Care Quality Commission

NHS Patient Survey Programme

Digital methods engagement report

Published July 2020

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Summary

Background

The NHS Patient Survey Programme measures people's experiences of NHS care by asking patients to complete questionnaires after they have left hospital. Questionnaires cover many important aspects of patient experiences, including asking about the quality of interactions with staff, their involvement in decision making, involvement in care and information provision.

The survey programme currently uses a postal methodology and people are sent a questionnaire shortly **after** they have used services. Up to two reminders are sent to people who do not complete questionnaires.

CQC are looking at ways to improve the survey programme, by encouraging people to complete questionnaires online (for example, by laptops, tablets and smart phones) rather than only using paper based questionnaires as we do now. We call this **'online first'** and it means that people are first offered the option to complete a questionnaire online, with non-responders receiving a paper questionnaire with reminder mailings. We are also looking at other ways to invite and remind people to take part in the surveys digitally such as use of SMS text messages and potentially in the future, via email.

To ensure that this is the right thing to do, we have carried out engagement work to understand what different stakeholders think about these methodological changes and how it may impact them. This is the focus of this report. In a separate workstream, we are also testing out changes by working with NHS trusts to test new methods.

Methods

Engagement activities were undertaken between September 2019 and February 2020 to determine the views of stakeholders on the proposed transition of the NHS Patient Survey Programme to an 'online first' method of administering questionnaires. Previously, all questionnaires have been paper based only.

Through engagement activities we aimed to reach as wide a range of stakeholders as possible and included the public, colleagues working within NHS Trusts and data users. We:

- Ran two surveys of online communities hosted by CQC;
- Ran focus groups and interviews to understand the thoughts of groups for whom responses to the surveys are traditionally lower (BME and younger people) and people who may be negatively impacted by the move to online first (e.g. those for whom we know that internet access and use is low);
- Attended two engagement events: an External Coproduction event run by CQC and hosting a table at a conference on the digital future for maternity services;

- An online questionnaire sent to users of the survey data. This was sent to all NHS Patient Survey Programme newsletter subscribers, users of the UK Data Service who had accessed the surveys, surveys leads at all acute and mental health trusts that take part in the NHS Patient Survey Programme and staff at NHS England and Improvement.

Results

Online questionnaire methods

Most participants across all engagement activities were positive about a move to online first methods. It was felt to reflect the greater use of online methods in day-to-day life, as well as reflecting how NHS trusts are starting to engage patients online. However, participants across all engagement activities stressed it is important that consideration is given to those that might experience difficulties with using an online approach.

Benefits of online completion

Most commonly mentioned benefits included environmental (less paper) and convenience (quicker / easier / allowing respondents instant access) and more cost effective. People also believe end users will benefit from this new method as results will be available much quicker and can be used sooner.

Some people felt response rates may improve for young people who are particularly engaged with technology and use this as part of their daily lives. Also suggested was that online methods have the potential to increase accessibility by enabling participation from people who may have barriers to completion through use of assisted technologies. Suggestions included speak aloud for people with visual difficulties and use of different colours for people with dyslexia. Different languages versions could be made available for peoples whose first language is not English. This would make the data more representative.

Concerns with online completion

While many said they had no concerns about prioritising online methods of completing questionnaires, the most commonly mentioned concern across all engagement activities was that it risks excluding people who do not have access to the internet and / or technologies such as laptops or mobile phones. Also excluded would be people who either did not have the confidence or ability to use the internet and / or other technologies or who did not want to use them. This was thought to affect particular groups (discussed below) who were often described as ‘vulnerable’. Some participants expressed concern that this risks skewing data if these groups are missed.

It was felt that currently paper questionnaires would need to be available for people who either chose not to, or were unable to, use online approaches.

Some stakeholders mentioned concerns about response rates. There was a concern that response rates may drop due to the introduction of digital methods, and particularly, that it may decrease amongst groups who are not as engaged with online methods such as older people.

Data security was also mentioned across the different engagement activities though was particularly mentioned in one of the focus group held with seldom heard service users as being a ’major concern’ for participants. Concerns included questions around the safety of data, what it is used for, how long it is kept, to what extent it is shared by the NHS and concerns around hacking.

Within the data users surveys there were some concerns about trust IT and record keeping, including that not all trusts routinely collect the information (mobile number and email) needed to run digital surveys.

Other concerns mentioned were about the general methodology. These include issues relating to questionnaire length (noting that longer questionnaires do not work well online), ensuring the survey works across different devices (phones / laptops) and operating platforms (Android / Apple for example). There was also some concern that people might feel harassed by multiple messaging, may be suspicious of receiving unsolicited links to follow, and may miss texts or email invitations since they receive so many.

People disadvantaged by online completion

Older people were most commonly mentioned as potentially being disadvantaged by a move to online methods. Also commonly mentioned were people with physical or mental health problems that influenced their ability to respond. There was concern that people with mental health conditions may be worried by receiving invites by methods such as text message which were described as more intrusive. Other groups mentioned were people on a low income, people with learning disabilities and people with dementia.

Service areas covered by the surveys

Of the five different service types included within the NHS Patient Survey Programme, most people felt content an online first approach could work for all. Others were less convinced. The Community Mental Health Survey raised concerns for some owing to issues around digital accessibility and welfare concerns.

A small number of people had concerns about the Adult Inpatient and Urgent and Emergency Care Surveys given that the elderly are heavy users of these services and perceived to be less be engaged with digital methods.

Conclusions and next steps

Similar themes emerged across all of the different engagement activities undertaken. The majority of stakeholders support the proposed move to a digital first approach. They identified a number of advantages and disadvantages for consideration as a digital approach is implemented and that can inform design and delivery as the approach evolves over time.

The findings from this engagement work, alongside the pilot work, are informing key discussions around the future methodology for the NHS Patient Survey programme. Detail of how key concerns are being mitigated through survey design can be found here.

