Response to CQC's consultation on our proposals for

The NHS Patient Survey Programme

November 2016

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values

- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can.

Contents

Introduction

The NHS patient survey programme provides the only existing source of robust, comparable data about people's experiences of NHS care across England. CQC uses the information from the surveys in many aspects of our work, such as our risk-based surveillance system, our inspections and how we report on national issues using our independent voice. The information is also used by NHS organisations as a way of benchmarking performance and by many other national and local bodies and policy makers.

Our overall vision for the NHS patient survey programme is for CQC and others to use the data to drive improvements in the quality of care. The current survey programme produces valuable, robust data about people's experiences of care. We believe that we can do more to enhance the value of both the overall survey response data, and the outputs and reports that we produce based on that data. We want to get the maximum value from the survey data and make it available in a way that fully supports how others use it, to enable improvements to be made to services and ultimately to people's experiences of care.

Our aim is to improve the survey programme to bring maximum impact and value for those who use the results across the health and social care system. To achieve this, we proposed a number of changes to the coverage and frequency of the surveys and asked all those with an interest – including patient groups, the public and national and local bodies – for suggestions on how to enhance the quality and presentation of survey results.

To date, the survey programme has focused on acute and community mental health services, with surveys undertaken either annually or on rotation once every three years. We reviewed the current frequency and content of the surveys to identify the best way to obtain reliable and relevant survey data. Any changes to the programme were balanced against the burden on NHS trusts, in terms of the impact of collecting and funding the surveys.

Our consultation

Our formal consultation asked for feedback on our proposals for changes to our approach to the survey programme over the next two years (2017/18 and 2018/19). We consulted from 26 May to 21 July 2016.

We proposed a set of changes to improve the coverage, frequency and value of the data we collect. We believe these changes strike the right balance between adding value and minimising the cost of the programme to providers of care.

Coverage of the surveys

We proposed to expand the programme to include areas where information from surveys is currently limited, such as for paediatrics and community health services, and where there are changes in the way services are provided, for example, including all urgent and emergency care services and not just A&E services. This was to increase the range of data that is collected across all NHS services, to maximise the value of the programme as a whole.

Frequency

We proposed to increase the frequency of specific surveys, running them at least every two years, rather than three as in the current programme. This would provide more opportunities to identify any changes in the quality of patient experience over time and would have the benefit of more recent and up-to-date data. It would also embed the collection of the information into the ongoing monitoring of services, allowing providers of care to make greater use of the information in decision making and improving services.

Value

We recognise that we could take further measures across all surveys in the programme to increase the value of the results. In particular, we asked for views on how we could improve the way we present the results and make them accessible. We also noted that increasing response rates to the surveys would improve the quality and robustness of the data, and we asked for suggestions on how to achieve that.

Our proposals at a glance

Coverage of the surveys

Acute trusts

- Discontinue the outpatient survey as a separate survey and instead incorporate relevant questions into the adult inpatient survey.

- Review the A&E survey to include all relevant urgent care services.

- Run the children and young people's survey regularly.

- No change to the maternity survey.

Trusts providing community health services

- Pilot a new community health services survey.

- No change to the community mental health survey.

Frequency

- Run the A&E, children and young people's, and maternity surveys on rotation every two years (rather than the outpatient, A&E and maternity surveys every three years).

- Continue with an annual adult inpatient survey for acute trusts and an annual community mental health survey for mental health trusts.

Increasing the value

- Implement new approaches to improve response rates across all surveys.

- Review how we present survey information to improve its:
  - accessibility
  - ability to drive improvements to services.

How we engaged and who we heard from

We promoted the consultation on our website, through our social media channels, and on our online communities for providers, professionals and the public.

We contacted all NHS providers directly to let them know about the consultation. CQC's Surveys team compiled a mailing list of nearly 1,500 people and organisations that are interested in the survey programme. We emailed the consultation document directly to all recipients, including NHS staff involved in the survey programme; NHS chief executives; national, regional and local organisations; research institutions; and survey contractors. During the consultation period we sent two reminders to encourage those on the mailing list to respond.

We also informed NHS Confederation and NHS Providers about the consultation, and included articles and web links to the consultation in our email bulletins for the public and professionals, and in newsletters to local Healthwatch and overview and scrutiny committees.

Details of the consultation were also published on Stats User Net, which is a website hosted by the Royal Statistical Society that provides an online community for all those who produce, use, or are interested in official statistics. CQC's Surveys team also added a link to the consultation webpage on their email signatures, to ensure that anyone contacting us about the surveys had the opportunity to read the consultation document and respond.

We accepted formal submissions to the consultation online, by email and by post.

We received 204 responses in total. These consisted of 180 responses through CQC's website, 23 responses by email, and one by post.

Two people responded to the easy read version of the consultation document, which was available on our website.

Of the responses, 108 were made on behalf of an organisation. The organisations that responded included:

- 72 NHS service providers
- 1 non-NHS service provider
- 9 national bodies (such as NHS England, Department of Health)
- 1 NHS England regional unit
- 5 local Healthwatch organisations
- 4 clinical commissioning groups (CCGs)
- 5 royal colleges
- 7 voluntary and community sector organisations
- 4 research organisations.

We also received 96 responses from individual people providing their own views. Individual respondents were asked to describe themselves to help us understand more about the type of people who use the surveys:

- 39 were members of the public
- 36 were employed by an NHS service provider
- 1 was from a non-NHS service provider
- 6 were from a voluntary or community sector organisation
- 6 were from a research organisation or academic institution
- 4 worked in commissioning NHS services
- 2 worked for an arms length body
- 2 worked in government.

We reviewed, analysed and reported on all the feedback collected from the consultation. We have published the full report on our website alongside this response, which provides analysis of all responses received.

What you told us and our response

Consultation question 1

We are proposing to discontinue the outpatient survey and instead incorporate relevant questions into the adult inpatient survey.

