

# SAMPLING INSTRUCTIONS

## NHS URGENT AND EMERGENCY CARE SURVEY 2020

Last updated: September 2020

## 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 for Existing Methods (SCCEM)**. Any breach of the conditions will be reported to the Care Quality Commission (CQC) and the Confidentiality Advisory Group at the Health Research Authority. Please note however that **patients' 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 trusts should be raised with your contractor, or the Survey Coordination Centre, 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 alterations. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to check with the SCCEM 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 NHS improvement 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 NHS Surveys website <https://nhssurveys.org/surveys/>



## HOW?

Sampling will need to be carried out by a member of staff at your 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 time and resources to respond quickly to any sample queries raised by the SCCEM and approved contractor (if using one). All queries must be resolved before mailings can proceed.

Your sample must only be used for the purposes of distributing the 2020 Urgent and Emergency Care Survey questionnaire and up to two reminder letters. Any additional uses of the sample are not covered by the project's Section 251 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.



## Did you know?

Throughout this document there are hyperlinks directing you to detailed information on the topics covered.

If you are reading this on your computer, clicking on any of the blue underlined text will give you more information and/or take you directly to the document you need. You will need to press the 'Ctrl' button on your keyboard as you click on the link.

Generic information and instructions that apply to all surveys in the programme can be found on our NHS Surveys website [here](#).

You can also find the Survey Handbook for this survey on our website [here](#). Other documents and templates specific to the 2020 Urgent and Emergency Care Survey can be found [here](#).

For definitions of terminology used in this document, please refer to our [universal glossary](#)

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## Section 1: General Information

Identify a survey lead(s) for the project and who will be responsible for drawing the sample at your trust. This person drawing the sample will need to be available to answer any queries that arise after the sample has been checked by your contractor (if using one) and then by the SCCEM.

Ensure that your Caldicott Guardian is aware of the process and timelines for signing off the sample declaration form. Samples cannot be processed and checked by the SCCEM and approved contractor (if applicable) unless the sample declaration has been signed by the Caldicott Guardian.

### 1.1 Sampling month and opt-out posters

The sample month for the Urgent and Emergency Care Survey is September 2020 with some trusts sampling back to August 2020. If you are sampling from a Type 3 department and your trust did not have the minimum number of eligible attendances in September 2020, then you can sample back as far as 1st August 2020 in order to generate your initial patient list submitted to Demographic Batch Service (DBS).

[Dissent posters](#) (opt-out posters) must be displayed during your sample month(s) in order to maintain compliance with the Section 251 approval for this survey, to give patients the chance to opt-out of the survey. These have been made available in the twelve most commonly spoken languages in England. If for any reason your trust has not displayed dissent posters during the sampling period, **please display these immediately and contact the SCCEM.**



#### 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 2020 as well as September 2020.**

**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 SCCEM](#) for guidance

#### Please note

We have been informed that some trusts decide to draw a “boost-sample” (i.e. a sample bigger than the required sample size for the national survey) or conduct local surveys using similar sampling criteria. These samples are **not** reviewed by the SCCEM and are **not** used as part of the analysis delivered by CQC. It is crucial you ensure that any additional sampling does not affect the quality or the timeliness of the sampling for the 2020 Urgent and Emergency Care Survey. Common examples of this include sampling the same patient twice.



## General Data Protection Regulation (GDPR)

### National Data Opt-out Programme

The NHS Patient Survey Programme has received exemption from the National Data Opt-out Programme. This means that the Urgent and Emergency Care Survey 2020 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 2020 only.

## Section 2: What's new for 2020?

Overall, the sampling procedure for the Urgent and Emergency Care Survey 2020 has remained the same as for the 2018 Urgent and Emergency Care Survey. However, there are some additional sampling variables required and an attribution file to be submitted to SCCEM during fieldwork.

### 2.1 Additional sample variable: full postcode

This year you will need to include the patient's full postcode within the sample file to be sent to the SCCEM. Receiving postcode information will enable the SCCEM to map respondents' postcodes to the Lower Layer Super Output Areas (LSOA). This mapping will in turn enable us to examine whether there is a link between level of deprivation (through the Index of Multiple Deprivation Index) and experience of urgent and emergency care. This may also allow us to conduct additional geographical analysis.