Background

The NHS Patient Surveys Programme

The NHS Patient Survey Programme asks about peoples recent experiences of using NHS healthcare services. The questionnaires cover many aspects of patient experience, including interactions with staff, involvement in decision making, involvement in care and information provision.

There are currently five surveys in the NHS patient survey programme: Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care (UEC) Survey.

Data is published at a national level, proving a snapshot of patient experience across England. The results are also used by NHS trusts to help identify areas where they are doing well and areas for improvement. They are used by CQC for regulatory activities such as registration, monitoring ongoing compliance and reviews; and by NHS England and Improvement and the Department of Health and Social Care to support their work. Other data users include Clinical Commissioning Groups (CCG's), academics, researchers and third sector (voluntary) organisations.

The survey programme currently uses a postal methodology and people are sent a questionnaire shortly **after** they have used services. Up to two reminders are sent to non-responders.

Online first

CQC are looking at ways to improve the survey programme by encouraging people to complete questionnaires online (for example, by laptops, tablets and smart phones) rather than only using paper based questionnaires as we do now. We call this '**online first'**. This means that patients are initially sent a letter inviting them to complete the survey online. In later reminders patients will be sent a paper questionnaire, but it is hoped that many patients will choose to complete the survey online. We are also looking at other ways to invite and remind people to take part in the surveys such as use of SMS text messages, and email.

An online first approach offers benefits to respondents, data users and providers. For respondents, an online first approach offers more convenience and choice when completing the questionnaire. For providers and data users, benefits include greater cost effectiveness, better data quality (there are less likely to be mistakes by respondents or due to data entry) and improved response rates from younger people. We hope this change will ensure that the survey programme is as inclusive and accessible as possible.

As this is a big change we need to make sure that this is the right thing to do, and to do this we have adopted a dual approach:

1. CQC have sought to understand what different stakeholders think about these methodological changes and how they think it may impact them. **This is the focus of this report.**

2. Ipsos MORI have been commissioned by CQC design and develop the best methods of encouraging people to complete questionnaire online. The stage involves testing out or ‘piloting’ changes by working with NHS trusts. The use of online questionnaires and SMS reminders is being piloted over time with different patient groups including adult inpatients, women who have recently had babies, children, young people and their carers, and users of urgent and emergency care (UEC) services.

Pilot work for inpatient services has recently completed and the report is available on the CQC website. The report presents the results of two experimental approaches:

- Experimental group 1 received four mailings (with a paper questionnaire included only in the third mailing), and an SMS reminder after each mailing that did not include a paper questionnaire.
- Experimental group 2 received four mailings (with a paper questionnaire included in both the third and fourth mailings), and an SMS reminder after each mailing that did not include a paper questionnaire.

Methods

Engagement activities were undertaken between September 2019 and February 2020 to understand the views of stakeholders on the proposed transition of the NHS Patient Survey Programme to be on-line first. The different activities aimed to reach as wide a range of stakeholders as possible and included the public, colleagues working for NHS trusts and data users.

The purpose of the engagement activities was to understand stakeholders views of online completion, digital methods of contacting patients (SMS or emails), the perceived risks and benefits around this and their thoughts on how we can encourage online completion.

Online engagement

CQC facilitate two different online communities who work with CQC to gather feedback and shape its work. Engagement exercises were undertaken with each group to gain insight into peoples' thoughts on moving to an online approach:

- A survey was carried out with members of a CQC public online community in September 2019. This consisted of an incentivised panel of 100 people, of whom 98 took part, who were recruited from a representative sample of the population of England;
- A survey was carried out of members of the CQC Citizen Lab in November 2019. CitizenLab is a platform for the people and the organisations they represent. Membership is varied, though many of people on the platform are from provider organisations (including clinicians and front line staff). The survey was sent after a face-to-face event with the CQC Co-production Group (detailed below). It was sent to 3159 registered users with 23 taking part.

Both questionnaires included a mixture of closed (tick boxes) and open (respondents answer in their own words) questions to understand peoples reasons for their answers. Open questions were coded which means that responses were grouped into themes. Questions asked may be found in appendix A and B.

Focus groups and interviews

Choice Support were commissioned by the CQC Engagement Team to seek to understand the thoughts of two particular audiences about the proposed move to online methods: groups for whom responses to NHS Patient Surveys are traditionally lower (BME and younger people) and people who may be negatively impacted by the move to mixed methods (e.g. those where we know that internet access and use is low). Participants were:

- 2 x LGBT (one BME, one White)
- 3 x older people (60 and above - BME)
- 1 x carer of person with learning disabilities (BME)
- 1 x carer of someone recently admitted to hospital (White)

- 3 x person with learning disabilities (BME)
- 1 x person in lower socio-economic groups (Unemployed on benefits - BME)
- 4 x young people (18 -24 - BME)

Choice Support obtained feedback from 15 people via interviews and a focus group.

Engagement events

Staff from the CQC surveys team attended two engagement events:

- External Coproduction events are run by the Public Insight and Provider Engagement teams within CQC to help shape the work of CQC. The purpose is to engage key stakeholders in the development of strategies, policies, tools and methodologies to help understand the effect they will have and how they will work in practice. Membership of the group is mixed to ensure that a variety of viewpoints are captured and includes providers, subject matter experts, professionals, Experts by Experience (ExE), public representatives, voluntary groups and umbrella bodies, think tanks, academics and national stakeholders. A representative from the surveys team hosted a session at one of these events.
- CQC hosted a table at the afternoon discussion section of a conference called ‘Our Digital Future – 1 Year On’. This was run by NHS Digital and held in London in October 2019. Stakeholders at the event included members of the Digital Midwives Expert Reference Group, members of the Local Maternity Systems (LMS) Digital Leaders Forum or others representing their LMS. This includes midwives, obstetricians, project managers and chief information officers.

