



National Cancer Patient Experience Survey Programme

Survey Handbook 2021

The National Cancer Patient Experience Survey Programme is run by Picker on behalf of
NHS England and NHS Improvement

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1 Introduction

NHS England and NHS Improvement are hosting the 2021 iteration of the National Cancer Patient Experience Survey (NCPES) during the autumn of 2021.

The survey supports the implementation of [Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020](#). The strategy highlights that improving people's experience across the pathway needs to be prioritised and recommends that NCPES should continue to evolve and be repeated every year.

The survey is overseen by an advisory group which consists of patients, professionals, voluntary sector representatives, academics and patient survey experts.

Aside from the national importance of this survey, there are important direct benefits for your trust in taking part:

- You will receive a bespoke report on your cancer patients' experiences (where 11 or more responses are received), broken down by cancer type grouping and will be able to benchmark cancer services locally (within your trust) and nationally.
- The results will help you meet the requirement to measure patient experience as set out in the Peer Review Measures for Cancer.
- The results will help you to populate your Quality Accounts.
- The results will also help inform the commissioning of local services by Clinical Commissioning Groups.

2 Survey Information

2.1 Who is carrying out the survey?

The survey is being carried out by Picker on behalf of NHS England and NHS Improvement.

2.2 Who will be included in the survey?

The survey will cover acute and specialist NHS Trusts in England that provide adult cancer services.

All adult patients (aged 16 and over), with a **confirmed diagnosis of cancer**, who have been admitted to hospital as inpatients for **cancer related treatment**, or who were seen as day case patients for **cancer related treatment**, and have been discharged between 1st April 2021 and 30th June 2021 will be included in the survey.

2.3 What is the survey method?

The 2021 survey will replicate the methodology used in previous iterations of the survey. The survey will be conducted by post, with two reminders (to non-responders only) as is the case with other national patient surveys. A standard questionnaire, covering letter and up to two reminder letters will be used. Patients will also be sent a link to complete the survey online should they prefer to do so.

A national Freephone helpline will be available for patients, and will support completion of the survey through phone and language translation facilities.

2.4 How much will it cost?

The costs of survey development, fieldwork, and reporting are being met by NHS England and NHS Improvement under the national contract with Picker. Trusts do not need to appoint a survey contractor.

2.5 Has the survey been reviewed by the Data Coordination Board?

The Data Coordination Board will review the survey before fieldwork begins in September 2021.

This collection is mandated for all adult acute cancer service. NHS Foundation Trusts are mandated under schedule 6 of their Terms of Authorisation.

2.6 Does the survey have Section 251 approval?

The application for Section 251 approval has been reviewed by the Confidentiality Advisory Group at the Health Research Authority and has received approval. This approval allows the common-law duty of confidentiality to be set aside and data to be transferred to Picker for the purpose of mailing out materials for the 2021 survey.

2.7 How will the survey findings be reported?

A national report will be published on Picker's Cancer Patient Experience Survey website alongside individual trust, CCG and Cancer Alliance reports in the spring of 2022. The reports will contain figures showing where the trust sits on each question in relation to other trusts for all cancers, and where individual cancer groups sit in relation to the same cancer groups nationwide.

Participating trusts will be provided with trust-level free-text analysis reports providing automated semantic and sentiment analysis of written comments received as part of the surveys. The reports are designed to:

- Take advantage of the growing preference for understanding and acting on free-text comments
- Provide essential feedback beyond the constraints of close ended questions
- Identify positive themes and areas of concern
- Analyse strength of feeling among patients
- Recommend areas for improvement, consolidation and retention
- Help present findings to drive engagement and change
- Track attitudes over time

The data will be used to inform the cancer dashboard, which is co-produced by NHS England and NHS Improvement and Public Health England, as a tool to help clinical leaders, commissioners and providers to quickly and easily identify priority areas for improvement in their cancer services. Please see www.cancerdata.nhs.uk/dashboard

Picker will assist any trust with the interpretation of its data, and will provide two virtual workshops for trusts to sign up. These will provide insight and action planning around how to make use of the results for service improvement.

3 Survey Responsibilities

3.1 What do trusts need to do?

3.1.1 Create a survey team

We recommend you set up a survey team to carry out all responsibilities. The best way to ensure that your survey is a success is to involve from the beginning those people who have the most impact on patients' experiences and who will be responsible for responding to the results of the survey. As a minimum, you will need a survey lead, a person from your data team who will draw your patient sample and a cancer specialist who will validate your patient list. It is fine if you have overlap between this team; for instance, if the survey lead is also a cancer specialist who will validate your patient list.

