

NHS Adult Inpatient Survey 2020

Sampling handbook

Ipsos MORI, Coordination Centre for Mixed Methods

Contents

NHS Adult Inpatient Survey 2020	1
Sampling handbook	1
Ipsos MORI, Coordination Centre for Mixed Methods.....	1
1 About this handbook	3
2 Adherence to the procedures outlined	4
3 Drawing a sample of patients	5
4 Survey team	6
5 Sampling month and dissent posters	7
6 Eligibility criteria for sample	8
6.1 Who to include in the sample.....	8
6.2 Who to exclude from the sample.....	9
6.3 Sample checks	10
7 Add additional sample variables	11
8 Create the sample file	15
9 Add monitoring variables	18
10 Submit sample to DBS and conducting local checks	19
10.2 Checks for deceased patients in the trust records	19
10.3 Create the trace request file	20
10.4 Submitting the trace request file to DBS	20
10.5 Identifying deceased patients when the file is returned from DBS	21
10.6 The response file.....	21
I have more than 1,250 patients remaining on my list, what should I do?.....	22
I have fewer than 1,250 patients remaining on my list, what should I do?	22
11 Check sample prior to submission	23
11.1 Checking the distribution of patient ages in your sample	23
11.2 Checking the distribution of patient gender	23
11.3 Checking the distribution of patient admission method	24
11.4 Checking for other errors in your sample	24
12 Splitting and submitting your sample	25
13 Questions?	26

1 About this handbook

This handbook details the processes involved in drawing the sample for the NHS Adult Inpatient Survey 2020. The information contained in this handbook supersedes all previous versions of the handbook, from which the contents differs substantially.

The handbook is designed to be used by trusts delivering the survey in partnership with an Approved Contractor and trusts delivering the survey in-house.

Efforts have been made to ensure that the information provided is reasonably comprehensive. It is however necessary to supplement this handbook with a small number of complementary documents. These are:

- **The Survey Handbook:** Which contains detailed information about the processes for preparing for and running the survey
- **The Sample Construction Worksheet:** Which is used by trusts to construct the sample of patients
- **The Sample Declaration Form:** Which is used to check the sample has been drawn correctly before it is submitted by the trust.

The most recent versions of these documents can be downloaded from the Survey Website: <https://nhssurveys.org/surveys/survey/02-adults-inpatients>

If you have any queries about the contents of the handbook, please contact your Approved Contractor in the first instance (where relevant), or the Coordination Centre for Mixed Methods at Ipsos MORI at InpatientCoordination@ipsos.com.

2 Adherence to the procedures outlined

It is extremely important to follow the instructions in this manual carefully.

NHS trusts must not send patient identifiable data, such as patient names or addresses to the Coordination Centre for Mixed Methods based at Ipsos MORI (the CCMM).

The Section 251 approval for this project provides a legal basis for trusts to share patient names and addresses with an approved contractor, if they choose to use one, for the purpose of sending out questionnaires. Any breach of the conditions would unfortunately count as a breach of the programme's Section 251 approval and would have to be reported to CQC and the Confidentiality Advisory Group at the Health Research Authority.