### 2.2 Additional sample variable: mobile phone indicator

Over the past few years, there have been a number of methodological pilots undertaken across the wider NHS Patient Survey Programme (NPSP) looking at ways of increasing response rates and encouraging feedback from those groups that tend to be 'harder to reach'. We have explored different ways of inviting people to take part and different modes for completing the survey (such as online). Sending SMS invitation and SMS reminders to patients has been identified as a factor contributing to improved response rate. Although we are not transferring this approach to the UEC survey yet, we are seeking to monitor the availability of patient phone numbers across surveys of the programme. Therefore, we are asking trusts to provide an additional sample variable this year: mobile phone indicator. This is a numeric indicator that will tell us whether a trust has a mobile number on record for each sampled patient. **We are not asking you to provide us with the actual mobile number for each record.** More information on the format of this variable is included in section 4, step 3.

### 2.3 Attribution file: Same Day Emergency Care and Coronavirus stream indicator

We are also asking NHS Trusts to submit a separate attribution file this year. This file will be **required during fieldwork** and does not need to be submitted with the sample file in October

2020. The attribution file is optional, meaning it is not compulsory for trusts to submit this file. However, if you do have access to reliable data for each of the below variables we encourage you to submit this information in order for CQC to produce meaningful analysis of recent changes affecting the delivery of urgent and emergency care services.

The attribution file should be **submitted directly to the SCCEM**, and must not be sent to your approved contractor. Sending the attribution file to a contractor would be a Section 251 process breach and would require follow-up action. The SCCEM will attribute the data back to patients ahead of analysis by matching Patient Record Numbers. The two attribution variables required are detailed below.

Please review the separate [Attribution file](#) document for more information on how to complete the file.

### 2.3.1 Same Day Emergency Care (SDEC)

Same Day Emergency Care (SDEC) is the provision of care for emergency patients within a single day, who would otherwise be admitted to hospital. As set out in the NHS Long Term Plan, all hospitals with a 24-hour emergency department (Type 1) should be providing SDEC services by the end of 2019/20. This additional data will be useful to understand whether the experiences of patients who are on a SDEC pathway vary from those of other patients. Information about the differences in service provision quality and patient experience could be used to further improve this newly established service.

### 2.3.2 Coronavirus stream indicator

Coronavirus (COVID-19) has significantly impacted the NHS system and services provided. Within secondary acute care, it became apparent that patients attending a hospital setting would encounter changes in their experience due to interventions introduced for particular services. [Guidance](#) by Public Health England and NHSE recommended the creation of cohort areas within emergency departments, separating patients with suspected or confirmed COVID-19 symptoms from those with other clinical presentations (non-COVID symptoms). We are requesting trusts provide an indicator for each patient to highlight if they were streamed in cohort areas or not. This data will help us to understand whether patient experience differs dependant on the area they were streamed into. This will be important in enabling us to understand the impact of the pandemic on services and patients experience of those services.

