

NHS Adult Inpatient Survey 2021

Sampling Instructions

Ipsos MORI, Coordination Centre for Mixed Methods

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Version log

Version	Description/ changes since previous version
1	Initial published version.

1 About this document

This document details the processes involved in drawing the sample for the NHS Adult Inpatient Survey 2021. The information contained in this document supersedes all previous versions.

These instructions are 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 document 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 these instructions, 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.

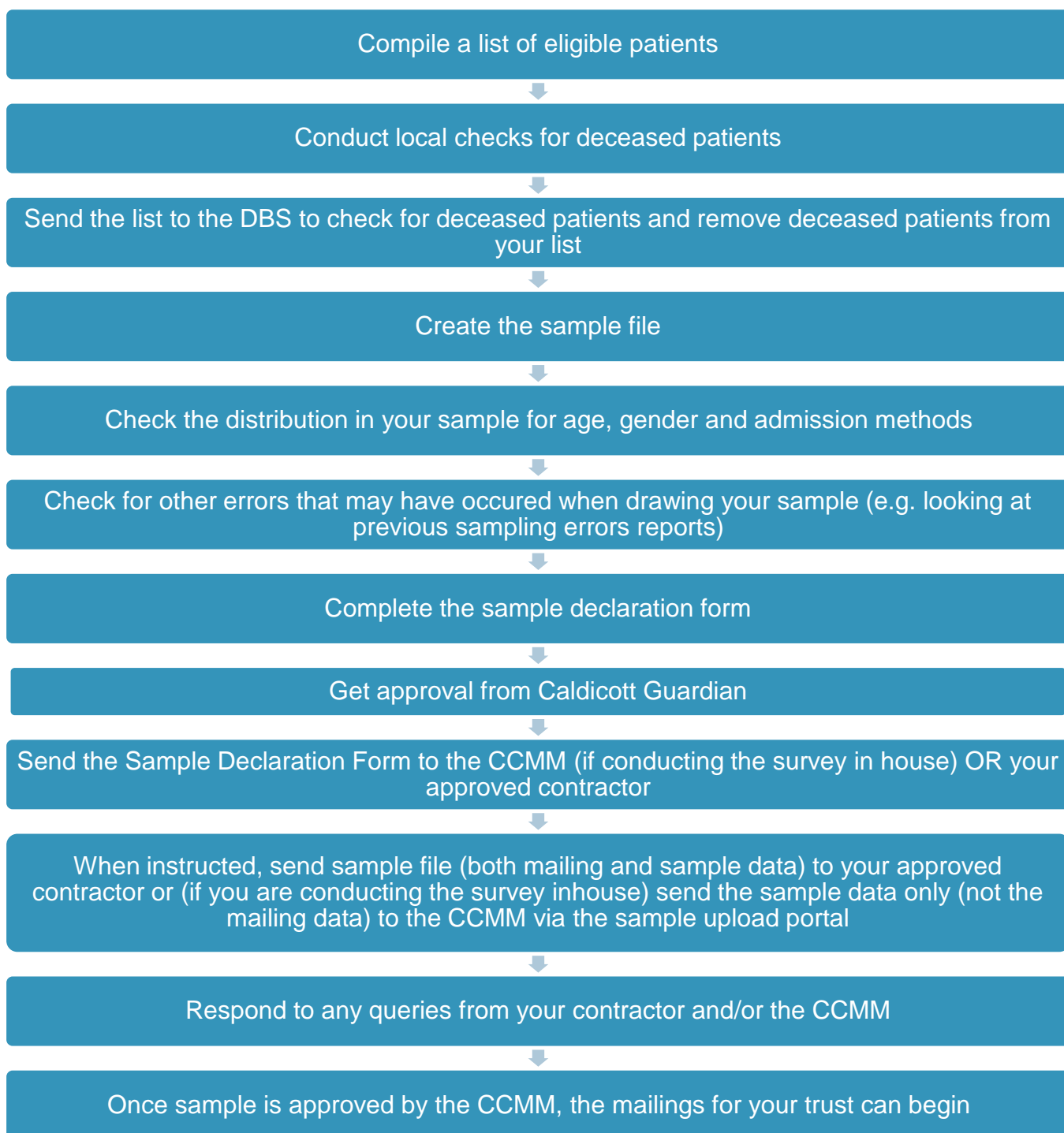
It is also not permissible to offer financial inducements or lottery prizes to respondents. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to check with the CCMM that the proposed alteration would not compromise data comparability and if they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

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 changes to the sample variables, 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 2021 is November. This means that to start your sample you must start counting back from 30 November 2021.

