

SAMPLING HANDBOOK FOR THE NHS ADULT INPATIENT SURVEY 2012

THE CO-ORDINATION CENTRE FOR THE
NHS PATIENT SURVEY PROGRAMME

Last updated: 17th August 2012

Contacts

The Co-ordination Centre for the Patient Survey Programme
Buxton Court
3 West Way
Oxford
OX2 0JB

Tel: 01865 208127
Fax: 01865 208101
E-mail: acute.data@pickereurope.ac.uk
Website: www.nhssurveys.org

Key personnel

Chris Graham (Manager)

Esther Howell
Caroline Killpack
Jenny King
Katherine Körner
Sheena MacCormick
Alexandra Skew
Catherine Turney
Mark Waters

Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this guidance manual, for example, by offering financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission assessments for that trust. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to seek local research ethics approval, and check with the Co-ordination Centre that the proposed alteration would not compromise comparability.

Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Co-ordination Centre website at:

www.NHSSurveys.org

Contents

1	About this handbook.....	1
2	Compiling a list of patients.....	1
2.1	Compile a list of eligible patients	1
2.2	Checks carried out by the trust.....	2
2.3	Submitting your patient list to the Demographics Batch Service (DBS).....	4
2.4	Identifying deceased patients when the patient file is returned from DBS	5
2.5	Create the sample file.....	6
2.6	Checking the distribution of patient ages in your sample.....	11
2.7	Checking the distribution of patient gender in your sample	11
2.8	Checking for other errors with your sample	12
2.9	Separating mailing details from sample information	12
2.10	Sharing the patient sample file with an approved contractor	13
2.11	Making more use of the survey locally.....	13
2.12	Summary of key steps	15
3	Final sampling inspection by the Co-ordination Centre	16
3.1	Procedure for submitting the anonymised sample file to the Co-ordination Centre.....	16
3.2	Timetable for submitting data to the Co-ordination Centre	16
3.3	Making the most of the fieldwork period	17
4	Glossary	18

List of tables

Table 1 – Sample construction spreadsheet of patient details	7
Table 2 – Example mailing file.....	13
Table 3 – Sample submission dates.....	16

List of figure

Figure 1 – Example Age Histogram for Inpatient Survey 2011	11
--	----

1 About this handbook

This handbook is produced by the Co-ordination Centre for the Patient Survey Programme, on behalf of the Care Quality Commission.

This handbook is comprised of excerpts from the *Guidance Manual for the NHS Adult Inpatient Survey 2012* and is intended to assist in the sampling for the survey. This abridged handbook is aimed at those carrying out the sampling for, but not directly coordinating or managing, the adult inpatient survey at each trust. Those who are coordinating the survey for the trust are strongly recommended to read the full guidance manual, with special attention to Section 3 entitled “What’s new for 2012?”

A glossary of terms is provided at the end of this document.

Important

An anonymised sample file should be submitted to the Co-ordination Centre prior to the first mailing. This file will contain all columns *in red italics* in Table 1 – *Sample construction spreadsheet of patient details*, **but must not contain name, address or postcode details.**

Please ensure that all sample files are submitted to the Co-ordination Centre between 10th September and 5th October 2012.

If you are an in-house trust, please send your sample file to acute.data@pickereurope.ac.uk

If your trust is using a contractor, please submit your sample file to your contractor who will then forward it to the Co-ordination Centre.

2 Compiling a list of patients

This section explains how to draw a sample of patients. This task will need to be carried out by a member of staff at the NHS Trust. In hospital trusts, the sample will normally be drawn from the Patient Administration System (PAS). Prior to sending out questionnaires, a number of important checks must be carried out on the sample, including a check by the Demographics Batch Service (DBS) to identify deceased patients.

Please follow the instructions below carefully and allocate sufficient work time to check the sample for deceased patients with DBS before the first mailing and within the trust prior to each mailing.

Before compiling your patient list

We strongly advise that you read all of this section BEFORE you start to compile your patient list.

2.1 Compile a list of eligible patients

- 1) Select the month of inpatient discharges in which your survey sample will end. You should start counting back from the last day of **either** June 2012 **or** July 2012 **or** August 2012. For optimal consistency, sample the same month as was used for the 2011 inpatient survey. If you have good reason to believe that this month was irregular in a way that would generate an unusual sample, your next choice should be the most recent month you can manage. If you change month of sampling, please inform the Co-ordination Centre for our records.
- 2) Compile a list of 900¹ adult (**aged 16 and over**) inpatients consecutively discharged alive from your trust working back from the last day of the sampling month. That is, once you have decided on the latest date of patient discharge you will include in the sample (i.e. 30th June 2012 **or** 31st July 2012 **or** 31st August 2012), you should count back through the list of patients discharged live from the trust, including all eligible patients, until you have 900 patients.