A link to complete a contacts form was distributed in early July for trusts to indicate their key contacts. This can be completed here: https://picker.fra1.qualtrics.com/jfe/form/SV_6x6EHyaAkLlppTU. If the contacts form has been closed for completion, please reach out to the project team at: cpes@pickereurope.ac.uk.

3.1.2 Advertise the survey and record dissenters

Trusts should have in place a system to inform patients about the upcoming survey with an option for them to opt out **if they wish not to be included in the survey**. For the 2021 survey, trusts were provided with posters, leaflets and website wording for display around relevant areas of the trust during the sampling window of April, May and June. This material provided space to add details of a nominated person within the trust that patients could contact, should they wish to opt out of the survey. The dissent materials can be found on the CPES website at: <https://www.ncpes.co.uk/supporting-documents/>.

Trusts should also have a way to **keep record of those who have opted out** so that these patients can be identified when compiling the patient list and subsequently removed from the eligible list of patients before it is submitted to Picker for approval.

The survey leads will need to work closely with the person who compiles the patient list, and check carefully that **all patients who have opted out are removed from the sample**. The patient list must be signed off by the trust's nominated survey lead before it is submitted to Picker.

3.1.3 Draw an accurate sample

Trusts' responsibilities are to ensure that the patient list is drawn accurately and in accordance with the Sampling Instructions. The Sampling Instructions are aligned as closely as possible to those used for the Care Quality Commission's annual Adult Inpatient Survey, which is already carried out by NHS Trust Information Systems staff.

3.1.4 Provide a signature

Trusts should provide the signature they would like to include at the bottom of the covering letters sent to patients. This should be in a JPEG format. If you

would also like to provide the trust logo, this should be submitted alongside the signature. Otherwise, a generic logo will be generated of your trust name to appear at the top of the covering letters. Trusts must ensure Picker receives this information **prior** to submitting the patient list, to ensure there are no delays in starting fieldwork.

3.1.5 Manage patient queries, as needed, during fieldwork

While Picker will be managing most of the queries that patients may have during fieldwork through a Freephone helpline and email address, Picker may need to consult trusts on any queries from patients regarding their diagnosis. Although careful checks carried out by a clinical cancer team member before the patient sample list is submitted to Picker are intended to remove any patients who may not be aware of their diagnosis, some patients may still have queries or may not have understood their diagnosis clearly.

In addition, although Picker will be conducting deceased checks prior to each mailing, tracing services are not fool-proof and some patients may die before the questionnaire is delivered. Whilst we expect that most reports of deceased patients who are missed through DBS checks will be reported to Picker directly, either through the survey email or the Freephone helpline, your trust may be contacted by a bereaved relative and special sensitivity will be required when responding to them. **If you do have such contact please inform Picker immediately to ensure that no further mailings are sent to the deceased patient.**

3.2 What will Picker do?

All other survey work will be carried out by Picker. This will include postage, data entry and the production of reports.

Picker will also undertake all deceased checks. The DBS checks will be undertaken at least three times during the fieldwork period: before initial send out; and before each of the two reminders. Picker guarantees that the send out of the initial mailing and the reminders will take place within 24 hours of the relevant DBS deceased check for your trust being received from the service. This arrangement will make the process more efficient and will ensure that the number of deceased patients in the sample will be minimised. It will also reduce the amount of work that trust staff have to undertake.

4 Key dates for the 2021 survey

4.1 Time table

The key dates for the 2021 survey are listed in Table 1. Trusts should ensure all tasks expected from them are completed to the dates given to reduce the risk of delaying the survey allowing Picker to publish data as soon as feasible after the conclusion of fieldwork.

Table 1: Key dates for the 2021 survey

Dates	Task	Responsibility
16 th July 2021	Deadline for informing Picker of key trust contacts (e.g. survey lead, data team member, clinical cancer team member)	Trusts
4 th August 2021	Webinar 1 for trusts – covering data protection, sampling instructions, common errors and helpful tips	Picker to lead; Trusts to attend
10 th August 2021	Webinar 2 for trusts – same as webinar 1	Picker to lead; Trusts to attend
13 th August 2021	Deadline for trust survey leads (or other applicable staff) to submit data sharing agreements. Note: must be received before patient list is submitted	Trusts
20 th August 2021	Patient list submission start date – date for trusts to aim towards	Trusts
10 th September 2021	Last day for trusts to confirm cover letter information	Trusts
17 th September 2021	Last day for submitting patient list to Picker (trusts should aim to submit by early September)	Trusts
24 th September 2021	Deadline for patient list approval (can take 2-3 weeks, please aim to submit early)	Trusts/Picker
29 th October 2021	Mailing 1	Picker
19 th November 2021	Mailing 2	Picker
10 th December 2021	Mailing 3	Picker