Do you agree or disagree with our proposal?
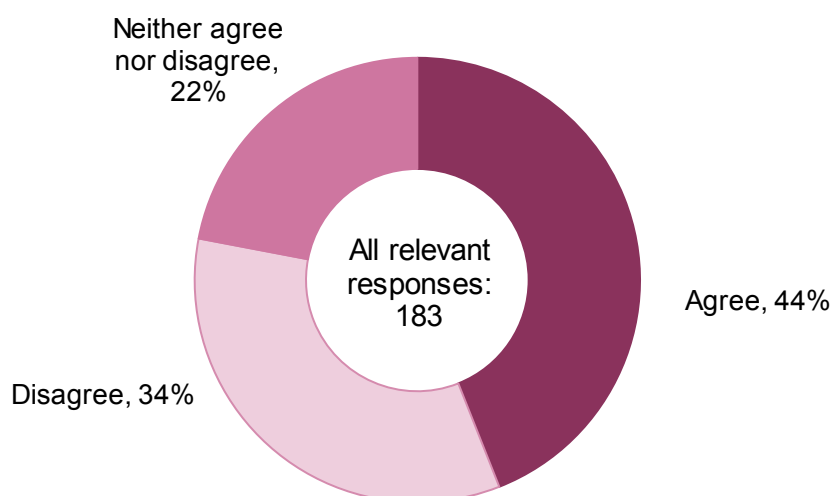
If this change was made:

- What would be the main benefits to you?
- What would be the main challenges to you?

What you said

We received 197 responses in total to this question. Of those who had an opinion, 80 respondents said they agree with the proposal to discontinue the outpatient survey and incorporate relevant questions into the inpatient survey, and 62 respondents disagreed with this proposed change. The remaining 41 respondents said they neither agreed nor disagreed with it. In addition, 14 respondents were 'not sure' if they agreed or disagreed with the proposal (7% overall).

Consultation question 1: We are proposing to discontinue the outpatient survey and instead incorporate relevant questions into the adult inpatient survey.

Do you agree or disagree with our proposal?

Neither agree nor disagree, 22%

Agree, 44%

All relevant responses: 183

Disagree, 34%

Note: those who answered 'not sure' have been excluded

We asked people to give their views on the main benefits and challenges if the proposed change was made. The main topics were in relation to: sampling; response rates and reliability of data; types of information for monitoring and improving services; survey logistics, costs and workloads; the dissemination of results, and forthcoming changes to services. We found that some respondents were unable to give fully detailed feedback without having more detailed knowledge of the exact detail of the proposed changes.

Benefits

Respondents were positive about the potential for increased sample sizes, which would improve the accuracy of the data collected.

Another benefit mentioned was having only one survey rather than two. This was in terms of lower costs and less administration required by NHS staff, as well as the reduced likelihood of patients being asked to take part in both surveys. Respondents also thought that it would improve consistency, as combining the two surveys would ensure that 'the same quality of service is delivered to patients in either setting'.

Leading on from that, the streamlining of surveys was also noted as a benefit, to reflect 'joined-up care' and presenting a unified approach. Improvements to the survey data were recognised, in terms of coverage of pathways of care, providing more regular data, and consequently better reporting, which would enable better monitoring of any actions taken to improve on the basis of survey results.

A number of respondents also thought the change would bring 'more targeted and focused' data.

A service provider acknowledged that a single report from a combined survey would help to improve engagement with staff, as the results would be relevant to more staff within an acute trust.

Challenges

In terms of challenges, many respondents noted that the change would exclude a large number of people attending outpatients departments who do not go on to have an inpatient stay. It was suggested that the approach would exclude a high proportion of outpatients as there are "over six times as many outpatient appointments as completed inpatient episodes".

Although one respondent suggested that outpatient experiences are less of a concern to patients who go on to a hospital stay, others expressed concern at the bias that would result from the proposed change, in terms of narrowing the survey population to those admitted as inpatients and excluding a wide range of patients. It was claimed that the experience of elective inpatients is generally better, which would lead to a bias in survey responses and the data would not be representative of outpatient experiences. A member of the public noted that the proposed survey would not give their outpatient experience the 'appropriate weighting'.

In addition, if the questionnaire focused on the most recent outpatient episodes (check-ups) following discharge from hospital, there could be bias as those check-

ups only represent a minority of outpatient episodes. There were concerns that the approach would lead to a view of outpatients being treated as 'less important' than other areas of care, and it was claimed that poor experiences in outpatients departments are common, and form people's first impression of a hospital. It was claimed that a significant number of complaints to trusts relate to outpatient care, and therefore issues faced by outpatients would not be captured in a survey.

Some respondents were not sure how the proposal would affect the sample size and therefore the cost of the survey, assuming it would need to have a bigger sample size to accommodate the change in focus.

In contrast to some of the perceived benefits for response rates, others identified a risk to responses; for example, having a longer questionnaire, or if some questions were not relevant to many patients. The ability of patients to recall events from some time ago was also queried.

Issues with the design of the questionnaire were also noted, in terms of it being more complex and potentially confusing respondents. This would be a particular issue if it wasn't clear which outpatient episode or provider to refer to when completing the questionnaire, which may be a particular risk for areas such as London, where providers are geographically closer and patients more likely to attend different trusts within the same care episode.

Rather than perceiving benefits from streamlining the survey data, others were concerned with the potential loss of information, in terms of the amount of information (without a broader outpatient survey) or the level of detail (fewer questions for both inpatients and outpatients). In contrast, another concern was about collecting too much information, making it a challenge to identify areas for improvement.

Loss of comparability to previous survey data was also noted as a major concern.

Some respondents thought that patients wouldn't be able to answer questions if they didn't know which service to refer to, which could make it hard to attribute responses to providers. It could also affect the ownership of results and the degree of engagement from staff if it is unclear which service people are referring to. It was also noted that community health trusts may need to be aware of the survey reports if their services are covered by the questionnaire.

Our response

In light of the support from respondents, we propose to continue to investigate incorporating questions on people's outpatient experiences into the inpatient survey. However, to mitigate some of the concerns raised from the consultation, this new approach will be tested during 2017 before we make a final decision to proceed. We will ensure that we address all relevant issues raised in the consultation as part of that testing and focus on improving how we can attribute responses to providers and the relevance of the questionnaire. Planning for the community health survey will also look at the potential for covering outpatient services, which may broaden the extent to which the survey programme captures people's outpatient experiences.

Consultation question 2

We are proposing to review the A&E survey to include all relevant urgent care services (e.g. A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services).