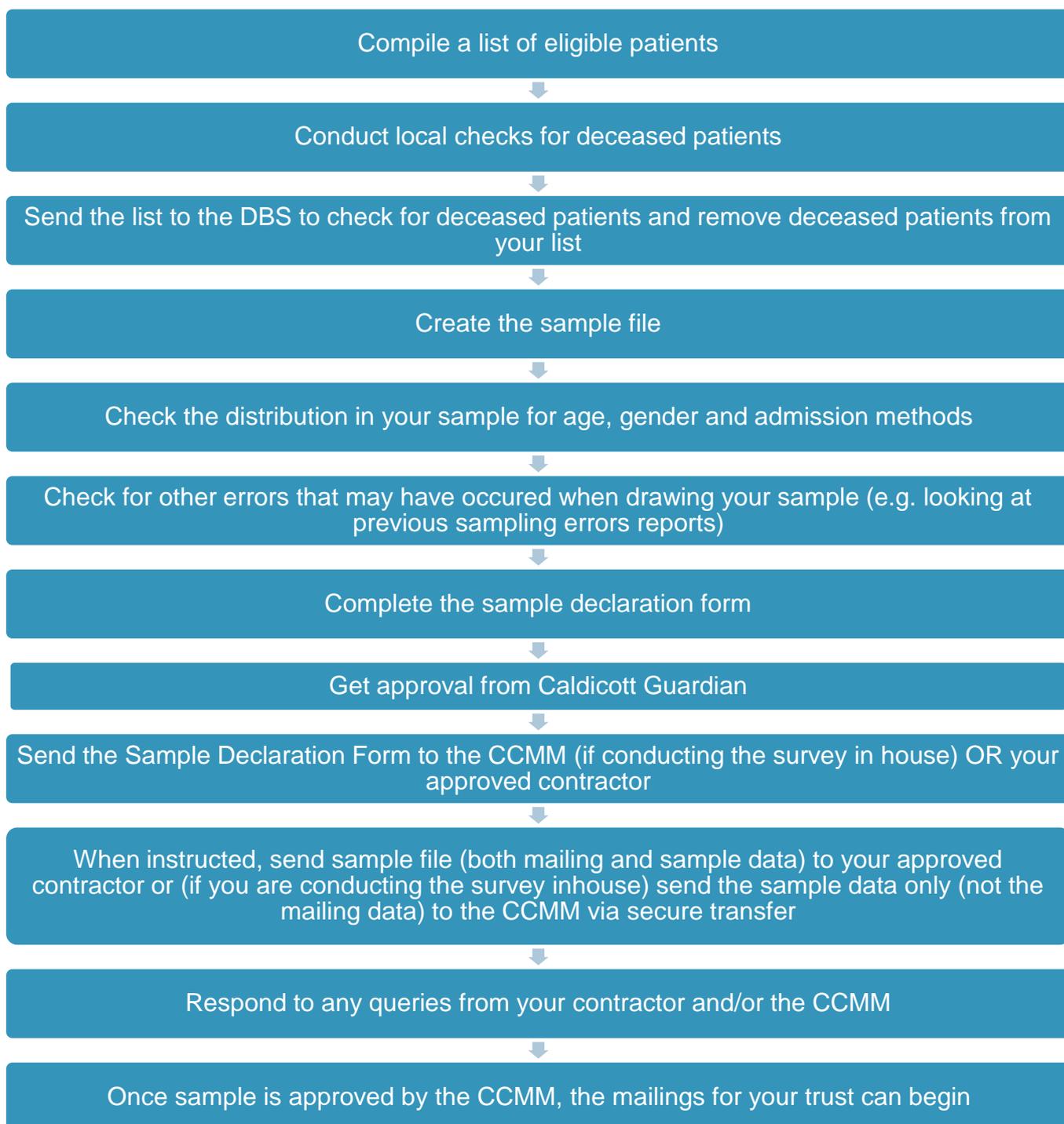
It is also not permissible to offer financial inducements or lottery prizes to respondents. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to check with the CCMM that the proposed alteration would not compromise data comparability and if they were permissible, the changes would then need to be cleared with a local ethics board.

The CQC use patient survey data for performance monitoring, and the data are also used by NHS England and NHS Improvement in the Overall Patient Experience Score and by the Department of Health and Social Care in the NHS Outcomes Framework. If the sampling guidance issued for the survey is not adhered to by a trust, sampling errors may arise and it may be necessary to exclude their results from the survey. Lack of patient experience data will be flagged within CQC's performance monitoring tool (CQC Insight).

We request that all trust staff involved in drawing samples are made aware of the importance of checking previously written code and other historical arrangements, to minimise the risk of historic errors being repeated and the risk that your trust's survey results cannot be used. As there are also some differences in the requirements this year, such as the inclusion of mobile phone numbers (when available), please read the instructions below in detail and check that your processes adhere to the guidance.

3 Drawing a sample of patients

The following flowchart shows the sequential steps that you must follow to draw your sample. Please do not submit any files to the CCMM or your approved contractor with more than 1,250 records. If more records are submitted, it will be considered a breach of the Section 251 approval for the survey, resulting in follow-up action being taken.



4 Survey team

It is likely that several colleagues within each trust will be involved in drawing and submitting the survey sample.

- Sampling will need to be carried out by a member of staff at the trust – very often a colleague in the trust's Informatics Team. The sample will normally be drawn from the Patient Administration System (PAS).
- The Sample Declaration Form will require approval from the Caldicott Guardian before the Sample Declaration Form, and therefore the sample, are submitted.

Trusts have been asked to provide CQC with the name and contact details of the survey lead, the person drawing the sample, and the Caldicott Guardian at the point you start preparing for the survey.

We recommend that all individuals involved in sampling are copied into relevant emails to ensure that the latest information is available to them. We also recommend making the Caldicott guardian aware of the sampling timings to prevent delays when signing-off the Sample Declaration Form.

5 Sampling month and dissent posters

The sample month for the Adult Inpatient Survey 2020 is November. This means that to start your sample you must start counting back from 30 November 2020.

