

Consultation

CQC's NHS Patient Survey Programme

May 2016

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Foreword

The NHS Patient Survey Programme has been a part of the regulator's work for over a decade. During that time, we have used the results of the surveys to inform many aspects of our work, such as our risk-based surveillance system, our inspections, how we report on national issues using our independent voice, and how we carry out and report on many thematic reviews. It is vital to put the voice of people who use services at the core of how we view and respond to the quality of care. The patient surveys give people a real opportunity to do this, as well as helping to drive improvement in the quality of services.

The survey programme is the only source of information that provides robust, comparable data about people's experiences of NHS care across England. Beyond our own use of the feedback, there is a much wider audience across the NHS and many other national and local bodies. We have started to collect feedback on how others use the survey information, to enable us to better understand its value and to improve what we do.

Although the general structure of the survey programme has changed little since it was first established by the Department of Health, improvements have been made within the surveys themselves. However, this is the first time that we are taking a fresh look at the content and frequency of the programme overall.

Our vision is to improve the survey programme so that it has maximum impact and value for those who use the results across the health and social care system. To achieve this, we are proposing a number of changes to the coverage and timeliness of the surveys and we are seeking feedback on how we can enhance the quality and presentation of survey results. We have a strong desire to evolve the survey programme as a reflection of our approach to continuous improvement and striving for excellence in all we do.

Please send us your thoughts and feedback on the proposals in this consultation. We also want you to tell us how we can help you to use the survey data to have maximum impact in your work. We will use all feedback to inform the final structure and content of the NHS Patient Survey Programme, which we will then announce in autumn 2016.

Your views and comments are important and matter to us. Please respond to this consultation by midday on **Thursday 21 July 2016**.

Emma Rourke
Director of Intelligence, CQC

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.

Introduction

The NHS Patient Survey Programme

The Department of Health established the programme in 2001 to enable patients to have a real say about the quality of NHS services that they have experienced. The survey programme was first proposed in [The new NHS](#), the vision for the NHS presented to Parliament by the Secretary of State for Health in 1997. The programme was designed to provide systematic comparisons of the experience of patients and carers over time, and between different areas across England. The results from the surveys that have since been carried out give a detailed picture of patient experience in NHS trusts, providing valuable information for the NHS to meet the need for continual improvement. The importance of high quality experiences for patients is noted in [High Quality Care for All](#), the Next Stage Review report of NHS services (Darzi, 2008), which states that patient experience should be one of the three guiding principles of the NHS. A positive patient experience is also integral to the [NHS Constitution](#), which sets out the rights of patients and the values and principles that the NHS aspires to.

The Department of Health requires most NHS healthcare providers by law to publish an annual [Quality Account](#) report. These should include information about the quality of their services, results from local surveys and the NHS programme surveys, and should show where they have made improvements. Participating in the NHS patient survey programme enables trusts to compare their performance with others and enables CQC to use the survey results in our regulatory assessments.

The existing NHS survey programme is focused on acute and community mental health services, which are undertaken either annually or on rotation once every three years. The programme was developed to balance the burden on NHS trusts of collecting the information, including the financial cost of the programme, which is partly met by participating trusts, with the need for reliable, frequent data that can be used to improve services.

Current schedule for the NHS Patient Survey Programme

Acute surveys		Community surveys
Run annually	Run on three-year rotation	Run annually
<ul style="list-style-type: none">• Adult inpatient.	<ul style="list-style-type: none">• A&E.• Outpatient.• Maternity.	<ul style="list-style-type: none">• Community mental health.

In 2014, the schedule also included a pilot survey to collect the views of children and young people about inpatient or day-case services. The results were published in June 2015.

How the surveys work

CQC's patient survey team oversees the programme. The survey coordination centre, run by Picker Institute Europe, coordinates the survey programme on our behalf. It helps us to develop the programme, produces guidance for trusts to ensure consistency, and carries out final checks on trusts' samples. Each participating NHS trust is responsible for drawing its sample of up to 1,250 people who have recently received care and treatment. They pay for the mailing of questionnaires to every patient in the sample. Trusts are advised to employ an approved contractor who is responsible for checking samples, printing and mailing questionnaires and logging and collating responses. The approved contractors are Picker, Quality Health, Patient Perspective, Capita Surveys and Research Membership Engagement Services. Some trusts choose to conduct their surveys in-house.

