

NHS PATIENT SURVEY PROGRAMME

UNIVERSAL GLOSSARY

Last updated: 6 July 2017

Adult inpatient

Any person having at least one overnight stay (see below) and aged 16 years or over.

Care Cluster Code

Mental health service users are assessed and given a care cluster code to classify their level of need based on their characteristics. We accept the following care cluster codes only:

- 0 Variance
- 1 Common mental health problems (low severity)
- 2 Common mental health problems
- 3 Non-psychotic (moderate severity)
- 4 Non-psychotic (severe)
- 5 Non-psychotic (very severe)
- 6 Non-psychotic disorders of overvalued Ideas
- 7 Enduring non-psychotic disorders (high disability)
- 8 Non-psychotic chaotic and challenging disorders
- 10 First episode in psychosis
- 11 Ongoing recurrent psychosis (low symptoms)
- 12 Ongoing or recurrent psychosis (high disability)
- 13 Ongoing or recurrent psychosis (high symptom and disability)
- 14 Psychotic crisis
- 15 Severe psychotic depression
- 16 Dual diagnosis (substance abuse and mental illness)
- 17 Psychosis and affective disorder difficult to engage
- 18 Cognitive impairment (low need)
- 19 Cognitive impairment or dementia (moderate need)
- 20 Cognitive impairment or dementia (high need)
- 21 Cognitive impairment or dementia (high physical or engagement needs)
- 99 No cluster assigned

Care Programme Approach (CPA)

CPA status identifies the complexity of mental health service users' needs. A user on CPA has complex conditions and would be assigned a care coordinator to manage their care plan whereas those not on CPA have a less complex situation and do not require a care coordinator. Service users on CPA, not on CPA or with unknown CPA all should be included in the survey.

Current inpatient

For the purposes of the Inpatient Survey, we define a current inpatient as a participant who meets the inclusion criteria for the survey and is a current inpatient at any hospital in England.

Patients are considered to have had an overnight stay if they were admitted to hospital and were occupying a bed at midnight, e.g. patients who are [admitted](#) on Day 1 and discharged on Day 2 are considered to have had a single overnight stay, regardless of their admission time or discharge time. Day cases and outpatients are not included in this survey, because they do not stay overnight in hospital.

Please check your own trust records for any current inpatients during sampling and exclude these people from the sample during the sampling phase only. If you are aware that a patient is a current inpatient at another trust you should also exclude this person. When checks for deceased patients are carried out prior to subsequent mailings do not check for, or exclude, current inpatients.

Obstetrics/Maternity patients

Any patients with Admission Method codes of 31 (ante-partum) and 32 (post-partum), ICD-10 chapter codes of XV (if ICD-10 codes are available) and treatment function codes of 502 (gynaecology).

Overnight stay

Check that patients had at least one overnight stay in hospital. Patients are considered to have had an overnight stay if they were admitted to hospital and were occupying a bed at midnight, e.g. patients who are admitted on Day 1 and discharged on Day 2 are considered to have had a single overnight stay, regardless of their admission time or discharge time. Day cases and outpatients are not included in this survey, because they do not stay overnight in hospital.

Psychiatry patients

Patients admitted as an inpatient to hospital for primarily psychiatry reasons should not be included in the sample. This will include all those with treatment function codes of:

- 700 learning disability
- 710 adult mental illness
- 711 child and adolescent psychiatry
- 712 forensic psychiatry
- 713 psychotherapy
- 715 old age psychiatry
- 720 eating disorders
- 721 addiction services
- 722 liaison psychiatry
- 723 psychiatric intensive care
- 724 perinatal psychiatry
- 725 mental health recovery and rehabilitation service
- 726 mental health dual diagnosis service
- 727 dementia assessment service

Research Ethics Committee (REC)

The purpose of [Research Ethics Committees](#) (REC) in reviewing a proposed study is to protect the dignity, rights, safety and well-being of all actual or potential research participants. A favourable ethical opinion from the committee implies that the research does protect the participants' aforementioned rights. A REC can grant a favourable ethical opinion for studies carried out in multiple regions of England. Prior to each survey a substantial amendment is applied for to cover any changes in questionnaire content or wording in the cover letters. The favourable ethical opinion for the study covers all NHS hospital trusts in England.

Research Governance Framework

This outlines the principles of good research practice and is key to ensuring that health and social care research is conducted to high scientific and ethical standards.

Section 251 Approval and Confidentiality Advisory Group (CAG)

The purpose of [CAG](#) in reviewing a proposed studies application for Section 251 Approval is to ensure that the request for the transfer of patient identifiable data (patient names and addresses) by a trust to a third party is valid, without specific consent from the patient. A favourable opinion from the committee implies that there is a valid and public need for the survey to proceed and that data can be transferred without consent for this purpose only.

The Survey Coordination Centre completes the application process for each survey and approval has been given for this survey.

Type 1 emergency department

A major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week.

Type 3 emergency department

A type of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor-led or nurse-led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. Type 3 departments are often Urgent Care Centres (UCC) or Minor Injury Units (MIU). A service that is mainly or entirely appointment-based (for example a GP practice or out-patient clinic) is excluded even though it may treat a number of patients with minor illness or injury. Walk-in centres are not classed as type 3 departments.