NHS Community Mental Health Survey 2019

Webinar for trusts

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Care Quality
Commission

Agenda

- Changes from the 2018 survey
- Questionnaire development
- Data protection and Section 251 requirements
- Potential sampling errors
- DBS checks
- Instruction manuals
- Entering fieldwork
- Key dates
- Q&A

Changes from the 2018 survey

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Faster first reminder

- The gap between the initial mailing and the first reminder letter being sent out has been shortened from 2-3 weeks to 5 working days
- This is following the results from the 2017 Adult Inpatient Survey pilot which saw a significant increase in response rates by 3 percentage points when sending out a faster first reminder letter.
- The first reminder letter will now also have the trust letterhead and signatory details included.

Removal of CQC flyers

- A CQC flyer will no longer be included within mailing packs to respondents .
- Findings from the Community Mental Health Survey pilot 2018 suggested that including a CQC flyer had no added impact on response rates.
- Though not statistically significant, there was also a trend in the data indicating that the CQC flyer negatively impacts response rates for patients age 18 to 35.

Dissent Posters

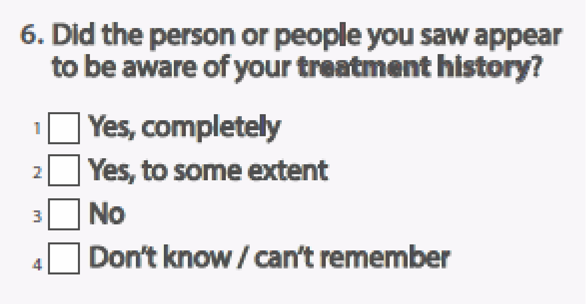
- Dissent posters are now available in the ten most commonly spoken languages in England. These optional posters can be displayed alongside the mandatory English poster to maximise reach for the service users population.
- Available here: http://nhssurveys.org/surveys/1343
- An additional change is the inclusion of relevant trust email and postal information, if available. This is alongside a contact telephone number for service users to contact should they wish not to participate.

Questionnaire development

Questions added to 2019 questionnaire

Question about medical history

Q6 was introduced following a CQC report on the state of mental health services highlighting that poor clinical information systems were an issue across trusts and that service users medical history may not be known to relevant members of staff.



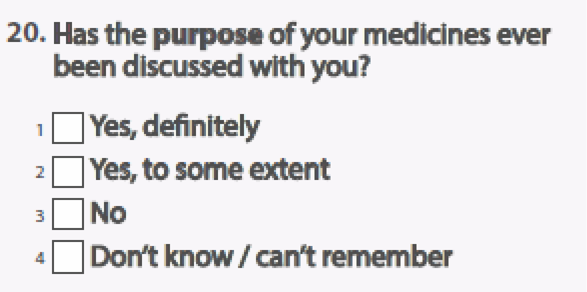
6. Did the person or people you saw appear to be aware of your **treatment history?**

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

Question 20 and 21

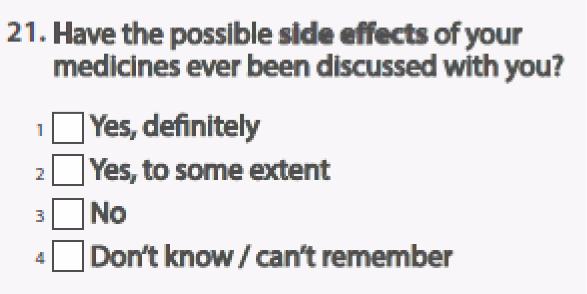
Questions about medication

Q20 and Q21 were introduced to provide more information than was gathered from Q22 in the previous survey. Exploring side effects was specifically noted as an area keen for exploration by the CMH19 advisory group members.