Note

Some trusts have a much lower discharge rate than others. If necessary, a trust can include all patients discharged back as far as the 1st January 2012 to generate their sample of 900 adult inpatients submitted to DBS.

The information you obtain about each patient will be used both for administering the survey and for sending to the tracing service to check for deceased patients. It saves time and effort if all the information is gathered at the same time.

The list should **include**:

- **ALL** eligible adult patients, who have had at least **one overnight stay** (see Glossary) within the trust.

¹ The final sample size must be no greater than 850, but starting with 900 allows for a safety margin of a few extra patients, once any deceased patients have been taken out of the sample.

The list should **exclude**:

- deceased patients
- children or young persons aged under 16 years at the time of sampling¹
- obstetrics/maternity service users, including spontaneous miscarriages (see Glossary)
- patients admitted for planned termination of pregnancy
- psychiatry patients (see Glossary)
- day cases
- private patients (non-NHS)
- any patients who are known to be current inpatients²
- patients without a UK postal address³ (but do not exclude if addresses are incomplete but useable, e.g. no postcode).
- Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).

Treatment Centres

Patients who stayed as an inpatient at an NHS treatment centre at the trust are eligible for inclusion in the sample for the 2012 inpatient survey, provided they meet the criteria above. These patients should be flagged up by inserting a '1' in the appropriate column in the sample file (see the example sample file in Table 1, p.7).

2.2 Checks carried out by the trust

Once you have compiled your list of 900 patients, you should carry out the following checks *before* you send the list to the DBS (who will carry out a further check for deceased patients):

- **Deceased patients.** Check hospital records do not have a record of a patient's death from a subsequent admission or visit to hospital.
- **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 as an inpatient and occupying a bed at midnight, e.g. patients who are admitted as an inpatient 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.
- **Current inpatients.** Check that none of the patients are known to be current inpatients in your trust (or elsewhere, if possible).
- **Patient ages.** Check that all patients are aged 16 or over at the time of sampling (ie when the patient list is drawn in September/October the patient must be aged 16 or over).

¹ Please do not exclude patients treated at children's hospitals as such sites do treat patients who are sixteen years and over and therefore eligible for inclusion in the survey.

² Current inpatients: Trusts are instructed to exclude current inpatients from the sample when generated. This should be the only time current inpatients are excluded from the survey process. When checks for deceased patients are carried out immediately prior to each mailing, do not check for, or exclude, current inpatients at these times. This improves the comparability of samples between trusts and thus reduces bias.

³ Patients whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible for inclusion in the survey.

- **Postal addresses.** Exclude any addresses that are outside the UK.
- **Incomplete information.** Check for any records with incomplete information on key fields (such as surname and address) and remove those patients. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a patient if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.
- **Duplications.** Check that the same patient has not been included more than once.
- **Obstetrics/maternity service user.** Check that the list does not include maternity service users. Please ensure that no episode of a patient's care has a maternity specialty code and that there are no route of admission codes indicating a maternity admission (see glossary for list of codes relating to maternity patients).
- Check again that none of the patients were admitted for a **termination of pregnancy**.
- **Psychiatry patients.** Check main specialty codes and ensure that the list does not include psychiatry patients (see glossary for list of codes relating to psychiatry patients).
- **Private patients.** Remove any private patients from the sample.
- **Patients treated at private hospitals.** Remove any patients who were treated by the trust as NHS patients in private hospitals.
- **Dissent.** Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).

Checks for deceased patients

One of the most reliable and up-to-date sources of information on patient deaths is your own trust's records. **It is essential that you check that your trust has no record of a patient selected for the survey having died at your trust.** Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative died. Clearly, patients may also have died at home or while under the care of another trust, so you still need to check with the tracing service (DBS) as well.

The methodology for this survey requires three stages of checks for deceased patients before the first mailing is sent out. The checks are carried out sequentially by:

- 1) the trust
- 2) DBS
- 3) again by the trust (for patients who may have died in hospital after submission of the sample to DBS).

You are also advised to check your hospital records for any further deaths prior to posting the second and third mailings, and to ensure that approved contractors are advised immediately if any patients in the sample die during the survey period.

2.3 Submitting your patient list to the Demographics Batch Service (DBS)

Before sending out the questionnaires, the list of patients should be checked for any deaths by the Demographics Batch Service (DBS).

The DBS enables users to submit and receive a file containing relevant patient records electronically using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS).¹

Create a trace request file

Using your list of patients, you need to create a correctly-formatted batch trace request file to send to DBS. You should take advice from your local Trust PAS team on the correct format to submit files. Technical details on the file format are available from:

<http://www.connectingforhealth.nhs.uk/industry/docs/files/dbs/index.html>

For each patient you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach *OR*
- Surname, first name, gender, date of birth and postcode (can be wildcarded e.g. LS1*)

Although residential postcode is not mandatory it is highly recommended to include it to avoid incorrect matches. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

Submitting the trace request file

Please note that the DBS does **not** accept the transfer of files by encrypted emails or on physical media. Instead, **request and response files must be transferred electronically using the dedicated DBS client software**. The DBS client software should have already been installed on a server within your trust. Please speak to a member of your IT department or PAS team if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: demographics@nhs.net and they should be able to advise you.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client in-box. The DBS client will then send the file to the Spine and, if you are registered, you will receive an email to say that the file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed. During periods of high demand for DBS service, it may take 48 hours for your file to be returned.