Data from the completed questionnaires is sent securely to the coordination centre to be cleaned and analysed to produce a national data set. The coordination centre also produces a set of local benchmark reports that show each trust's results and, importantly, how that trust's results vary from other participating trusts. For each survey, all results are shared with CQC to enable us to produce a report providing a national overall picture (a 'statistical release'). We publish this national report and all the results on our website and they are also made available through the [UK Data Archive](#), so that anyone can access the information and use it to undertake further analysis.

Who uses the data?

- **The public** can use the survey information published on CQC's website and on NHS Choices to help them make informed choices about where to receive planned care, and to understand the quality of local services.
- **NHS trusts** use the data to understand people's experiences of care and to help them to improve the quality of their services locally.
- **CQC** uses the data in our monitoring of NHS trusts to understand where there are risks to good quality care as well as identifying good performance. This enables us to prioritise regulatory action and informs trusts' inspection ratings. We also use the data as evidence in our independent voice in national reports, including our State of Care report.
- **National organisations**, such as NHS England and the Department of Health, can use the data to report on people's experiences of care across England, and at a local level, to support positive change. NHS England uses the data for its [Overall Patient Experience Scores](#) and [Diagnostic tool](#), and the Department of Health uses data for the [NHS Outcomes Framework](#).

Why we are proposing changes

Our overall vision for the survey programme is for CQC and others to use the data to drive improvements in the quality of care. We take pride in delivering robust data, and we work closely with other bodies, such as providers of care, patient representative groups, NHS England, and the Department of Health, to keep the survey results relevant and useful. As policy and services develop over time, we will continue to improve how we use the survey programme to capture the views of people who use services.

We know that the current NHS Patient Survey Programme produces valuable, robust data about people's experiences of care. We have made improvements to the current programme over time, such as introducing a pilot survey for children and young people and increasing the sample size for the adult inpatient survey. This latter improvement enables us to break down the data to look at the experiences of certain groups of patients, and will also enable us to report the results split by medical and surgical patients.

However, we believe that we can do more to enhance the value of both the underlying survey response data, and the outputs and reports that we produce based on that data. Our aim is 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.

To achieve this, we are proposing 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

The areas that are included in the survey programme dictate the range of data that is collected across NHS services. By looking at the current coverage and where there are gaps, we can take steps to maximise the value of the programme as a whole. To achieve this, we propose to expand the programme to include areas where available information is currently limited, such as for paediatrics and community health services.

Frequency

We propose to adjust the frequency of specific surveys so that the results are renewed more frequently by re-running them at least every two years. We know that data over two years old is generally seen as less useful. Reducing the intervals between surveys will help to address this problem as it will provide more regular opportunities to identify any changes in the quality of patient experience. This proposal will also allow the information to be embedded more routinely into ongoing monitoring of services, and will enable those making decisions on how to improve services to make better use of the survey results.

Value

There are further measures we could take, across all surveys in the programme, to increase the value of the survey results by improving how they are reported. We aim to improve the quality and robustness of the data by increasing response rates, and will review the presentation and accessibility of data to maximise the value of the survey results.

Our proposal: Coverage of the survey programme

Proposed changes to coverage	
Acute surveys	
Adult inpatient	<ul style="list-style-type: none"> Discontinue the outpatient survey and add relevant questions into the inpatient survey.
A&E	<ul style="list-style-type: none"> Review coverage of hospital-based urgent and emergency services.
Children and young people	<ul style="list-style-type: none"> Incorporate this survey into the programme to run on a regular cycle.
Maternity	<ul style="list-style-type: none"> No change.
Community surveys	
Community mental health	<ul style="list-style-type: none"> No change.
Community health services	<ul style="list-style-type: none"> Develop and run a pilot survey.

