

SURVEY HANDBOOK

COMMUNITY MENTAL HEALTH SURVEY 2021

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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 you can [visit the NHS Surveys website](#).

For detailed instructions and templates that are specific to the 2021 Community Mental Health Survey, please [visit the Community Mental Health Survey homepage](#).

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:

- 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.

The Care Quality Commission (CQC)

The NPSP was established by the Department of Health and Social Care (DHSC) 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 Existing Methods is based at [Picker](#) and works under contract to the CQC to design, test, and coordinate the Community Mental Health Survey 2021¹.

Please note that the Survey Coordination Centre for Existing Methods is a completely separate division at Picker from the approved contractor. View the [full list of CQC approved contractors](#) on the NHS Surveys website.

CQC assessments

Information drawn from the questions in the 2021 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.

¹ Please note that CQC now works with two different Survey Coordination Centres – Picker for existing methods, i.e. letter-only surveys (Survey Coordination Centre for Existing Methods) and Ipsos Mori for mixed methods surveys (Survey Coordination Centre for Mixed Methods). Trusts should refer to specific survey guidance for Survey Coordination contact information.

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 trust to carry out a service user survey in a consistent way builds a detailed picture of service users' experiences of NHS community mental health services. 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 NHS Improvement and DHSC for performance assessment, improvement and regulatory purposes.

These include the NHS Outcomes Framework (domain 4: Ensuring patients have a positive experience), DHSC overall patient experience measure, 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.

Survey requirements

1. Ethical issues, ethics committees and research governance

NHS organisations in England looking to undertake research follow a process of [seeking approval](#). 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 in 2021 (questionnaire, covering letters and so on) will have received ethics approval.

2. 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.

3. Data protection and confidentiality

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](#)) in providing survey respondent information 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 patient data went into effect 25th May 2018 (known as the GDPR). The Data Protection Act 1998 is the UK's implementation of [the GDPR and outlines how personal data should be managed by organisations.](#)

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 for Existing Methods:

mentalhealth@surveycoordination.com or 01865 208 127

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 in carrying out the survey complies with these six principles. In particular, you should be aware of the flows of patient 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 you that you get in touch with the Survey Coordination Centre for Existing Methods.



National Data Opt-out Programme

The [National Data Opt-out Programme](#) does not apply to the surveys running under the NPSP in 2020/21 and **you must not exclude people on this basis**. The 2021 Community Mental Health Survey will continue to operate separate opt-out mechanisms as described in the Sampling Instructions. This means that **service users do not have to actively consent to their data being used for the purpose of these surveys**. However, if service users choose to specifically opt-out of the 2021 survey, their wishes should be respected.

4. 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 and that you [publicise the survey externally](#).

In addition, it is a requirement as per [Section 251](#) approval that your trust advertise the upcoming survey during the sampling period. This is done by putting up [dissent posters](#) in all the relevant places. The poster is available in the ten most commonly spoken languages in England. Trusts should display the posters most relevant to their own service user populations. 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. Due to the COVID-19 pandemic, we are also advising that trusts display their dissent poster on their website given that fewer service users have visited the site during this time and have instead received care and treatment via video and telephone consultations. This is only advised and is not compulsory.

5. 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 the English language](#).

In addition to the translated dissent posters mentioned above, a [multilanguage](#) sheet is available on the website and should be included in first and third mailing packs.

Changes to the survey for 2021

As every year, changes were made to the survey. Please take the time to familiarise yourself with these changes in order to ensure you understand the new survey requirements.

1. Changes to the questionnaire

Changes to questions were made following the analysis of the 2020 Community Mental Health Survey data, discussions with the Advisory Group and from three rounds of cognitive testing. Whilst we have tried to maintain consistency of questions to previous iterations of the survey, to allow for historical comparability, we added 4 new questions, removed 2 questions and made minor modifications to the wording of 13 items (either question or response option wording). On the front page the words confidential and voluntary were made bold to ensure this stands out to the respondent and the disclaimer for the free text comments was also amended to clarify to whom and in which situation comments and/or personal data of the respondent would be provided. For more details please see the [2021 survey development report](#).

