SAMPLING INSTRUCTIONS

NHS URGENT AND EMERGENCY CARE SURVEY 2018

Last updated: 3 Setpember 2018

Adherence to the procedures outlined in this document

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

The Section 251 approval for this project provides a legal basis for trusts to share names and addresses with approved contractors, for the purpose of sending out questionnaires. **NHS trusts must not send patient identifiable data, such as patient names and/or addresses to the Survey Coordination Centre**. Any breach of the conditions will be reported to the 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. 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 Survey Coordination Centre 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 Patient Experience Outcome Measures and the NHS Outcomes Framework. 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 Survey Coordination Centre website http://www.nhssurveys.org/surveys

> Sampling will need to be carried out by a member of staff at the NHS Trust – very often a colleague in the trust's Informatics Team. The sample will normally be drawn from the Patient Administration System (PAS).
>
> Trusts need to allocate sufficient work time and resources to respond quickly to any sample queries raised by the Survey Coordination Centre and approved contractors (if using one). All queries must be resolved before mailings can proceed.
>
> Your sample may only be used for the purposes of distributing the 2018 Urgent and Emergency Care Survey and up to two reminder letters. Any additional use of the sample is not covered by the project's ethics approval. For example, it would not be appropriate to send additional reminder letters to people in the sample nor to contact them as a group either before or after the survey.

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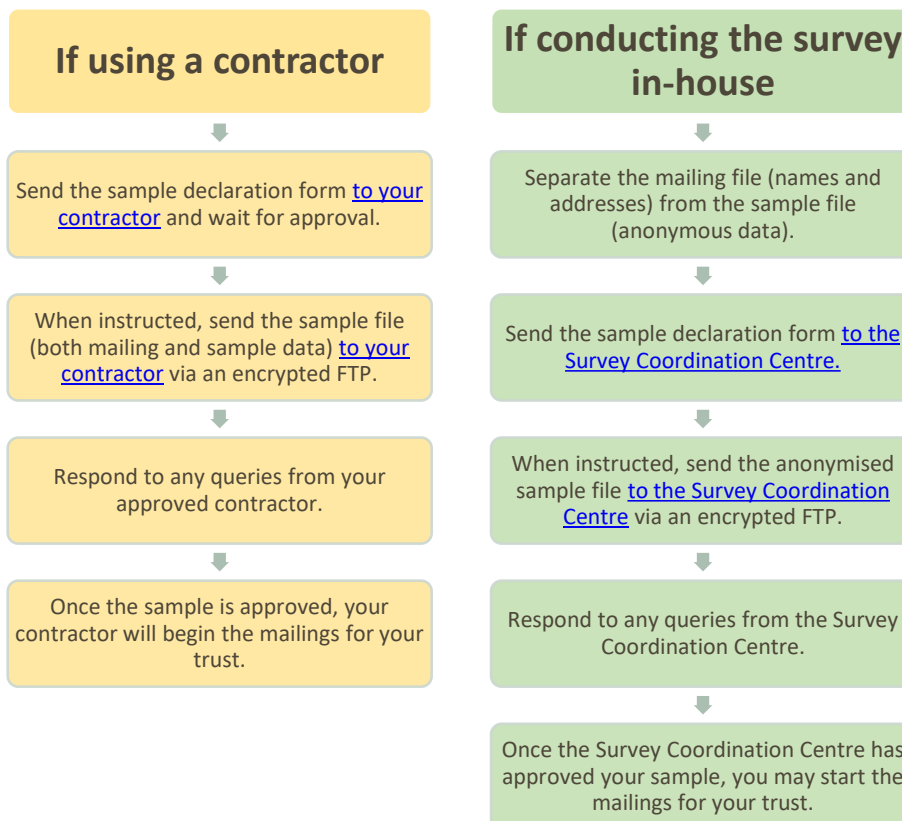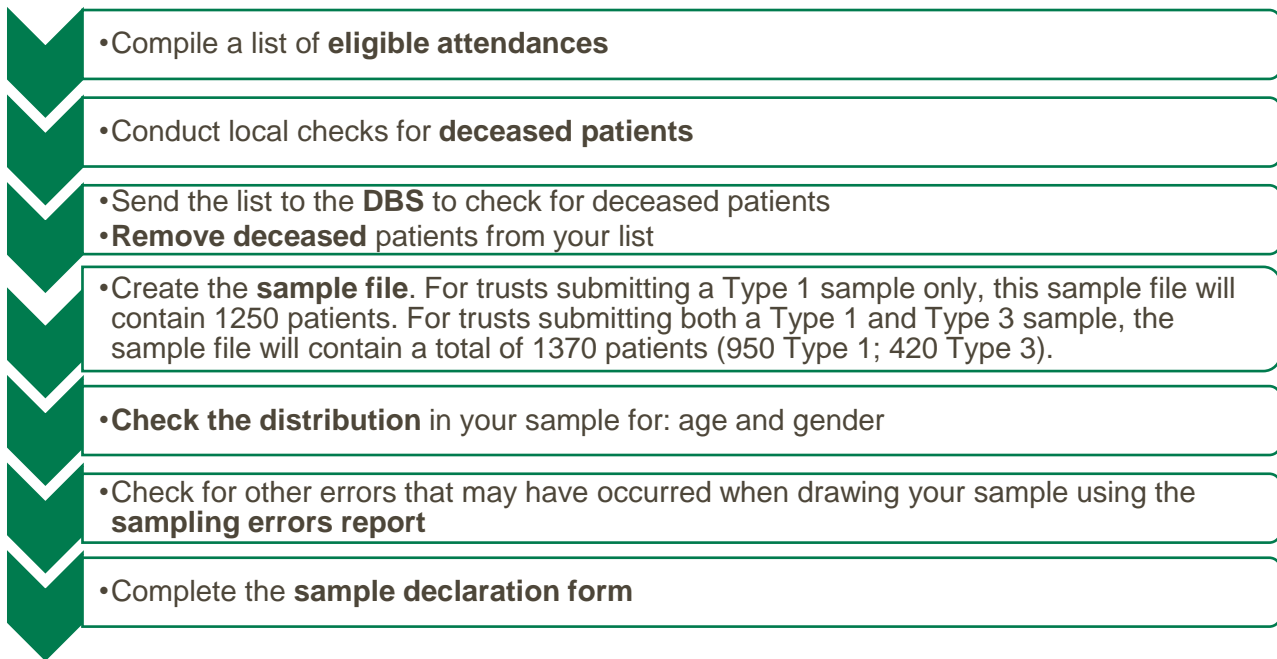
Did you know?