20. Has the **purpose** of your medicines ever been discussed with you?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember



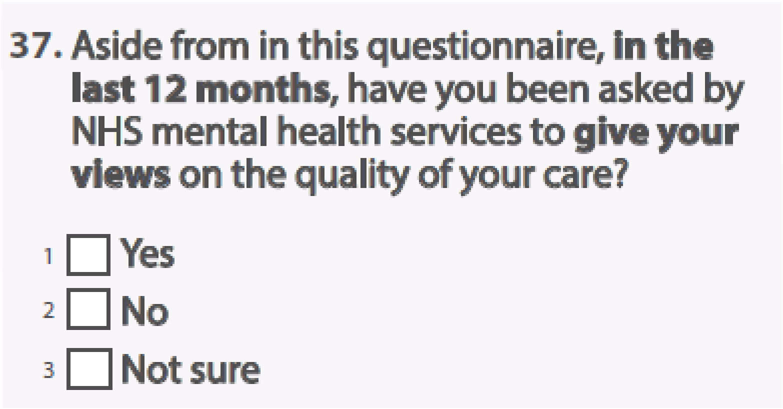
21. Have the possible **side effects** of your medicines ever been discussed with you?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

Question 37

Question about giving feedback

Q37 was introduced following the findings of the Parliamentary and Health Service Ombudsman report (2018) which highlighted the importance of effectively dealing with complaints. It was thought that ‘complaints’ can denote negative connotations. Instead, it was agreed service users being asked for the views on their care would be more suitable.



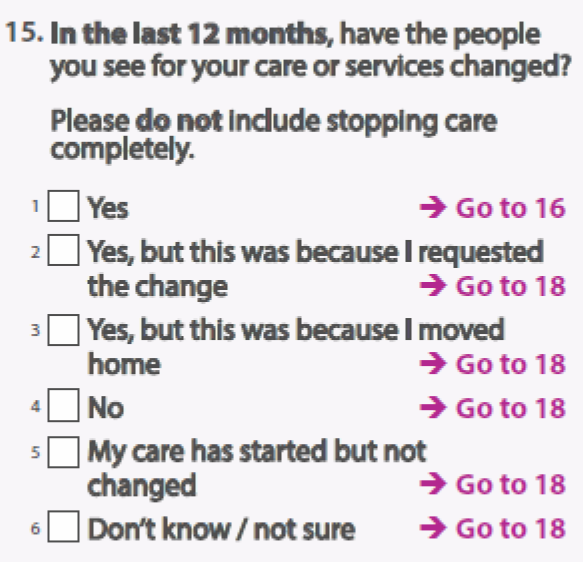
37. Aside from in this questionnaire, **in the last 12 months**, have you been asked by NHS mental health services to **give your views** on the quality of your care?

1 ☐ Yes
2 ☐ No
3 ☐ Not sure

Questions removed

Entire section regarding changes in who you see

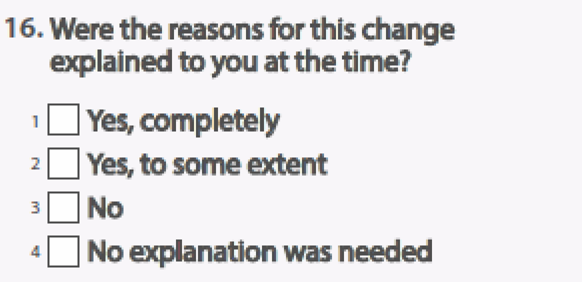
Following analysis of the CMH18 data, only 40% of respondents were eligible to answer Q16 and Q17 once routed to them via Q15, therefore these questions were removed. Following demand to incorporate new questions, and the relevance of Q15 without the accompanying filter questions, the decision was taken to remove Q15 as well.



15. **In the last 12 months,** have the people you see for your care or services changed?