Notes taken by staff attending these events have been summarised in the results section of this report.

Data user survey

An online questionnaire was sent to users of the NHS Patient Survey Programme data. This was sent to all newsletter subscribers, users of the UK Data Service who had accessed NHS Patient Survey data sets, surveys leads at all acute and mental health trusts that take part in the NHS Patient Survey Programme and NHS England and Improvement.

The questionnaire included a mixture of closed (tick boxes) and open (respondents answer in their own words) questions to understand peoples reasons for their answers. Open questions were coded which means that responses were grouped into themes. Questions asked may be found in appendix C.

Results

Online questionnaire methods

The majority of participants across all engagement activities were very positive about, and supportive of, a move to online first methods. This was felt to be reflective of the greater use of online methods in day-to-day life as well as by NHS trusts who are increasingly engaging with their service users online. However, there remains a proportion who either did not agree or who did not know.

Participants across all engagement activities stressed it is important that consideration is given to those that might experience difficulties with using an online approach.

Key results are that:

- Almost four fifths (78%) of people who took part in the Public Online Community thought that CQC should offer online patient surveys instead of only paper-based ones. Six percent said ‘no’ and 16% ‘maybe’.
- All 23 people who took part in the Citizens Lab agreed that CQC should offer online patient surveys as well as paper-based ones;
- Almost four fifths (79%) of people who took part in the data users survey agreed that CQC should move to an online first approach. Ten percent said ‘no’ and 11% ‘maybe’;
- Within the focus group, overall the use of online questionnaires were considered to be useful so long as consideration was given to those that might experience difficulties with this approach.

SMS and email invitations and reminders

Preferences were mixed for those asked about receiving survey invitations and / or reminders by digital methods. Generally whilst the majority of people were happy there remains a proportion who either were not or did not know. There is some evidence to suggest that email is preferred, as more people said it would be appropriate to send invitations and reminders by email than text message across the Public Online Community, Citizens Lab and Data Users surveys.

Key results are that:

- When people who took part in the Public Online Community were asked to select which method they would be comfortable to receive an invitation to complete an NHS Patient Survey by, 69% said by email, 20% by SMS (text message) and 10% by post. Respondents could select one option only;
- When people who took part in the Citizens Lab People were asked if it would be appropriate to send invitations to take part in a survey by SMS (text message): 16 people said ‘yes’, 5 ‘no’ and 2 did not know. When asked the same question about email, all of the 22 people who answered said ‘yes’;

- When people who took part in the Data Users Survey were asked if it would be appropriate to send invitations to take part in a survey by SMS (text message): 77% said ‘yes’, 10% ‘no’ and 12% did not know. When asked the same question about email, 86% said ‘yes’, 9% ‘no’ and 6% did not know.

Generally the focus group was supportive finding SMS and email invitations / reminders more useful than paper ones. Comments included:

- *With paper I won’t respond but with an e-mail I will respond;*
- *I cannot remember the last time I posted a letter. It is such an effort nowadays.*

People who took part in the Citizens Lab and Data Users Survey who said ‘no’ were asked why they did not feel these methods are appropriate. This was an open question meaning that people could respond in their own words.

For **text messages**, some people had general concerns with this method feeling it could easily be missed amongst other texts received:

- *Get to many texts could miss it;*
- *Too brief to be detailed. More frequently ignored.*

Others felt that this was too invasive or intrusive:

- *Unless the patient has specifically agreed beforehand, I personally get annoyed when companies contact me via text, in what would appear to be a cold call.*
- *It's too personal / pressurising. We do our FFT*[a] *by SMS (in part) - but it's a one off invitation that people can choose to ignore. Actively chasing people to respond to a survey feels like a different thing and I would prefer to keep it by post;*
- *I think people could feel harassed by getting texts? It would definitely confuse and frighten my mum.*

Other comments included concern that trust records systems did not accurately hold mobile numbers, that other methods (such as email) are preferable, some people do not have access to SMS and that there can be digital issues such as poor reception.

For **email**, some people had concerns that trust records systems did not capture this information accurately:

- *Our trust does not have good email coverage for patients so this would not be a suitable method. We have more data on SMS and use this for surveys currently but with the addition of interactive voice messaging for land line user;.*

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[a] Friends and family test

- *Would need to assure the data quality of email addresses in the Clinical record to flow as part of the survey dataset. This is currently not robust enough and would be a risk of data being sent to the incorrect recipient;*
- *I don't think we have a high enough proportion of our patients with recorded email addresses to make this viable at present.*

There were also concerns about digital accessibility such as that some groups would not have email.

- *Not all patients especially elderly have access to online or know how to use computers;*
- *A significant number of patients do not have access to the internet. This is down to age or in my Trust location, poverty.*

As with text messages some people had general concerns about the method and that emails could easily be missed or ignored.

- *Will probably be seen as spam and deleted as an unsolicited email - I would;*
- *I think that people have their phones to hand so would see a text message immediately, there is that much junk mail that comes through on peoples emails that this method may be missed.*

Benefits of online completion

We asked people what they thought were the benefits of completing an NHS Patient Survey online as opposed to a paper based version.

The most commonly mentioned benefits across all engagement activities were convenience to responder, environmental and cost. Other potential benefits identified were improved response rates, that results may become more representative of different patient groups and benefits to end users.

Online methods were felt to be **more convenient** to respondents being quicker, easier and enabling instant access at their convenience. Examples of comments include:

- *Technology is at the touch of most people's hands! They can complete surveys in the comfort of their own homes, in private and not under pressure;*
- *It is quicker and easier - especially if can be done on a smart phone;*
- *Quicker, less hassle, don't have to think about posting it;*
- *Immediacy and ease - our PCs, Mobiles etc are in our hands almost daily and it's so easy to tick a box rather than looking at snail mail maybe once a week;*
- *Easier to complete, no need for posting responses. Can complete at any time if on mobile phone for example.*

Online methods were considered to be more **environmentally friendly** or 'greener' due to less use of paper.