The response file

The DBS will return a header row, response body and trailer row. The response row will be in two parts:

- The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
- An additional response column, which is returned only when there is a single unique match. It is on this additional response column that patients found to be deceased will be indicated.

¹ The PDS is a national electronic database of NHS patient demographic details. The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

For further information see:

<http://www.connectingforhealth.nhs.uk/industry/docs/files/dbs/index.html> and
www.cfh.nhs.uk/demographics/dbs

Note

Please be aware that tracing services are not foolproof and even after your patient list has been checked for deaths, some patients may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased patients remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

2.4 Identifying deceased patients when the patient file is returned from DBS

The trace response file returned from DBS can be used to identify any patients who have died (indicated by a letter 'D') and therefore need to be deleted from the sample file. This will reduce the numbers in your sample list slightly. **Please note that you should not exclude patients just because it was not possible for DBS to match them on their records. If you did this, you would bias the sample.**

What to do if you have more than 850 patients remaining on your list

When your patient list is returned by DBS, and you have removed all deceased patients, there should still be more than 850 patients in the list. You will need to remove the **least recent** patients from your sample so that only the 850 most recent patients remain.

What to do if you have fewer than 850 patients remaining on your list

If your patient list has fewer than 850 patients after deceased patients have been removed, you **MUST** contact the Co-ordination Centre on 01865 208127 or email acute.data@pickereurope.ac.uk. If possible, the next most recently discharged patients after the sample will need to be added to create a sample of 850 patients, although these must also be checked by DBS.

Important note

You are aiming for a **response rate of at least 60%**, which means that you should have about 500 completed questionnaires if you send questionnaires to 850 patients. You will be able to maximise your response rate by following this guidance carefully, drawing your sample and mailing out as soon as possible, and you will need to send out two reminders. It is **not** acceptable to try to boost the number of responses you receive by including more patients when compiling the sample of 850 for the survey as this would bias the survey. The Co-ordination Centre will only be able to accept responses from the patients in your list of 850 that have been correctly sampled and mailed. (See Section 2.11 for the accepted options for increasing your sample size)

2.5 Create the sample file

Information relating to your sample of patients should be entered into an Excel file which should resemble Table 1 below. A pre-designed spreadsheet including the all the required column headings can be downloaded from the NHS Surveys website (<http://www.nhssurveys.org/surveys/647>) and is entitled 'Sample construction spreadsheet'. The column headings in this document are identical to those supplied in the validated spreadsheet produced by the Co-ordination Centre for final submission of data (the 'Data entry spreadsheet') and so it will be advantageous for you to use the sample construction spreadsheet at this stage, rather than to create your own spreadsheet. Enter the required information and save this file as <NHStrustname>_Inpatients2012.

This file has three purposes:

- 1) It will be used to keep a record of which patients have not returned questionnaires so that reminders can be sent to them.
- 2) It will be used to generate weekly response rates for your trust that must be forwarded to the Co-ordination Centre every Thursday from **27th September 2012** until the closing date of the survey.
- 3) The anonymous data in this file (i.e. all the data **except** patient name and address information) will form part of the file that you will submit to the Co-ordination Centre when the survey is completed.

More details about the information required in this file are provided below.

Table 1 – Sample construction spreadsheet of patient details

<i>Black</i> Patient record number	<i>Black</i> Title	<i>Black</i> Initials	<i>Black</i> Surname	<i>Black</i> Address1	<i>Black</i> Address5	<i>Black</i> Postcode	<i>Red italic</i> Year of birth	<i>Red italic</i> Gender	<i>Red italic</i> Ethnic category	<i>Red italic</i> Day of admission	<i>Red italic</i> Month of Admission	<i>Red italic</i> Year of Admission	<i>Red italic</i> Day of discharge	<i>Red italic</i> Month of discharge	<i>Red italic</i> Year of discharge	<i>Red italic</i> Length of Stay	<i>Red italic</i> Main Speciality on discharge	<i>Red italic</i> Referring PCT	<i>Red italic</i> GPMC	<i>Red italic</i> Treatment centre admission	<i>Red italic</i> Route of admission	<i>Red italic</i> NHS Site code on admission	<i>Red italic</i> NHS Site code on discharge	<i>Green italic</i> Day of questionnaire being received	<i>Green italic</i> Month of questionnaire being received	<i>Green italic</i> Year of questionnaire being received	<i>Green italic</i> Outcome	<i>Black</i> Comments
IP12RX10001	Mrs	A	Abbot			AB1 1YZ	1934	2	A	5	8	2012	11	8	2012	6	100	5LS	A12345	0		RR115	RR115				3	Informed that patient had died
IP12RQA0002	Mr	EC	Ahmed			AB2 6XZ	1970	1	J	20	7	2012	12	8	2012	23	101	5LT	B12345	1	11	RTE03	RTE03	22	10	2012	1	
IP12RZZ0849	Ms	K	Yoo			AB4 7MX	1950	2	R	17	6	2012	31	8	2012	75	300	5LS	F56789	0		RR115	RR115					
IP12RLF0850	Ms	F	Young			AB9 5ZX	1946	2	A	14	8	2012	31	8	2012	17	100	5GT	G56789	0	22	RR120	RR117	6	11	2012	1	