- o Throughout this document, there are hyperlinks provided to direct you to detailed information on the topics covered in this handbook.

- o If you are reading this on your computer, please click any of the blue underlined text for more information or visit the NHS Surveys website here: http://www.nhssurveys.org/usefullinks

- o You can also find the Survey Handbook for this survey on our website http://nhssurveys.org/surveys/1272

- o For detailed instructions and templates that are specific to the 2018 Urgent and Emergency Care Survey, please go to: http://www.nhssurveys.org/surveys/1227

- o For definitions of terminology used in this document, please refer to our universal glossary for the NHS Patient Survey Programme (NPSP).

Contents

1. How to draw a sample of patients

The following flowchart shows the sequential steps that you must follow to draw your sample. Trusts submitting a Type 1 sample only are **not** permitted to submit more than 1250 records to the Survey Coordination Centre. Trusts submitting both a Type 1 and Type 3 sample are **not** permitted to submit more than 1370 records (950 Type 1 and 420 Type 3). If more than this is submitted, it will be considered a breach of the Section 251 approval for the survey, resulting in follow-up action being taken.

- Compile a list of **eligible attendances**

- Conduct local checks for **deceased patients**

- Send the list to the **DBS** to check for deceased patients
- **Remove deceased** patients from your list

- Create the **sample file**. For trusts submitting a Type 1 sample only, this sample file will contain 1250 patients. For trusts submitting both a Type 1 and Type 3 sample, the sample file will contain a total of 1370 patients (950 Type 1; 420 Type 3).

- **Check the distribution** in your sample for: age and gender

- Check for other errors that may have occurred when drawing your sample using the **sampling errors report**

- Complete the **sample declaration form**

If using a contractor	If conducting the survey in-house
Send the sample declaration form to your contractor and wait for approval.	Separate the mailing file (names and addresses) from the sample file (anonymous data).
When instructed, send the sample file (both mailing and sample data) to your contractor via an encrypted FTP.	Send the sample declaration form to the Survey Coordination Centre.
Respond to any queries from your approved contractor.	When instructed, send the anonymised sample file to the Survey Coordination Centre via an encrypted FTP.
Once the sample is approved, your contractor will begin the mailings for your trust.	Respond to any queries from the Survey Coordination Centre.
	Once the Survey Coordination Centre has approved your sample, you may start the mailings for your trust.

2. Sampling month and opt-out posters

The sample month for the Urgent and Emergency Care Survey is **September**. This means that patients must have attended a Type 1 (and Type 3 if applicable) department between **1ˢᵗ September and 30ᵗʰ September 2018.**

Dissent posters (i.e. opt-out posters) must be displayed during the sample month(s) in order to maintain compliance with the Section 251 approval for this survey, to give patients the chance to opt out from the survey.

For Trusts submitting both a Type 1 and Type 3 sample file

There will be separate dissent posters available to display in your Type 3 departments. Due to the possibility of sampling further back to reach the requested sample size of 420 for your Type 3 sample, you are required to display the dissent poster for your Type 3 departments during **August as well as September.**

Please note: You may only submit a Type 3 sample if your Type 3 departments are **directly run by your trust**. Type 3 departments that are run by another provider must be excluded. If you are unsure about this, please contact the Survey Coordination Centre for guidance

National Data Opt-out Programme:

The NHS Patient Survey Programme (NPSP) has received temporary exemption from the National Data Opt-out Programme. This means that the 2018 NHS Urgent and Emergency Care 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 and this is for the purpose of the NHS Urgent and Emergency Care Survey only.

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3. Eligibility criteria for patients in your sample

The sample for this survey is selected from **patients aged 16 and over who attended a Type 1 (and a Type 3 if applicable) department in your Trust between 1st September and 30th September 2018.** All trusts participating in the 2018 Urgent and Emergency Care Survey must submit a sample of Type 1 attendances, however if your trust also manages a Type 3 department, then you also submit a sample of Type 3 attendances.

- o A **Type 1 department** is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week.