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 2021 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 2021.

You must count back from 30 November 2021, 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 2021 (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 2021, 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 (if codes are available); and,
- Treatment function codes of 502 (gynaecology) at discharge

FURTHER GUIDANCE:

Code	Sampling guidance
Treatment function code of 501 (Obstetrics Service)	As the code is defined as “Obstetrics Service” and any obstetrics/maternity service users should be excluded, we recommend excluding any patients with TFC 501. Once this is done, if any existing patients have the other codes listed in this table, please review their notes to confirm whether they should be excluded.
Treatment function code of 502 (Gynaecology Service)	Generally, TFC 502 patients are eligible and should be included <u>unless</u> something else in their record indicates they are obstetrics, maternity, miscarriage, or termination related. We have had examples where this code has related to hysterectomies, vaginal repair, cyst removal, but not related to birth, and these types of patients should be included in the sample.
Admission Method 31 (ante-partum) and 32 (post-partum)	Generally these patients should be excluded as the codes define Maternity Admission (ante-partum and post-partum). We’d recommend reviewing against the patient record to confirm.
ICD-10 chapter code XV	This code is defined as conditions relating to or aggravated by pregnancy, childbirth or by the puerperium (maternal

causes or obstetric causes). We have had examples where patients had an XV code, but had a primary diagnosis of complications with pregnancy (e.g. vomiting, exhaustion, breast infection) and were not to do with termination, miscarriage or childbirth. We recommend **including these types of patients** though appreciate it may be a rare instance in the sample.

- 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;
NOTE: For private wards used for NHS electives, it will be important to find out how many patients are impacted by this, whether the patient would know they are being treated privately (e.g. is it a private ward which is within an NHS hospital), and whether the staff were NHS/care paid for by the NHS. Based on previous experience, if it is a private ward within a private hospital (based on an NHS site), this should be excluded.
- 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 2021) 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).

7 Add sample variables

As part of the final sample, you will also need to provide further information on sampled patients. It would be most efficient 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, either an 11-digit number starting with '07' or a 12-digit number starting with '+44 7'.

The Section 251 approval grants “the legal basis to allow access to the specified confidential patient information without consent.” This allows for trusts to provide details like patients’ postal addresses and applies to mobile numbers too. The only cases in which you should not provide this is if the patient has explicitly dissented to the use of their mobile number, or if there is a note specifying that the number belongs to someone other than the patient, such as a carer or family member.

Should we include mobile number where we cannot determine if it is for the patient or not?

If the mobile number listed on your system is specified as belonging to someone other than the patient, this should not be included. However, if the patient has provided a “work mobile” for their records this is fine to include, and if nothing is specified alongside the number it’s fine to assume this belongs to the patient.

For patients where we have a mobile phone listed in the mobile telephone field, and a different mobile phone number listed in the telephone field, should we just pick one and include it?

Please prioritise the ‘mobile’ column. If you have any records where the mobile field is blank, and the telephone number field is populated with a mobile number, please include this.

Eligible patients should be included in the sample whether or not they have a mobile phone number. If you have any queries about this please contact the Mixed Methods Coordination Centre based at Ipsos MORI.

- **Mobile phone indicator:** 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 NHS Digital. 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. 2021)
 - **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. 2021)
 - **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/ 2021 and admission date = 14/11/2021, 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 (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, which will allow you to enter detailed ICD-10 codes (as they are held on your trust's database) and convert them into the broad chapter codes. This is 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 (**see Chapter 13 for more information on additional variables**), 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>. A list of all valid CCG codes is also included in the Sample Declaration form.
 - **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 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

FURTHER GUIDANCE:

If using locally held records is not possible to obtain the COVID-19 treatment variable, you can derive it from ICD-10 codes as per the table below.

ICD-10 Codes	COVID-19 Treatment Variable
U07.1 means COVID-19 virus identified (and treated as COVID-19).	1 = Treated as confirmed or suspected COVID-19
U07.2 means COVID-19 virus not identified (but treated as if they have COVID-19).	1 = Treated as confirmed or suspected COVID-19
Trust has no record of whether patient was treated for COVID-19, and neither U07.1 or U07.2 is coded.	3 = Status unknown
Trust has a record of the patient being tested, but neither U07.1 (positive) or U07.2 (suspected) is coded.	The mapping of this can vary. If patient was tested but neither U07.1 (positive) or U07.2 (suspected) is coded, then most likely the patient was COVID-19 negative, so this would be coded as "2 = Treated as non-COVID-19".