- *Reduce NHS Waste - average response rate is 30% which means 70% of the resources supplied are wasted;*

- *Less waste of resources (paper, postage, etc);*
- *Less paper involved, so better for the environment;*
- *It will cut down significantly on paper usage, therefore not have an impact on the environment.*

People also thought that the survey would be more **cost effective** due to being cheaper to administer. Cost benefits to digitisation include less paper and postage, and the removal of steps such as data entry or scanning.

- *Initially it has to be cost savings, in printing, ink, paper, postage;*
- *Ultimately it will save public money as it will save printing expenses, postage costs and inputting costs;*
- *It is more cost effective for the NHS. It enables more cost effective analysis.*

Some people felt that using digital methods would have a positive impact on **response rates,** particularly for young people who are more engaged with technology and use this as part of their daily lives. There was a lot of discussion at the Maternity Our Digital Future engagement event around making the survey results more representative by encouraging greater response from BME and younger mothers. Providing this method of completion may therefore encourage them to take part.

- *I believe that the online option will help to increase the response rates from our younger patients. Given the age range for the maternity and children's surveys, I believe it is far more sensible to provide an online option than the current methodology;*
- *It might seem less of a chore as an online link and attract a younger demographic as the majority of respondents to the inpatient survey are 55+;*
- *Our patient group in maternity is very IT savvy so will prefer this and the links can go out and capture a much wider audience.*

Online methods were also thought to have the potential to increase accessibility by facilitating participation from people who may have barriers to completion through use of assisted technologies. Suggestions included speak aloud for people with visual difficulties, use of different colours, large font, and easy read. Different languages versions could be made available for people whose first language is not English. Increasing participation would make the data **more representative** of the views of different patient groups.

- *Patients with impairments which make it hard for them to complete a paper survey may be able to use technology to enable them to complete the survey;*
- *Greater opportunities to improve accessibility for special needs and disability. Ease of filling in and submitting. Potential to offer easy read and different formats at lower cost;*
- *It will also help with ensuring surveys can be instantly translated for those with whom English is not their first language.*

People also believe **end users** will benefit from this new method as results will be available much quicker, even instantly, meaning they can be used sooner. Some stakeholders mentioned that there is currently a long gap between the survey sample months and results being available. Other benefits include that respondents are less likely to miss questions (as they can be ‘forced’ to answer), there is no data entry and therefore no data entry errors, and no need to decipher difficult handwriting:

- *There is the opportunity to give more "live" or recent feedback to the providers - rather than waiting for what seems a long time - so that any improvements that we can make are more real time;*
- *Easy access to data and I believe reports. Current turnaround for paper only surveys takes too long, and longer for us to action any issues from the surveys;*
- *Faster analysis of results and therefore able to act on any concerns or issues in a more timely manner;*
- *Quicker response, less data entry/scanning/ transcription errors; reduction in resources to undertake this.*

There was also a feeling that it makes sense to move to an online approach which is a more modern and reflective of increasing use within society. People now expect and prefer digital methods of communication:

- *The large majority of NHS users - especially as regards maternity, where women are younger than the average patient - will be very used to online work, and decreasingly willing to engage with handwriting, paper and envelopes, stamping and posting;*
- *Going on line is the way forward. Paper questionnaires have had their time and have been successful, we must look to the future;*
- *Better aligns to people's expectations on how to deliver feedback these days.*

Use of online methods also reflects the move within healthcare to using digital approaches:

- *I support people with Learning Disabilities, and I can say that services are investing in new technologies like smart phones and tablets. Yes, online feedback is welcome;*
- *We are moving to digital transformation in every Trust as our goal for 2020 hence I think this is good time to progress toward online surveys.*

Concerns with online completion

We asked people if they had any concerns, or thought there were any difficulties, with completing an NHS Patient Survey online as opposed to a paper based version.

While many said they had no concerns about prioritising online methods of completing questionnaires, the most commonly mentioned concern across all engagement activities were digital exclusion or digital accessibility issues. This was thought to affect particular groups who were often described as ‘vulnerable’. Some participants expressed concern that this risks skewing data if these groups are missed. Other concerns mentioned were a decrease to response rates, data security, the completeness of trust IT / records systems and general methodology concerns.

The most commonly mentioned concern across all engagement activities was **digital exclusion or digital accessibility issues.** Many people commented that online first approach risks excluding people who do not have access to the internet and / or technologies such as laptops or mobile phones. Also excluded would be people who either did not have the confidence or ability to use the internet and / or other technologies or who did not want to use them. This was thought to affect particular groups (discussed below) who were often described as ‘vulnerable’. Some participants expressed concern that this risks skewing data if these groups are missed. It was felt that currently paper questionnaires would need to be available for people who either chose not to, or were unable to, use online approaches.

- *Everyone has access to paper surveys not everyone has access to online surveys;*
- *I work with service users on involvement and so we consult them a lot. About a third are not able to use tech and need paper for various reasons. Both methods should be available so that you have a broad representation;*
- *Worried that this may exclude people who don't have access to the internet or are not computer literate. This may lead to people being reluctant to complete any survey as they feel it is 'not for them'. May put them off completing paper one;*
- *It could potentially exclude people who do not have online access or are not competent or confident to use online survey;*
- *Access for all to IT facilities and rural network coverage is variable;*
- *Excludes those without online access. could have geographical exclusion due to signal.*

Data security was also mentioned across the different engagement activities though was particularly mentioned in the focus group held with seldom heard service users as being a ’major concern’ for participants. Concerns included questions around how safe data is, what it is used for, how long it is kept, to what extent it is shared by the NHS and concerns around hacking.