- o A **Type 3 department** is another Type of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor-led or nurse-led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. Type 3 departments are often called Urgent Care Centres (UCC) or Minor Injury Units (MIU). A service that is mainly or entirely appointment-based (for example a GP practice or out-patient clinic) is **excluded** even though it may treat a number of patients with minor illness or injury. **Walk-in centres are not classed as Type 3 departments**

Please note:

- o Your list must be a list of **attendances/visits**, rather than a list of patients, so some patients will appear on the list more than once at this stage.

- o Duplicate patients will be removed at a later stage of the process, but it is very important you **do not** remove them now, as this could bias your sample.

- o Eligibility should be calculated from the patient's time of **attendance** at the urgent care or emergency department. This means patients attending from 00:00 hrs on 1st September should be included, but those who arrived prior to this time (i.e. 23:59 or earlier on 31st August) should **not** be included.

- o Likewise, patients should be included who attended up until midnight on 30th September, even if their departure time was on 1st October.

- o You may only include Type 3 departments that are **directly run by your trust**, and exclude any that are run by another provider. If you are unsure about this, please contact the Survey Coordination Centre for guidance.

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

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If you have a Type 1 department ONLY

You will start with a list of **1600 attendances**: this is to allow for the removal of some records following checks (for example, deceased patients will need to be removed following DBS checks and duplicate patients will need to be removed).

Your final sample will consist of <u>1250 patients!</u>

If you have BOTH Type 1 and Type 3 departments

You will start with a list of **1100 Type 1 attendances and 500 Type 3 attendances (1600 in total):** this is to allow for the removal of some records following checks.

Your final sample will consist of <u>950 Type 1 and 420 Type 3 patients (1370 in total)!</u>

Who to **include** in your list:

All patients (aged 16 and above) who have had attended a [Type 1 (and patients who have attended a Type 3 if applicable) department](#) within the trust between 1st September and 30th September 2018.

Who to **exclude** from your list:

o **Deceased** patients

o Children or young persons aged **under 16 years** at the date of their attendance at a Type 1 or Type 3 department. For patients born in 2002, you will need to check their day and month of birth to confirm that they were aged 16 or over **on the date of their attendance**

o Any attendances at **Walk-in Centres**

o Any attendances at Type 3 departments not wholly managed by your Trust

o Any patients who were admitted to hospital via **Medical or Surgical Admissions Units** and therefore have not visited A&E and if applicable, an urgent care centre.

o Any patients who are known to be **current inpatients** – this is so that we can avoid sending questionnaires to people who are currently inpatients

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- **Planned attendances at outpatient clinics** which are run within the A&E or an urgent care centre (such as fracture clinics)

- Patients attending primarily to **obtain contraception** (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy. *Please do not exclude pregnant women who attended urgent and emergency services for health problems unrelated to pregnancy.*

Suggested ways to check:

Whilst not an exhaustive list, we suggest to conduct the following checks to ensure you don't include women who attended urgent and emergency services for the above reasons.

- Checking **ICD-10 codes** for any women admitted to hospital following their attendance at the emergency department, between the ages of 16 and 55, and removing any related to miscarriage etc.
- Checking any **obstetric or gynaecology diagnosis codes** on records for women between the ages of 16 and 55 attending the emergency department.
- Checking the **notes on records** for women between the ages of 16 and 55 for any information relating to: miscarriage, abortive, abortion, concealed pregnancy, pv bleed, pregnant, pregnancy.

  Please note, these are just suggested ways to check. Therefore, it may be that you cannot (i.e. missing data) or do not need to check the above variables. If there is no way to identify the above patients for exclusion, please contact the Survey Coordination Centre.

- Patients **without a UK postal address** (but do not exclude if addresses are incomplete but are useable e.g. no postcode).

  - Please note: patients should be **included** if they have an address in any part of the UK, including those outside England (Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, etc.), including military personnel.

- Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage). Please remember this does not include patients who have opted out of having their data used for planning and research purposes via the National Data Opt-Out Programme.

- Please note **exclusions should only be made based on the criteria listed above**. Patients **should not be excluded** simply because they have other specific medical conditions such as cancer or mental health problems, or because they have safeguarding concerns.

- If you have any questions about the inclusion / exclusion criteria, please contact the Survey Coordination Centre.

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Please contact the Survey Coordination Centre if:

o If you have a large proportion of **missing data** meaning exclusions cannot be identified.

o Your trust only has a Type 1 department and has fewer than 1600 eligible attendances in total during September 2018.

o Your trust has both Type 1 and Type 3 departments and has fewer than 1100 Type 1 attendances and / or fewer than 500 Type 3 attendances in September 2018.

4. Compiling your list of eligible attendances

Variables to include in your list

The following information must be included in your initial list of **attendances:**

o NHS number
   o Please note, this will be used for removing duplicates and for DBS checks – it **must not** be submitted to your contractor or the Survey Coordination Centre. If you are missing the NHS number for any patients who are otherwise eligible, **please still include** these patients in your list.
o Title (Mr, Mrs, Ms, etc.)
o Patient initials or first name
o Patient surname
o Address, including postcode
o NHS Trust Code
o Department type (only '1' or '3' should be entered)
o Year of birth
o Gender
o Ethnicity 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

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      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

- o Date of attendance (separate columns for day, month and year)
- o Time of attendance (4 digits in 24-hour format, HH:MM e.g. 09:25, 23:15, **without seconds**)
- o NHS site code
- o CCG code. Please provide the 3 character CCG. This should be the CCG which will be billed for the care of the patient.
- o There is also a column for record number, please leave this blank at this stage. Instructions on how to construct this are provided below.