Acute and acute specialist trusts

Adult inpatient survey

We have already started to improve the coverage of NHS acute hospital services to provide more information for [CQC's inspection framework](#). When analysing results for the adult inpatient survey, we have been able to separate the results for medical patients and those for surgical patients. We will share this data with trusts to enable them to see any differences in people's experiences of care across these services, and will make this available at a national level for future surveys. This new approach has only been possible as we increased the sample size for this survey in 2015 from 850 to 1,250 patients at each trust.

As more data becomes available through larger sample sizes, there is less chance that data will not be published because the number of respondents is too small. Importantly, it has the benefit of increasing the ability to break the data down into particular subgroups, such as people with a mental health condition or a learning disability. This increases the availability of data that is specific enough to target where improvements are needed.

Outpatient survey

The outpatient survey collects information on people's experiences of a broad range of services provided by NHS trusts and was last run in 2011. Although this has allowed trusts to understand patients' views of outpatient services in general, the data cannot be used to identify the specific services that people have commented on, which would enable trusts to effectively drive improvement.

It would be possible to review and re-develop the survey in order to either limit its scope to one or two main outpatient services, or substantially increase the sample and amend the approach to sampling to ensure that we are collecting views across outpatient services. However, these solutions would either limit the breadth of the survey or increase the cost of the programme, which would be disproportionate to the benefit achieved from running the survey.

We are therefore proposing to discontinue the outpatient survey as a separate survey within the programme, and instead to incorporate relevant questions into the adult inpatient survey.

The national [Cancer patient experience survey](#), commissioned by NHS England, samples patients who have been treated as an inpatient or day-case patient over a three-month period. The questionnaire asks about GP appointments before diagnosis, up to the point at which the questionnaire was received. This covers treatments, procedures and operations, as well as information and interactions with staff. A series of questions asks people about any outpatient or day-case appointments they had with a cancer doctor within the previous 12 months, in terms of pain control, emotional support, and communication between the hospital and their GP. This survey is an example of an alternative approach to asking people about outpatient services. We will review a similar approach that would incorporate questions about outpatient services into the adult inpatient survey, and pilot it as necessary. This would allow trusts and the public to continue to gain insight into people's experiences of these services.

Accident and emergency survey

The accident and emergency (A&E) survey was last carried out in 2014 and is expected to run again in 2016. When running the 2014 survey, we were aware of the increasing prevalence of urgent care centres, set up alongside minor injury units to provide care on an urgent basis, for conditions not deemed to be life threatening. The [NHS Five Year Forward View](#), published by NHS England in late 2014, sets out the intention to re-design services to integrate urgent and emergency care between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. Partnerships are encouraged across providers to offer more local services. From this vision, eight sites were [announced](#) in July 2015 as new 'vanguards', tasked with leading the changes to how organisations work together.

In developing the 2016 A&E survey, we will review the provision of services across England to determine the best approach to drawing samples for the survey in 2016, and to consider how to implement greater changes for future surveys. Changes to services can affect how we compare survey results from previous years. If the type of people attending A&E departments changes over time, it can affect the results from the survey as certain groups may be overall more positive or negative than others, for various reasons. This could mean that either real changes in experience are hidden when comparing across survey years, or that changes appear to have occurred that are simply due to differences in the type of people responding.

We expect that future A&E surveys will cover the entire range of urgent care services that are available from each trust, to capture a truly reflective picture of the experiences of all people requiring urgent care.

Children and young people's inpatient and day case survey

In 2014, we piloted a survey to collect the views of children and young people about inpatient or day-case services. This included their experiences of the hospital staff who cared for them, the treatment they received, and their experience of being admitted and discharged from hospital. The pilot provided useful information about the quality of paediatric services that is not available from any other source. This is the only paediatric survey carried out across England completed by children themselves about the quality of their care.

A full evaluation of the pilot survey in 2015 recommended a number of key improvements, including moving the sampling period to increase the number of children eligible to be surveyed and improving the methodology and questions asked. The evaluation also recommended that the survey be carried out regularly to ensure that children, their parents and carers, and trusts providing paediatric services have access to more up-to-date information. The data will also be available to support [domain 4 of the NHS Outcome Framework](#), which is used by NHS England and the Department of Health to measure improvement in health services.