2. Changes to the covering letters

The covering letters have been redesigned to make them more appealing to service users. We have adopted best practise principles of design to increase response rates and these letters proved successful during cognitive testing with recent service users. The changes to the 2021 Community Mental Health Survey covering letters include:

- Using NHS blue colour to highlight key words and phrases in the letter, reinforcing the recognisability of the NHS.
- Using one of the NHS official fonts (Arial).
- Removing superfluous and repetitive text on the front page.
- Incorporating potentially motivating and empowering messages.

3. Accessible questionnaire versions

For the 2021 Community Mental Health Survey, the questionnaire has also been produced in Braille, Easy Read and Large print. On the multi-language sheet and covering letters, service users will be directed to contact either the contractor or in house trust using the freephone helpline to request an accessible version of the questionnaire.

For an Easy Read or Large print version, the contractor or in house trust will be provided with digital copies of the questionnaires so they can send a version to the service user directly.

For the Braille version of the questionnaire, the contractor or in house trust will contact the specialist Braille printers for the survey. The specialist printer will then print a copy of the Braille questionnaire and a copy of a tailored covering letter in Braille, and send it directly to the contractor or in house trust. The contractor or in-house trust will then send the questionnaire, alongside the tailored covering letter in Braille, to the service user directly. This will prevent any respondent details being shared with third parties (who do not already have approval to receive this information).

Three new outcome codes have been created to capture completed accessible questionnaires, outcome 8 = Easy Read questionnaire completed, outcome 9 = Braille questionnaire completed and outcome 10 = Large Print questionnaire completed. When a request comes through it should be logged as outcome code 8, 9 or 10 according to the version they have requested. This will then allow contractors and in house trusts to manage reminder mailings during fieldwork. If a service user does not complete the requested accessible version, please leave the outcome as 8, 9 or 10 as this will be removed during data cleaning.

Easy Read and Large Print questionnaires will be returned to contractors or in house trusts via the free post envelope. Large Print responses should be entered into the main data entry spreadsheet and the Easy Read responses should be added to the separate Easy Read data entry spreadsheet.

Service users completing a braille questionnaire will need to call the contractor or in house trust helpline to complete the questionnaire over the phone, these responses should be entered into the main data entry spreadsheet.

4. Faster postal reminders

For the Community Mental Health Survey 2021, the time between the initial contact (first mailing letter) and first reminder (second mailing letter) will be seven working days. Due to coronavirus pandemic Royal Mail have been experiencing postal delays and therefore instead of the previous five working days, the first reminder will be sent out seven working days after the initial mailing, this is to allow service users time to opt out of the survey.

5. Submission of respondent questionnaires (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods will require the scanned copies of two respondent-completed questionnaires to be sent to them. We require both copies to have been returned from the first mailing pack. Some contractors or in-house trusts may have an identifier on the first packs that would help identify this. If you do not, please send any two scanned questionnaires via the Survey Coordination Centre for Existing Method's secure transfer site (instructions on how to upload these will be given in due course).

The check of the scans is to identify any cases of discrepancies between the version submitted pre-fieldwork and the actual version sent to service users. Where discrepancies have occurred, on other surveys within the NPSP, this has led to data suppression for those trusts. Please note that this does not replace the submission of the pdf and hard copies of the questionnaire that are submitted to the Survey Coordination Centre for Existing Methods before the beginning of fieldwork. Please refer to the [key dates](#) table in the timetable section to see when these are scheduled for.

Managing the survey

1. 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 sample, and your Caldicott Guardian, who will sign off the sample before the data leaves your trust's systems. Please provide your Caldicott Guardian with notice of this requirement to avoid delays in the sign-off process.

If there are any changes to the project team from previous years, please inform the Survey Coordination Centre for Existing Methods. This includes if your trust recently underwent a merger with another trust.

