

Sampling Instructions

2023 Adult Inpatient Survey

Last updated: November 2023

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# Section 1: About this document

This document details the processes involved in drawing the sample for the 2023 Adult Inpatient Survey. 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 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 Spreadsheet**: 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 Survey Coordination Centre (SCC) at Picker at [inpatient@surveycoordination.com](mailto:inpatient@surveycoordination.com).

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# Section 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 and/or addresses to the Survey Coordination Centre (SCC)**.

The Section 251 approval for this project provides a legal basis for trusts to share names, addresses and mobile numbers with approved contractors for the purpose of sending out questionnaires. Any breach of the conditions will be reported to the CQC and the Confidentiality Advisory Group at the Health Research Authority. Please note however that patient postcodes are to be submitted with the sample and are excluded from the restriction for patient identifiable data as per Section 251 approval.

Any suspected breach of Section 251 approval by your trust should be raised with your contractor, or the SCC, immediately. Breaches will need to be reviewed and your trust will need to decide whether the breach is to be reported through the Data Security and Protection Toolkit. CQC are obligated to inform the Confidentiality Advisory Group at the Health Research Authority of any breaches and the outcomes of incident reviews.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend producing versions of the questionnaire translated into other languages. The terms of the ethical approval do not permit these types of alteration. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to check with the SCC that the proposed alteration would not compromise data comparability and if they were permissible, would then need to be cleared with a local ethics board.

CQC use patient survey data for performance monitoring, and the data are also used by NHS England and the Department of Health and Social Care for similar purposes. If the sampling guidance issued for the survey is not adhered to by a trust, 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.

## Updates

Before you start work on your survey, check that you have the **latest version** of this document (the date of the last update is on the front page). This document is available from the [NHS Surveys website](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/).

# Section 3: What is new for 2023

Table 1 – Changes to the 2023 Survey

| **Changes for IP23** | **Rationale** |
| --- | --- |
| NHS Number | New sampling variable for the 2023 survey is NHS number. This is to enable contractors to run centralised DBS checks for trusts.  NHS Number will form part of the mailing data and should only be transferred to your approved contractor for the purposes of DBS checks. This information should not be shared with Survey Coordination Centre. |
| Full Date of Birth | Full date of birth is also a new requirement for the 2023 Survey. Previous years has only asked for year of birth, this year trusts are being asked to include full date of birth to enable contractors to run centralised DBS checks for trusts.  Full date of birth will form part of the mailing data and should only be transferred to your approved contractor for the purposes of DBS checks. Only year of birth, as per 2022, can be shared with Survey Coordination Centre. |
| Virtual Wards Indicator | A Virtual Ward sampling variable will also be included to indicate whether a patient has been transferred to a virtual ward from an inpatients ward. **Please note, this does not change the eligibility of the survey, patients must have had at least one-night stay in a physical hospital ward to be eligible for this survey.** This variable is to collect information on patients who were identified for early discharge (step down) from inpatient care to a virtual ward. **Please note**: Patients must have been discharged from their inpatient stay but can still be on a virtual ward to be eligible. |
| QR Codes | The 2023 mailing letters will include a QR code, allowing patients to scan the code on their device. Once scanned they will be taken directly to the online survey.  This will mitigate the need for patients to type in the web address. Patients will also be automatically logged in without needing to enter their unique password. |

# Section 4: 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 SCC 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.

1. Figure 1: Steps to draw a sample

# Section 5: 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.

# Section 6: Sampling month and dissent posters

The sample month for the Adult Inpatient Survey is November. This means that to start your sample you must start counting back from 30November 2023.

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 SCC by emailing inpatient@surveycoordination.com.

Dissent posters must be displayed at least for the entirety of November to maintain compliance with the Section 251 approval for this survey, to give patients the chance to opt out of the survey. A close-up of a document

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# Section 7: Eligibility criteria for sample

1. The sample for the Adult 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 2023.

You must count back from 30 November 2023, through the list of patients discharged alive from the trust, including all eligible patients, until you have 1,350 patients.

1. 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.**

## 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 2023 (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.

## 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 SCC 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 patients, including spontaneous miscarriages; This list is not exhaustive but may help you identify patents 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 code of XV (if codes are available); and,
  + Treatment function codes of 502 (gynaecology) at discharge

Table 2. Further sampling 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 unless 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](https://icd.who.int/browse10/2016/en#/XV) 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.
* 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 2022) 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 SCC for further advice at inpatient@surveycoordination.com.