We will introduce a regular survey of children and young people from 2016, reporting in 2017. We propose to run this every two years (see 'frequency', below).

Maternity survey

The coverage of the maternity survey will remain as in previous surveys, asking women about their experiences of antenatal services, the labour and birth, and postnatal care. The questionnaire was extensively re-developed for the 2013 survey to ensure that it asks about issues that are important to women, and to update it in terms of current policy and service provision. Further revisions were made for the 2015 survey. Although we aim to keep questions consistent across surveys to monitor changes over time, the questions and content of the survey will be reviewed continually. This is to ensure that it continues to be important to women who use maternity services, relevant to national policy and guidance, and aligned with CQC's inspection requirements.

Community services

Community mental health survey

We expect to continue running this survey annually, as it is well established and used by CQC and others. The survey was extensively updated in 2014 to ensure its continued relevance. This led to a loss of trend data back to previous surveys, so we are aiming to maintain comparability as far as possible in future years to allow information to be built up that tracks changes in experiences over time. However, as with all other surveys, the questions and content will be reviewed regularly to ensure that they reflect topics that are important to people who use services as well as national policy and guidance, and remain aligned with CQC's inspection requirements.

Community health survey

To date, the NHS survey programme does not cover community health services. There is very little data available generally for community services, and a particular gap in the understanding of people's experiences because of very limited feedback. As such, CQC and other stakeholders are keen to fill the gap.

Development work and pilots in a number of areas have attempted to establish a survey covering community health, including district nursing, dentistry and community rehabilitation. However, these have been limited by various factors, such as the prevalence of paper-based records, which greatly increase the burden of sampling, and confidentiality restrictions.

Given the importance of community services in terms of the management of conditions, rehabilitation and recovery, we are looking to pilot a survey to provide feedback where possible. We propose reviewing suitable areas on which to focus (for example, district nursing), and will take into account the learning from previous development work, including how we can draw a sample and the availability of electronic records within services. We would further review and consult on potential options, followed by piloting and development of a community health survey.

Our proposal: Frequency of the survey programme

Proposed changes to frequency	
Acute surveys	
Annual	<ul style="list-style-type: none"> • Inpatient.
Two-year rotation (increased frequency)	<ul style="list-style-type: none"> • A&E. • Children and young people. • Maternity.
Community health surveys	
Annual	<ul style="list-style-type: none"> • Community mental health.
Pilot (new development)	<ul style="list-style-type: none"> • Community health services.

Increased frequency of surveys on rotation

To support improvement and choice, people need to be able to access information about services that is up to date and relevant. The only information that is currently published on a frequent basis is the [Friends and Family Test](#), which does not provide the same level of detail of experience or comparability as the results of the NHS survey programme, although we recognise that trusts will also use this data to drive improvement in their services.

To increase the value of the published information, we propose to run the ‘additional’ acute surveys (A&E, children and young people and maternity) more frequently, rather than once every three years as they have been run in the past. Given the proposed change to the coverage of the programme described above, this would mean running these three surveys once every two years. This change is to ensure that the cost of the programme to NHS organisations is balanced with the value that will come from collecting data more frequently.

The A&E and children and young people’s surveys will be undertaken during 2016, as well as the adult inpatient survey. Subject to the outcome of this consultation, this would mean that the maternity survey would then re-run in 2017, having last taken place in 2015. We propose that this cycle is continued going forward, meaning that acute trusts would undertake three surveys one year (inpatient, A&E and children’s surveys) and two surveys the following year (inpatient and maternity surveys). Our proposals would mean that activity in the next two years would include:

2016/17		
Acute	Mental health	Other work
<ul style="list-style-type: none"> • 2016 adult inpatient survey, including separate data for medical and surgical patients. • 2016 A&E survey. • 2016 children and young people’s survey. 	<ul style="list-style-type: none"> • 2017 community mental health survey. 	<ul style="list-style-type: none"> • Begin review of possible options for a community health survey. • Start work on improving response rates for all surveys.