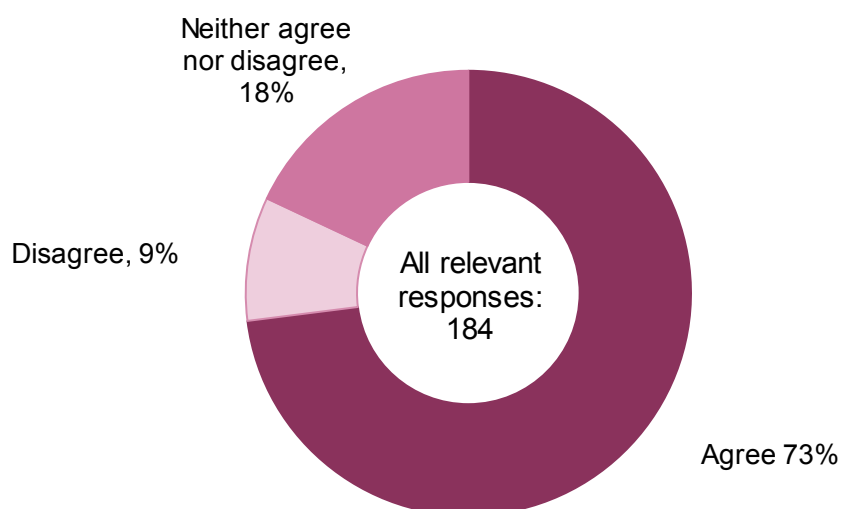**Do you agree or disagree with our proposal?**

If this change was made:

- **What would be the main benefits to you?**
- **What would be the main challenges to you?**

What you said

We received 194 responses in total to this question. Of those who had an opinion, 134 respondents said they agree with the proposal, and 16 disagreed with the move to include all urgent and emergency care services in the A&E survey. The remaining 34 respondents said they neither agreed nor disagreed with it. In addition, 10 respondents were 'not sure' if they agreed or disagreed with the proposal (5% overall).

Consultation question 2: We are proposing to review the A&E survey to include all relevant urgent care services (e.g. A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services).

Do you agree or disagree with our proposal?

Neither agree nor disagree, 18%

Disagree, 9%

All relevant responses: 184

Agree 73%

Note: those who answered 'not sure' have been excluded

The benefits and challenges from respondents related to: survey logistics; monitoring and improving services; response rates; and reliability of data.

Benefits

Many respondents acknowledged how the proposal would lead to a greater ability to capture patient experience across the entire urgent care system, to fit in with the changing landscape of urgent and emergency care services and the increased range of services available. In particular, one respondent noted that "patients do not necessarily see boundaries to services". There was also a shared recognition from a broad range of respondents that the proposed change would capture the entire patient pathway, providing a broader and more joined up view of urgent and emergency care. One member of the public noted that it would "allow you to give your overall opinion".

Respondents noted the value and greater insight from a broader dataset, in terms of understanding patients' choice around access to services and routes into acute hospital settings, as well as improving collaboration and engagement across healthcare providers. The proposed change was also seen to give greater clarity in the survey timetable, "rather than trusts opting in and out", and would provide more streamlined reporting.

Challenges

The challenges identified by respondents were primarily around the logistical difficulties in implementing a broader urgent care survey. People acknowledged the new models of care and variation in how urgent care services are structured, which must be considered when designing a broader survey. This would include the differences across recording systems when it comes to drawing samples of patients.

Respondents also noted the need to strike a balance between developing a generic questionnaire relevant to all types of services, and the need to collect meaningful information, specific enough to promote improvement. The impact of the length of the questionnaire was raised, in terms of increased cost and the likely detrimental effect on response rates (already low for previous A&E surveys).

Another key concern is attributing survey responses to providers, which is viewed to be essential to improve services, yet challenging in such a complex survey. The issues of how respondents could identify providers when completing questionnaires and who would pay for a broad survey if data was collected across a number of services were raised. Reporting was also queried in terms of how survey data was presented across multiple providers. It was suggested that an evolutionary approach be taken over time, starting with all acute urgent and emergency services initially.

Accountability and staff engagement was noted, as staff must 'own' their results. It was suggested that there may be a risk that if patients had a poor experience in one

setting it could influence their responses about another setting, thus unfairly affecting a provider's reputation.

The impact on trend data was raised, in terms of comparison with previous surveys. As some urgent care services are tendered out, and the providers may change, it was proposed that location-based reporting would be preferable to allow trend analysis over time.

Our response

The majority of respondents agreed to the change, and so we will proceed with the re-development of what was the A&E survey, broadening it to cover a wider range of urgent and emergency care services.

The feedback on the issues that must be considered is incredibly useful, such as attribution of responses, reporting, and questionnaire design, and we will take these into account when planning the next iteration of the survey.

Consultation question 3

> **We are proposing to include the children and young people's survey in the regular programme.**
>
> **Do you agree or disagree with our proposal?**
>
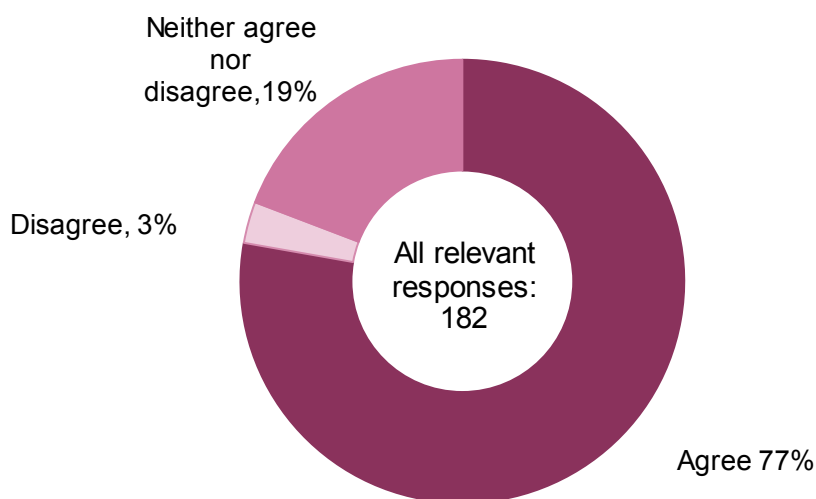> **If this change was made:**
>
> - **What would be the main benefits to you?**
> - **What would be the main challenges to you?**

What you said

We received 191 responses in total to this question. Of those who had an opinion, 141 respondents said they agree with the proposal, and six disagreed with including the children's survey into the regular programme. The remaining 35 respondents said they neither agreed nor disagreed with it. In addition, nine respondents were 'not sure' if they agreed or disagreed with the proposal (5% overall).