Important note about Table 1

The headings are in three different colours:

Black headings: these columns contain information on patients' names, addresses and comments that may allow them to be identified. This information must not appear in any files sent to the Co-ordination Centre. This information, along with a copy of the patient record number should be removed from the sample file as soon as your sample is finalised and saved to a new file (your "mailing data" file - see Section 2.9).

Red italic headings: these columns should be completed during the sampling phase and submitted to the Co-ordination Centre prior to mailing (to allow for final inspection by the Co-ordination Centre - see Section 3 and at the conclusion of the survey (see Section 17.5 of the Guidance Manual for the NHS Adult Inpatient Survey 2012)).

Green italic headings: these columns should be completed when the patient responds to the survey (e.g. by returning a completed questionnaire), or when the trust is notified the patient will not be participating (patient deceased, moved address, too ill, or called to opt out).

The information that must be entered into this spreadsheet will come from a number of different sources:

Information from hospital records

The following information can be compiled from hospital records:

- **Title** (Mr, Mrs, Ms, etc.)
- **Initials** (or First name)
- **Surname**
- **Address Fields**¹
- **Postcode**

Note

The **Patient Record Number, Title, Initials, Surname, Address** fields and **Postcode** are used for printing out address labels. You (or your contractor) can use the mail merge function in a word processing package for this purpose. (See Section 16.5 of the Guidance Manual for the NHS Adult Inpatient Survey 2012.)

- The **Year of Birth** should be included in the form of NNNN.
- **Gender** should be coded in numeric form: 1 = male and 2 = female.
- **Ethnic Category**² coding is the same as for last year's inpatient survey. The ethnicity of a person is specified by that person, and should be coded using the 17 item alphabetical coding specified by NHS Connecting for Health³. The codes are as follows:

White

- A British
- B Irish
- C Any other White background

Mixed

- D White and Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

Asian or Asian British

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

¹ The address should be held as separate fields (e.g. street, area, town, and county), consistent with the address format required by the DBS.

² It is acknowledged that patient records might not always contain complete data on patients' ethnic category. However, this field should be included wherever possible. This data is required in order to evaluate non-response from different ethnic categories. This is in keeping with the aims of the Care Quality Commission and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

³ These codes can be found in the NHS Data Dictionary provided by Connecting for Health on the following website:

http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1

Black or Black British

M	Caribbean
N	African
P	Any other Black background

Other Ethnic Groups

R	Chinese
S	Any other ethnic group

Z Not stated¹

- **Day** of the month of admission (1 or 2 digits; e.g. 7 or 26) *
- **Month** of admission (1 or 2 digits; e.g. 3 or 10) *
- **Year** of admission (4 digits; e.g. 2012) *
- **Day** of the month of discharge (1 or 2 digits; e.g. 2 or 30) *
- **Month** of discharge (1 or 2 digits; e.g. 9 or 10) *
- **Year** of discharge (4 digits; e.g. 2012) *
- **Length of Stay** (Units = Days)²
- **Main Specialty on discharge** is recorded in the form NNN as outlined in the Updated National Specialty List which was implemented on the 1st April 2004. See [http://www.datadictionary.nhs.uk/web_site_content/supporting_information/main_specialty_and_treatment_function_codes.asp?query=treatment specialty&rank=1&shownav=1](http://www.datadictionary.nhs.uk/web_site_content/supporting_information/main_specialty_and_treatment_function_codes.asp?query=treatment%20specialty&rank=1&shownav=1)
- **Referring PCT** should be coded using the **first three** characters of the PCT character codes of the PCT which will be billed for the care of that patient. For the most up-to-date list of PCT codes, please see the Connecting For Health data set, "Primary Care Trusts", available at: <http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/datafiles>
- **General Medical Practice Code (GMPC)**: This is a new inclusion for the 2012 survey. Please record the six character organisation code of the GP practice at which the patient is registered. <http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/datafiles>
- **Treatment Centre Admission** should be coded as '1' for patients who spent any part of their inpatient stay at an NHS treatment centre within the trust, and coded as '0' if they did not
- **Route of Admission** coding is in line with 2011. When creating the sample file, please include the two-digit descriptive code as used within the NHS Commissioning Data Sets. A blank or full-stop should be used if this information cannot be obtained for a patient. See http://www.datadictionary.nhs.uk/data_dictionary/attributes/a/add/admission_method_de.asp?shownav=1

¹ The code "Z" should only be used if the patient was asked for their ethnic category but refused to provide it. If this code is missing for any other reason, ethnic category should be left blank in the sample information.