Some trusts have a much lower discharge rate than others. If your trust did not care for a sufficient number of eligible patients in November, please immediately notify the CCMM by emailing InpatientCoordination@ipsos.com.

Dissent posters must be displayed at least for the entirety of November in order to maintain compliance with the Section 251 approval for this survey, to give patients the chance to opt out of the survey.

GDPR and the National Data Opt-out Programme

The NHS Patient Survey Programme has received exemption from the National Data Opt-out Programme. This means that the 2020 NHS Adult Inpatient Survey will continue to operate separate opt-out mechanisms. Therefore, to be included in your sample, patients do not have to actively consent to the sharing of their data.

6 Eligibility criteria for sample

The sample for the Inpatient Survey is selected from inpatients aged 16 and over who were consecutively discharged from your trust, working back from the last day of November 2020.

You must count back from 30 November 2020, through the list of patients discharged alive from the trust, including all eligible patients, until you have 1,350 patients.

The information you obtain about each patient will be used both for administering the survey and for conducting DBS checks. It saves time and effort if all the information is gathered at the same time.

You will start with a list of 1,350 patients: this is to allow for the removal of some patients following checks (for example, deceased patients will need to be removed following DBS checks). If you think you may need to remove more than 100 patients, then select a larger initial sample, such as 1,550.

Your final sample will consist of only 1,250 patients!

6.1 Who to include in the sample

All patients (aged 16 and above) who have had at least one overnight stay within the trust and were discharged during November 2020 (unless you are sampling further back).

Overnight stays: 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 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, because they do not stay overnight in hospital.

Treatment centre: Patients who stayed as an inpatient at an NHS treatment centre at the trust are eligible for inclusion in the sample for the Adult Inpatient Survey 2020, provided they meet the criteria above. These patients should be flagged by inserting a '1' in the appropriate column in the sample file (see the example sample file in the table below).

6.2 Who to exclude from the sample

- Deceased patients (details of how to check for deceased patients are included in the next section);
- Children or young persons under 16 years old at the time of sampling (i.e. on the day you draw your sample the patient must be aged 16 or over). Please do not exclude patients treated at children's hospitals as such sites do treat patients who are 16 years and over. If queries are raised by the CCMM or your approved contractor in relation to the age of sample members, you should never include their full date of birth within any response;
- Obstetrics/maternity service users, including spontaneous miscarriages;

This list is not exhaustive but may help you identify patients were who were treated as an obstetric/maternity patient and should be checked with special attention. Please note that patients should not automatically be excluded if they fit these criteria, you may need to cross-reference with notes on the patient's file:

- Admission Method codes of 31 (ante-partum) and 32 (post-partum)
- ICD-10 chapter codes of XV or ICD-11 chapter code 18 (if either of these codes are available); and,
- Treatment function codes of 502 (gynaecology) at discharge;
- Patients admitted for planned termination of pregnancy;
- Psychiatry patients;
 - Use Treatment functions codes at discharge to identify psychiatry patients who need to be excluded from the sample. A list of codes to exclude are: 700, 710, 711, 712, 713, 715, 720, 721, 722, 723, 724, 725, 726, and 727.
- Day case patients (i.e. patients who arrive and leave on the same day). 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 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, because they do not stay overnight in hospital.
- Private patients (non-NHS);
- NHS patients treated at private hospitals;

- Any patient known to be a current inpatient at the time of sampling. This should be the only time current inpatients are excluded; when checking for deceased patients between mailings, do not exclude those who are current inpatients;
- Patients without a UK postal address (but do not exclude if addresses are incomplete but useable, e.g. no postcode). Only remove a patient if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. In addition, please do not remove patients without mobile numbers. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.
- Exclude any addresses that are outside the UK. Patients whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible. Patients whose address is a military base, care home, GP practice or prison establishment are also eligible;
- Any patient who has requested that their details are not used for any purpose other than their clinical care, including requests made following sight of survey pre-publicity; if this information is collected by your trust you should ensure that you remove these patients from your sample list at this stage. This does not include those who have opted out of having their data used for planning and research purposes via the National Data Opt-out Programme;
- Duplicates (patients who are included in your list more than once): if you find duplicates in your sample, the most recent inpatient stay within the sample period (November 2020) should be included; and,
- Patients who ONLY spent time in a community hospital: if a patient has spent time in both a community hospital and an acute hospital, they can be included depending on circumstance - please contact the CCMM for further advice at InpatientCoordination@ipsos.com.