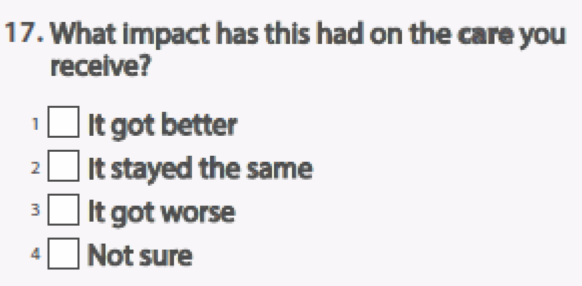
Please **do not** include stopping care completely.

1 ☐ Yes → Go to 16
2 ☐ Yes, but this was because I requested the change → Go to 18
3 ☐ Yes, but this was because I moved home → Go to 18
4 ☐ No → Go to 18
5 ☐ My care has started but not changed → Go to 18
6 ☐ Don't know / not sure → Go to 18



16. Were the reasons for this change explained to you at the time?

1 ☐ Yes, completely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ No explanation was needed



17. What impact has this had on the care you receive?

1 ☐ It got better
2 ☐ It stayed the same
3 ☐ It got worse
4 ☐ Not sure

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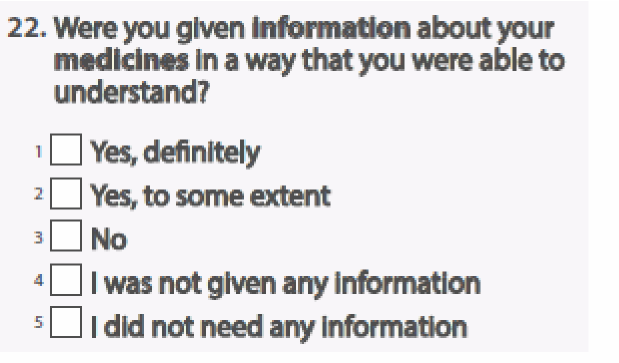
Questions removed

Question regarding medicine

Q22 from the CMH18 survey was removed in order to incorporate new Q20 and Q21 in the ‘Medicines’ section of the questionnaire. These questions explore in more detail if side effects and the purpose of medication has been discussed with service users.



22. Were you given **information** about your **medicines** in a way that you were able to understand?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I was not given any information
5 ☐ I did not need any information

Amendments

Question 16 regarding who to contact in a crisis

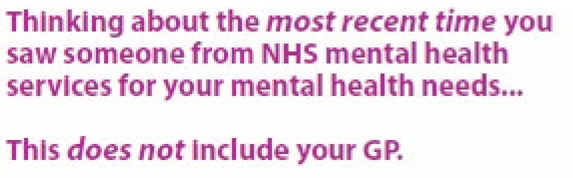
- There was some earlier feedback service users may be referencing non-NHS resources such as the Samaritans
- ‘Within the NHS’ was added to clarify

Amendments

Instructions

During cognitive testing it became apparent that service users were skipping/missing instructions to exclude their GP when answering particular questions. This meant they were missing key information on how to answer questions correctly. Previously for development of the MH18 questionnaire they were made bold. It was decided it would be clearer if some words were not bold, thereby highlighting the key messages. In addition the word ‘not’ was underlined.

Original instruction



Thinking about the *most recent time* you saw someone from NHS mental health services for your mental health needs…

This *does not* include your GP.

New instruction

Thinking about the **most recent time** you saw someone from **NHS mental health services** for your mental health needs…

This does <u>not</u> include your GP.