Consultation question 3: We are proposing to include the children and young people's survey in the regular programme.

Do you agree or disagree with our proposal?

Note: those who answered 'not sure' have been excluded

Many respondents were supportive of the proposal because of the opportunity to gather routine feedback from children and young people, and the benefits for monitoring and improving services. Potential challenges were identified around the additional cost to the programme, response rates, and mode of completion.

Benefits

There was clear recognition of the opportunity to listen to children and young people, as being the main benefit to the proposal. Respondents noted the rights of children to receive 'excellence in service', to participate in decisions, and to express their views and provide feedback.

People who use the survey information expressed a clear desire to receive more regular information, and a full understanding of children and young people's experiences. Respondents acknowledged that the proposal would enable organisations to benchmark themselves and monitor improvement, comparing experiences over time. This was also seen to allow for triangulation of information with other sources, and to examine experiences of transitions from child to adult services. It was felt that this could help "target resources where they are needed most".

Challenges

Respondents noted the complexity of children's services, with one concern that a broad survey would not capture the differences that exist across the range of patients using children's services. There was concern that the survey needs to

include a broad range of children's services, given this variation, but this presents challenges in terms of disaggregating survey results, to understand specific services.

Response rates were noted as a challenge, and some suggested that online questionnaires may be preferable. However, given that only postal addresses are currently available, one respondent suggested that trusts actively collect email addresses specifically for the survey.

Concern was expressed around the likely increase to the overall cost of implementing this survey, as well as the increased burden of collecting and analysing the data. For this reason one respondent requested that the survey is included, but within a three-year cycle, rather than two.

Our response

Over three quarters of respondents supported the proposal to incorporate the Children and Young People's survey into the programme, so we will therefore proceed with the change.

Again, we will use the feedback from this consultation about the issues to consider when planning and developing the next survey.

Consultation question 4

We are proposing to pilot a new survey for community health services.

Do you agree or disagree with our proposal?
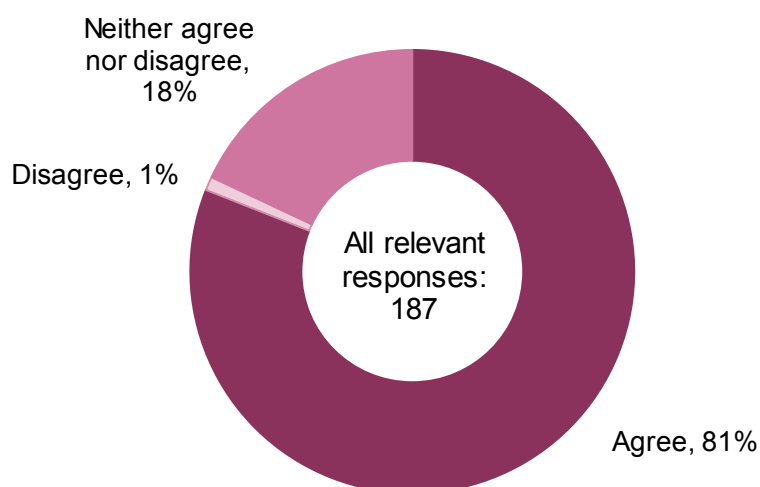
If this change was made:

- **What would be the main benefits to you?**
- **What would be the main challenges to you?**

What you said

We received 193 responses in total to this question. Of those who had an opinion, 152 respondents said they agree with the proposal, and one respondent disagreed with piloting a community health survey. The remaining 34 respondents said they neither agreed nor disagreed with it. In addition, six respondents were 'not sure' if they agreed or disagreed with the proposal (3% overall).

Consultation question 4: We are proposing to pilot a new survey for community health services.

Do you agree or disagree with our proposal?

Neither agree nor disagree, 18%

Disagree, 1%

All relevant responses: 187

Agree, 81%

Note: those who answered 'not sure' have been excluded

The feedback from those responding to the proposal was positive in terms of listening to people using services, and coverage of the care pathway. Respondents identified a number of issues to consider relating to the design, administration and costs of the survey.

Benefits

The benefits outlined by respondents included the opportunity to give people a say about community health services, and it was felt that this is much needed. It was also acknowledged that there is currently very little data in the area, and it is evident from the consultation feedback that there is an appetite for such information.

Respondents noted a need for such a survey, given the move towards integrated approaches to care and the policy shift towards the 'devolution' of services away from acute care and into community settings. Respondents also recognised that it would enable a better understanding of the whole care pathway, covering a broad range of services and providing more in-depth data than is available at present (such as from the Friends and Family Test).

Information on the whole care pathway, and therefore an understanding of where improvements can be made, was viewed as important for its potential to have a wider impact across health and care settings. For example, an understanding of community health services could help to reduce the number of people needing hospital-based care, therefore relieving pressure on hospitals, and helping to reduce delayed discharges from acute care. It was also seen to potentially help prevent 'wasted use of hospital services', and bring some insight into resource allocation.

One respondent suggested that a community health survey involving children would enable an understanding of children's services across the community, therefore helping communication across services on issues such as safeguarding.

Service providers also noted the central coordination of a survey in community health as helping to reduce administration (presumably from present, localised surveys). It was also seen to lead towards aligning the survey model with the acute sector, and therefore the 'scrutiny' applied to services and the ability to benchmark across providers.

Challenges

A fundamental challenge was defining which community health services to include, given the 'vast array' of services. The interpretation of results was identified as a potential difficulty, in terms of whether results can be attributed to particular areas, and how to interpret survey results given the differences between people who use community health services. Likewise, because of the joined-up nature of community care, responsibility for taking action on results was raised as a concern.

Other issues included: the increased cost across the survey programme; potential limitations in sharing data across organisations; and the capacity and ability of some people who use the services to respond to a postal survey. Other challenges included achieving large enough samples to produce results for relevant services; the reliability of patient records; and potential difficulties in 'locating' the data required.