- *Safe and secure practices will need to be put in place to protect patient identity. Some patients may have concerns regarding the protection and safety of their responses;*
- *We all know how hackers can breach computers to gain access to data, which can be sensitive. Until systems become more reliable and as near fool proof as possible, this step should not be taken lightly;*
- *There is a concern about your data going to inappropriate places. It’s a big organisation and it must protect your information. I don’t want marketing advertisements from third parties*;
- *The NHS has to be clear who has access to my information, for how long and who can and cannot get it.*

Some stakeholders who took part in the engagement events and data user survey had concerns about a negative impact on **response rates**. There was concern that response rates may drop due to the introduction of digital methods. Also suggested was the risk of response bias, if participation decreases for groups who are not as engaged with online methods, such as older people.

- *Concern completion rate for surveys could decrease if people do not have access to the technology required or are not as familiar in using it. that response rate may drop as it's easy to ignore an e-mail request to provide feedback;*
- *Yes - I worry that this could skew who completes the survey, in particular by potentially marginalising already marginalised groups (those with less access to IT/ who are less IT literate);*
- *The element of bias (those who are more likely to respond to online surveys - younger/professionals etc.) would need to be acknowledged.*

Within the data users surveys there were some concerns **about trust IT and record keeping**, including that not all trusts routinely collect the information (mobile number and email) needed to run digital surveys.

- *As a PAS manager in an acute Trust, I'm very aware that the data isn't always in the electronic patient record. For example, mobile numbers aren't always available or correct. This also applies to email addresses. The cause of these problems is that whilst clinic/ward staff will readily amend paper notes, they are less inclined to update the PAS system. Therefore providing these details to the survey contractor is very difficult;*
- *Recording of patient email addresses and mobile phone numbers is nowhere near as good as postal addresses so communication via email and text in the first instance will be difficult;*
- *Like a lot of Trusts, we do not routinely collect email or mobile phone numbers - those areas of our organisation that do so seem to be biased towards younger attendees of our A&E departments and patient groups with regular / long-term hospital attendances. Unfortunately postal addresses are still by far the most common contact information we hold across all of patient groups.*

Other concerns mentioned were about the **general methodology**. These include issues relating to questionnaire length (noting that longer questionnaires do not work well online), ensuring the survey works across different devices (phones / laptops / tablets) and operating platforms (Android / Apple for example). There was also some concern that people might feel harassed by multiple messaging, may be suspicious of receiving unsolicited links to follow, particularly if they do not know who CQC is, and may more easily miss texts or email invitations since they receive so many.

- *Receiving multiple reminders - email then postal might feel excessive, particularly if people are receiving other messages about sharing their feedback directly to NHS trusts. Will need an easy way to opt-out of responding if receive by email first. This may have an impact on response rates;*
- *There are inevitable difficulties associated with formatting and accessibility to the surveys itself, across the various devices people might use (phone, tablet, MAC, PC, etc.);*

- *Length may have to be reduced to encourage online completion;*
- *I would question whether all of the approved suppliers have the mechanisms to run surveys in this way. They offer a very good price for Trusts at the moment and if we have to go to a supplier like [name] it could significantly increase the cost for us;*
- *Issues may arise if the link for the survey does not work properly. Issues of viewing between different devices - I.E. iPhone - iPad etc.*

People disadvantaged by online completion

People were asked if there any particular groups of people that might be disadvantaged or in some way adversely affected by the move to online surveys.

Most commonly mentioned as being disadvantaged by the move to online methods were older respondents. Also commonly mentioned were people with physical or mental health problems that influenced their ability to respond. There was concern that people with mental health conditions may be worried by receiving invites by methods such as text message which were described as more intrusive. Other groups mentioned were people who are homeless, including those in temporary accommodation, people on a low income, people with learning disabilities and people with dementia.

- *I think that elderly people may be at a disadvantage as many do not use smart phones and technology. Potentially this is a large group as they are more likely to use services through illness and accidents. I think both online and paper based surveys are needed;*
- *Physical disabilities, visually disabled, people who have a learning disability, elderly, poorer people who cannot afford mobile phone or internet;*
- *Generally speaking older people don't have the same access/understanding of online services so could not access the survey online. People experiencing mental health problems may have beliefs/paranoia around using computers/electronic devices. People in residential care settings often have less access to online sources;*
- *Refugees and asylum seekers might not understand English and may need appropriate support with responding to questionnaires.*

Service areas covered by the surveys

Of the five different service types included within the NHS Patient Survey Programme[b], most people felt content an online first approach could work for all. Others were less convinced.

The Community Mental Health Survey raised concerns for some owing to issues around digital accessibility and welfare concerns.

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[b] There are currently five surveys in the NHS patient survey programme: Adult Inpatient Survey, Maternity Survey, Community Mental Health Survey, Children and Young People's Survey and Urgent and Emergency Care (UEC) Survey.

- *I would be concerned about more than one reminder to patients who may be experiencing a stressful situation or are unlikely to understand the context of an email;*
- *These groups are likely to contain the people who do not have online access;*
- *Mental health patients may require a more considered approach due to the nature of their treatment;*
- *This group would need an individualised approach.*

A small number of people had concerns about the Adult Inpatient and Urgent and Emergency Care Surveys given that the elderly are heavy users of these services and perceived to be less be engaged with digital methods.

- *Our cohort of patients for this survey is much older [name] we are the second oldest area in the country and I am not sure whether this cohort routinely utilise all the technology available to them;*
- *The majority of our inpatients are very elderly and I wouldn't want to exclude them. While I recognise that a lot of older people now use technology, some don't and we do have to remember that;*
- *Adult inpatients may be elderly and not have computer skills or access to complete on line surveys, thus skewing the population surveyed;*
- *A high number of patients responding to the survey would be elderly and may not be technically aware.*

Though digital methods were felt to work well for the younger demographic in the Children and Young People survey, a few people had concerns around welfare / consent / safeguarding issues, particularly for young children. Also suggested was that particularly younger children, may not have access to phones and laptops etc. There may also be issues around identifying if contact details are those of the child or parent.

