NHS Community Mental Health Survey 2020

Webinar for trusts
Agenda

- Changes from the 2019 survey
- Questionnaire development 2020
- Data protection and Section 251 requirements
- Potential sampling errors
- DBS checks
- Instruction manuals
- Practical example of how to draw a sample
- Entering fieldwork
- Key dates
- Q&A
Changes from the 2019 survey
Dissent Posters

• Dissent posters were available in the ten most commonly spoken languages in England. These optional posters could 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.
Sampling changes

• In line with other acute surveys in the NHS Patient Survey Programme and to allow for more meaningful and robust comparisons, the total sample size has increased from 850 service users to **1,250 service users for each trust**

• An additional sample variable will need to be provided: **mobile phone indicator**. This is a numeric indicator that will tell us whether a trust has a mobile number on record for each sampled service user. We are not asking you to provide us with the actual mobile number for this.
Covering letters

• In line with what is now done as standard on other surveys in the programme, you should add the full signatory for mailing two;

• Contractors and in house trusts must provide a contact email address as well as a Freephone number.
Questionnaire development 2020
New questions

‘NHS therapies’ section:

Q29 was introduced to reflect an increasing focus on waiting times for NHS Mental Health therapies.

29. Overall, how did you feel about the length of time you waited before receiving NHS therapies?

1. The waiting time was appropriate
2. The waiting time was too long
3. The waiting time was too short
4. I did not have to wait for NHS therapies
Amended questions

‘Your care and treatment’ section:

At Q1, the first four response options were condensed into one response option: ‘In the last 12 months’ to simplify the question, as the full detail was not used by CQC during analysis.

1. When was the last time you saw someone from NHS mental health services?
   - In the last 12 months
   - More than 12 months ago
   - Don’t know / can’t remember
   - I have never seen anyone from NHS mental health services ➔ Please go to Q38 on page 7
Amended questions

‘Your health and social care workers’ section:

At Q6, a ‘not applicable’ response option was added for service users who do not have a treatment history.
Amended questions

‘Planning your care’ section:

In Q13, the wording ‘personal circumstance’ was changed to ‘your needs in other areas of your life’ in order to better capture the theme of personalised care.

13. Does this agreement on what care you will receive take into account your needs in other areas of your life?

1 □ Yes, definitely
2 □ Yes, to some extent
3 □ No
4 □ Don’t know / can’t remember
Amended questions

‘Reviewing your care’ section:

At **Q14**, the wording was changed due to respondent confusion around the use of the wording ‘formal meeting’. This has been changed to ‘specific meeting’.

14. In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?

1. [ ] Yes ➔ Go to 15
2. [ ] No ➔ Go to 16
3. [ ] Don’t know / can’t remember ➔ Go to 16
Amended questions

‘Crisis Care’ section:

In Q16, the wording ‘Do you know’ was changed to ‘Would you know’. During cognitive testing, respondents indicated that they might not know off the top of their head who to contact if they had a crisis, but they were sure they had been given the necessary contact details and so they WOULD know who to contact if they had a crisis.
Amended questions

‘Support and wellbeing’ section:

At Q30, the wording was changed in order to reflect changing expectations of how NHS Community Mental Health care should support service users with physical health needs.

At Q32, we added ‘(paid or voluntary)’ to make it clear that finding or keeping work can refer to paid or voluntary work.
Removed questions

‘Support and wellbeing’ section:

Q34 was removed as it was felt that trusts did not necessarily signpost or offer peer support groups tailored to service users with the same mental health needs and so the question did not provide valuable insight.
Additional changes

Front cover

Additional text was added on the front cover in the ‘NEED MORE HELP?’ section that offers service users an email address to contact as well as the survey helpline phone number. This information is also now included in the covering letters.

There was also additional text added to the instruction text around making a mistake, to make it clearer that if a mistake is made, the box must be filled in completely.

‘Support and Wellbeing’ introduction text

Due to the change made at Q30, the instructions prior to this have been moved to go after Q30 and before Q31. This is because the instruction text no longer applies to Q30. This instruction text was also amended to improve clarity.
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], email [XXXXXXXXXXXX@XXXXX.XXX] 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: [https://nhssurveys.org/surveys/survey/05-community-mental-health/](https://nhssurveys.org/surveys/survey/05-community-mental-health/)

• 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.
Potential Sampling Errors
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 2019 data.


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 2019 Community Mental Health Survey Sampling Errors Report
DBS Checks
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.
Instruction manuals
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

Two changes for 2020:

1) Increased sample size to 1,250 service users

2) Additional sample variable: mobile phone indicator

• 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](http://www.nhssurveys.org/usefullinks)

1) Patient feedback and the NHS Constitution
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) Entering and submitting final data
10) Making sense of the data
11) Reporting results
12) Universal glossary
Practical example of how to draw a sample
Entering fieldwork
Entering fieldwork on time or earlier will help your trust to maximise responses from younger and BME/BAME 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
# Key Dates

<table>
<thead>
<tr>
<th>Key dates</th>
<th>Date(s)</th>
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<tbody>
<tr>
<td>Display of dissent posters</td>
<td>September–November 2019</td>
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<tr>
<td>(Contractors and in-house trusts only) Send pdf copies of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods</td>
<td>24th January 2020</td>
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<tr>
<td>(Contractors and in-house trusts only) Send hard copies of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods</td>
<td>3rd February 2020</td>
</tr>
<tr>
<td><strong>Submit sample data</strong> no later than</td>
<td>10th February 2020</td>
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<tr>
<td>Survey Coordination Centre for Existing Methods to contact all trusts with sample outstanding</td>
<td>11th February 2020</td>
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<tr>
<td>CQC to contact all trusts with sample outstanding</td>
<td>13th February 2020</td>
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<tr>
<td>Start of fieldwork</td>
<td>17th February 2020</td>
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<tr>
<td>Weekly monitoring starts</td>
<td>27th February 2020</td>
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<tr>
<td>(Contractors and in-house trusts only) Send one scanned completed questionnaire to the Survey Coordination Centre for Existing Methods</td>
<td>Soon after the start of fieldwork – after first mailing</td>
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<tr>
<td>(Contractors and in-house trusts only) Send one scanned completed questionnaire to the Survey Coordination Centre for Existing Methods</td>
<td>After third mailing (ideally a questionnaire returned from the third mailing)</td>
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<tr>
<td>Close of fieldwork</td>
<td>19th June 2020</td>
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<tr>
<td>Contractors and in-house trusts to send final data to the Survey Coordination Centre for Existing Methods</td>
<td>26th June 2020</td>
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Questions?
Thank you for your time

• Copy of the slides: https://nhsssurveys.org/surveys/survey/05-community-mental-health/

• Contact us: mentalhealth@surveycoordination.com
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