* Date fields must be supplied in separate columns (e.g. date, month, and year).

² Calculate this by subtracting the admission date (day/month/year) from the discharge date (day/month/year). For example, if discharge date = 15/7/2010 and admission date = 14/7/2010, the Length of Stay = 1. Do not use any other type of unit to calculate Length of Stay (i.e. do not use hours/minutes/seconds). All patients in the sample should have a Length of Stay greater than or equal to 1 day.

- **Hospital Site Code on Admission:** Please use this space to record the site of admission of the patient using the five character NHS Trust Site Codes (maintained by Connecting for Health). <http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/datafiles>
- **Hospital Site Code on Discharge:** Please use this space to record the site from which the patient was discharged using the five character NHS Trust Site Codes (maintained by Connecting for Health). <http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/datafiles>

Additional information

A number of additional pieces of information should also be entered into this spreadsheet:

- 1) **Patient record number (PRN).** This is a unique serial number which must be allocated to each patient by the trust (if the survey is being carried out in-house) or the contractor (if the survey is being carried out by an approved contractor). It should take the following format: IP12XXXNNNN where XXX is your trust's 3 digit trust code and NNNN is the 4 digit number relating to your sampled patients, e.g., 0001-0850. The PRN will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you (or the approved contractor) will be able to use these numbers to monitor which patients have returned their questionnaires and to identify any non-responders, who will need to be sent reminders. If an approved contractor is used, you will need to agree with them on the range of serial numbers that will be used for your patients. Please note: this number should be available in, and correctly referenced for, every patient dataset for this survey (e.g. sample file, mailing file, final data).
- 2) **Day of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trust or approved contractor. It should be filled in as a one or two digit numerical response which will range from 1-31, **not** a date format (e.g. N or NN **not** 12/09/11).
- 3) **Month of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a one or two digit numerical response, ranging between 1 and 12, **not** a date format.
- 4) **Year of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a four digit numerical response (e.g. 2012), **not** a date format.
- 5) The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which patients opt out of the survey, etc.
 - 1 = Returned useable questionnaire
 - 2 = Returned undelivered by the mail service or patient moved house
 - 3 = Patient died
 - 4 = Patient reported too ill to complete questionnaire, opted out or returned blank questionnaire
 - 5 = Patient was not eligible to fill in questionnaire
 - 6 = questionnaire not returned (reason not known).

The outcome column is left blank at first if the questionnaire has not been returned (in Table 1 you can see that Ms Yoo has not yet returned her questionnaire).