> If you have **more than 25,000** records at this stage, **please contact the Survey Coordination Centre.**

Sorting and cleaning your list of attendances in Tab 1 of your Sampling Workbook 1

Download Sampling Workbook 1 and complete the following steps for **tab 1 'Full list':**

1) Using the eligibility criteria above, compile a full list of attendances from all eligible Type 1 and Type 3 departments at all sites in your trust. Paste this list into the **tab 1** of the workbook, **'Full list'** entering only data for the variables listed above.

2) Sort by **department Type**, then by **gender,** then by **year of birth** and finally by **CCG**:
   a. Select all your data starting in row 3 – please ensure you do **not** select the first two header rows. (see note below)
   b. Click on the data menu then click 'sort'.
   c. Create four sorting levels to include: department type (column L), gender (column O), year of birth (column N) and CCG (column V), in that order (see Figure 1)
   d. Ensure that columns L, O and N are sorted 'smallest to largest' and column V is sorted 'A to Z'.
   e. Click 'OK' to sort your data

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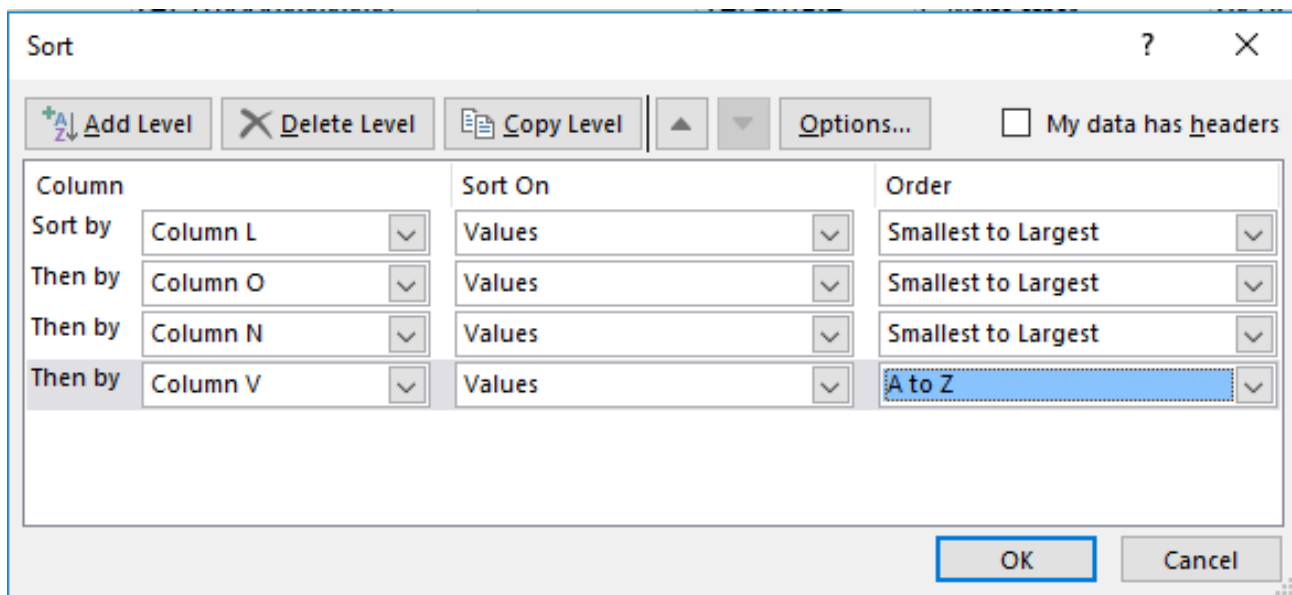UEC18 Sampling instructions _V1

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Figure 1. Creating four levels of sorting

To complete step 2: Ensure that all data is selected by putting your cursor in cell A3. Press 'SHIFT' and 'CTRL' together while pressing the down arrow to select all rows, then the right arrow to select all columns A to V.

Double-check you have selected all rows of data from row 3 down – if there are any blank cells under 'NHS number' then the selection will stop.

3) Add a record number in the correct column. The record number should be in the format: UEC18XXXNNNNN where UEC18 is the survey code, XXX is your trust code and NNNNN is the unique number for each record.

4) At this stage, these numbers will run consecutively from UEC18XXX00001 to the total number of records you have in your list of attendances. You should not have any duplicate record numbers.

5) Check that there are no blank rows in your data and that your file is sorted correctly - this is a key part of the sampling process so if you are unsure please contact the Survey Coordination Centre.

Selecting your initial sample in Tab 2 of your Sampling Workbook 1

Using your Sampling Workbook 1, please complete the following steps for **tab 2 'Initial sample selection'**:

1) Copy all your data from **tab 1 'Full list'** and paste it into the corresponding columns in **tab 2 'Initial sample selection'**. This may take some time for Excel to process.