6.3 Sample checks

Before moving onto the next step, please conduct checks to make sure that all patients who should have been excluded have been removed from the sample. Please also check that all those who should have been included have been (for example, make sure eligible sixteen and seventeen year olds are included in your sample, as they should be included, but may have been accidentally excluded).

7 Add additional sample variables

As part of the final sample, you will also need to provide additional information on sampled patients. It would be sensible to extract all the data fields you need as part of the extraction query so you do not have to go back and find this information later.

The fields below are coloured black for patient identifiable information and red for sample information. These fields are formatted this way in the sample construction spreadsheet. If you are an in-house trust you will need to separate your mailing file containing the patient identifiable information from your sample file so that only the sample information is sent to the CCMM for checking.

The following information can be compiled from hospital records:

- **Trust code:** This should be the three character code for the trust (e.g. RTH)
- **Title** (Mr, Mrs, Ms, etc.)
- **First name (or initial, where only this is available)**
- **Surname**
- **Address Fields:** This should be held as separate fields (e.g. street, area, town and county). You must use the **current** address on your system.
- **Postcode:** postcodes are included both in the mailing file and the sample file. They will be used to derive a geographic area variable (Lower Layer Super Output Area, LSOA) allowing analysis by geography and deprivation.
- **Mobile phone:** This should be the current mobile phone number listed on your system. Where there is no mobile phone number, an incomplete number, or the number is specified to belong to someone other than the patient, this should be left blank. If you have any queries about this please contact the Mixed Methods Coordination Centre based at Ipsos MORI.
- **Whether or not mobile number is included:** If a mobile number is included, this should be marked as '1', if not this should be left as '0'.
- **Year of Birth** should be included in the form NNNN. Only the year is necessary, do not include the day or month as this would constitute a breach of the section 251 approval.
- **Gender** should be coded in numeric form: 1 = male, 2 = female, 0 = not known, 9 = not specified.
- **Ethnic Category** is required in order to evaluate non-response from different ethnic categories. The ethnicity of a person is specified by that person and should be coded using the 17 item alphabetical coding specified by the Health and Social Care Information Centre (HSCIC). Please note that any patient whose ethnic category is unknown may be coded as "Z" or left blank; Ethnic 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
 - 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 stated
- **Day** of the month of admission (1 or 2 digits; e.g. 7 or 26)*
 - **Month** of admission (1 or 2 digits; e.g. March = 3 or October = 10)
 - **Year** of admission (4 digits; e.g. 2020)
 - **Day** of the month of discharge (1 or 2 digits; e.g. 2 or 30)
 - **Month** of discharge (1 or 2 digits; e.g. September = 9 or November=11)
 - **Year** of discharge (4 digits; e.g. 2020)
 - **Length of stay** (Units = Days). Calculate this by subtracting the admission date (day/month/year) from the discharge date (day/month/year). For example, if discharge date = 15/11/ 2020 and admission date = 14/11/2020, 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.
 - **Treatment Function Code** (On discharge). It is recorded in the form NNN as outlined by NHS Digital. A full list of these is available here: https://www.datadictionary.nhs.uk/data_dictionary/attributes/t/tran/treatment_function_code_de.asp
 - **ICD-10 or ICD-11 (Chapter Code)**: Please enter the ICD-10 chapter code in Roman Numerals (i.e. III, VI, IX etc.), based on the **primary diagnosis at discharge**. A mapping tool is available for assigning ICD-10 chapter codes and ICD-11 chapter codes, which will allow you to enter detailed ICD-10 or ICD-11 codes (as they are held on your trust's database) and convert them into the broad chapter codes. This is

* The day, month and year of admission and discharge must be entered in separate columns.

available [here](#). If ICD-10 codes are not available when you draw your sample, please contact the CCMM. However, this should not stop you drawing your sample, as these can be added later, and checks can be run using other variables.

- **CCG code:** please provide the 3 character CCG code. This should be the CCG which will be billed for the care of the patient. A list of valid English CCG codes is available for download here: <https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations>.
- **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.
- **Admission Method:** Please include the two-digit descriptive code as used within the NHS Commissioning Data Sets. A full-stop should be used if an admission method code cannot be obtained for a patient.
- **Hospital Site Code on Admission:** Please record the site of admission of the patient using the five character NHS Trust Site Codes (maintained by NHS Digital). A list of valid NHS Site Codes is available for download here: <https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations>.
- **Hospital Site Code on Discharge:** Please record the site from which the patient was discharged using the five character NHS Trust Site Codes (maintained by NHS Digital). A list of valid NHS Site Codes is available for download here: <https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations>.
- **COVID-19 diagnosis:** We recommend this is derived from ICD-10 codes U07.1 COVID-19 virus identified and U07.2 COVID-19 virus not identified, and coded into the below categories. If ICD-10 codes are not available when you draw your sample, please contact the CCMM. However, this should not stop you drawing your sample, as these can be added later.
 - 1 = COVID-19 positive confirmed via testing
 - 2 = COVID-19 suspected but testing inconclusive
 - 3 = COVID-19 testing status unknown
 - 4 = COVID-19 negative confirmed via testing
 - 5 = COVID-19 not-suspected, not tested
- **COVID-19 treatment:** We understand that this will be derived from NHS Trust locally held records, and ask that this is coded into the below categories.
 - 1 = Treated as confirmed or suspected COVID-19
 - 2 = Treated as non COVID-19
 - 3 = Status unknown