- *Children and young people are likely to be the most IT literate; however you should consider parental awareness/consent; children and young people's understanding - particularly at the point of crisis; warnings that children and young people are frequently given about accessing online activities that require them to give personal details;*
- *I think there needs to be a robust way of checking patient addresses before sending. Also if text reminders are used, there needs to be a way of ensuring we have access to the most up to date telephone number. In the case of a child, this could be difficult and there could be safeguarding issues for children taken into care or living with one or the other parent with a parent estranged;*
- *Access to IT limited amongst young children;*
- *Children don't have access to computers.*

Encouraging online completion

The most common suggestion for encouraging online completion was to incentivise respondents. This could be either by some kind of monetary reward (such as a prize draw) or by using messaging to convince people of the importance of their feedback to driving improvements in patient care, or by highlighting the environmental benefits.

- *Perhaps incentive like if participate in survey will be entered into an annual draw;*
- *A gift token can go a long way;*
- *Show how the feedback has been used to make improvements nationally and regionally if possible to break it down. A "You said, we did" poster of the main themes and why giving feedback is a right of the NHS Constitution and will be used to identify issues that matter to patients using their own words;*
- *Staff need to explain to patients the importance of giving us their feedback and how it drives change at our organisation we send a letter from the chief nurse advising patients that they might be contacted to participate;*
- *I think it is important to tell patients and families what is done with the information and provide examples of improved patient experience where possible. If there is an incentive to win a voucher or some kind of prize, this always helps numbers!;*
- *Explain the environmental and resource impact - ethical approach. Valued feedback - what we do with it how it impacts.*

The other common suggestion was greater advertising or promotion of the surveys to raise awareness. This should be done across different media such as local and national adverts and use of online and social media.

- *Good local publicity of forthcoming surveys is required via Trust websites and local radio / TV;*
- *Better communication, media, Facebook, Instagram, Twitter, having active social media is well placed for people to pick up NHS dialogue and announcements. Younger people will use the above, getting some one hooked by providing innovative and interesting press releases, news;*
- *Advertise in hospitals and the community;*
- *Perhaps advertise on billboards and local & national media;*
- *The NHS should use billboards and bus shelters to advertise as is done with organ donation initiatives.*

Also suggested was working with other organisations and providing ways to support people to take part in the surveys.

- *Work with other organisations who may be able to provide computers / tablets to respond with e.g. libraries / councils / colleges;*
- *Work with assistance of Healthwatch, NGO community and dedicated support groups;*
- *More outreach to community based groups, Libraries and care providers might help to encourage the use of online surveys/resources;*
- *Might be useful to provide suggestions of where people can go to get support to complete the survey on line e.g. their local library, further education college - anywhere with suites of computers;*
- *Use other groups within the NHS such as Healthwatch and CCG Public Forums.*

How we will mitigate concerns through survey design

Table one below summarises the main topics raised by stakeholders during engagement activity. We also set out how we will ensure any concerns identified will be addressed in the design and development of new survey methods.

Table 1: Stakeholder concerns about use of online first methods

Concern	How we will address this
Digital exclusion or digital accessibility issues	The NHS Patient Survey Programme is committed to trying to hear the views of all patients. To ensure no patients are excluded because of lack of internet access, paper questionnaires will be sent with reminder mailings. Online questionnaire will increase accessibility for patients, and for the 2020 Inpatient Survey we are trialling new methods to increase accessibility of paper questionnaires.
Data security	CQC take data security very seriously and have a number of policies, procedures and processes in place to help ensure information is protected. All data is collected and handled securely in line with relevant legislation including the General Data Protection Regulation (GDPR), Data Protection Act 2018 and the NHS Code of Practice on Confidentiality (2003). These precautions include appropriate physical security of our offices, controlled access to computer systems, use of secure, encrypted internet connections and use of restricted files accessible to authorised staff only. CQC have implemented the following roles with responsibilities for Information Governance: • The Caldicott Guardian ensures that CQC handles information about people who use services in an ethical and lawful way. • The Senior Information Risk Owner (SIRO) ensures that risks relating to information are identified and properly managed. • The Data Protection Officer (DPO) monitors and advises on compliance with data protection law. All staff are required to undertake annual information governance training.

	Data security is embedded in the contracts of organisations with which we work to implement the NHS Patient Survey Programme. The Survey Coordination Centres and Approved Contractors have been through a competitive procurement process as part of which they provided information about their processes for ensuring the confidentiality and security of personal information. They are compliant with the '[Data Security and Protection Toolkit]' which enables organisations to demonstrate that the way they hold and process information meets Information Governance policies and standards. Detailed instructions are provided both for trusts and contractors on how to undertake the surveys. This includes guidelines on the use and security of the data. When information is no longer required it is destroyed. Once the mailing process for the survey is complete, name and address information is destroyed. Paper copies of the questionnaire are destroyed once data checks and analysis are complete.
Response rates	Within the Programme we have undertaken many initiatives over time to protect and increase response rates. Before deciding to implement online first methods, the use of online questionnaires and SMS reminders is being piloted over time across each survey. Response rates however are not the only measure of survey quality. It is important to consider how those who respond to surveys differ systematically from those who do not. A measure of success for our pilots includes the degree to which we can maintain or improve the demographic profile of those who respond to our surveys. Pilot work for the inpatient survey has completed and results are positive with the experimental groups (online methods) having similar response rates to the control group (postal methods). There have been small gains in increasing response from younger age groups. Over time we will test ways of encouraging even more patients to complete online.
Representative results	CQC is committed to hear the views of all patients. At the moment some groups (such as older people) are more likely to take part, whereas other groups (such as younger people) are less likely to take part. It is hoped