Our response

Given the level of agreement expressed by respondents to the consultation, we will shortly begin the development stage of a pilot survey in community health.

We have encountered many of the same challenges that respondents raised in the consultation in our previous attempt at piloting a community health survey. We will revisit and consider all the feedback we received when designing this pilot and subsequent plans.

Consultation question 5

We propose to continue with an annual adult inpatient survey for acute trusts and an annual community mental health survey for mental health trusts.

Do you agree or disagree with our proposal?
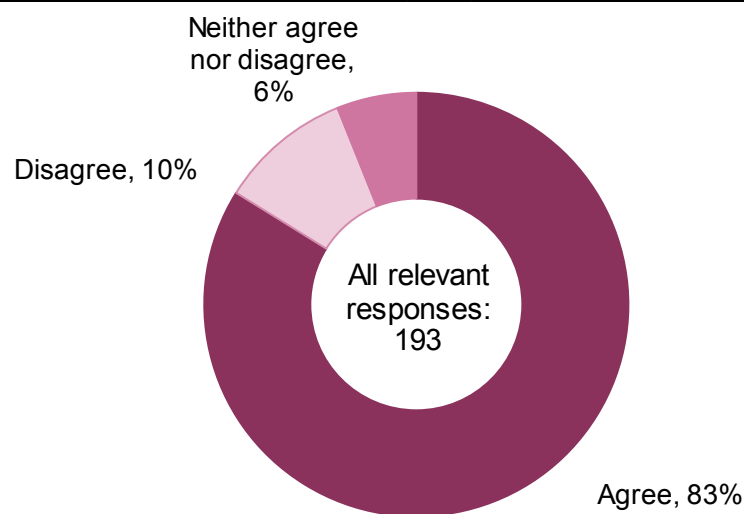
If this change was made:

- What would be the main benefits to you?
- What would be the main challenges to you?

What you said

We received 196 responses in total to this question. Of those who had an opinion, 161 respondents said they agree with the proposal, and 20 disagreed with continuing an annual adult inpatient and community mental health survey. The remaining 12 respondents said they neither agreed nor disagreed with it. In addition, three respondents were 'not sure' if they agreed or disagreed with the proposal (2% overall).

Consultation question 5: We propose to continue with an annual adult inpatient survey for acute trusts and an annual community mental health survey for mental health trusts.

Do you agree or disagree with our proposal?

Note: those who answered 'not sure' have been excluded

Feedback on this proposal was around the impact on monitoring and improving services, value and costs.

Benefits

The main benefits were that continuing these surveys would enable reliable trend data and regular performance monitoring. An annual survey provides up-to-date data, which are needed to inform commissioning decisions.

The importance of consistency was highlighted strongly; service providers and clinicians are used to the current survey timetable and have already implemented action plans.

Respondents recognised the benefits of the benchmarking element of the established annual survey, and noted that removing it would lead to local surveys being run without the ability to compare performance across organisations.

Challenges

Service providers were concerned that it was difficult to implement changes based on feedback from an annual survey because of the lack of time between receiving results and starting the next survey. Some suggested the frequency should instead be reduced.
Some noted that data does not change much year on year, representing 'poor value for money'. It was suggested that the inpatient survey is run once every two years in a cycle with another survey – alternatives were the A&E and the outpatient surveys.

Other issues included the spread of all surveys across the year, given the proposed changes in other areas of the programme. There were also issues raised about the design of the inpatient survey, such as length of questionnaire and response rates.

Our response

We recognise the concerns about the limited changes in survey results for England across years, although the purpose of the annual surveys is to detect improvements and declines at trust level, which can only be picked up with frequent surveys. Given the weight of opinion towards maintaining the annual surveys, we will continue with those for the upcoming survey programme.

We have noted the comment about the limited time in which to implement action plans for improvements. We will therefore review the timetables for future surveys to see if we are able to bring forward the publication of results to allow more time between the publication of results and the next survey sample period.

Consultation question 6

We propose to run the A&E, children and young people's, and maternity surveys on a two-year cycle (rather than running the outpatient, A&E and maternity surveys on a three-yearly cycle.)

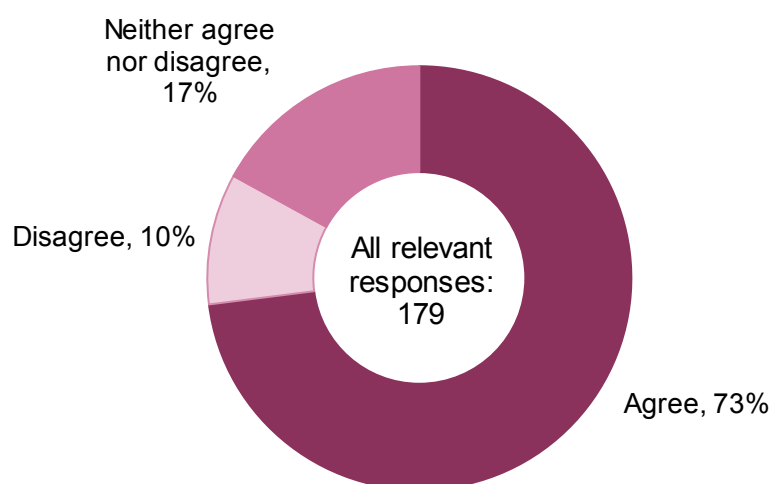Do you agree or disagree with our proposal?
If this change was made:

- What would be the main benefits to you?
- What would be the main challenges to you?

What you said

We received 189 responses in total to this question. Of those who had an opinion, 131 respondents said they agree with the proposal, and 18 disagreed with moving to a two-year cycle rather than maintaining the current three-year cycle. The remaining 30 respondents said they neither agreed nor disagreed with it. In addition, 10 respondents were 'not sure' if they agreed or disagreed with the proposal (5% overall).

Consultation question 6: We propose to run the A&E, children and young people's, and maternity surveys on a two-year cycle (rather than running the outpatient, A&E and maternity surveys on a three-yearly cycle.)

Do you agree or disagree with our proposal?

Neither agree nor disagree, 17%

Disagree, 10%

All relevant responses: 179

Agree, 73%

Note: those who answered 'not sure' have been excluded

The issues raised by respondents were in terms of feedback on services, survey costs, resources and workload.