10 th January 2021	End of fieldwork	Picker
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4.2 Patient list submission and follow-up timings

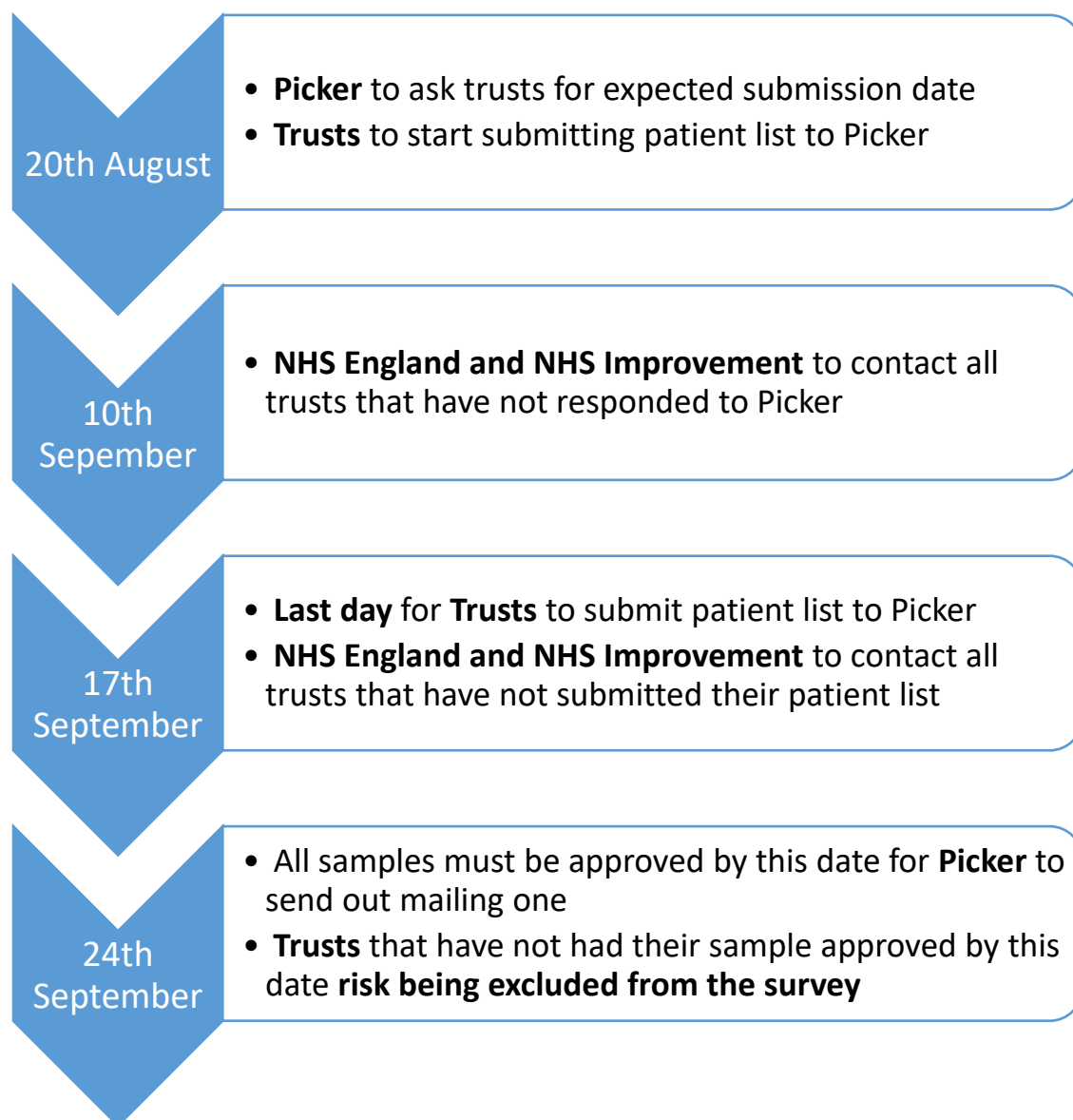
Picker are happy to support you and work with you through any sampling issues and queries you may have during the sampling period. Please do not hesitate to contact us if you should have any questions in the meantime. If there are any foreseen issues or delays in submitting your patient list, please contact us immediately.