You will also need to establish a **Patient Record Number (PRN)**. This is a unique serial number which must be allocated to each patient by the trust. It should take the following format: 'DNNNNXXX', where 'XXX' is your trust's three-digit trust code and 'NNNN' is the 4-digit number relating to your sampled patients, e.g., 0001-1350.

The PRN will be included on address labels and on questionnaires and will be the log-in username for the online survey. Later, when questionnaires are returned (whether completed or not) or completed online, these numbers will be able to be used to monitor which patients have taken part and to identify any non-responders, who will need to be sent reminders. 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). Please note that PRN is not a variable present in trust databases, it is created only to allow the monitoring of patient response.

In addition, in order to submit your trace request file to the DBS to check for deceased patients, you will need to include NHS Number. Please note that this information **SHOULD NOT BE INCLUDED IN THE SAMPLE CONSTRUCTION SPREADSHEET AS IT WOULD CONSTITUTE A BREACH OF SECTION 251 APPROVAL** if your approved contractor or the CCMM were to receive this information.

New variables for this years' survey

Mobile number

Please review the instructions to make sure you are providing the correct details. Please provide the mobile number if:

- The patient has not dissented to the use of their mobile number
- Is either an 11 digit number starting with '07' or a 12 digit number starting with '+44 7'
- There is no note specifying that the number belongs to someone other than the patient, such as a carer or family member

Eligible patients should be included in the sample whether or not they have a mobile phone number

COVID-19 diagnosis and treatment

Comparing experiences of those patients whose hospital experience was due to COVID-19 with those who were treated for reasons unrelated to COVID-19 will be invaluable at both a national and NHS Trust level. The CQC have engaged with NHS Trusts via email on the feasibility of requesting this information, and the outcome is that we are asking NHS Trusts to provide two variables within their sample files. This will allow the CCMM to cross-reference the variables with each other to identify discrepancies and provide a more accurate derived variable.

8 Create the sample file

Once you have identified the sample and collated all required data, you will need to enter all the information relating to your sample in the template sample construction spreadsheet and save this file as **<NHStrustname_Inpatients2020>**.

The table below shows an example of the spreadsheet. Please use the sample construction spreadsheet provided.

Black column headings: columns contain information on patients' names, addresses and comments that may allow them to be identified. These details should either only be shared with your approved contractor, or, if you are running the survey in-house, should be kept in a sample file for administering the survey. Please note that the postcode column should be included in both the mailing and the sample file (black and red).

Red column headings: these columns should be completed during the sampling phase and submitted to your approved contractor or the CCMM prior to mailing to allow for final review and approval before the survey goes into field.

Trust code	Patient Record Number	Title	Initials / first name	Surname	Address1	Address5	Postcode	Mobile phone number	Mobile number indicator	Year of birth	Gender	Ethnic category	Day of admission	Month of Admission	Year of Admission	Day of discharge	Month of discharge	Year of discharge	Length of Stay	Treatment Function code	ICD-11 (Chapter Code)	ICD 10 (Chapter Code)	CCG code	Treatment centre admission	Admission method	NHS Site code on admission	NHS Site code on discharge	COVID-19 diagnosis	COVID-19 treatment
e.g. R1H	D0001R1H	Mrs	A	Abbot	-	-	AB1 1YZ	07777 777 777	1	1934	2	A	5	11	2020	11	11	2020	6	102	CA02	XI	12H	0	12	RR115	RR115	1	1
R1H	D0002R1H	Mr	E	Ahmed	-	-	AB2 6XZ		0	1970	1	J	20	10	2020	12	11	2020	23	101	8B11	IX	10Q	1	11	RTE03	RTE03	2	2
R1H	D1249R1H	Ms	K	Yoo	-	-	AB4 7MX	07777 777 777	1	1950	2	R	17	11	2020	30	11	2020	75	306	NC72	IV	09Y	0	21	RR115	RR115	3	3
R1H	D1250R1H	Ms	F	Young	-	-	AB9 5ZX		0	1946	2	A	14	11	2020	30	11	2020	17	107	CA40	VII	08L	0	22	RR120	RR117	4	1

If you are using the central online survey (in house and Patient Perspective trusts):

There will be three additional columns in the spreadsheet for you to complete.