Benefits

Feedback from respondents was mainly positive about introducing a two-year cycle for these surveys. Increased frequency would provide more up-to-date and more meaningful data because major changes in policy are often introduced more frequently than every three years. Some respondents said a two-year cycle is better suited to this changing environment. A more frequent survey cycle would also provide 'more meaningful' trend data.

Service providers commented that surveys are easier to plan with a more stable timetable. A research organisation suggested that a well-planned timetable could even boost staff engagement around the survey as they feel more involved from the outset.

Challenges

Respondents were concerned about the likely increased costs and workloads. A concern was expressed that the new cycle would need to be planned thoroughly in order to maximise benefit and to balance workload for trusts. It was noted that if the survey programme differed each year (and it is expected it will, with the rotation of three surveys over two years), then budgeting for costs may be a problem.

Although some respondents were concerned about the impact on patients, in terms of survey fatigue and adverse effects on response rates, others recognised that the benefits would outweigh the costs.

Though most respondents welcomed this change, there were some contrasting opinions. Some (including members of the public) suggested that a two-year cycle is still too infrequent. One respondent cited that as the CCG Improvement and Assessment Framework is undertaken every year, it would be preferable to have annual maternity survey data. In particular NHS England signalled an intention in their consultation response to fund CQC to conduct the maternity survey on a yearly basis subject to business planning. This is to aid assessment of the impact of the Maternity Transformation Programme in driving improvement in maternity services, especially around women's choice and experience.

However, others suggested that a two-yearly cycle was too frequent, because there was limited change in results over time and not enough time between surveys to implement improvement work.

Our response

As the majority of respondents agreed to the proposal, we will implement the proposed change to increase the frequency of the survey cycle from three to every two years.

We will work closely with NHS England to determine the feasibility of conducting the maternity survey annually, at least up to 2020.

Consultation question 7

In the consultation document, we propose to implement new approaches to improve response rates across all surveys.

Do you agree or disagree with our proposal?

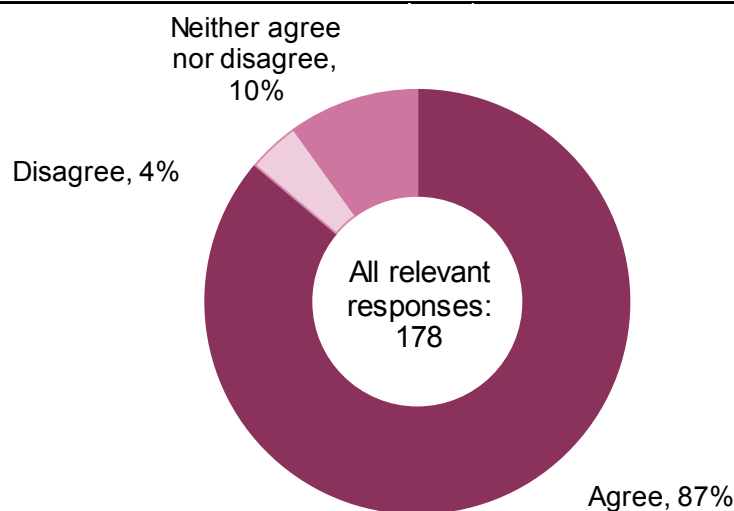**If this change was made:**

- **What would be the main benefits to you?**
- **What would be the main challenges to you?**

What you said

We received 187 responses in total to this question. Of those who had an opinion, 154 respondents said they agree with the proposal, and seven disagreed with implementing new approaches to improve response to the surveys. The remaining 17 respondents said they neither agreed nor disagreed with it. In addition, nine respondents were 'not sure' if they agreed or disagreed with the proposal (5% overall).

Consultation question 7: In the consultation document, we propose to implement new approaches to improve response rates across all surveys.

Do you agree or disagree with our proposal?

Neither agree nor disagree, 10%

Disagree, 4%

All relevant responses: 178

Agree, 87%

Note: those who answered 'not sure' have been excluded

The majority of respondents agreed that we should seek to improve response rates across surveys, and offered further insight into how and why this was needed, as well as suggestions to achieve higher response rates and better representation across all groups. The impact to the cost of surveys was noted as a key consideration.

Barriers and proposed solutions to increase response rates

Survey fatigue was identified as a barrier because there are too many surveys within healthcare and other areas. Solutions included better planning across all healthcare-related surveys, and reducing the number where possible.

Some respondents suggested offering incentives such as vouchers or charity donations to counteract a lack of motivation if people think that the NHS will not change. However, financial incentives are not feasible for the survey programme because of the limits on funding and overall scale of the surveys.

Respondents suggested that people may not understand the purpose of the surveys, or may not believe that providers take any action as a result, and so didn't place any value on responding. To counteract this, many respondents suggested the need for more publicity and a greater emphasis on the importance of the surveys through various channels (including social media and lay advocates).

A further barrier identified was people's lack of trust in the confidentiality of the surveys, as patients may fear repercussions to their care if they give negative feedback.

Measures to improve response rates

Respondents offered a range of suggestions to improve response rates, including increasing the breadth of the sample, 'oversampling' certain groups, and increasing sample sizes.

Others suggested reviewing the timing of mailings and bringing the initial mailing closer to the healthcare episode and reviewing the cover letters and questionnaires for tone and content. It was noted that the questionnaires are lengthy, and the current style is off-putting – particularly for some groups such as those with a learning disability. Translation options and accessibility were also raised as issues.

Other suggestions included providing an alternative format to a postal questionnaire, such as a web-based option, and using QR codes, apps, and text message reminders. However, respondents recognised that trusts must collect email addresses in order to send electronic surveys. Likewise, there would be issues around consent, if patients do not expect to be contacted about a survey.

Some also suggested that patient or carer groups could offer help to complete questionnaires.

Some respondents suggested that the results of the surveys should be shared promptly and directly to patients.

Our response

There is clear support for examining measures to improve response rates to the surveys. As part of this, the 2017 community mental health survey will include some piloting of various techniques to improve the response rate for that survey. We will use these findings as an evidence base for other surveys going forward, as well as taking suggestions from respondents on board in our evaluation.

Consultation question 8

As part of this consultation, we would like to collect feedback on the accessibility and usefulness of the current reporting, and the aspects that could be improved further to help you to make more use of the survey data in your work.