2017/18		
Acute	Mental health	Other work
<ul style="list-style-type: none"> • 2017 adult inpatient survey, including separate data for medical and surgical patients and questions on outpatient services. • 2017 maternity survey. 	<ul style="list-style-type: none"> • 2018 community mental health survey. 	<ul style="list-style-type: none"> • Develop plans for a community health survey. • Continue work on improving response rates for all surveys. • Improvement work on the presentation of survey information.

Our proposal: Increase the value of the survey programme

Increasing response rates

Current work

Inpatient 2015 survey pilot tested:

- sending pre-approach letters before the questionnaire
- re-designed questionnaire.

Community mental health 2017 survey pilot planned:

- pre-approach letters
- re-designed questionnaire
- targeted interventions
- alternative methods for reminders.



Proposed changes

- Apply findings of pilots and evaluation work across all surveys where relevant.
- Carry out additional piloting or development work.

Presentation and accessibility of information

Current work

Websites where results are available:

- CQC
- Coordination centre
- Gov.uk statistics.

Reporting tailored to children and young audience for the 2014 children's survey



Proposed changes

Changes to be made based on feedback from consultation.

Increase response rates

The response rates for the surveys have declined since the programme started. It is essential to achieve a good level of response across all patient and service user groups to achieve high-quality data that can confidently be said to represent the targeted population. If more people respond to the survey, more can be done in terms of breaking the data down and looking at the experience of particular subgroups of patients and people who use services.

We have previously looked into providing an online questionnaire for respondents to complete, rather than a paper questionnaire, to assess whether it would increase the response rate. However, not all NHS organisations routinely collect the email addresses of patients and service users, so the initial contact can only be made through other means (such as postal), rather than directly online. We piloted online questionnaires for the adult inpatient survey in 2008 and 2013, and also for the A&E survey in 2012. Uptake of this option was low across all pilots and did not improve response rates. An online option was available for the [2014 children and young people's](#) survey, which also had a very low uptake, with less than 1% of respondents choosing to complete the questionnaire online. Likewise, the results of the [GP patient survey](#) published in January 2016 show that approximately 4% of people chose to complete the survey online. Because of the low uptake and the additional cost of providing online versions of questionnaires, we have not rolled out online questionnaires across all surveys.

We have piloted two other measures with the 2015 adult inpatient survey to evaluate their effect on response rate: pre-approach letters and a re-designed questionnaire. Before the questionnaires were mailed out in late 2015, a selection of trusts sent a pre-approach letter to test the impact on response rates. A more colourful and engaging questionnaire was also trialled for some of the sampled patients at some trusts, to compare response rates with those from the original black and white layout. Findings from the pilot, in the [report](#) available from 10 June 2016, show that neither measure had a significant effect on response rates for the adult inpatient survey.

In mid-2016, we will review a number of approaches to improve response rates specifically for the community mental health survey, and will apply these to the 2017 survey. These are outlined in an [evaluation](#) of the survey and include possible measures tailored to the survey population, including a review of the design and length of the questionnaire, use of a pre-approach letter, targeted interventions for certain groups known to be less likely to respond, and alternative methods for sending reminders (such as SMS text messages).

All findings from both the inpatient and the community mental health piloting work will be extended further across the whole survey programme, where appropriate to the differences in the target populations across the various surveys. We will also work closely with NHS England to learn from the findings of the approaches that it tested to improve response rates for the [GP Practice Survey](#).

We propose to allocate further funding to additional piloting or development work across the survey programme, to ensure a complete and exhaustive review of measures that can improve response rates.

Improve the accessibility and presentation of information

We are committed to improving how we present survey information in terms of its accessibility and its ability to drive improvements. At present, the survey results for each trust are available on CQC's website from their trust-level page and the England-level reports are on the [surveys section](#) of the website. Benchmark reports for each trust are available on the coordination centre's [website](#). We provided [reports](#) for the pilot survey of children and young people that were specially tailored for young readers. Links to the surveys and results are now available on the Government Statistics [website](#) (GOV.UK), to reach a wide audience of those with an interest in such statistics.