## 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).

# Section 8: Add sample variables

Now you will enter all the information relating to your sample in the template [sample construction spreadsheet](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/) and save this file as “IP23\_SampleFile\_XXX”, with XXX being your three letter trust code.

You will also need to add some additional pieces of information to your sample file:

The following information can be compiled from hospital records:

* **Trust code (Sample and Mailing data):** This should be the three-character code for the trust (e.g. RTH)
* **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: 'IP23XXXNNNN', 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.
* **Title** **(Mailing data):** (Mr, Mrs, Ms, etc.)
* **First name (Mailing data):** **(or initial, where only this is available)**
* **Surname (Mailing data)**
* **Address Fields (Mailing data):** This should be held as separate fields (e.g. street, area, town and county). You must use the current address on your system.
* **Postcode (Sample and Mailing data)**: 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.
* **NHS number (Mailing data):** The patient’s NHS number is required for contractors to conduct DBS checks.
* **Mobile phone (Mailing data):** 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’. Do not include any home or landline phone numbers.

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.

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 Survey Coordination Centre based at Picker.

**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.

* + **Mobile phone indicator (Sample data):** If a mobile number is included, this should be marked as ‘1’, if not this should be left as ‘0’.
  + **Day of Birth (Mailing data):** should be included in the form DD
  + **Month of Birth (Mailing data):** should be included in the form MM
  + **Year of Birth (Sample and Mailing data):** should be included in the form NNNN.
  + **Gender (Sample data):** should be coded in numeric form: 1 = male, 2 = female, 0 = not known, 9 = not specified. For further information please see [person gender code on data dictionary](https://www.datadictionary.nhs.uk/attributes/person_gender_code.html).
  + **Ethnic Category (Sample data):** 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](https://www.datadictionary.nhs.uk/data_elements/ethnic_category.html). 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 (Sample data):** (1 or 2 digits; e.g. 7 or 26)[[1]](#footnote-2)
* **Month of admission (Sample data):** (1 or 2 digits; e.g. March = 3 or October = 10)
* **Year of admission** (Sample data): (4 digits; e.g. 2023)
* **Day of the month of discharge** **(Sample data):** (1 or 2 digits; e.g. 2 or 30)
* **Month of discharge** **(Sample data):** (1 or 2 digits; e.g. September = 9 or November=11)
* **Year of discharge** **(Sample data):** (4 digits; e.g. 2023)
* **Length of stay (Sample data):** (Units = Days). Calculate this by subtracting the admission date (day/month/year) from the discharge date (day/month/year). For example, if discharge date = 15/11/2023 and admission date = 14/11/2023, 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 (Sample data):** (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/attributes/treatment_function_code.html>
* **ICD-10 (Chapter Code) (Sample data):** Please enter the [ICD-10 chapter code](https://www.datadictionary.nhs.uk/data_elements/icd-10_code.html) 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](https://nhssurveys.org/wp-content/surveys/02-adults-inpatients/03-instructions-guidance/2022/ICD-10%20converter.xlsx), 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. If ICD-10 codes are not available when you draw your sample, please contact the SCC. However, this should not stop you drawing your sample, as these can be added later (**see Section 13 for more information on additional variables**), and checks can be run using other variables.
* **Admission Method (Sample data):** 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 (Sample data):** 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 (Sample data):** 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>.
* **Virtual Ward Indicator (Sample data):** Please indicate whether a patient had been transferred from an inpatients ward to a virtual ward. **The eligibility for the inpatient survey remains as per 2022 survey, all patients in the sample must have had an overnight stay in a physical hospital ward to be eligible for inclusion.** This variable is to indicate those patients who were flagged for early discharge (step down) from the hospital ward and were admitted onto a virtual ward. **Please note**: Patients must have been discharged from their inpatient stay but can still be on a virtual ward to be eligible.. This should not include patients who were admitted to hospital following their virtual ward admission.
  + 0 = Patient was not admitted onto a virtual ward
  + 1 = Patient was admitted onto a virtual ward

### Elements to be completed throughout the fieldwork period:

1. o Day of questionnaire being received. – This will only be completed if and when a questionnaire (online or via post) is received.
2. o Month of questionnaire being received. - This will only be completed if and when a questionnaire (online or via post) is returned.
3. o Year of questionnaire being received - This will only be completed if and when a questionnaire (online or via post) is returned.
4. o Outcome code - This will be used to record which questionnaires are returned to the freepost address or completed online, or are returned undelivered, or which service users opt out of the survey, etc. Please use the following codes:

* 1 = Returned completed (response received either online or via post, this includes completed accessible versions; large print, braille, easy read and dementia questionnaires)
* 2 = Returned undelivered
* 3 = Patient deceased (identified after first mailing has gone out)
* 4 = Too ill or opted out/returned a blank questionnaire
* 5 = Ineligible
* 6 = Not returned – Unknown
* 7 = Patient deceased prior to fieldwork

The outcome column is left blank at first if a response has not been received.

