestions tailored to the surveys within the NPSP in the [Making sense of the data](#) document.

17 Reporting results

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

18 Questions?

For any questions, please contact the Coordination Centre at:

mentalhealth@surveycoordination.com

01865 208157

¹ Service users have historically answered Q7 as a multiple choice question although it does not state that it should be treated as such. In previous years, this question was presented with eight response options whereas this year it has been changed to present only three. While we expect this change to rule out the occurrence of multiple responses, this has only been limitedly tested and therefore provision must be given to the possibility of respondents treating this question as multiple choice for data entry purposes.