The first is **NHS Site name – Discharged**. This should be based on the **NHS Site code - Discharged** at column AE, though please review the site code name (and edit where required) to avoid sending any unnecessary information.

The other two additional columns are included to provide participants with access to the online survey. These will generate:

- 1) Password: a unique password for the online survey, which will be used in combination with the PRN to allow patients to access the online survey
- 2) SMS link: a unique link to the online survey that automatically logs the participant into the survey. This should be used (in shortened form) in the SMS reminders

To generate these fields,

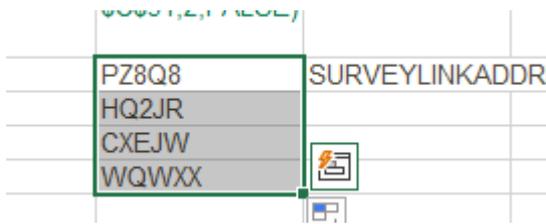
- complete the rest of the spreadsheet, then copy the formula from the top of the spreadsheet into the first row of data.

	AF	AG	
	Online survey password	SMS link	Day rece
	Generate using the following formula: =VLOOKUP(RA NDBETWEEN(1, 31),Lookups!\$A\$ 1:\$C\$31,2,FALS E)&VLOOKUP(R	Generate using the following formula: =LOOKUPS!\$E\$1 &"linktype=SMS &"id="&\$B3 &"&pwd="&\$AF3	Day que

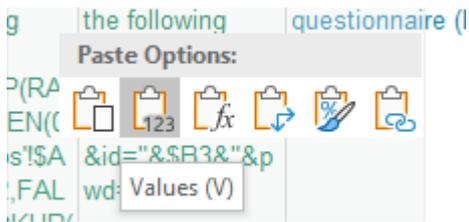
- This should give you a 5 character random password for the Password field and a long web link for the SMS link. Check the format of the password is correct and that the web link includes the correct **username** and **password**.

CJNVT	SURVEYLINKADDRESSlinktype=SMS&id=D0001R1H&pwd=CJNVT
-------	-----------------------------------------------------

- Then drag the formula down to the final row of data.



- Finally, copy and paste values for these columns, to make sure they will not continue to update.



9 Add monitoring variables

The columns listed below should be left blank when the initial sample is compiled. They will be completed by approved contractors and in-house trusts when the patient responds to the survey (e.g. by completing online or returning in the post), or when the trust is notified the patient will not be participating (patient deceased, moved address, too ill, or called to opt out).

- **Day of questionnaire being received** This will only be completed if and when a questionnaire is returned.
- **Month of questionnaire being received** This will only be completed if and when a questionnaire is returned.
- **Year of questionnaire being received** This will only be completed if and when a questionnaire is returned.
- **Outcome code** This 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. Please use the following codes:

1 = Returned useable questionnaire

2 = Returned undelivered by the mail service or patient moved house

3 = Patient died (identified after first mailing has gone out)

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)

7 = Patient deceased prior to fieldwork.

The outcome column is left blank at first if the questionnaire has not been returned.

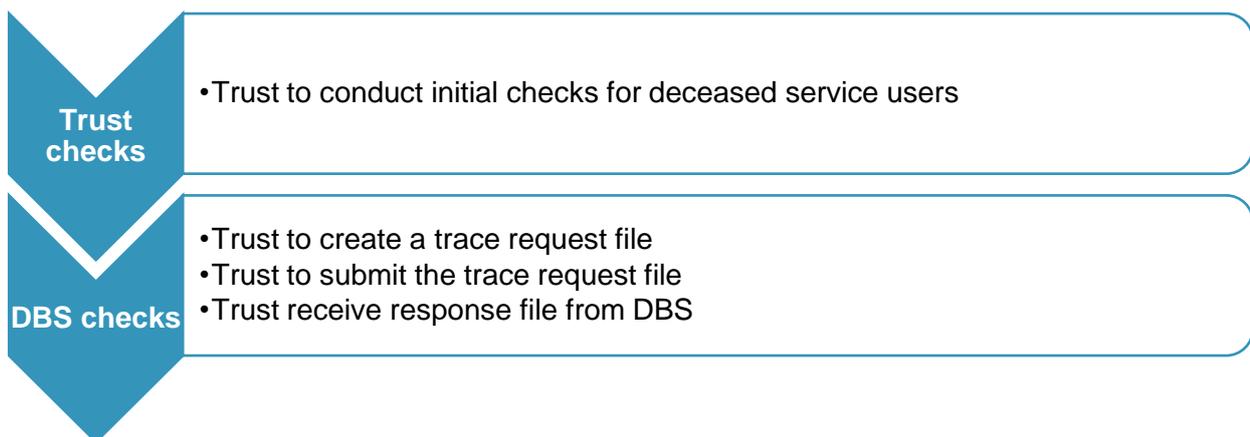
- **Hard copy translation requested**
- **Comments** In this column you can note any additional information that may be provided when someone calls the helpline – for example, to inform the trust that the respondent has died or is no longer living at this address.