2) In column Y of this sheet, check the **'Number in list'** to ensure your data has been loaded properly and Type 1 and Type 3 have been coded correctly.

    a. The numbers will be updated to show the number of attendances for Type 1 and Type 3 - check this is in line with your expectations.

    b. The number for '**incorrect department codes code'** should be zero. If you have any codes that are not entered as '1' or '3', these will be identified in column A. Filter your records by 'department Type' in column A (labelled 'In sample?') and correct the 'department Type' at column M for any incorrect codes (see Figure 2).

Number in list	
Department type 1:	3200
Department type 3:	850
Incorrect department type code:	0

Figure 2. Numbers in list from the Sampling Workbook 1, Tab 2. This figure is for a trust with both type 1 and type 3 departments

3) In the orange boxes in Column Z, enter a random number. This must be a whole number (i.e. not have a decimal point). The red text will give you a number range that you can choose from - for instance it may say 'Enter random start between 1 and 3' and therefore you can put a 1, 2 or 3 in the orange box next to it (see Figure 3).

Department type 1: Enter random start between 1 and 1:	
Department type 3: Enter random start between 1 and 1:	

Figure 3. Boxes to enter a random whole number

4) After entering a random number in the orange boxes, a random sample of records will be selected and Column A of the spreadsheet will automatically update. This may take some time for Excel to process. Records that have been randomly selected will be denoted by a '1', those that have not been selected will be indicated by a '0' (see Figure 4**).**

Figure 4. Column A after entering the random numbers.

5) The **'Number in sample'** figures in column Y will also automatically update (see Figure 5). Depending on your trust, the numbers may be different.
   a. If you have enough eligible Type 1 and Type 3 attendances, then this should show 1100 Type 1 records and 500 Type 3 records.
   b. If you do not have enough Type 3 attendances, then you may have over 1100 Type 1 records and fewer than 500 Type 3 records. If this is the case, please ensure you contact the Survey Coordination Centre.
   c. If you do not have a Type 3 department, all your cases (1600) will be Type 1.
   d. In almost all cases, the total sample size shown should be 1600. If you have a different total figure, please contact the Survey Coordination Centre.

Number in sample	
Department type 1:	1100
Department type 3:	500
Total sample size:	1600

Figure 5. Number in sample as selected by the workbook. This figure is for a trust with both type 1 and type 3 departments

6) Now filter by column A so that only cases with a '1' in the column are shown. These are the cases that will be included in your sample. You can filter this column by clicking the grey arrow in cell A1 and making sure only '1' is selected, as shown in Figure 6, then clicking 'OK'.

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Figure 6. Filtering the data at Column A to show records that have been selected

7) **With the filter still on**, select **all data** in columns B 'NHS number' through to W 'CCG code', right click, and press copy

8) Now paste the data you have just copied into **tab 3 'Initial selected sample'**

9) Check that the number of records you have pasted in to **tab 3 'Initial selected sample'** matches the total number of records in your sample indicated in the **'Total sample size' field of tab 2.** For most trusts this will be 1600 (please note that the column titles are in the first row, so the total number of records in tab 3 will be the number of rows minus 1).

Removing duplicates: Tab 3

Some patients may have attended the urgent or emergency care department more than once during the sampling month; in these cases, you may have duplicate patients in the initial selected sample you have just put into **tab 3 'Initial selected sample'.** You need to remove those, so that you have only unique patients.

You should be able to use the NHS number to identify duplicate patients.

You can follow the instructions below to remove duplicate patients based on NHS number:

1) Select all the values in column A **'NHS number'**, then click on 'conditional formatting', then click 'highlight cell rules' then 'duplicate values' (see Figure 7). This will colour all duplicate values in that column.
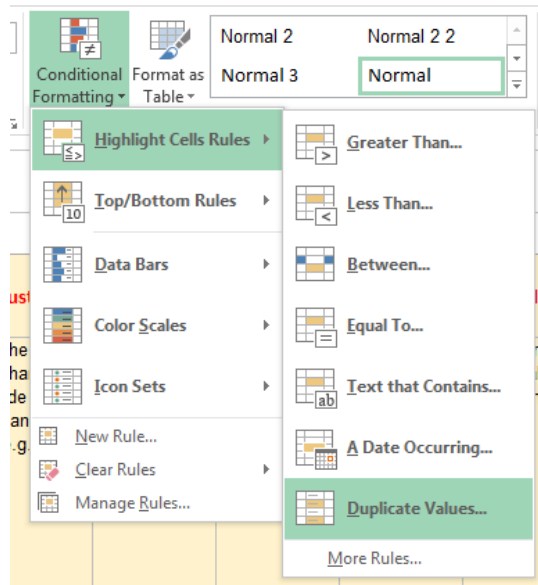
Figure 7. Identifying duplicate patients

2) Go through the list looking at the coloured values to identify duplicate patients. You can filter the records to show only highlighted cases by clicking the filter arrow on column A, then selecting 'filter by colour' then clicking the cell colour listed.

3) When removing duplicates, you should **remove the earlier attendances and leave the most recent attendance for that patient.**

4) When you remove duplicate records, you should also ensure that you **do not leave blank rows**.

If you are missing the NHS number for any patients in your list, please use their name and address information to check that they appear only once in your list and remove any duplicates accordingly.