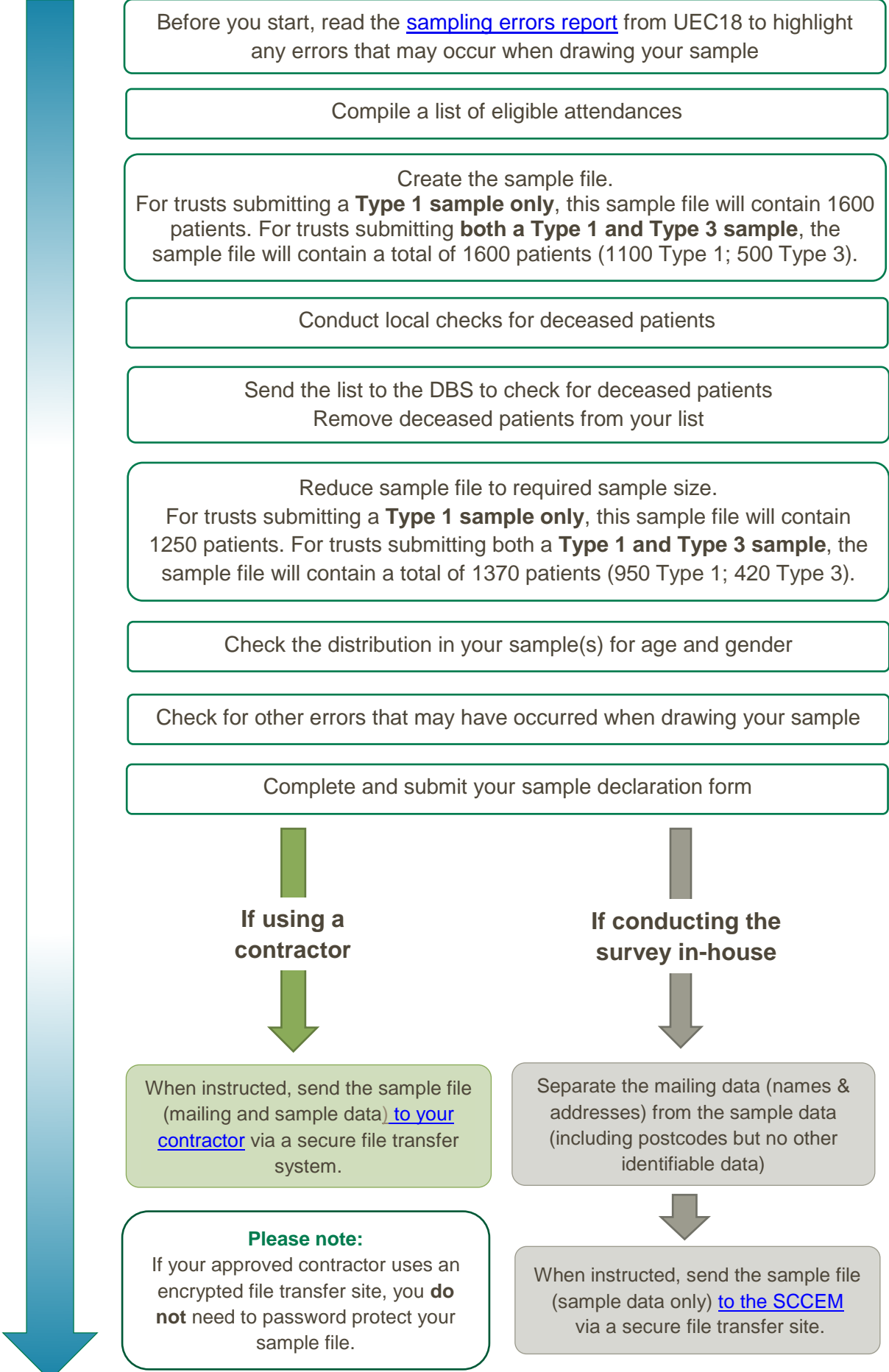
## Section 3: Overview of the sample drawing process

The following flowchart shows the **sequential** steps that you must follow to draw your sample. Each step is further described in individual sections below.

Please note:

- If you are submitting data for a **Type 1 sample only** you are **not** permitted to submit more than **1250 records** to the SCCEM.
- If you are submitting data for **both a Type 1 and Type 3 sample** you 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.**





## Local and DBS checks for deceased patients during sampling and mailing

After you have compiled a list of eligible patients, the list will need to be checked for any deaths by the DBS. This is **fundamentally important** and must happen before you create the final sample file of 1250 Type 1 patients or 1370 Type 1 and Type 3 patients. [Practical details on how to do this can be found in step 8 below.](#)

There are several checks you need to carry out on your list of eligible patients before and after your sample has been approved:

- Once you draw your sample of eligible patients, this list must be locally checked for deceased patients, **and** it must be submitted for DBS (Demographic Batch Service) for checks. This is to check for any patients who may have died during or since attending your department.
- Before mailing one, trusts should also carry out local and DBS checks if it has been 2 weeks or more since DBS checks were done prior to sample submission and the date for mailing one.
- Before mailing two and three, a local check **must** be conducted for patients. We also strongly recommend conducting an additional DBS check before mailing three.

### DBS & local checks requirements

Before mailing 1	Local AND DBS checks if it has been 2 weeks or more since DBS checks prior to sample submission and mailing 1
Before mailing 2	Local checks and optional DBS checks
Before mailing 3	Local checks AND strongly recommended DBS checks

The DBS enables users to submit and receive an electronic file containing relevant patient records, using dedicated client software. The 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.

## Section 4: Drawing the sample

This section of the instructions takes you through step by step on how to draw your sample. It is really important that you spend some time reading this next section in full before you make a start. If, once you've read this section, you have queries then do get in touch with the SCCM team.

The sample for this survey is a stratified random sample of 1250 patients (if you are only submitting a Type 1 sample) or of 1370 patients (if you are submitting Type 1 and Type 3 samples) who:

- are aged 16 years and above at the time of attendance; **AND**
- attended a Type 1 or Type 3 urgent or emergency care service at your trust between 1<sup>st</sup> September and 30<sup>th</sup> September 2020 (the sample period).

All trusts participating in the 2020 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 must also submit a sample of Type 3 attendances. Please see definitions of these departments below.