As timing is crucial in implementing the survey, you might want to map planned leave of the members of the project team in order to ensure that deadlines are met. For example, you might want to consider who would be the person of contact to answer queries if the person who drew the sample is out of the office. This is particularly relevant during the sampling phase and when the questionnaires are being sent out.

2. Optimising the fieldwork period

The survey fieldwork period for 2021 is 18 weeks. It is important that your trust enters fieldwork on time in order to maximise responses from younger and black and minority (BME) groups. [Previous research](#) shows that these groups take longer to respond.

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

- To map internal contingencies such as planned leave of staff in charge of drawing the sample and/or sending the questionnaire. This could result in delays producing the sample or entering into fieldwork.
- To inform the Survey Coordination Centre for Existing Methods immediately of changes of survey lead.
- To ensure that you generate your sample promptly - within the recommended three-week sample checking period - submitting this before 10th February 2021.
- Please note that you might need to resubmit the sample following queries from the Survey Coordination Centre for Existing Methods. This should be taken into account when planning your sampling.
- Respond to queries as quickly as possible to avoid unnecessary delays.
- Adhere to the [key dates](#) listed below.

3. 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 raised 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 or how to draw your sample, be sure to contact your approved contractor or the Survey Coordination Centre for Existing Methods in plenty of time before drawing your sample. Please see the [sampling errors report](#) from the 2020 survey to get an idea of the most common mistakes made in drawing your sample.

Once you draw your sample of eligible service users, this list must be locally checked for deceased service users **and** it must be submitted for DBS (Demographic Batch Service) checks. This is to check for any service users who may have died since they used services at your trust. If there is more than two weeks between the DBS check and the first mailing, additional local and DBS checks have to be conducted. Before mailing two, a local check **must** be done and we would recommend doing another DBS check. Before mailing three, you **must** do another local check and we would recommend doing another DBS check. Please ensure you read the sampling instructions carefully on how to submit your file to DBS and how to remove deceased service users.

DBS & local checks requirements

Before mailing 1	Local checks AND DBS check at the time of drawing your sample (further deceased checks may be needed if it has been 2 weeks or more since DBS checks prior to sample submission and mailing 1)
Before mailing 2	Local checks (+strongly recommended DBS check)
Before mailing 3	Local checks (+strongly recommended DBS check)

Your sample should only be used for the purposes of distributing the Community Mental Health Survey 2021 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 ethics board and Confidentiality Advisory Group (CAG) for the survey only.



Boost samples and local surveys

We have been informed that some trusts decide to draw a “boost-sample” (i.e. a sample bigger than the required 1,250 service users) or conduct local surveys using similar sampling criteria.

These samples are **not** reviewed by the Survey Coordination Centre for Existing Methods and are **not** used as part of the analysis delivered by CQC. It is crucial that you ensure that any additional sampling does not affect the quality or the timeliness of the sampling for the survey. Common examples of this include sampling the same service user twice or including service users who did not have two contacts during the sampling period.

4. Submitting your sample file

Before [submitting your sample file](#), you must complete the [sample declaration form](#), confirming the sample has been drawn as per the sampling instructions and your Caldicott Guardian is required to sign off on the form.

Your completed sample declaration form should be submitted and approved prior to sending your sample data. [Your sample file must be transferred over a secure encrypted link](#), meeting standard NHS levels of encryption (i.e. AES256 or higher) and password-protected (unless your contractor uses a file transfer site with inbuilt encryption). Data should never be sent via email as this would constitute a breach of section 251 approval. Please note that unless you are conducting the survey in-house, you should not be submitting any data files to the Survey Coordination Centre for Existing Methods. That is your sample data and mailing data should be submitted all in one file to

your approved contractor via their secure transfer site.

5. 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](#) advice sheet.

6. Submitting PDF, hard copy and respondent-completed questionnaires

This section is only for contractors and in house trusts.