10 Submit sample to DBS and conducting local checks

You will need to have your list of patients checked for any deaths, internally and by the Demographic Batch Service (DBS). DBS checks can take a while, so please ensure these are planned in. Please keep in mind that additional DBS checks will be needed during fieldwork, as well as checks on your trust systems, in advance of the survey reminders being sent.

The DBS enables users to submit and receive an electronic file containing relevant patient records, using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS). The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

Figure 10.1: Steps for checking for deceased patients



10.2 Checks for deceased patients in the trust records

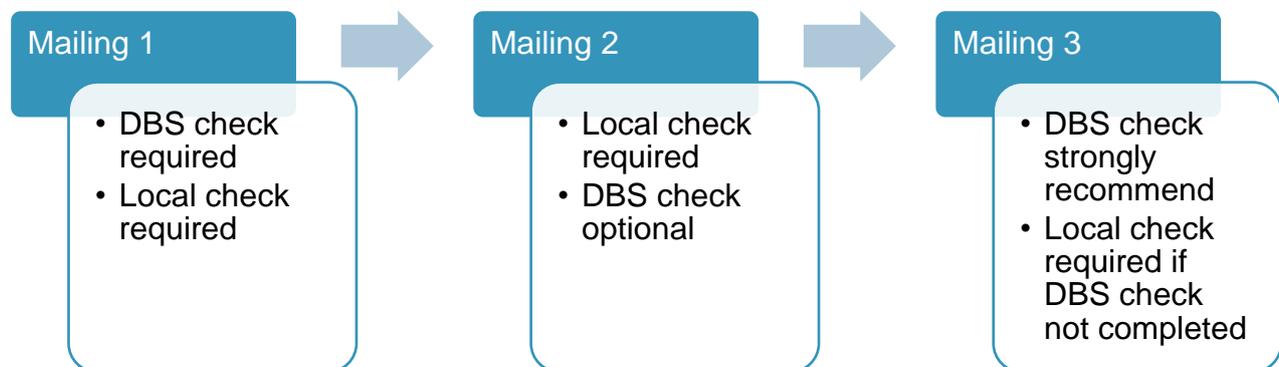
You need to check that your trust has no record of a patient selected for the survey having died at your trust. Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust for their relative who has recently died.

It is a requirement to carry out both local checks and submit for DBS checks before the first mailings can be sent.

It is also a requirement to check your hospital records for any further deaths prior to posting the second and third mailings. We strongly recommend that trusts conduct further DBS checks before the third mailing to avoid sending reminders to patients who have died between mailings.

If you are using the services of an approved contractor, please notify them immediately if any patients in your sample die during the survey period and ensure they are removed from any reminder mailings.

Figure 10.2: Protocol for conducting DBS and local checks throughout fieldwork



10.3 Create the trace request file

Using your list of patients, you need to create a 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. 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*). The postcode is not mandatory but it will help 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.

10.4 Submitting the trace request file to DBS

DBS requires that request and response files are transferred using the dedicated DBS client software. The DBS client software should have already been installed on a server within your trust and most trusts use this on a routine basis. 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, please contact the DBS implementation team at demographics@nhs.net.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client inbox. 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!

10.5 Identifying deceased patients when the file is returned from DBS

The trace response file returned from DBS can be used to identify any patients who have died and therefore need to be removed from the sample file (see below). This will reduce the numbers in your sample list slightly. **Please do 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.

10.6 The response file

The DBS will return a file with:

- A header row.
- A response body. This 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 in this additional response column that patients found to be deceased will be indicated (by a letter 'D').
- A trailer row

Tracing services are not infallible: even after your patient list has been checked for deaths, some patients may die in the period between running the check and the survey invitation being delivered.

So, 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

I have more than 1,250 patients remaining on my list, what should I do?