How can we improve the presentation of data to make the survey results more accessible and useful to you in your work?

What you said

We received 140 responses to this question, with many insightful suggestions for how to improve the current reporting for the survey programme.

Presentation of survey results and information

Some respondents wanted more concise reporting, such as summary of key points or 'exception' reports, and more information on how the survey information 'feeds into CQC operations' and links to other data sources (such as measures of patient safety, or comparisons with the Friends and Family Test).

Common themes were about sharing actions that trusts had either planned or already taken as a result of the survey, including the costs and benefits of actions, and reports of good practice. One respondent proposed a website dedicated to sharing best practice.

Trusts also said that it would be useful to present the top national score against which they could compare themselves. This was supported by a respondent from a national body, who suggested developing a national benchmark for each question.

Many said that the reports are difficult to understand and interpret, and would like them to be simpler with more graphical presentation such as infographics and visuals.

More guidance on analysis and weighting was suggested. Another requested the thematic coding of comments given in the questionnaires to be conducted as standard.

Format of data and statistics

There were mixed reviews on the current scoring method. Many respondents indicated that they would prefer percentages rather than scores out of 10 as it is easier to understand. Several service providers said the benchmarking categories 'better than', 'worse than' and 'about the same' were far too broad.

Analysis of results

Further breakdowns were requested, mostly by service providers, by site, service area, specialty or ward. It was noted that this would enable trends to be continued when trusts merge, as data could be re-aggregated to new organisations. Comparisons across survey years were of great interest to many, up to five years was preferable to year to year comparisons. An annual survey report was suggested, covering all surveys that year.

Respondents across all categories would like to see more analysis by particular subgroups or specific conditions to help target improvements to care.

A national body also mentioned that the survey programme should focus more on place-based services in the future, given the direction of the NHS. Others supported this point and raised the question of whether we could present results at CCG level as well as trust and national levels. A few service providers would also like to see the data at site level if confidentiality requirements allow.

Accessing data

Some service providers would prefer to receive one set of data (presumably in place of contractor reports and CQC reports, at present). Respondents also identified a clear need for easier access to raw data, with more data made available (in appropriate, anonymised forms).

Several respondents expressed the concern that data should be easier to find and not spread across several websites (i.e. CQC and the co-ordination centre's website). There were requests for more interactive and 'automated tools' that allow for bespoke analysis, and apps for survey respondents to see the impact of the surveys.

There were some reports that people had not seen the survey results, and others suggested greater visibility through presentations at professional conferences, workshops for service providers, and collaboration with NHS Improvement.

Timeliness of reporting

There was a strongly held and common view that survey results should be published sooner, to avoid the information losing relevance. Solutions included early access to results before publication or shorter fieldwork periods.

Our response

We welcome all suggestions and are pleased to note that work that is already underway to address some of these points. With regards to accessing data, we already deposit a full anonymised dataset to the UK Data Archive which is free to access. We have also started to publish open source data on the main CQC surveys website for each survey which can be downloaded by all users. CQC is committed to making data available as soon as possible according to good data governance so we will continue to review how we can better meet the needs of our users. In terms of benchmarking, our current benchmarking reports are designed in a way where trusts can compare their score against the national average. The methodology for this is set out in the accompanying technical reports published on the main website.

The overarching aim of the survey programme is to encourage improvement, so we will assess options for how to increase the impact of results. We will also review if we can bring forward any parts of the publication process in order to allow trusts to develop action plans sooner to support real-time improvements. We recognise the need for more granular data, and will examine if we could provide site-level results for surveys with an increased sample size, in line with confidentiality procedures. We are also reviewing how we can better analyse patient experience by subgroup going forward in the 2017 programme.

Consultation question 9

> **Do you have any further suggestions about how we can help you to make the most of the survey data in your work, so that you can gain more value from the surveys?**

What you said

We received 107 responses to this question. Some of the feedback has been reported under the other consultation questions, as the issues raised were relevant to those topics.

In assessing the overall programme, respondents further clarified the need for more collaboration with other national bodies, to align surveys and sources of patient experience data. This might entail a more targeted approach, such as measuring experiences in relation to specific conditions rather than services. There were concerns that "an annual survey is old school" and that the programme should be more innovative in the ways it collects feedback, including mixed methodologies. Looking across all questions, there were comments from some trusts on the majority of proposals regarding increased costs – whether there were suggestions of running an additional survey, or increasing the frequency of some. Though it is important to

note that some trusts also thought the benefits of more up-to-date data would outweigh the costs.

Many respondents also identified the need for feedback that "spans organisational boundaries", highlighting again the desire for place-based patient experience. Other respondents also mentioned that current surveys based on outcomes of specific care services misses out the experiences of the transitions between different services and of those people who have difficulty accessing the services in the first place.

Our response

We value collaboration and we are already working closely with bodies such as NHS England and the Department of Health, who publish other national patient surveys. We will continue to liaise with these partners to promote further improvement to the programme. We must ensure the surveys are good value for money, which is why we want to promote a wider use of survey data to encourage improvement, using the methods outlined under proposal 8.

We also recognise the changing direction of the NHS and the need to focus on patient experience that spans organisation boundaries. We are currently undertaking a feasibility study for a survey on the integration of care services, and we have changed the sampling for the 2016 Emergency Department survey to include type 1 and type 3 units for trusts. This means that we now collect patient experience data for major consultant-led accident and emergency departments, as well as minor injury units and walk-in centres. This enables us to capture the different experiences patients may have, depending on which type of service provided their treatment.

Taking our proposals forward

Coverage of the surveys

Acute trusts

✓ Pilot approach in 2017 to discontinue the outpatient survey as a separate survey and instead incorporate relevant questions into the adult inpatient survey.

✓ Review the A&E survey to include all relevant urgent care services.

✓ Run the children and young people's survey regularly.

No change to the maternity survey.

Trusts providing community health services

✓ Pilot a new community health services survey.

Frequency

✓ Run the A&E, children and young people's, and maternity surveys on rotation every two years (rather than the outpatient, A&E and maternity surveys every three years). The frequency of the maternity survey in the future will be reviewed with NHS England.

✓ Continue with an annual adult inpatient survey for acute trusts and an annual community mental health survey for mental health trusts.