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Amendments

Instructions – shorter questionnaire

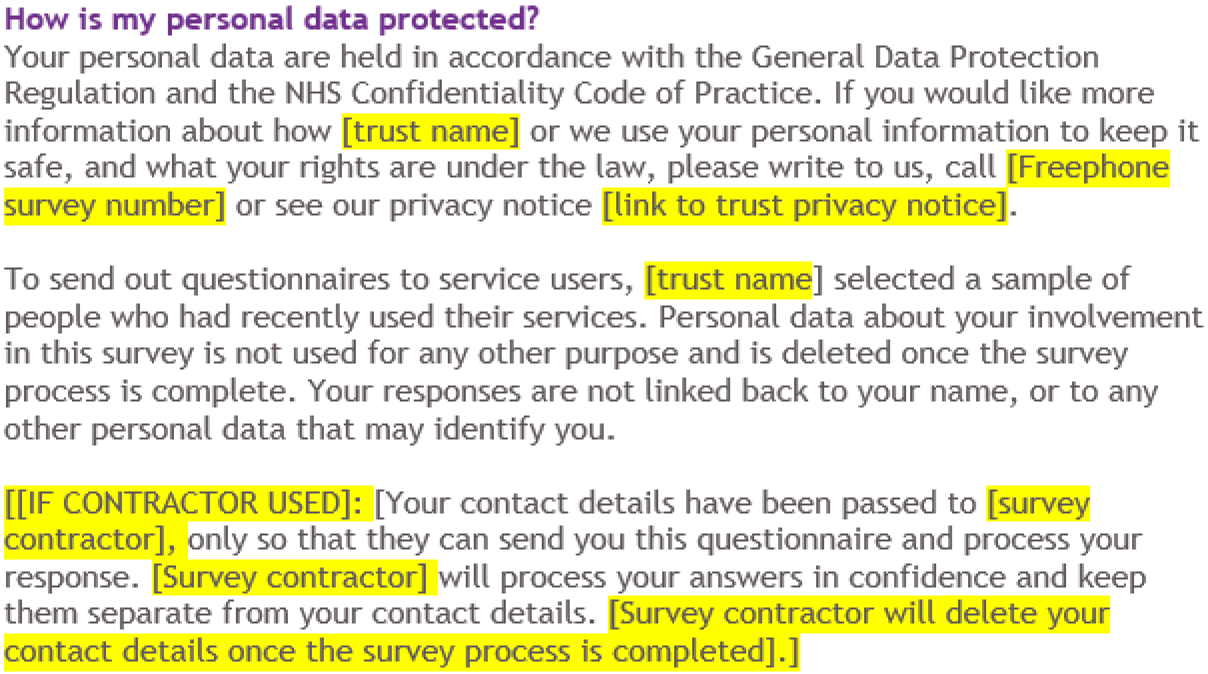
Due to space constraints:

- Instructions have been shortened
- It was decided to change instructions so they appeared as a banner across the top of all pages. In addition this is to help clarify not to include GP when answering questions, without having to repeat above every question
- The same instruction from the medicines section in the mainstage questionnaire was added to the shorter questionnaire . The intention was to make this information more obvious to respondents.

Data protection and Section 251 requirements

General Data Protection Regulation (GDPR)

- GDPR came into force on May 25, 2018.
- How patient’s personal data is being protected under the new GDPR has been stated on the reverse side of the covering letter for mailing 1 and 3:



How is my personal data protected?

Your personal data are held in accordance with the General Data Protection Regulation and the NHS Confidentiality Code of Practice. If you would like more information about how [trust name] or we use your personal information to keep it safe, and what your rights are under the law, please write to us, call [Freephone survey number] or see our privacy notice [link to trust privacy notice].

To send out questionnaires to service users, [trust name] selected a sample of people who had recently used their services. Personal data about your involvement in this survey is not used for any other purpose and is deleted once the survey process is complete. Your responses are not linked back to your name, or to any other personal data that may identify you.

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

Section 251 requirements

- Dissent posters give potential participants the opportunity to opt out of the survey: http://www.nhssurveys.org/surveys/1343
- Posters must be on display during the sampling month(s) to comply with S251 requirements.
- With the exception of the trust information box, it is not permitted to alter the poster in any way – this would invalidate the survey's S251 approval.
- In the box provided, a telephone number must be provided. In addition, an email and a postal address should be provided if they are available.