	<p>However, there may be a scenario in which a patient was “treated” as COVID-19 until test results were received. If this is indicated through local records, please code as “1 = Treated as confirmed or suspected COVID-19”.</p> <p>If it is unknown, please code as “3 = Status unknown”</p>
Trust knows that the patient was not tested, and neither U07.1 (positive) or U07.2 (suspected) is coded.	2 = Treated as non-COVID-19

How should patients be allocated if they don’t have either U07.1 or U07.2 coded?

Please refer to the table above to distinguish between different possible scenarios. Trusts would require additional records to distinguish between codes 1 2 and 3. If they do not have any additional records, anyone without U07.1 or U07.2 should be coded as “3 = status unknown”.

Should we use any other relevant ICD-10 codes for this variable? For example additional WHO codes for COVID-19 & Z11.5 special screening examination and Z03.8 suspected but ruled out by negative laboratory results?

No. Please provide your coding based on U07.1 and U07.2 codes only.

If COVID-19 treatment variable data is not available when you draw your sample, please contact the CCMM. However, this should not stop you drawing your sample, as this can be added later (**see Chapter 13 for more information on additional variables**).

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: 'GNNNNXXX', 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 CONSITUTE A BREACH OF SECTION 251 APPROVAL** if your approved contractor or the CCMM were to receive this information.

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 **<NHStrustcode_Inpatients2021>**.

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

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 trust code, PRN and postcode columns 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 10 (Chapter Code)	CCG code	Treatment centre admission	Admission method	NHS Site code on admission	NHS Site code on discharge	COVID-19 treatment
e.g. R1H	G0001R1H	Mrs	A	Abbot	-	-	AB1 1YZ	07777 777 777	1	1934	2	A	5	11	2021	11	11	2021	6	102	XI	12H	0	12	RR115	RR115	1
R1H	G0002R1H	Mr	E	Ahmed	-	-	AB2 6XZ		0	1970	1	J	20	10	2021	12	11	2021	23	101	IX	10Q	1	11	RTE03	RTE03	2
R1H	G1249R1H	Ms	K	Yoo	-	-	AB4 7MX	07777 777 777	1	1950	2	R	17	11	2021	30	11	2021	75	306	IV	09Y	0	21	RR115	RR115	3
R1H	G1250R1H	Ms	F	Young	-	-	AB9 5ZX		0	1946	2	A	14	11	2021	30	11	2021	17	107	VII	08L	0	22	RR120	RR117	4

If you are using the central online survey (in house and contractors who are not providing their own online survey):

There will be a separate spreadsheet to fill out. There will also be three additional columns in this spreadsheet for you to complete.

The first is **NHS Site name – Discharged**. This should be based on the **NHS Site code - Discharged** at column AD, 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.

AG	AH
Online survey password	SMS link
Generate using the following formula: =VLOOKUP(RANDBETWEEN(1,31),Lookups!\$A\$1:\$C\$31,2,FALSE)&VLOOKUP(RANDBETWEEN(1,5),Lookups!\$A\$1:\$C\$31,3,FALSE)&VLOOKUP(RANDBETWEE	Generate using the following formula: ="Lookups!\$E\$1"&\$B4&"&password="&\$AG4&'Lookups!\$E\$2

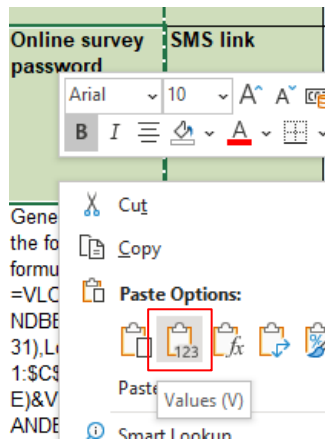
- This should give you a 5 character random **password** for the Password field and a long web link for the SMS link. Check the format of the password is correct and that the web link includes the correct **username** and **password**.

2V9Z7	https://surveys.ipsosinteractive.com/mrlWeb/mrlWeb.dll?!.Project=S21038013&id=GNNNNXXX&password=2V9Z7&i.user1=ENG&i.user2=cqs
-------	---

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

6VDQR	https://surveys.
2Q8Q8	
QJ7ZZ	
4ZZZQ	
JZGV8	

- 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.