Submission: It is imperative for you to submit your patient list as early as possible, ideally by early September. Approval can take 2-3 weeks due to sample queries and/or resubmissions. Submitting early will ensure your trust can receive approval in time to be included in this year's survey.

Patient list queries: It is equally important to respond swiftly to any queries Picker raises regarding your submitted patient list. Picker will follow up on any unresolved queries within two working days. If queries are still unresolved after two further working days, NHS England and NHS Improvement will be contacting the survey lead.

2021 considerations: NHS England and NHS Improvement realise that some trusts may have much higher patient sample sizes than usual due to appointments that may have been delayed from the pandemic and subsequent lockdowns. If you have concerns about the size of your sample and the time it may take to check and validate the patient list, please get in touch with the project team at cpes@pickereurope.ac.uk as early as possible and we will be happy to discuss possible solutions.

Figure 1. Submission and Follow-up process



5 Data Protection and Confidentiality

5.1 Principles of data protection

When carrying out the survey, both Picker and NHS Trusts need to ensure that they comply with the Data Protection Legislation (this refers to the DPA 2018 and the General Data Protection Regulation (GDPR)). Trusts will also need to comply with the NHS Code of Practice on Confidentiality (2003), which incorporates the Caldicott Principles.

The guidelines in the Sampling Instructions will help to ensure that data are handled in a manner in keeping with the spirit of the Data Protection Act 2018, the UK General Data Protection Regulation, and the Market Research Society's Guidelines for social research (2005). It will be necessary to establish appropriate data security arrangements with Picker, who will send each trust a Data Security Agreement governing the transfer of personal data.

To find out more information about data protection, please visit the Information Commissioner's Office (ICO) website here: <https://ico.org.uk/>

For further guidance on adhering to GDPR, see the Market Research Society website here: <https://www.mrs.org.uk/standards/gdprsupport>

5.2 Internet transfer of encrypted data

Trusts may send their patient list to Picker over the internet using Picker's secure sample checking platform. This is to ensure a high level of security and to protect against any accidental or intentional interception during the transfer of patients' details. This platform will also conduct a number of automatic checks on the patient list, thereby reducing the time spent signing off the sample. Picker will provide guidance on the use of this platform to trusts.

The trusts are the owners of the data, so the transfer of patient data is ultimately the trust's decision, because the trust remains legally responsible for the security and processing of the information it shares.

5.3 Using the online sample checking platform

Once you have submitted your sample declaration form to cpes@pickereurope.ac.uk and this has been approved, you will be provided with access to the Picker secure online sample checking platform. Your account details will be sent to you at this time, along with full upload instructions.

Once you have received this information, you will need to:

1. Go to Picker's secure upload website at <https://samplechecker.picker.org/>.
2. Login to your account using the account details provided.
3. Full upload instructions will be sent to you by email. Please follow those detailed instructions carefully. The platform will conduct a number of automatic checks on the sample, some of which you will need to address before Picker can approve your sample.

If you have any problems, please contact the Picker CPES team at CPES@pickereurope.ac.uk.

5.4 Data Sharing Agreement

A Data Sharing Agreement will be sent digitally to the designated survey lead in each trust and will need to be signed by the trust. This agreement is based on the agreement used for the National Patient Survey Programme. By signing this agreement, Picker is obliged to keep the information confidential at all times, and to comply with current data protection legislation. It provides the trust with some recourse if a data protection breach was to occur as a result of any actions of Picker. The agreement also ensures that Picker staff members sign and abide by the agreement, which describes how patients' personal data will be sent to Picker, how the data will be stored and how it can be accessed and used.

5.5 National Data Guardian Review and patient opt outs

In July 2016 the National Data Guardian (NDG) Review on data security, consent and opt-outs was published. In July 2017 the Department of Health published "Your Data: Better Security, Better Choice, Better Care", the government's response to the NDG review. The review noted that further work was required before a decision could be made as to how the opt-out should be applied to surveys.

The Department of Health and Social Care has confirmed that the NCPES is exempt from the national data opt-out. Therefore, NDG opt outs **should not** be applied to the NCPES 2021 and you must not exclude patients on this basis. This means that **patients do not have to actively consent to their data being used for the purpose of this survey**; however as mentioned above, if patients choose to specifically opt-out of the 2021 NCPES their wishes should be respected.