Section 251 requirements

- We request you publicise the survey both internally and externally to ensure service users are aware of the survey and have the opportunity to opt-out should they wish. Example materials are available in the 'Publicising survey' document.
- Ensure a log of service users who have dissented from taking part in the survey is accurately kept.
- Ensure the total number of eligible service users who have dissented from the sharing of their details for any purpose other than their clinical care or who have dissented from taking part in the survey specifically are recorded in ‘Section A’ of your sample declaration form and are excluded from your sample.

Instruction manuals

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Instruction Manuals - Survey Handbook

- **For survey leads**
- Brief document
- Survey specific
- Key summary document that **links** to all other relevant information:
  - What’s new for this year/survey
  - Key dates: Top level
  - Highlights on key information (Section 251, etc.)

Instruction Manuals - Sampling Instructions

- **For sample drawers (data team)**
- Detailed information
- Survey specific
- Step-by-step instructions on how to draw sample
- Flowchart
- Links to relevant content

Generic NPSP Instruction Documents

Separate PDF documents on

http://www.nhssurveys.org/usefullinks

1) The importance of survey feedback
2) Setting up a project team
3) Data protection and confidentiality
4) Ethical issues, ethical committees and research governance
5) Collecting data from non-English speaking populations
6) Publicising the survey
7) Implementing the survey – practicalities
8) Submitting samples
9) Making sense of the data
10) Reporting results
11) Universal glossary

Potential Sampling Errors

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Implications of major errors

Survey data is used by CQC to monitor quality of care within each provider. If a major error occurs and it cannot be rectified, implications are as follows:

- The lack of assurance would be flagged to inspectors for your trust.
- No data would be provided to NHS England for your trust's Overall Patient Experience Scores.
- No historical comparisons would be provided for your trust in the current survey report if a major error is found to have occurred in your 2018 data.

For detailed information on sampling errors see the 2018 Sampling Errors Report: http://www.nhssurveys.org/surveys/1161

The Sample Declaration Form can help you avoid errors. Avoiding errors will ensure your questionnaires can be mailed out earlier and your data will be usable in this years survey.

Potential Errors - How to avoid them

- Examples of checks you should do before submitting your sample:
  - ✓ Have you included all service users whose ‘other’ contact was **before, during or after** the sampling period?
  - ✓ Have you **included** service users with an unknown care cluster code (code ’99’)?
  - ✓ Are there any errors in the query used to extract the eligible population?
  - ✓ Are there any missing/incomplete data in your initial database?
  - ✓ Be aware of system migrations!
  - ✓ Make sure you have **randomly** sampled
  - ✓ Ensure your trust uses an **opt-out** consent model

For more information, please see the 2018 Community Mental Health Survey Sampling Errors Report

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DBS Checks

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DBS Checks

- Before mailing 1:

  Demographic Batch Service (DBS) checks are **required** alongside local checks for deceased patients.

- Before mailing 2:

  Only local checks are required*

- Before mailing 3:

  Only local checks are required*

*DBS checks may be undertaken before mailing 2 and 3 however local checks must be undertaken at a minimum.

Entering fieldwork

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Entering fieldwork early / on time

Entering fieldwork on time or earlier will help your trust to maximise responses from younger and Black and minority ethnic (BME) groups. You will also likely receive an overall higher response rate, providing your trust with more data.

- Ensure you have a survey team in place **before** you start drawing your sample.
- Generate your sample promptly – begin preparing now.
- Respond to queries as soon as possible to avoid unnecessary delays.
- Ensure there is sufficient resourcing around the time of drawing your sample and answering queries – communicate with your team, handover tasks if people are going to be on leave and let your contractor and the Survey Coordination Centre know any updates.
- If there are any changes in the survey lead, inform your contractor and/or the Survey Coordination Centre.

Key Dates

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Key Dates

Provisional Timetable	
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.	**26th October 2018**
Trusts to start drawing their sample data.	**2nd 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**

Questions?

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Thank you for your time

- Copy of the slides: http://nhssurveys.org/surveys/1315

- Contact us: mentalhealth@surveycoordination.com

  01865 208127

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