5. Checks carried out by the trust

Once you have removed duplicates, you will be left with your list of patients in tab 3. You should then carry out the following checks *before* you send the list to the DBS (who will carry out a further check for deceased patients) to ensure the eligibility criteria above was applied correctly:

Deceased patients

Check that hospital records do not have a record of a patient's death from a subsequent admission or visit to hospital. The next section provides details on how to check for deceased patients.

Current patients

Check that none of the patients are known to be current inpatients in your trust. This should be the **only time** current inpatients are excluded from the survey process. When checks for deceased patients are carried out immediately prior to each mailing, do not check for, or exclude, current inpatients at these times. This improves the comparability of samples between trusts and thus reduces bias.

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Patient ages

Check that all patients are aged 16 or over at the time they attended the A&E or urgent care centre.

Patients primarily obtaining contraception

Patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital and patients with a concealed pregnancy. Please **do not** exclude pregnant women who attended emergency services for health problems unrelated to pregnancy. There are a number of ways to check this (i.e. ICD-10 codes, reason for admission and reading through notes).

Patients admitted to hospital via Medical or Surgical Admission Units

Patients who have therefore not visited an A&E or Urgent Care Centre should not be included in the sample.

Planned attendances at outpatient clinics which are run within A&E

For example fracture clinics, should not be included in your sample.

Attendances at Walk-in-Centres

These patients should not be included in your sample, as these are not classified as Type 1 or Type 3 emergency departments.

Postal addresses

Exclude any addresses that are outside the UK. Patients whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible. Equally, patients whose address is a military base, care home or prison establishment are also eligible.

Duplicates

Check that the same patient has not been included more than once.

Dissent

Remove any patient known to have requested their details are not used for any purpose other than their clinical care, including requests made following sight of pre-survey publicity (you must ensure that you remove these patients from your sample list at this stage).

Insufficient information

Check for any records with incomplete information on key fields (such as surname and full address) and remove those patients. However, **do not exclude anyone simply because you do not have a postcode for them.** Only remove a patient if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.

National Data Opt-out Programme

The NHS Patient Survey Programme has received temporary exemption from the National Data Opt-out Programme. This means that the Urgent and Emergency Care Survey 2018 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 and this is for the purpose of the Urgent and Emergency Care Survey 2018 only.

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

Before sending out the questionnaires, you need to have your list of patients checked for any deaths by the DBS.

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.

Steps for checking for deceased patients

Actions in the blue boxes are for the trust to complete

Checks for deceased patients

Trust to conduct initial checks for deceased patients

DBS to check for deceased patients

Create a trace request file

Submit the trace request file

Trust to receive response file from DBS

Checks for deceased patients

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

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

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

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If you are using a contractor… advise your contractor immediately if you become aware that any patients in your sample die during the survey period.

Create the trace request file

Using your list of patients in **tab 3 of workbook 1**, 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:

o NHS number and full date of birth (yyyymmdd) – this is the recommended approach.

    OR

o 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.

Submitting the trace request file

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!
>
> **Submitting data to DBS via email is likely to cause further delays!**

Identifying deceased patients when the patient file is returned from DBS

The trace response file returned from DBS can be used to identify any patients who have died 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:

o A header row.
o 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').

o A trailer row.

Tracing services are not infallible: even after your patient list has been checked for deaths, some patients may die in the period between running the check and the questionnaire being delivered. So you may find that some recently deceased patients remain in your sample.

Contractors will run Freephone lines and will be the first point of contact. **However, the Trust should be prepared for direct contact from bereaved relatives.**

Special sensitivity is required when dealing with telephone calls from bereaved relatives.

After you get the response file

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 in tab 3 of workbook 1. 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 have a Type 1 department only

If your patient list has fewer than 1250 patients after deceased patients have been removed, you must contact the Survey Coordination Centre.

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If you have both Type 1 and Type 3 departments

If your patient list has fewer than 950 patients for Type 1 **AND / OR** fewer than 420 patients for Type 3, you must contact the Survey Coordination Centre.

7. Creating the final sample in Workbook 1

Following the removal of deceased patients and duplicate records, as explained in the sections above, you need to remove extra patients to **reduce your sample size to exactly 1250 if you have a Type 1 department only**. If you have **both Type 1 and Type 3 departments, your Type 1 list must be reduced to exactly 950 and your Type 3 list must be reduced to exactly 420.** Please reduce your sample following the below instructions.

1) Please select **all your data** in your Sampling Workbook 1, **tab 3 'Initial selected sample'** except for column A, 'NHS number', then copy and paste everything except 'NHS number' into the corresponding columns in **tab 4 'Final sample selection'** of your Sampling Workbook 1.

2) Now you need to enter a random start number in the orange boxes in column Y. This must be a whole number (i.e. not have a decimal place). The red text will give you a number range that you can choose from – for instance, if it says 'Enter random start between 1 and 3' you can put a 1, 2, or 3 in the orange box next to it. (If the red text says to enter a number 'between 1 and 1', you **must** enter the number 1 in the orange box). Please allow time for Excel to finish processing after you enter a number in each of the orange boxed. This may take some time.

Figure 8. Boxes to enter a random whole number.

3) After doing this, a random sample of records will be selected and Column A of the spreadsheet will automatically update. **Please allow time for Excel to do this.** Records that have been randomly selected will be denoted a '1', those that have not been selected will be indicated by a '0'.