	that introducing a digital option will increase participation from groups that typically do not take part. This means that a change in respondent demographics may be positive if a digital approach picks up people who are currently under represented. Pilot work for the inpatient survey found that the mixed-mode groups were either as representative or more representative when compared to the control group (postal methods). The experimental groups had higher response rates from younger age categories, making the mixed-mode groups more representative by age.
Is an online first approach appropriate for every survey in the Programme?	As described in the methods section, the use of online questionnaires and SMS reminders is being piloted over time across each survey. Pilot work for the inpatient survey has completed and results are positive with the experimental groups (online methods) having similar response rates to the control group (postal methods). A digital approach will not be rolled out across other surveys until they have also been successfully piloted. CQC will consider issues particular to each survey during development and pilot work. There will be a particular focus on the receptivity of online first methods for people using community mental health services.
Recording of mobile telephone numbers in Trust IT / records systems	An audit of trust collection of mobile telephone numbers reveals variation across trusts and service types. Therefore, using a method that relies on SMS messages and postal invitations to share questionnaires, those without telephone numbers recorded are not penalised. We will continue to monitor the collection of mobile telephone number to assess the opportunities to reduce postal mailings in the future.

Conclusions and next steps

Similar themes emerged across all of the different engagement activities undertaken.

Results show that the majority of stakeholders support the proposed move to a digital first approach, so long as consideration is given to those that might experience difficulties with this approach.

They identified a number of advantages and disadvantages for consideration as a digital approach is implemented and that can inform the design and delivery as the approach evolves over time.

Key benefits to an online first approach were environmental (less paper) and convenience (quicker / easier / more instant for respondents to access and complete) and more cost effective (cheaper). Responses also show that many participants also see scope for potential additional benefits. An online approach creates opportunities to increase the accessibility of the survey programme to enable respondents with disabilities to participate, such as through text to speak software. Translated versions can also be made available for people whose first language is not English. In the future, a successful online approach could also enable real time access allowing providers earlier access to results.

The key concern across all engagement activities is ensuring that the survey programme is able to remain accessible to people who either do not have, or cannot, or who do not want to use, the internet and digital technologies. This was thought to affect particular groups with the elderly and people with physical or mental health conditions most commonly cited or discussed. These groups were often described as ‘vulnerable’ and there was concern that survey methodologies do not exclude or marginalise them with a new approach. Again, it will be important to manage stakeholders concerns by clearly communicating strategies planned or in place to address these.

The findings from this engagement work, alongside the pilot work, will help to inform key discussions around the future methodology for the NHS Patient Survey programme.

Further Information

More information on the patient survey programme, including results from surveys and a programme of current and forthcoming surveys is available at: www.cqc.org.uk/surveys

Feedback and further questions

We welcome all feedback and questions. If you have any views, comments or questions, please contact Tamatha Webster, Survey Manager, at Patient.Survey@cqc.org.uk.

Appendix A: Public online community questions and results

Please select which method you would be comfortable to receive an invitation to complete an NHS Patient Survey by:	Count	%
Email	68	69
Post	10	10
SMS (mobile text messages)	20	20
Total	98	100

Should CQC offer online patient surveys instead of only paper- based ones?	Count	%
Yes	76	78
No	6	6
Maybe	16	16
Total	98	100

Do you feel there are any services listed below that an online survey would NOT be suitable for?	Count	%
Adult inpatient services	6	6
Children and Young People services	10	10
Community mental health (receiving care in the community rather than in a hospital setting)	29	30
Maternity services	2	2
Urgent and emergency care services (A&E and Urgent Treatment/ Care Centres)	19	19
None	32	33
Total	98	100

What do you feel are the benefits of completing an NHS Patient Survey online as opposed to a paper-based survey?*	Count
Better patient care	1
Cheaper	5
Less paper	30
More convenient	79
More responses	3
More secure	11
Limited benefit	5
No benefit	2

Do you have any concerns about patient surveys being completed online as opposed to on paper? Please tell us about them if so:*	Count

Data security	12
Limited access to/confidence with computer/internet for some patients	13
Other	3
None	70

Are there any particular groups of people that might be disadvantaged or in some way adversely affected by the move to online surveys?*	**Count**
Elderly	62
People who are not computer literate	10
People with English as second language	1
People without Internet/computer/device access	18
Homeless	6
People with mental health issues	13
People with specific disabilities or problems with dexterity	19
People on low income	6

* These questions were open questions meaning that people could respond in their own words. Responses were then ‘coded’ meaning they were grouped into themes. People’s may make more than one comment, which may be allocated to more than one theme, so the total count may exceed the total number of respondents.

Appendix B: Citizens Lab questions and results

Should CQC offer online patient surveys as well as paper-based ones?	**Count**
Yes	23
No	0
Don’t know	0

What do you feel are the benefits of completing an NHS Patient Survey online rather than on paper?*	**Count**
More convenient / quicker	16
Environmental benefits (less paper)	4
Improved response rates	3
Results / data available quicker	2
Possibility to provide additional support to help completion	2
Cost benefits (cheaper)	1

If you have any concerns about patient surveys being completed online rather than on paper, please tell us about them:*	**Count**
None	11
People without internet access and / or confidence / ability to use internet and digital technology	8
Vulnerable groups may be excluded	2
General comment on methodology	2
Data security	1

Invitations to take part in a survey are currently sent through the post. Do you think it would be appropriate to send invitations via SMS (mobile phone text message) as well?	**Count**
Yes	16
No	5
Don’t know	2

Why do you think it is not appropriate to send invitations via SMS?	**Count**
People may be charged	1
Most of our residents do not have access to SMS	1
It may get lost in all the texts people send	1
Difficult to complete a survey on a phone	1
Missing / did not answer	1