The Survey Coordination Centre for Existing Methods will carry out checks on questionnaires and covering letters at three stages:

- Before you start printing your **questionnaires and covering letters**, you should email them as **PDF's** to the Survey Coordination Centre for Existing Methods for checking;
- Following that, once you have your **questionnaires and covering letters** set up and ready for printing, you will need to post **two hard copies** of each document for checking. You must not print your survey materials until you have received approval from the Survey Coordination Centre for Existing Methods. If errors are made in the questionnaires then it could render your data unusable;
- In addition, you will need to send scans of **two respondent-completed questionnaires** to the Survey Coordination Centre for Existing Methods (please refer to section '[Changes to the survey for 2021](#)').

7. Weekly monitoring (for contractors and in-house trusts only)

The Survey Coordination Centre for Existing Methods requires weekly submissions of data on response rates and usage of the helpline. A guide to the survey practicalities will advise on how to manage [helpline](#) calls. Using the weekly monitoring template (available to download in the [Instructions and Guidance](#) section), the first submission must be made on **25th February 2021**, 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.

8. Entering and submitting final data (for contractors and in-house trusts only)

Final data must be submitted to the Survey Coordination Centre for Existing Methods uncleaned and checked using the [final data checklist](#) and [data entry spreadsheet](#) provided in the [Instructions and Guidance section](#). 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 response questions. The completed data entry spreadsheet **must not** be emailed, instead it must be password protected and submitted via our secure transfer site.

For the Community Mental Health Survey 2021, there are two multiple response questions for which respondent data must be entered differently than other questions: Q11¹ and Q40

Free-text comments should be entered verbatim and in full.

¹ Q11 is treated as a multiple response question, although it is not presented as such. This is due to service users historically ticking multiple response options for this question.

Timetable

The survey fieldwork period for 2021 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	
Display of dissent posters	September- November 2020
(Contractors and in-house trusts only) Send pdf copies of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods	22 nd January 2021
(Contractors and in-house trusts only) Send hard copies of the questionnaire and covering letters to the Survey Coordination Centre for Existing Methods	1 st February 2021
Contractors and in-house trusts should submit sample data to the SCCEM no later than	10 th February 2021
Survey Coordination Centre for Existing Methods to contact all trusts with sample outstanding	12 th February 2021
CQC to contact all trusts with sample outstanding	16 th February 2021
Start of fieldwork	15 th February 2021
Weekly monitoring starts	25 th February 2021
(Contractors and in-house trusts only) Send two scanned completed questionnaires to the Survey Coordination Centre for Existing Methods	No later than 18 th March 2021 (ideally as soon as completed questionnaires are being returned)
Close of fieldwork	18 th June 2021
Contractors and in-house trusts to send final data to the Survey Coordination Centre for Existing Methods	25 th June 2021

Making sense of the data

CQC will provide you with two specific outputs based on your individual trust results from the survey:

- A benchmark report: this report provides the **score** for your trust for each question and section and whether it performs 'better', 'about the same' or 'worse' compared to other participating trusts. These results will also be made public on the NHS patient survey website and on CQC's website under the organisation's search tool.
- Trust tables: these tables display your trust's results for each question in **percentage and number** of respondents.

Your approved contractor might provide you with additional analysis of the data as part of their contractual agreement with the trust. Please note that CQC does not see these outputs and cannot comment on these.

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), aspects of care and services (e.g. organising care, planning care, reviewing care), or other information (e.g. different mental health services or teams in your trust). This type of analysis requires additional data not delivered by CQC as standard.
- Look at the comments from the last question – these can provide additional insight into where your trust is doing well and areas to focus on for improvement.

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

Reporting results

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

Raw data requests

We are not able to share raw data that includes sample and demographic data as this would allow the trust to identify who responded to the survey and how. However, we are able to share raw data as long as both conditions below are met:

1. one of the following approaches is taken to prevent re-identification:
 - i. The trust destroys any sample/mailling data that they hold which contains service user record numbers (SURN) and confirms this has been done
 - ii. SURNs are removed from the dataset

2. the dataset has all demographic variables removed from it

If you require access to your trusts raw data please contact the SCCEM using the details below.

Questions?

For any questions, please contact the Survey Coordination Centre for Existing Methods at:

mentalhealth@surveycoordination.com

01865 208127