Increasing the value

✓ Implement new approaches to improve response rates across all surveys, using the 2017 Community Mental Health survey pilot as an evidence base.

✓ Assess options for how to increase the impact of survey results.

✓ Review whether we can bring forward any parts of the publication process to allow trusts to develop action plans sooner.

✓ Improve accessibility to data where possible.

✓ Provide more analysis about the experience of different patient subgroups.

✓ Conduct a feasibility study for an integration survey.

Further information

To read the more detailed report of responses for this consultation, please visit:
www.cqc.org.uk/surveyconsultation.

To find out about CQC's other consultations, please see our website:
www.cqc.org.uk/consultations.

Our website also provides information on the NHS Patient Survey Programme, including results from previous surveys and the programme of current and forthcoming surveys:
www.cqc.org.uk/content/surveys

Information on how the surveys are designed and carried out is available from the Patient Survey Co-ordination Centre's website:
www.nhssurveys.org/

Feedback

We welcome all feedback about the responses to this consultation and the approach we have used to report the results, particularly from people using services, their representatives, and those providing services. If you have any views, comments or suggestions on how we could improve any aspect, please contact Paul Williamson, User Voice Development Manager, at Patient.Survey@cqc.org.uk.

Appendix: Organisations that submitted responses

We received 108 responses on behalf of the following bodies.

Clinical commissioning groups:

Ealing CCG

NHS Oldham CCG

Waltham Forest CCG

Windsor Ascot & Maidenhead CCG, Slough CCG and Bracknell and Ascot CCG (combined response

Charity or voluntary organisations:

CLIC Sargent

HAIL Mental Health

NCT policy

Parkinson's UK, Policy and Campaigns team

Sands

Sheffield Young Carers Project

Soil Association, Food for Life

Local Healthwatch:

Healthwatch Barnet

Healthwatch Dudley

Healthwatch Enfield

Healthwatch Newcastle

Healthwatch Newcastle

NHS England regional unit:

NHS England London Region

Organisations with a national remit:

Bureau of Health Information (Australia)

Care Coordination Association

Department of Health

Healthwatch England

IG Wales

Implementing Recovery through Organisational Change initiative (ImROC)

National Institute for Health and Care Excellence (NICE)

NHS England

The Health and Social Care Information Centre (now called NHS Digital)

Research organisations:

King's Fund

Patient Perspective

Picker Institute Europe

Quality Health

Royal Colleges:

Royal College of Anaesthetists

The Royal College of Midwives

Royal College of Nursing

Royal College of Paediatrics and Child Health

Royal College of Psychiatrists

NHS service providers:

Aintree University Hospitals NHS Foundation Trust, Patient Experience Team

Airedale NHS Foundation Trust

Ashford and St Peters NHS Foundation Trust

Avon and Wiltshire Mental Health Partnership NHS Trust

Birmingham Community Healthcare NHS Foundation Trust

Blackpool Teaching Hospitals NHS Foundation Trust, Informatics Department

Blackpool Teaching Hospitals NHS Foundation Trust, Child Health

Bolton NHS Foundation Trust

Bradford District Care Foundation Trust, Business Intelligence Team

Central and North West London NHS Foundation Trust

Cheshire and Wirral Partnership NHS Trust

Central Manchester University Hospitals NHS Foundation Trust

Cornwall Partnership NHS Foundation Trust

Dartford & Gravesham NHS Trust

East and North Hertfordshire NHS Trust, Patient Experience Team

Epsom & St Helier University Hospitals NHS Trust

Gateshead Health NHS Foundation Trust, SafeCare Department

George Eliot Hospital NHS Trust

Great Ormond Street Hospital for Children

Guy's and St Thomas' NHS Foundation Trust

Harrogate & District NHS Foundation Trust

Hertfordshire Community NHS Trust

Imperial College Healthcare NHS Trust

James Paget University Hospitals NHS Foundation Trust

Lancashire Care NHS Foundation Trust

Leicestershire Partnership NHS Trust

Lewisham and Greenwich NHS Trust

Liverpool Women's NHS Foundation Trust

Mid Cheshire Hospitals NHS Foundation Trust

Moorfields Eye Hospital

NHS Frimley Health Foundation Trust

Norfolk Community Health and Care NHS Trust

North Cumbria University Hospitals NHS Trust

North Tees and Hartlepool NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust

Nottingham University Hospitals NHS Trust

Oxford Health NHS Foundation Trust

Oxleas NHS Foundation Trust - Patient Experience Team

University Hospitals Coventry and Warwickshire NHS Trust, Patient Experience Team

Peterborough and Stamford Hospitals NHS Foundation Trust

Tameside Hospital Foundation Trust Quality and Governance unit

Royal Berkshire NHS Foundation Trust

Royal Brompton and Harefield Hospital NHS Trust

Royal Cornwall Hospitals NHS Trust

Royal Devon and Exeter NHS Foundation Trust

Royal United Hospitals Bath NHS Foundation Trust

Salisbury NHS Foundation Trust

Sheffield Teaching Hospitals NHS Foundation Trust

Shropshire Community Health NHS Trust

Somerset Partnership NHS Foundation Trust

South London and Maudsley NHS Trust

South Tees NHS Trust

South West London and St George's Mental Health NHS Trust

Southern Health Foundation Trust

St Helens and Knowsley Teaching Hospitals NHS Trust

The Christie NHS Foundation Trust

The Newcastle upon Tyne Hospitals NHS Foundation Trust

The Whittington NHS Trust

United Lincolnshire Hospitals NHS Trust, Patient Experience Team

University Hospitals Birmingham NHS Foundation Trust

University Hospitals Morecambe Bay NHS Foundation Trust

West Hertfordshire Hospitals NHS Trust, Corporate Nursing

West London Mental Health NHS Trust

West Suffolk NHS Foundation Trust, Patient Experience Team

Western Sussex Hospitals NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust - Information Department

Yeovil District Hospital NHS Foundation Trust

Non-NHS service providers:

Direct Health Group Ltd (Stockton on Tees)

How to contact us

Call us on: 03000 616161

Email us at: enquiries@cqc.org.uk

Look at our website: www.cqc.org.uk

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 Follow us on Twitter: @CareQualityComm

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