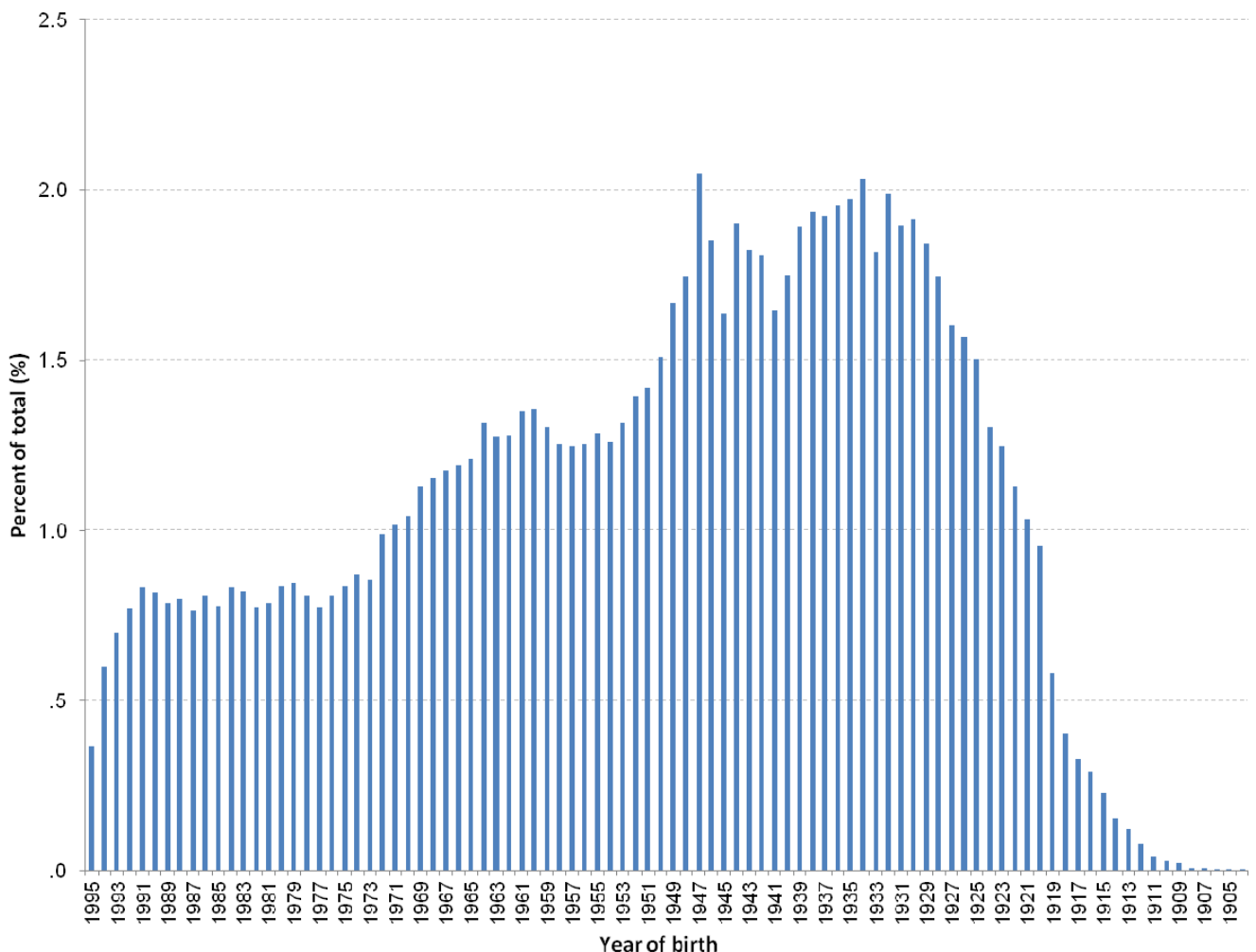
- 6) The **Comments** column is useful for recording any additional information that may be provided when someone calls the helpline – for example, to inform you that the respondent has died or is no longer living at this address.

2.6 Checking the distribution of patient ages in your sample

You should check that patients of all ages are included in your sample, paying particular attention to those aged 16, 17 or 18 years and those over 75 years. We have found these age groups are the most likely to be excluded due to poor sampling. It is possible there may not be any young adults or very old adults in your sample, but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques.

A good way to check that your sampled patients' ages cover the full range of expected ages is to examine the distribution of ages on a histogram (See Figure 1). The histogram for your trust should resemble the shape of the histogram below.

Figure 1 – Example Age Histogram for Inpatient Survey 2011



2.7 Checking the distribution of patient gender in your sample

With the exception of hospitals specialising in one gender, your sample will probably have similar proportions of men and women. You should check that both men and women are included and that you can explain if the sample is skewed toward male or female patients.

2.8 Checking for other errors with your sample

Information on the errors made when samples were drawn for the 2011 inpatient survey can be found on the following webpage: <http://www.nhssurveys.org/surveys/593>. **Using this document to check for any errors may reduce delays caused by incorrect sampling and consequentially improve your response rate to this survey.**

2.9 Separating mailing details from sample information

At this point you should transfer the names, address and postcode for each patient in the sample to a new file – your ‘mailing file’. The patient record number (PRN) for each patient should be copied to the new file, so that the two datasets are connected using the unique PRN. It is essential to ensure this number is correctly applied to the two datasets. Save this new file as ‘Inpatients2012_mailing data’. It should resemble Table 2 below.

This file should be used for mailing purposes: it will be used to check for deceased service users prior to reminder mailings and will be cross-referenced with the sample file (<NHStrustname>_Inpatients2012) to identify service users who will need to be sent reminders.¹

As this mailing file will only be used occasionally during the survey, we recommend you keep this file encrypted. The mailing file should be destroyed when the survey is complete. This should be done by both the trust and the approved contractor, along with all other files created for the survey (aside from the survey response file).

Remember

For patient confidentiality reasons, **it is essential that you do not keep patient name and address details in the same file as their survey response data.**

¹ As shown in Table 1 (see section 2.5), the ‘outcome’ field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which patients opt out etc...