1. o 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.

**For trusts using a contractor -** this file will be sent to your contractor with all data fields present. You do not need to remove names, addresses, mobile phone number or care cluster data (if care cluster data is captured by your trust).

**For in-house trusts** - you will need to separate out the mailing data from the sample file before you send this to the SCC. Please see step 11 for more details.

Table 1 on the next page shows an example of the spreadsheet. Please use the [sample construction spreadsheet](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/) provided.

# Section 9: Create the sample file

1. Table 3. Sample construction sheet example

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***SAMPLE & MAILING*** | ***SAMPLE & MAILING*** | ***MAILING*** | ***MAILING*** | ***MAILING*** | ***MAILING*** | ***SAMPLE & MAILING*** | ***MAILING*** | ***MAILING*** | ***SAMPLE*** | ***MAILING*** | ***MAILING*** | ***SAMPLE & MAILING*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** | ***SAMPLE*** |
| ***Trust code*** | ***Patient Record Number*** | ***Title*** | ***Initials / first name*** | ***Surname*** | ***Address*** | ***Postcode*** | ***NHS Number*** | ***Mobile phone number*** | ***Mobile number indicator*** | ***Day of birth*** | ***Month of birth*** | ***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)*** | ***Admission method*** | ***NHS Site code on admission*** | ***NHS Site code on discharge*** | ***Virtual Ward Indicator*** |
| e.g. R1H | K0001R1H | Mrs | A | Abbot |  | AB1 1YZ |  | 07777 777 777 | 1 | 12 | 06 | 1934 | 2 | A | 5 | 11 | 2023 | 11 | 11 | 2023 | 6 | 102 | XI | 12 | RR115 | RR115 | 0 |
| R1H | K0002R1H | Mr | E | Ahmed |  | AB2 6XZ |  |  | 0 | 15 | 12 | 1970 | 1 | J | 20 | 10 | 2023 | 12 | 11 | 2023 | 23 | 101 | IX | 11 | RTE03 | RTE03 | 0 |
| R1H | K1249R1H | Ms | K | Yoo |  | AB4 7MX |  | 07777 777 777 | 1 | 01 | 02 | 1950 | 2 | R | 17 | 11 | 2023 | 30 | 11 | 2023 | 75 | 306 | IV | 21 | RR115 | RR115 | 1 |
| R1H | K1250R1H | Ms | F | Young |  | AB9 5ZX |  |  | 0 | 05 | 09 | 1946 | 2 | A | 14 | 11 | 2023 | 30 | 11 | 2023 | 17 | 107 | VII | 22 | RR120 | RR117 | 0 |

**Mailing Columns**: these columns contain information on patients’ names, addresses, mobile phone number and comments that may allow them to be identified.

**Sample Columns**: these columns should be completed during the sampling phase and will include data relating to patients’ demographic and clinical data, their unique record number and your trust code.

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

There will be a separate spreadsheet to fill out, Sample Construction Spreadsheet for inhouse trusts. There will also be two additional columns in this spreadsheet for you to complete.

The 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.

Graphical user interface, application, Word

Description automatically generated

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

Table

Description automatically generated

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

Graphical user interface, application, Word

Description automatically generated

# Section 10: Add fieldwork 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 (includes completed accessible versions)

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.

# Section 11: Submit sample to DBS and conducting local checks

1. 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.
2. 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. Some contractors have access to DBS and can run DBS checks during fieldwork on trusts behalf. Please liaise with your contractor to arrange this. Trusts are still required to run initial first full DBS checks and local checks when drawing the sample.
3. 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 2. Steps for checking for deceased patients

## Checks for deceased patients in the trust records

1. 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.
2. It is a requirement to carry out both local checks and submit for DBS checks before the first mailings can be sent.
3. It is also a requirement to run further checks prior posting the second and third mailings to avoid sending reminders to patients who have died between mailings.