When your patient list is returned by DBS, and you have removed all deceased patients, there should still be more than 1,250 patients in the list. You will need to remove patients starting with the one with **the earliest discharged date** from your sample so that only the **1,250 most recent patients remain**.

I have fewer than 1,250 patients remaining on my list, what should I do?

If your patient list has fewer than 1,250 patients after deceased patients have been removed, you need to contact the CCMM. If possible, the next most recently discharged patients, before those already sampled, will need to be added to create a sample of 1,250 patients, although these must also be checked by DBS. If you are worried this may be the case, you can add additional patients to the sample submitted for DBS checks.

11 Check sample prior to submission

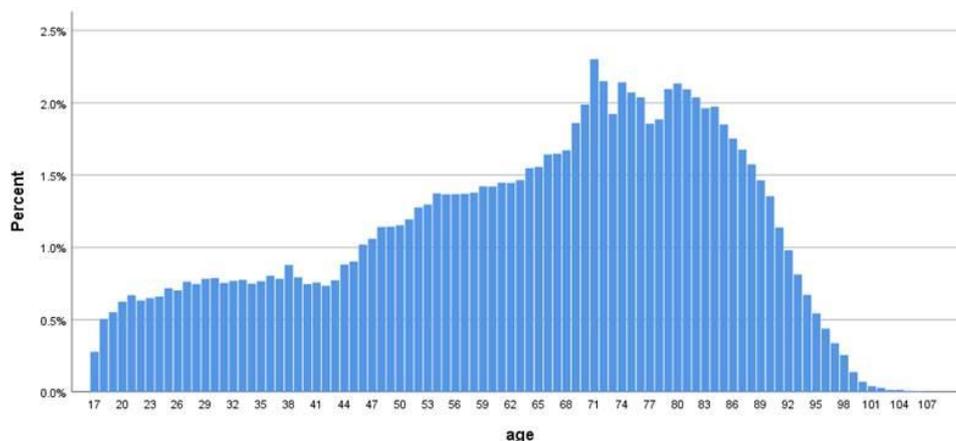
Before you submit your sample, you are asked to carry out a number of checks on your sample: the distribution of age, gender and admission method.

11.1 Checking the distribution of patient ages in your sample

Please 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 sampling errors. 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 bar chart. The bar chart for your trust is likely to resemble the shape below, unless you are a specialist trust.

Figure 1: Bar chart of age from a previous Inpatients sample file



11.2 Checking the distribution of patient gender

With the exception of hospitals specialising in one gender, your sample will most 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 (for instance, if there have been recent changes in the profile of patients seen by your trust).

11.3 Checking the distribution of patient admission method

The split of patients between emergency versus planned admissions should be similar to the proportions that were in your sample in previous surveys. If there is a substantial change there should be an explanation. Although some changes would be expected from the change in sample month, these are expected to be minimal, so larger changes should be reviewed and (if possible) explained. For example, if your hospital is now conducting more day case surgery this year than last, you may expect to see an increase in the proportion of emergency admissions in your patient sample.

11.4 Checking for other errors in your sample

We recommend that you read [the 2019 Inpatient Survey Errors Report](#) to check for common errors in your sample. This will reduce delays caused by incorrect sampling and so improve your trust's response rate to this survey.

12 Splitting and submitting your sample

For trusts working with an approved contractor, the combined file of sample and contact data will need to be securely shared with your approved contractor, once the Declaration Form is approved.

For approved contractors and in-house trusts, the sample and contact data will need to be split into two files, according to the instructions in the Sample Construction Spreadsheet. The only variables that should appear in both files are the Patient Record Number identifiers and the patient postcode.

The mailing file will only be used occasionally during the survey to:

- check for deceased patients prior to reminder mailings
- cross-reference it with the “outcome” field of the sample file (<NHStrustname>_Inpatients2020>) to identify patients who will need to be sent reminders.

For patient confidentiality reasons, you are asked not to keep patient name and address details in the same file as their survey response data.

Once the Sample declaration form is approved, the sample file will need to be securely uploaded to the website for the Coordination Centre for Mixed Methods samples. Specific instructions on how to upload the sample and secure log-in details will be provided to in-house trusts and approved contractors prior to the sample period.

No contact details should ever be shared with the Coordination Centre for Mixed Methods – this would be a breach of Section 251 approvals.

Both sample and contact details need to be shared securely – do not ever share sample or contact files over email.

13 Questions?

For any questions, please contact the Survey Coordination Centre for Mixed Methods based at Ipsos MORI at InpatientCoordination@ipsos.com.

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About the Social Research Institute

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