Table 2 – Example mailing file

<i>Patient record number</i>	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
IP12RX10001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
IP12RQA0002	Mr	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
IP12RZZ0849	Ms	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
IP12RLF0850	Ms	F	Young	634 Tyne Road	Newcastle-Upon-Tyne	Tyne and Wear			AB9 5ZX

2.10 Sharing the patient sample file with an approved contractor

If you are working with an approved contractor and have a contract in place relating to the transfer of patient identifiable information (i.e. names and addresses) allowing the contractor to carry out the mailing of the questionnaires for you, both the sample file (<NHStrustname>_Inpatients2012) **and** the mailing file (Inpatients2012_mailing data) should be sent to the contractor staff in encrypted format (see Section 6.6 of the Guidance Manual for the NHS Adult Inpatient Survey 2012).

If you are working with an approved contractor, but have chosen to mail out the questionnaires yourself, in-house, you should supply them with just the sample file (<NHStrustname>_Inpatients2012). The contractor can use this file to record the outcome codes, but you should ensure that the contractor is kept up to date with any information that comes directly to the trust about patient deaths, etc.

2.11 Making more use of the survey locally

Up to this point, this section of the guidance has described in detail how sampling must be undertaken to provide the basic required sample of 850 patients for the NHS adult inpatient survey. In addition to this minimum requirement, though, your trust may wish to use the national inpatient survey as an opportunity to gather further data beyond that required by the Care Quality Commission. A good way to do this would be to increase your sample size.

Increasing the sample size for the survey may be helpful if, for example, you wish to:

- Analyse or compare results for specific subgroups (for example, patients treated at different sites or patients of different ethnicities) in more detail than would be possible from a sample of 850 patients. By increasing the sample size you can ensure that you have a large enough sample of patients from each group.¹
- Cover a very wide range of questions without exceeding the maximum questionnaire length of 16 pages for the main survey. If you wish to ask a large number of questions from the

¹ See Section 18 of the Guidance Manual for the NHS Adult Inpatient Survey 2012 for more information on the reliability of data based on different numbers of respondents.

question bank, it would be possible to use two different versions of the questionnaire with a different selection of questions included, each going to a separate sample (please note however that all patients in the core sample of 850 must receive an identical questionnaire which must include the core questions).

Alternatively, if your trust regularly treats very large numbers of patients, you may wish to draw an extra sample of patients to survey in addition to those included in the main survey. For example, you could select patients discharged in a different time period from those in the national survey and send them questionnaires either at the same time as or at some point after the national survey. By running the survey locally in addition to the national survey, you can establish a more frequent pattern of reporting enabling you to track experience over time, or test the impact of recent quality improvement initiatives. If you decide to carry out an inpatient survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of patients which do not overlap. Guidance for carrying out a local survey is available at: <http://www.nhssurveys.org/localsurveys>

If you are using an approved contractor for the national survey they will be able to advise you on the best way to increase your sample size to achieve your specific goals. If you are not using an approved contractor, then the Co-ordination Centre will be able to advise on any queries you might have via e-mail at advice@pickereurope.ac.uk or by calling 01865 208127.

Please note that the section 251 approval covers the national surveys only, and will not apply to any local surveys as the application has been made by CQC on behalf of all trusts, for a national standardised survey. Please contact your trusts Caldicott Guardian for advice as to whether it is appropriate to contact the National Information Governance Board for further approval.

Important points to consider

Before you decide whether to gather additional patient feedback (e.g. by increasing your sample size), there are some important points to consider:

- The core sample for the 2012 inpatient survey **must** be drawn as specified in this guide; any deviation from the guidance may make it impossible for the Care Quality Commission to use the data that you collect. It is therefore essential that any additional sample drawn can be easily distinguished from the core sample, and that it is drawn in such a way as to not interfere with selection of the core sample.
- If you are planning to undertake surveys more frequently than the national programme, then you should consider how any increased sample here will fit with the additional surveys you will be undertaking.

Remember

If you do choose to increase your sample size, it is essential that you ensure that the sample of patients you draw according to the requirements for the national survey can be easily distinguished from any additional patients you include in the sample. Your approved survey contractor or the Co-ordination Centre will be able to advise you on this.

You must **only** send the Co-ordination Centre data for the 850 patients sampled according to these guidelines, and these patients **must** be those discharged most recently. If you decide to carry out an inpatient survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of patients which do not overlap.

2.12 Summary of key steps

By following the guidance in this section you should have completed all of the tasks set out below:

1. Compiled a list of eligible patients (Section 2.1)
2. Checked the list (Section 2.2)
3. Sent the list to the DBS to check for deceased patients and removed these patients from your list (Section 2.3 and 2.4)
4. Created a sample file (Section 2.5)
5. Checked the distribution of patient ages and patient genders in your sample file (Section 2.6 and 2.7)
6. Checked for other errors that may have occurred when drawing your sample (Section 2.8)
7. Removed personal data from the sample file and created a mailing file (Section 2.9)
8. If required, shared the sample file (and possibly the mailing file) with approved contractor (Section 2.10)

3 Final sampling inspection by the Co-ordination Centre

3.1 Procedure for submitting the anonymised sample file to the Co-ordination Centre

In order for the Co-ordination Centre to make final quality control checks, an anonymised sample file must be submitted to the Co-ordination Centre **prior** to the first mailing. This file will contain all columns *in red italics* in Table 1 – *Sample construction spreadsheet of patient details*, **but must not contain name, address and postcode details** (see Section 2.9).