We have recently used an online form to capture specific feedback from people and organisations that we know use the information, to ask them how they use the survey data and results. The [initial report](#) is available on our website, and will be updated with the next round of feedback collected.

As part of this consultation, we would also like to collect feedback on the accessibility and usefulness of the current reporting, and which aspects could be improved further to help you to make more use of the survey data in your work. We will develop more detailed proposals for changes based on the feedback you give us.

How CQC will use survey data going forward

We are developing a new model for how we use data and information for ongoing monitoring of the quality of care, called 'CQC Insight'. This model will identify the key information to highlight good performance and trigger actions when concerns about quality of care are raised. This builds on the understanding we have gained from our previous system, Intelligent Monitoring, in terms of the relationships between individual data items and the actual quality of care observed during inspections.

The model will help us to better protect people who use services, and guide our inspection activity to help us prioritise our resources where the risks to the public are greatest. It will be aligned with the five key questions we use when we inspect services: are they safe, effective, caring, responsive, and well-led?

CQC Insight will include a range of information about the views of people and their families about their experiences of care, allowing us to be intelligence-driven even where there is little numerical data about the quality of care, such as social care in people's own homes. The NHS patient surveys are a key source of information for CQC Insight and we are keen to develop the programme to gain maximum value for the use of the information within the model.

We are developing an outlier model that will use the survey data to identify providers where there may be concerns. For the adult inpatient survey, we will also use the new separate data for medical and surgical patients to look at patient experience at a core service level. This will be aligned with CQC's inspection approach, which looks at medical and surgical care as two of the eight [core services](#) that we look at when we inspect hospital trusts.

The survey questions are currently mapped to the five CQC key questions and we will continue to ensure that the questionnaires are aligned to those areas, to maximise the value that the survey data can have for CQC Insight.

What the proposals mean for you

As a member of the public

Coverage of the surveys

Improving what the acute surveys include means that you will still be able to see people's views and experiences from all the current surveys to help you to choose which service to use or to see what people think about their local trust.

However, the survey results for outpatient services will only reflect the views of the types of patients that also require a stay in hospital as an inpatient. The improvement to the A&E survey will mean that it will include the different types of urgent care that are now provided, so the results will represent the experiences of all people who need urgent care within each trust's area – not just the A&E departments.

We are planning to run a survey of children's services every two years, which will enable parents to see the quality of services provided locally.

If we are able to develop a survey for community health services, you will also be able to see people's experiences of these local services for the first time.

Frequency

The information from the survey of women's experiences of maternity services and people's experiences of A&E will be published every two years rather than up to three years, which means it will be more relevant and useful if you are choosing a service.

Information on outpatient services, even though it reflects the views of people also admitted as an inpatient, will be available annually rather than every three years (as previously).

Value

By improving the response rates to all surveys, you can be more confident in the results for your local trust, and when looking across the results for England as a whole. If the response rates improve, it could encourage more patients and people who use NHS services to respond, which means that more people will be able to have their say.

As a provider of healthcare services

Coverage of the surveys

By incorporating questions from the outpatient survey into the inpatient survey, and introducing the children and young people's survey in its place, NHS trusts will continue to collect feedback across the same services as previously. By reviewing all urgent care provision, acute trusts could have greater confidence that their A&E survey results reflect the population that needs urgent care.

The proposal to carry out a community health survey would enable community health providers, for the first time in many years, to receive standardised data on the experience of the people who use their services, which could be compared across other organisations. This new survey would require community health providers to bear the cost of implementing the survey and would require some resource to draw the sample, oversee the survey, and further input to take action on the results.

Providers of community mental health services would be unaffected by the proposed changes to coverage.

Frequency

The increase in frequency to a two-year rather than a three-year cycle will require some NHS acute trusts to fund and resource an additional survey every two years, which is likely to incur an additional cost of between £1,000 and £2,500 a year to those trusts. In practice, this would mean running two acute surveys in 2017/18 (adult inpatient and maternity surveys) and three acute surveys in 2018/19 (adult inpatient, A&E and children and young people's survey).