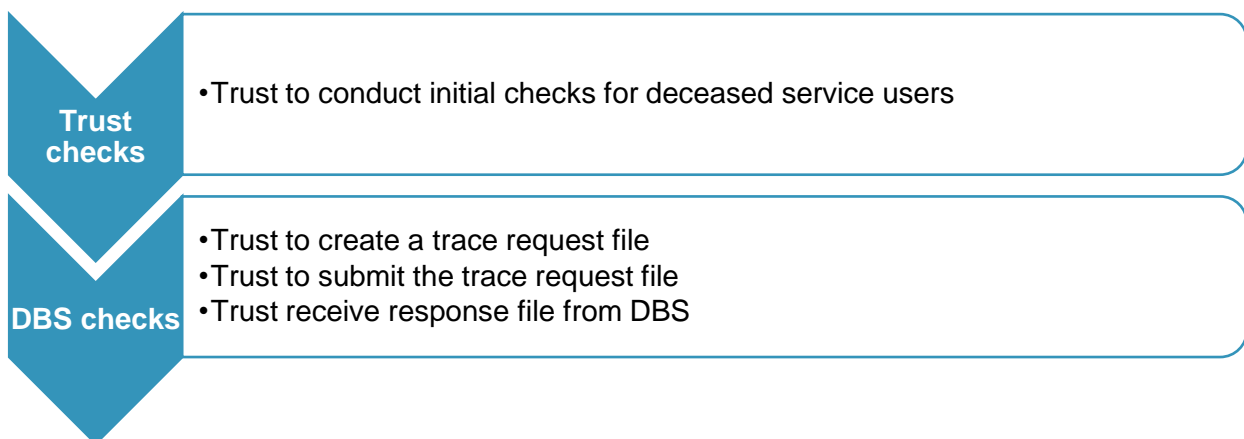
- **Hard copy accessible format requested**
- **Comments** In this column you can note any additional information that may be provided when someone calls the helpline – for example, to inform the trust that the respondent has died or is no longer living at this address.

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

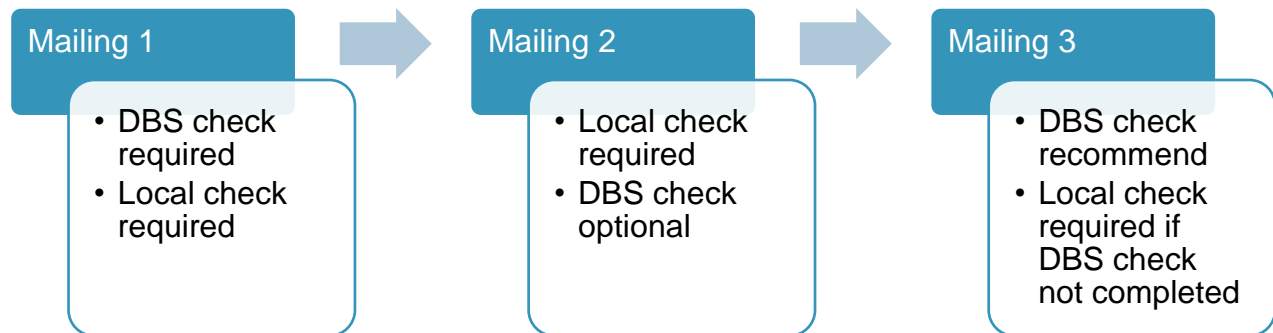
You need to check that your trust has no record of a patient selected for the survey having died at your trust. Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust for their relative who has recently died.

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 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 pass away 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

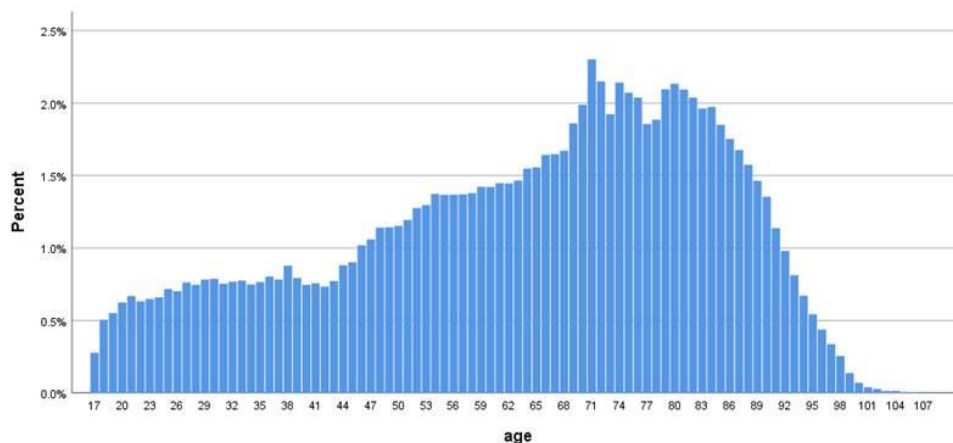
Before you submit your sample, you are asked to carry out a number of checks on your sample: the distribution of age, gender and admission method.

