Survey Coordination Centre

CareQuality Commission

SURVEY HANDBOOK

COMMUNITY MENTAL HEALTH SURVEY 2019

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Contents

Did you know?

Throughout this document, there are hyperlinks that 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 2019 Community Mental Health Survey, please go to: http://www.nhssurveys.org/surveys/1293

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 service users](#) 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:

o   Providing information to support local quality improvement initiatives
o   Tracking changes in patient experience locally over time
o   Providing information for active performance management
o   Providing information to support public and parliamentary accountability
o   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 2019 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.

Meaningful comparisons

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 service users' 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 Department of Health and Social Care 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.

To enhance the value of the survey data, CQC will archive it with the UK Data Service after the analysis is completed and published. This will be done with appropriate safeguards to ensure service user confidentiality.

3. Setting up a project team

We recommend that you set up a survey team in your trust to assist you. The best way to ensure that the survey is a success at your trust 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. The latter will sign off the sample before the data leaves your trust's systems.

4. What's new for 2019?

Changes to the questionnaire – questions added, modified and removed

The 2019 Community Mental Health questionnaire has been kept as similar as possible to the one used in 2018 to allow comparisons to be made between survey years. However, if changes are required based on the feedback of stakeholders and/or services users, these changes will be detailed in the 2019 Survey development report. The Survey development report will be available in December 2018.

Changes to a covering letter

As for other recent surveys, the first reminder letter will now have the trust letterhead and signatory.

Faster postal reminders

A recent pilot study showed that reducing the length of time between the first and second mailing increased response rates overall. Therefore, mailing two (the first reminder) should be sent out five working days after mailing one. The length of time between mailing two (the first reminder) and mailing three (the second reminder) will remain as before—at two to three weeks.

Posters in different languages

This year, the dissent posters will be made available in the ten most commonly spoken languages in England. Trusts may choose the posters suitable to their population profile, so people whose first language is not English are aware of the survey and have an equal opportunity to opt out.

No CQC flyer

Following a recent pilot to test the impact of the CQC flyer, CQC flyers will no longer be included in survey packs.

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 General Data Protection Regulation (GDPR) and ensure that all responses are kept confidential. If you have not already done so, please ensure that you add research as one of the purposes for processing personal data supplied by data subjects under your privacy notices and, to the extent applicable, any necessary consents are obtained to the sharing of this data.

General Data Protection Regulation (GDPR)

Changes in the law governing the management and use of personal data came into effect 25 May 2018. The GDPR forms part of the data protection regime in the UK together with the new Data Protection Act (DPA)

If your trust has implemented operational changes as a consequence 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 patient data for carrying out the survey complies with these 6 principles. In particular, you should be aware of flows of patient data and any issues that these may 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.

National Data Opt-out Programme

The National Data Opt-out Programme does not currently apply to the surveys running under the NPSP in 2018/19 and **you must not exclude people on this basis**. The 2019 Community Mental Health Survey has separate opt-out mechanisms. These are described in the sampling instructions.

6. Ethical issues and ethics committees

NHS organisations in England looking to undertake research seek 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 2019 (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 people who use your trust, so it is paramount that groups with a 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 2019 is 18 weeks. It is important that your trust enters fieldwork on time to maximise responses from younger and Black, Asian and minority ethnic (BAME) groups. Previous research suggests that these groups take longer to respond to patient surveys.

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

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

Key dates	
Confirm survey leads	By 26th October 2018
Inform the Survey Coordination Centre if you will be running the survey in-house or if you are using an approved contractor	By 26th October 2018
Confirm with the Survey Coordination Centre your choice of contractor	By 18th December 2018
Send PDF copies of questionnaires and mailing letters to the Survey Coordination Centre	12th December 2018 (before you print)
Send hard copies of questionnaires and mailing letters to the Survey Coordination Centre	9th January 2019
Start of fieldwork	18th February 2019
Weekly monitoring starts	21st February 2019
Close of fieldwork	21st June 2019
Contractors and in-house trusts to send final data to the Survey Coordination Centre	28th June 2019

10. Compiling a list of service users

You are required to follow the sampling instructions 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 2019 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 2018). This is done by putting up dissent posters in all 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](#).

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:

- o Examining the number and percentage of service users giving each response to a question.

- o 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

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