Figure 9. Column A shows which records have been selected for the final sample

4) The '**Number in sample**' section will automatically update. If your total sample size is larger than 1250 for Type 1 departments only, or 1370 for both Type 1 and Type 3 departments, please ensure you have entered numbers correctly in the orange random start boxes (as detailed in step 2, above).

Number in sample	
Department type 1:	950
Department type 3:	420
Total sample size:	1370

Figure 10. Number of records in sample by department type. This is an example of a trust with both type 1 and type 3 departments

For trusts with **only Type 1** departments, the numbers in sample should be:

Department Type 1: 1250
Department Type 3: 0
Total sample size: 1250

For trusts with **both Type 1 and Type 3** departments the numbers in sample should be:

Department Type 1: 950
Department Type 3: 420
Total sample size: 1370

> If your sample size differs from the relevant numbers listed above, and you have not already been advised by the Survey Coordination Centre on the appropriate sample size for your trust, please contact us to ensure your sample is correct.

5) Now **save this file** for future reference. Note that you will **not send 'UEC18 Sampling workbook 1'** to your contractor, nor the Survey Coordination Centre, but you will use it to create the final sample file and may need to refer back to the file in the next few months if your contractor or the Survey Coordination Centre have any queries, so please make sure that the person that will deal with it in the next few months is aware of its location.

8. Create the final sample file in Workbook 2

Using your Sampling Workbook 2, please complete the following steps for creating your final sample file.

1) In **tab 4 'Final sample selection'** of your Sampling Workbook 1, filter by column A so that only cases with a '1' in the column are shown. These are the cases that will be included in your sample. You can filter this column by clicking the grey arrow in cell A1 and making sure only '1' is selected (as shown at Figure 10 below) then clicking 'OK'.

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Figure 11. Filtering the records at Column A to show the records that have been selected for the final sample

2) Once you have applied the filter, you should only see '1' in column A. **With the filter still on**, select all data in columns B 'Title' to V 'CCG code' but do not select the header row (row 1). Right click anywhere on the selected data and click 'copy'.

3) Go to tab 2 'Sample' in you Sampling Workbook 2 and paste the data into the corresponding columns (A to U).

4) Check that the number of records you have pasted into your Sampling Workbook 2 matches the total number of records in your sample indicated at the 'Number in sample' section of tab 4 'Final sample selection' of your Sampling Workbook 1.

5) Save your Sampling Workbook 2 as '**UEC18_<trust code>_sample**' (for example, if the trust code was RX1, your file would be called UEC18_RX1_sample)

9. Sample checks 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 and gender.

Checking the distribution of patient ages in your sample

You should check that patients of all ages are included in your sample, especially those aged 16, 17, 18 or over 75 years. We have found these age groups are the most likely to be excluded due to poor

sampling. It is possible there may not be any young adults or very old adults in your sample, but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques.

Check that your sampled patients' ages cover the full range of expected ages. 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 should resemble the shape in Figure 12.
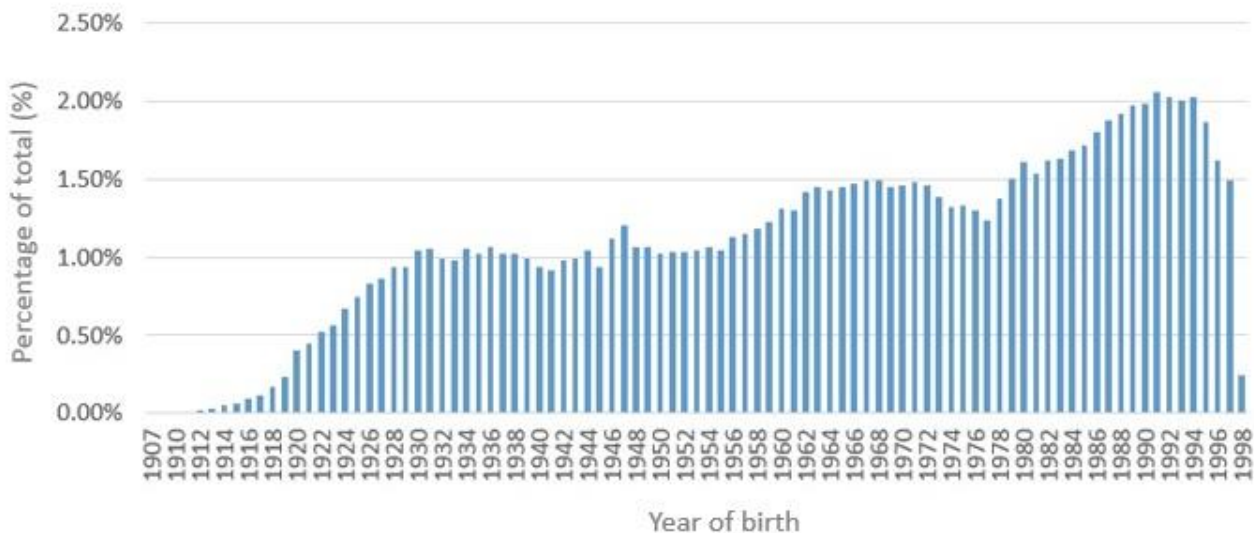

Figure 12. Bar chart of age from a previous Emergency Department sample file

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).

