## NHS ADULT INPATIENT SURVEY 2018

## REPLIES TO QUERIES ABOUT THE SURVEY

Query	Survey Coordination Centre's reply
Could "research study" be confusing, as this sounds more like an active study rather than just filling in a questionnaire? i.e. we'll take these samples from you, and give you this treatment to try etc.	The new question (Q69) around research is to understand if to what extent patients are being invited to participate in research – this could be research of any kind. The Advisory Group felt this was something patients should be asked.
If we've sent a questionnaire to a patient that was asked if they wanted to participate in the survey but said no, will you give us the patient details? (i.e. if they respond to the new question with answer 2)	We will not be able to share responses to any of the questions alongside the respondent's name. If a patient responds to the new question (Q69) with answer 2 (Yes, but I did not want to take part) then this should have been recorded on the trust's system. It could be that your trust has a separate / different question for participating in surveys or specifically the Inpatient Survey. To have been sent a questionnaire as part of the survey, they would have not actively dissented from the latter.
If a mobile number is prefixed with the +44 UK code it will be 12 digits long?	Yes, with a number beginning in 07, the number would be 11 digits long. If the number begins in the prefix +44, then it will be 12 digits long and this too would be included.
If the data sample is asking for patients discharged from the 31st July backwards, the coding will not be complete as we allow 10 days from discharge therefore we are at risk of including patients that should be excluded e.g. termination of pregnancy	This is fine. If you know in advance that you will not be able to start drawing your sample on 1 <sup>st</sup> August, please inform your contractor of this and let them know on what date you will start drawing your sample.
You have produced posters in other languages. What about the survey itself?	Unfortunately we do not offer the questionnaire in different languages; however there is a Multilanguage sheet that is mailed out with the questionnaire. This sheet offers helplines to where help is available in the top 19 spoken languages in England.

Drawing the Sample on the 1st August will mean that the data will be largely uncoded - so patients who should be excluded by procedure may be accidently included?	As mentioned above, if you know in advance that you will not be able to start drawing your sample on 1 <sup>st</sup> August due to coding updates or any other reason, please inform your contractor of this and let them know on what date you will start drawing your sample.
Regarding reasons for delayed discharge - it would be very helpful if this question was multiple option response, rather than just main reason?	For the current survey, we have already finalised the questionnaire and it has been included in our Section 251 application. Therefore, we are unable to make any changes for this year's survey however we will make note of this and visit it during the development phase for the 2019 Inpatient Survey.
How would I know the Mobile Number is the patient's own - e.g. My father has my Mobile number listed?	If it is noticeably not the patients number due to a note attached stating the mobile number belongs to a friend, family member or someone else then a '0' would be entered for the Mobile Phone Indicator variable. If there is no obvious note or comment yet there has been a mobile number given, this can be assumed to be the patient's own and therefore a '1' would be entered for the Mobile Phone Indicator variable.
Can you please share the URL for the website that the slides from this session will be available on?	The slides will be published here: http://www.nhssurveys.org/surveys/1215
Mobile numbers, I don't think we have a separate dissent process for using for clinical or all purposes?	If your trust does not have a separate dissent process for mobile phone numbers, patients who have dissented from the use of their mobile data for clinical purposes must also be considered dissented from using their mobile data all together.
With regards to the leaflet mentioned in the letter. Where do we get a supply?	This is not something the Survey Coordination Centre provides. Instead, the leaflet (or something similar) should be provided by the trust itself. It may be that your data protection team already have something readily available to provide to patients. If not, here are some helpful websites:
	https://digital.nhs.uk/services/national-data-opt- out-programme
	https://digital.nhs.uk/data-and-information/looking- after-information/data-security-and-information-

	governance/information-governance-alliance- iga/general-data-protection-regulation-gdpr- guidance
Our dissent posters are already printed and up, do we need to re-do them to include the email address?	Yes, we have recently been informed from the Confidentiality Advice Team that as per Section 251 requirement, opt-out posters must include a telephone number and an email address if available. Unfortunately this does mean that if you've already printed your posters and didn't include an email though one is available to include, you must re-print and display the posters.
Could you please explain the rationale for Q69 again please, what sort of research study is this, clinical research?	Apologies for not explaining this further during the webinar. This question was put into the 2018 questionnaire as the advisory group felt it was important for patients to be asked if they would like to be considered for participation in research studies – this could be research of any kind and is not specific to surveys therefore clinical research is covered as well.
How any questions are included in the questionnaire this year?	There are a total of 81 questions included in this year's questionnaire.
Mobile phone indicator – how do we differentiate between 0 and 9?	If a patient clearly does not have a mobile number listed on your system then they would be coded as '0'. Examples of this is if a mobile number is not listed at all or a mobile number is listed but either it clearly doesn't belong to the patient (via a note or comment), it's not actually a mobile number or it's missing digits.
	If for any reason, it is not possible to identify whether a patient has a mobile number listed then they would be coded as '9'. For instance, it may be that the person drawing the sample does not have access to mobile numbers or mobile numbers are written in free-text boxes and is difficult and/or too resource intensive to find this information. If there are any '9's in your sample, please comment on what the main reason for this was in your sample declaration form.
	This will be fully explained in the sampling instructions which will likely be published next week.

Patients in community hospitals should be excluded?	Patients who have only spent time in a community hospital should not be included in the sample. Patients who have spent time in both a community hospital and an acute hospital can be included depending on circumstance
---	---