**Contractors running DBS Checks**

**on behalf of trusts**

Some contractors have the capability of running DBS checks during fieldwork on the trusts behalf. This removes the requirement for trusts to run DBS checks (and local checks) ahead of mailing two and mailing three. **Trusts are still expected to run the initial DBS checks when drawing the initial sample.**

**Please contact your contractor to discuss this further**.

1. 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 3: Protocol for conducting DBS and local checks throughout fieldwork

## 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, sex, date of birth, postcode (can be wildcarded e.g. LS1\*). The postcode is not mandatory, but it will help avoid incorrect matches, but please do not include address lines.

Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.

## Submitting the trace request file 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 Patient Administration System (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.

## 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.

## The response file

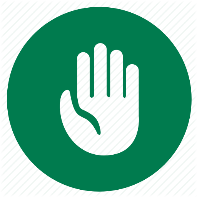
The DBS will return a file with:

* 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 service users found to be deceased will be indicated (by a letter ‘D’).
* A Trailer row.
* **Further information is provided on the** [DBS website](https://digital.nhs.uk/developer/api-catalogue/demographics-batch-service).

**Tracing services are not infallible**: even after your service user list has been checked for deaths, some people may die in the period between running the check and the questionnaire being delivered.

So you may find that some recently deceased service users 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?**

1. 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.
2. **I have fewer than 1,250 patients remaining on my list, what should I do?**
3. If your patient list has fewer than 1,250 patients after deceased patients have been removed, you need to contact the Survey Coordination Centre. 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.

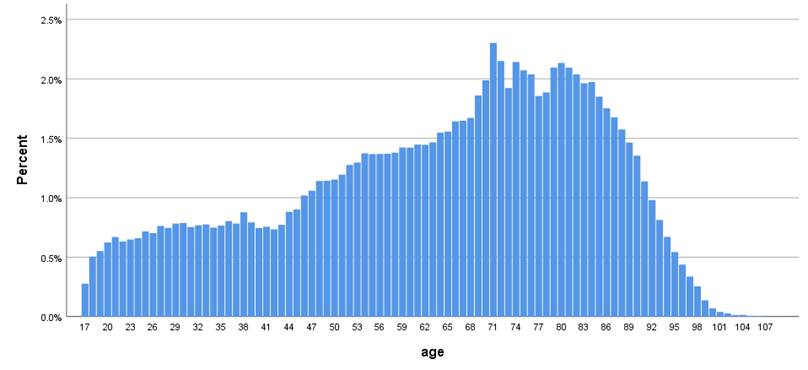
# Section 12: Check sample prior to submission

1. 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.

## Checking the distribution of patient ages in your sample

1. 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.
2. 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 4: Bar chart of age from a previous Inpatients sample file

1. 

## Checking the distribution of patient gender

1. 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).

## Checking the distribution of patient admission method

1. 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 are any other substantial changes, there should be an explanation.

## Checking for other errors in your sample

1. We recommend that you read the [2022 Quality and Methodology Report](https://nhssurveys.org/wp-content/surveys/02-adults-inpatients/04-analysis-reporting/2022/Quality%20and%20methodology%20report.odt) 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.
2. Examples of checks you should do before submitting your sample:

* Check distribution of patient ages in your sample
* Check distribution of patient gender
* Check distribution of patient admission method
* Are there any errors in the query used to extract the eligible population?
* Are there any missing/incomplete data in your initial database?
* Be aware of system migrations.
* Make sure you have randomly sampled.
* Ensure patients on the national opt out register are not excluded
* Check all codes provided in your sample are valid
* Check admission dates are as expected
* Check admission and discharge sites are correct
* Ensure ICD 10 codes are present where possible

# Section 13: Splitting and submitting your sample

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

**For approved contractors and in-house trusts,** the sample and mailing 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, the patient postcode and year of birth.

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>\_Inpatients2023>) 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 Survey Coordination Centre 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 Survey Coordination Centre – 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.

# Section 14: Submitting additional variables

1. 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 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**](https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2023/).

This is the template that should be used to submit any outstanding ICD-10 Chapter Codes.

1. The following flowchart (Figure 5) shows the sequential steps that you must follow to submit additional variables

Figure 5. Steps to submit additional variables.

## 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.

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\_Inpatients2023\_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)** |
| e.g. R1H | IP23R1H0001 | XI |
| R1H | IP23R1H0002 | IX |
| R1H | IP23R1H0149 | IV |

## 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 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 submit the **‘Additional variables spreadsheet’. Please note, all outstanding trusts can be submitted in one file.** Please upload the file toSurvey Coordination Centre.

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

# Section 15: Questions?

For any questions, please contact the Survey Coordination Centre based at Picker at [inpatient@surveycoordination.com](mailto:inpatient@surveycoordination.com)

1. [↑](#footnote-ref-2)