Acute trusts will benefit from more frequent and regular surveys, as they will have more up-to-date information, and more opportunity to identify changes in the quality of patient experience. We expect this will give trusts a better understanding of how their services are performing, and will enable them to use the survey information more effectively to improve services.

If the proposals are implemented, there will be no impact on other providers.

Value

Improving the response rates to the surveys will mean that you can have more confidence in your trust's results. An increase in the number of people responding would greatly improve your ability to look at the experiences of subgroups within your patient or service user population.

All NHS trusts involved in the surveys receive their own benchmark report, which enables them to compare performance against all other trusts. We will use your feedback to improve the presentation of the results to support you to make more use of your results locally to drive improvement.

As a stakeholder

Coverage

CQC and all others who use the data will continue to have information available at trust and England level for surveys of adult inpatients, outpatients, A&E attendees, and women who use maternity services. Establishing the children and young people's survey into the regular programme will enable survey results from that group to be available on a regular basis, allowing interested parties to track changes over time.

There will be a change in what and who the data represents, with a more narrow scope for feedback from outpatients, and potentially an increased inclusion of patient groups for the A&E survey. For both surveys, existing trend data is likely to be lost, which means that comparisons could not be made back to previous surveys in those areas.

The potential inclusion of a community health survey will provide information that is not yet currently available for the sector, giving a unique insight into the experiences of people using community health services.

Frequency

If you use the A&E, maternity and children and young people's survey data, results will be available every two years rather than every three, and will therefore be more up to date.

Value

By improving the response rates to the surveys, you can have more confidence in the findings. The opportunity for further analysis at both a trust and England level will be greatly improved, allowing you to look at the experiences of subgroups of respondents with greater accuracy.

Consultation questions

Coverage of the survey programme

Q1 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?

- Agree Neither agree nor disagree Disagree Not sure

If this change was made:

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

Q2 We are proposing to review the A&E survey to include all relevant urgent care services (for example, A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services).

Do you agree or disagree with our proposal?

- Agree Neither agree nor disagree Disagree Not sure

If this change was made:

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

Q3 We are proposing to include the children and young people's survey in the regular programme.

Do you agree or disagree with our proposal?

- Agree Neither agree nor disagree Disagree Not sure

If this change was made:

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

Q4 We are proposing to pilot a new survey for community health services.

Do you agree or disagree with our proposal?

- Agree Neither agree nor disagree Disagree Not sure

If this change was made:

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

Frequency of the surveys

We propose to adjust the frequency of specific surveys so that the results are renewed more frequently by re-running them at least every two years.

Q5 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?

- Agree Neither agree nor disagree Disagree Not sure

If this frequency was continued:

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

Q6 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?

- Agree Neither agree nor disagree Disagree Not sure

If this change was made:

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

Increasing the value of the programme

Q7 In the consultation document, we propose to implement new approaches to improve response rates across all surveys.

Do you agree or disagree with our proposals?

- Agree Neither agree nor disagree Disagree Not sure

- Do you have any other ideas for ways to improve response rates?
- What do you think are the main barriers to increasing response rates?

Q8 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?

Q9 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?

Thank you for your responses – they are appreciated.

How to respond to this consultation

You can respond to our consultation in the following three ways:

On our website

Use our online form at: www.cqc.org.uk/surveyconsultation

By email

Email your response to: surveyconsultation@cqc.org.uk

By post

Write to us at:

Freepost RSBS-ZGCU-EZEE
NHS Patient Survey Consultation
Care Quality Commission
Citygate
Gallowgate
NEWCASTLE UPON TYNE
NE1 4WH

If you respond by post or email, please make clear the question number that you are responding to.

We will review all feedback to this consultation and publish a consultation response. This response will not identify individual respondents.

You can provide your views anonymously if you wish, but providing your personal information will allow us to contact you if we need any clarification or further information from you, and to contact you to let you know when the consultation response is published. Your information won't be used for any other purpose or shared with anyone else.

Please send us your views and comments by midday on **Thursday 21 July 2016**.