Remember

Before submitting this data, each trust **must** first complete all checks described in the previous section (see Sections 2.2 - 2.4 and 2.6 - 2.8). Further information on the errors made when samples were drawn for the 2011 Inpatient Survey can be found here:

<http://www.nhssurveys.org/surveys/593>

If you are using an **approved contractor**, you will send your sample file to your approved contractor and they will forward this data on to the Co-ordination Centre for the final checks. We strongly recommend the contractor carries out the same high standard of checks as in previous years before submitting the file to the Co-ordination Centre. The Co-ordination Centre will address any issues arising from these final checks to the approved contractor.

If you are carrying out the survey **in-house**, you will need to submit your data directly to the Co-ordination Centre.

3.2 Timetable for submitting data to the Co-ordination Centre

The Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files. Table 3, below, sets out the dates of submission and the respective date contractors or trusts can expect to receive data back from the Co-ordination Centre. Initially, we will be working to the timetable included below but, if sufficient samples are submitted during a week, we hope to be able to respond to trusts and approved contractors earlier.

In cases where anomalies are discovered in the sample data submitted, trusts or contractors will be notified no later than midday on the Tuesday of the following week.

Table 3 – Sample submission dates

Date sample received	Date sample returned
10 th -14 th September 2012	18 th September 2012
17 th -21 st September 2012	25 th September 2012
24 th -28 th October 2012	2 th October 2012
1 st -5 th October 2012	9 th October 2012

Samples should be submitted to the Co-ordination Centre no later than **5th October 2012**. If they are not, there is a risk your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate. Major errors may then result in the data from the trust being excluded from the relevant Care Quality Commission assessments.

Trusts which have not submitted their sample for checking by the **12th October 2012** will be contacted by the Co-ordination Centre to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **19th October 2012**, then we are required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced data.

Important note

Your first mailing should take place as soon as possible after your sample has been approved by the Co-ordination Centre and certainly **no later than seven days** after this. A large time lag increases the likelihood of patients having died between the sample file being received back from DBS and the questionnaire being received, increasing the risk of distress to family members and complaints to your trust.

3.3 Making the most of the fieldwork period

Because certain demographic groups (specifically younger patients and those from non-white ethnic categories) have been shown to take longer to respond to patient surveys, we strongly recommend that files are submitted within the four weeks specified for sample checking detailed above. The best way to ensure you are able to do this is to prepare before the start date of the survey (10th September 2012). There are several ways you can do this:

- 1) Allocate sufficient time to the individual who will generate your sample to allow them to generate it, dispatch it to DBS, and to respond to queries or corrections specified by your contractor or the Co-ordination Centre.
- 2) Discuss the work with your Caldicott Guardian to ensure they are available to sign off any necessary documents for the survey.
- 3) Ensure your trust is registered with DBS and that the person who submits your sample to them understands their requirements – problems with data submitted to tracing services is one of the most significant obstacles in mailing out your survey in good time. Also, do not assume you are registered – please check this ahead of time.
- 4) Printing of questionnaires and assembly of mailing packs can take place before the sample is signed off. Please ensure that the envelopes are left open though so that you can check the correct label is applied to the correct questionnaire. This means that you should decide on your questions as early as possible so arrange the times for any meetings that will discuss the questionnaires as early as possible.

4 Glossary

Adult inpatient

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

Current inpatient

For the purposes of this survey, we define a current inpatient as a participant who meets the inclusion criteria for the survey, but is a current inpatient at any hospital in England. 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, also exclude these people. When checks for deceased patients are carried out prior to subsequent mailings, do not check for, or exclude, current inpatients.

Research Ethics Committee (REC)

The purpose of Research Ethics Committees 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 participant's aforementioned rights. A REC can grant a favourable ethical opinion for studies carried out in multiple regions of England. The inpatient survey is operated under approval from the North West REC. 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.

Overnight stay

Patients are considered to have had an overnight stay if they were admitted as an inpatient and occupying a bed at midnight, i.e. patients who are admitted as an inpatient 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.

Obstetrics/Maternity patients

Any patients with route of admission codes of 31 or 32 and/or coded with a main specialty of 501 (obstetrics) or 560 (midwife) admitted for management of pregnancy and childbirth, including miscarriages, should be excluded from the sample. A separate survey of maternity service users' experiences was conducted in 2010.

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 main specialties of:

- 700 learning disability
- 710 adult mental illness
- 711 child and adolescent psychiatry
- 712 forensic psychiatry
- 713 psychotherapy
- 715 old age psychiatry

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.