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. However, we are aware that COVID-19 might have impacted this distribution, so please flag it to us if there's a substantial change. If there are any other substantial changes, there should be an explanation.

11.4 Checking for other errors in your sample

We recommend that you read [the 2020 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 Trust code, Patient Record Number identifiers and the patient postcode.

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

- check for deceased patients prior to reminder mailings
- cross-reference it with the “outcome” field of the sample file (<NHStrustcode>_Inpatients2021>) 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 Submitting additional variables

This section details the processes involved in submitting any outstanding additional variables. This is only required, if during the main sample submission phase, any of the ICD-10 Chapter Codes or COVID-19 treatment variable were not previously provided. If these variables were submitted and have been approved as part of the main sample, then reference to this section and the submission of the additional variables spreadsheet is not required.

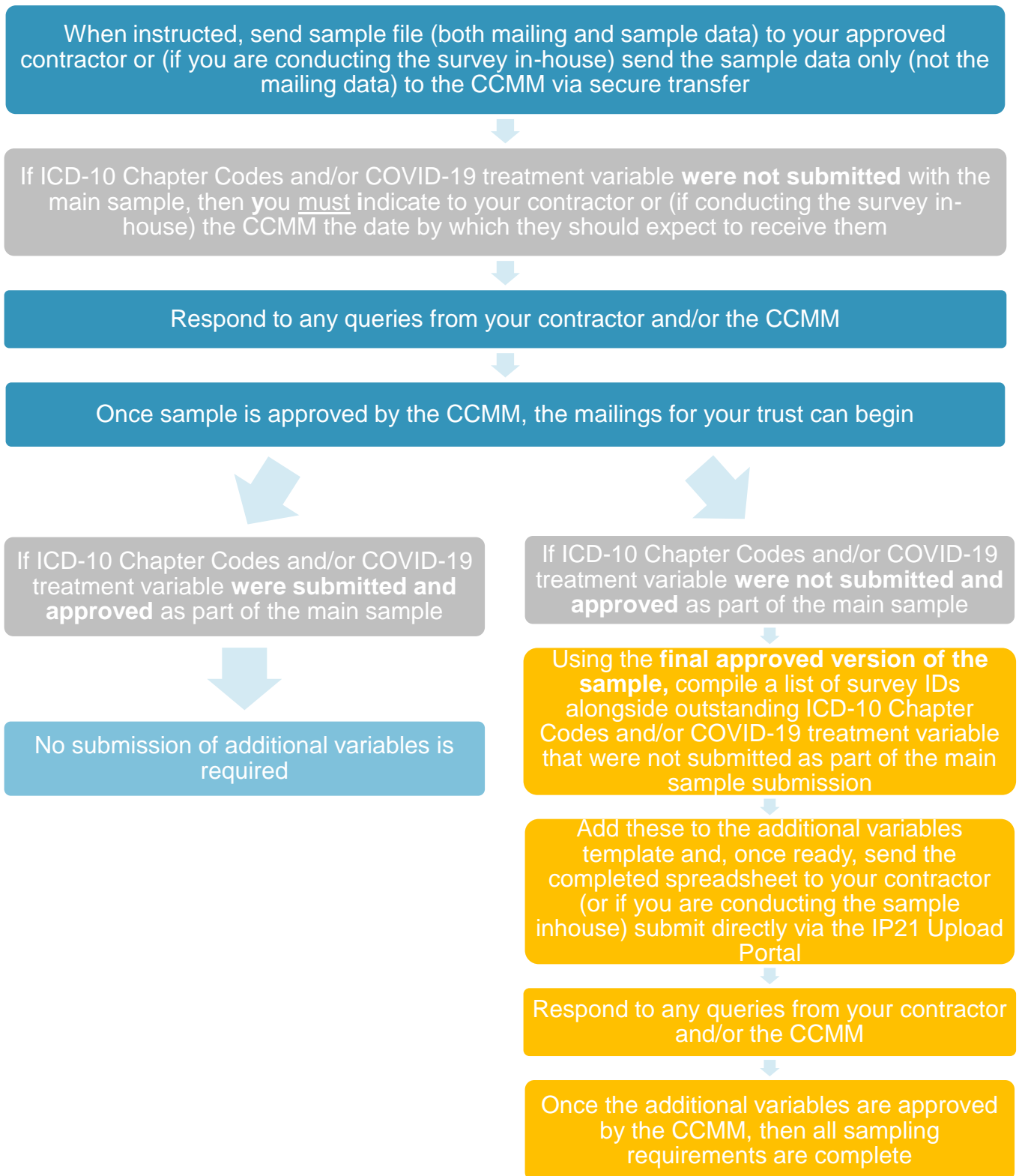
When submitting additional variables, please also refer to the **Additional Variables Worksheet**. This can be downloaded from the Survey Website:

<https://nhssurveys.org/surveys/survey/02-adults-inpatients>

This is the template that should be used to submit any outstanding ICD-10 Chapter Codes and/or COVID-19 treatment variable.

The following flowchart shows the sequential steps that you must follow to submit additional variables.

Figure 13.1: Steps to submit additional variables



13.2 Creating the additional variables file

You will need to include a Patient Record Number (PRN), so that the record can be matched to the previous sample submission. For each of these patient record numbers, additional variables will need to be added. The following information can be compiled from hospital records:

- **Trust code:** This should be the three character code for the trust (e.g. RTH)
- **ICD-10 (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**.
[See Chapter 7 for more detail on this variable.](#)
- **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

[See Chapter 7 for more detail on this variable.](#)

Once you have collated all required data, you will need to enter all the information relating to your additional variables in the **'Additional variables spreadsheet'** and save this file as **<NHStrustcode_Inpatients2021_AV>**.

The table below shows an example of the spreadsheet. Please use the **'Additional variables spreadsheet'** provided.

Trust code	Patient Record Number	ICD 10 (Chapter Code)	COVID-19 treatment
e.g. R1H	G0001R1H	XI	1
R1H	G0002R1H	IX	2
R1H	G1249R1H	IV	3

13.3 Submitting the additional variables file

For trusts working with an approved contractor, once you have all variables that are outstanding from the original submission available, you may then send the whole **'Additional variables spreadsheet'** to your contractor via their secure transfer site. The contractor will then submit the **'Additional variables spreadsheet'** to the Survey Coordination Centre for Mixed Methods on your behalf.

For approved contractors and in-house trusts, once you have all variables that are outstanding from the original submission available, you may then access the IP21 Upload Portal to submit the **'Additional variables spreadsheet'**. In order to do this, please follow these steps:

- **Step 1:** Go to <https://NPSPsampling.co.uk> and enter your user credentials to login into the CQC Upload Portal.
- **Step 2:** On the landing page, under ‘Select a survey’, please click the ‘Adult Inpatient’ button to be directed to the ‘Trusts’ tab of main submission portal for IP21.
- **Step 3:** From this page, looking at the tabs at the top of the screen, please click on ‘Additional Variables Upload’.
- **Step 4:** On the ‘Additional Variables Upload’ page, please read through the instructions on the left – this covers the information included in this document, as well as any further considerations before submission.
- **Step 5:** Once ready, on the right-hand side, please click on the drop-down box with ‘—Select a trust—’ in to see a list of all your assigned trusts and select the one you wish to submit for.
- **Step 6:** With the trust selected, now click on ‘Choose file’, which will bring up a window where you can select which file you wish to submit.
- **Step 7:** Once happy with both the trust and the file you have selected, click the ‘Upload’ button - the file will then be checked to make sure it corresponds to the correct format in terms of the template and the data submitted.
- **Step 8:** If it fails against any hard rules, please review the file based on the rules that have been flagged and make amends where necessary to then attempt to resubmit following on from the process outlined from **Step 5** onwards. If it has failed against soft rules, please review these and add comments to each soft rule it has been flagged against (based on the soft rule flags, if you need to review then you can click the ‘Cancel upload’ button at the bottom of the page and follow the process from **Step 5** onwards to submit).
- **Step 9:** Once satisfied, please click on the ‘Submit sample’ button at the bottom of the page.

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

Do not ever share sample files with the CCMM or approved contractors via email.

14 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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