Checking for other errors in your sample

We recommend that you read the 2016 Emergency Department 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.

Please also check to ensure your data has not become mis-sorted. Mis-sorting can occur if data has been sorted while only part of the data has been selected (e.g. if some columns were not selected). To check this, please look at several patient records spread throughout your data and ensure the data in every column is correct for these patients.

The most common sampling errors made by trusts include:

- o Including patients aged under 16
- o Excluding patients aged 16 (this will happen if you exclude all patients with a year of birth of 2002)
- o Excluded patients born before a particular year (i.e. 1930)
- o Incorrect ethnicity coding
- o Missing year of birth data
- o Incorrect age distribution due to incorrect following of the guidance.
- o In addition, please be careful to include all eligible Type 3 patients.

Table 1 on the next page shows an example of the sample spreadsheet. Please use the Sample Workbook 2 provided.

Table 1 Sample workbook 2 of patient details

Title	Initials or first name	Surname	Address1	Address5	Postcode	Trust code	Department Type	Record number	Year of birth	Gender	Ethnicity	Day of attendance	Month of attendance	Year of attendance	Time of attendance	NHS Site code	CCG code	Day of questionnaire being received	Month of questionnaire being received	Year of questionnaire being received	Outcome	Comments
Mrs	A	Abbot	-	-	AB1 1YZ		1	UEC18RX 10001	1934	2	A	5	8	2018	09:25	RR11 5	10Q				3	Informed that patient had died
Mr	E	Smith	-	-	AB2 6XZ		3	UEC18RX 10002	1970	1	J	20	7	2018	23:15	RTE0 3	10Q	22	10	2018	1	
Ms	K	Yoo	-	-	AB4 7MX		3	UEC18RX 11249	1950	2	R	17	6	2018	10:30	RR11 5	09Y					
Ms	F	Young	-	-	AB9 5ZX		1	UEC18RX 11250	1946	2	A	14	8	2018	13:12	RR11 7	08L	6	11	2018	1	

Black column headings: these columns contain information on patients' names, addresses and comments that may allow them to be identified. This information **must not** appear in any files sent to the Survey Coordination Centre.

Red column headings: these columns should be completed during the sampling phase and submitted to the Survey Coordination Centre only from contractors and in-house trusts prior to mailing to allow for final inspection by the Survey Coordination Centre.

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

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10. For in-house trusts only

If you are using a contractor, please skip this section and go to the Sample Declaration Form section.

At this point you should transfer the names, address and postcode for each patient in the sample to a new file – your 'mailing file'. The **Record Number** for each patient must be copied to the new file, so that **the two datasets are connected using the unique Record Number**. It is essential to ensure this number is correctly applied to the two datasets. Save this new file as '**UEC2018_mailing data**'. It should resemble the table below.

You will use this file to:

1) Check for deceased patients prior to reminder mailings.
2) Cross-reference it with the sample file (**UEC18_<trust code>_sample**) to identify patients who will need to be sent reminders.[1]

As this mailing file will only be used occasionally during the survey, we recommend you keep this file encrypted. For patient confidentiality reasons, you are asked **not to keep patient name and address details in the same file as their survey response data**. The mailing file should be destroyed when the survey is complete, along with all other files created for the survey (aside from the survey response file).

For in-house trusts only:

1) Keep a record of which patients have not returned questionnaires, so that reminders can be sent to them.

2) Generate weekly monitoring reports. These must be forwarded to the Survey Coordination Centre every Thursday from the first week of fieldwork until the closing date of the survey.

3) The anonymous data in this file (i.e. all the data except patient name and address information) will form part of the file that you will submit to the Survey Coordination Centre when the survey is completed.

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[1] The 'outcome' field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which patients opt out etc.

Table 2 Example of a mailing file

Record number	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
UEC18RX10001	Mrs	AM	Abbot	14 Station Road	London				AB1 1YZ
UEC18RX10002	Mr	EC	Ahmed	Flat 7	Short Street	Oxford			AB2 6XZ
UEC18RX11249	Ms	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	AB4 7MX
UEC18RX11250	Ms	F	Young	634 Tyne Road	Newcastle-Upon-Tyne	Tyne and Wear			AB9 5ZX

11. Sample declaration form

Both the person drawing the sample and the trust's Caldicott Guardian must complete and sign the sample declaration form. This is a requirement of the survey's Section 251 approval, and is a key element to minimise the risk of any data breaches occurring.

It is important that you use the sample declaration form as an opportunity to make comments on any data issues or changes that have occurred at your trust since the 2016 survey.

The form **must** be completed. If you are using a contractor, the form must be sent to your contractor who will let you know how and when to submit your sample to them. If you are conducting the survey in-house, you must send the completed form to the Survey Coordination Centre **prior to submitting** your anonymised sample file for checking. You will receive notification when you are permitted to submit your data.

If you are using a contractor…

You will submit your Sample Declaration Form to your contractor.

Your contractor will let you know how and when to submit your sample to them, and they will submit your sample to the Survey Coordination Centre on your behalf.

If you are conducting the survey in-house…

You will submit your Sample Declaration form to the Survey Coordination Centre prior to submitting your anonymised sample file for checking.

The Survey Coordination Centre will notify you when and how you can submit your data.

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