Do you think it would be appropriate to send invitations via email?	**Count**
Yes	22
No	0
Don’t know	0
Missing / did not answer	1

Which, if any, of the following services do you think an online survey would NOT be suitable for?	**Count**
All of these services would be appropriate for an online survey	17
Adult Inpatient	2
Community Mental Health	2
Children and Young People	1
Maternity	0
Urgent & Emergency Care	0
Missing / did not answer	1

In your opinion, are there any particular groups of people that might be disadvantaged or in some way adversely affected by the move to online surveys? If yes, please tell us which groups.*	**Count**
People without internet access and / or confidence / ability to use internet and digital technology	15
Elderly	10
Physical / mental disabilities	5
Learning disabilities	5
Dementia	1
Homeless	1
People on a low income	1

Is there anything you would like us to consider in using digital and paper based surveys in the NHS Patient Survey Programme?*	**Count**
Increase accessibility	3
Data security / confidentiality	2
Link to survey results	1
Use recycled paper	1
Able to answer about multiple locations	1

* These questions were open questions meaning that people could respond in their own words. Responses were then ‘coded’ meaning they were grouped into themes. People’s may make more than one comment, which may be allocated to more than one theme, so the total count may exceed the total number of respondents.

Appendix C: Data users survey questions and results

Which of the following options best describes your role or organisation?	**Count**	**%**
Service provider (e.g. NHS trust)	142	53
Patient / member of the public	85	31
Charity or voluntary organisation	14	5
Academic institution (staff or student)	9	3
other	9	3
Healthwatch	6	2
Supplier of analytics to NHS	2	1
CCG or support units	1	0
Government (central or local)	1	0
Research organisation	1	0
Government arm's length body	0	0
Total	270	100

Which surveys in the programme are you interested in?	**Count**	**%**
Adult Inpatient	213	79
Urgent & Emergency Care	176	65
Children & Young People	145	54
Maternity	126	47
Community Mental Health	101	37

This question was multiple choice so responses will total more than 100%.

Do you think that CQC should move to an online first approach?	**Count**	**%**
Yes	214	79
No	27	10
Don't know / no opinion	29	11
Total	270	100

What do you feel are the benefits of completing an NHS Patient Survey online rather than on paper?*	**Count**
Convenience: quicker / easier / instant / immediate / more accessible for respondent	118
Methodology benefits for end user: quicker and easier / less likely to miss questions / no data entry / no data entry errors / no difficult handwriting / results available quicker	69
Environmental benefits: less paper / greener / less waste	56
Increased accessibility / response rates / participation	56
Cost effective: cheaper	55
Reflects greater use of digital methods in society / people prefer digital methods of communication / more modern	39

Data protection	2

Do you have any concerns about patient surveys being completed online rather than on paper?*	Count
None	90
Not accessible to particular groups: elderly / low income / non English	77
Digital accessibility issues: do not have / do not want to use / cannot use internet or digital technologies	52
Data protection / security / privacy	39
Trust IT / record keeping issues	21
General methodology comment	20
Reduced response rates	6
RR bias (more younger people / less older people)	3

Invitations and reminders to take part in a survey are currently sent through the post. Do you think it would be appropriate to send invitations via SMS (mobile phone text message) as well?	Count	%
Yes	209	77
No	28	10
Don't know / no opinion	33	12

Why do you think this is not appropriate?*	Count
General methodology comment	8
Invasive / intrusive / pressure	6
Prefer another method	4
Trust IT / records systems	3
Digital accessibility issues / reception	3
Cost to respondents	1
Data confidentiality	1

Do you think it would be appropriate to send invitations and reminders via email?	Count	%
Yes	231	86
No	23	9
Don't know / no opinion	16	6

Why do you think this is not appropriate?*	Count
Trust IT / records systems	6
Digital accessibility issues / reception	6
General methodology comment	5
Invasive / intrusive / pressure	2
Prefer another method	1
Data confidentiality	1

Do you think that an online first approach would not work for any of the following surveys?	Count	%
No. All surveys are suitable for an online first approach.	184	68
Adult Inpatient	44	16
Community Mental Health	38	14
Children & Young People	37	14
Urgent & Emergency Care	36	13
Maternity	17	6

This question was multiple choice so responses will total more than 100%.

If no, why do you think it would not work for the survey(s)?*	Count
Digital accessibility	42
Safeguarding / issues with children receiving texts / emails / parental consent / vulnerable people	22
General methodology comment	19
Trusts records / IT	6
Data protection / privacy	1

Do you think there are any particular groups of people who might be either disadvantaged or in some way adversely affected by the move to online surveys?	Count	%
People who are not computer literate	246	91
People without Internet/computer/device access	233	86
People who are homeless, including those in temporary accommodation	219	81
Elderly	210	78
People with specific disabilities or problems with dexterity	165	61
People whose first language is not English	144	53
People with mental health issues	124	46
People on low incomes	93	34
Other	10	4
None / no groups of people will be disadvantaged	9	3

This question was multiple choice so responses will total more than 100%.

Is there anything else that we can do to encourage people to take part online?*	Count
none / no / nothing	72
General methodology comment	46
Motivate respondents / incentive	41
Marketing / advertising / promotion	35
Work with other organisations	22
Digital accessibility	10
Increase accessibility / choice of completion methods	9
Work with trusts / trust records issues	8
Data protection	6
Survey fatigue	4

If you have any further comments or feedback please let us know here*	**Count**
General methodology comment	22
Digital accessibility	8
Trust records	6
More engagement	4
Increase accessibility	3
Data protection	3
Disadvantaged groups	2
IT issues	1
Provide support	1
Environment	1

* These questions were open questions meaning that people could respond in their own words. Responses were then ‘coded’ meaning they were grouped into themes. People’s may make more than one comment, which may be allocated to more than one theme, so the total count may exceed the total number of respondents.