- A **Type 1 department** a major, consultant led A&E Department with full resuscitation facilities and designated accommodation for the reception of A&E patients which operates 24 hours a day, 7 days a week.
- A **Type 3 department** is another type of A&E/minor injury activity with designated accommodation for the reception of A&E 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 Treatment Centres (UTC), 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 that you must initially draw a list of attendances/visits, rather than a list of patients.**

To draw a stratified random sample, you will need to select the list of all **attendances/visits** of patients aged 16 or above at the time of their attendance and who attended a Type 1 or Type 3 department during September 2020. From there, the Sample Construction Spreadsheet 1 will allow you to take a stratified random selection of **patients** to reach your total sample size. Further details on this process are covered in step 4 below. After checking for duplicates (step 6) and deceased patients both locally and through the DBS (step 8), you will then reduce your sample to its final sample size of **1250** patient records (if you are submitting only a Type 1 sample) or **1370** patient records (if you are submitting a Type 1 and Type 3 sample). This final selection is covered in step 8.



### 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 identified through local and DBS checks and duplicate patients).

**Your final sample will consist of 1250 patients!**



### 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  
950 Type 1 and 420 Type 3 patients (1370 in total)!**

### Including August attendances

If your sample for a Type 3 department and your trust did not have at least 500 eligible attendances in September for your **Type 3 department**, then you can sample attendances back as far as 1st August 2020.

To do this, please follow these steps:

1. Sample **ALL** eligible attendances from September 2020.
2. Sample **backwards consecutively** from **31st August to 1st August 2020** until you have **500** attendances in your list (**including those who attended in September**).

## Step 1: Read the sampling errors report

The [sampling errors report](#) details the major and minor sampling errors that occurred in the 2018 Urgent and Emergency Survey, along with section 251 breaches and historical sampling errors. It is advised you read this report prior to drawing your sample so you are aware of common errors and can apply additional checks to ensure they are avoided. Below we have also detailed the most common sampling errors to look out for:

Common sampling errors:

- Type 1 sample should only include September patients. Please do not include August patients within your Type 1 sample. Only Type 3 samples can include August patients if they are unable to reach eligible sample size from September alone.
- Up to date, correct Clinical Commissioning Group (CCG) codes. The [list of CCGs](#) was updated on 1 April 2020 to reflect the merging of CCGs. Please make sure your sample includes these correct codes.
- Time format, please ensure all times are provided in the correct HH:MM format.
- Day of attendance, please ensure days of attendance are correct. For example, if your Type 3 department does not open on weekends there should not be any attendances on a Saturday or Sunday.
- Duplicate Patient Record Numbers, please ensure there are no duplicates within the sample (see step 6 of this manual).
- Year of birth, please ensure year of birth is correct and within the eligibility criteria (no later than 2004). Please ensure any default system values are removed and updated appropriately.

## Step 2: Compile a list of attendances of eligible patients

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.**

### Eligibility criteria – which patients should be included?

The sample must include attendances of:

- All patients (aged 16 and above on the day of their attendance) who attended a Type 1 (and patients who have attended a Type 3 if applicable) department within the trust between 1<sup>st</sup> September 00:00 and 30<sup>th</sup> September 2020 23:59.
- Include patients even if their addresses are incomplete but still useable (e.g. no postcode).

## Exclude ineligible patients – which patients should be removed?



Try to keep a record of the number of patients you have excluded (and the reasons for excluding them) as you may be asked to provide this to your contractor or the SCCEM during sample checking.

Please exclude patients in the final sample who fit into **any** of the categories below:

- **Deceased** patients who died during or after their attendance
- 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 2004, 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**
- Attendances at **Walk-In Centres**
- Attendances at Type 3 departments not wholly managed by your trust
- Patients who were admitted to hospital via **Medical or Surgical Admissions Units** and therefore have not visited A&E and, if applicable, an urgent treatment centre
- Patients who are in hospital at the time of drawing the sample – this is so that we can avoid sending questionnaires to people who are **currently inpatients**
- **Planned attendances at outpatient clinics** which are run within the A&E or an urgent treatment 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. Where possible, women who had a **concealed pregnancy**<sup>1</sup>. Please do not exclude pregnant women who attended urgent and emergency services for health problems unrelated to pregnancy.

<sup>1</sup> Abortive pregnancies or miscarriages may be indicated on your system with an ICD-10 code of O03, O36.4 or O02.1 or Z33.2 or ICD-11 code of QA46.1, QA46.3, QA46.4, QA46.6, QA46.7, QA46.9, QA46.A, QA46.C or QA46.D. Concealed pregnancies may be indicated with an ICD-10 code of Z35.3 or an ICD-11 code of QA43.30. Obtaining contraception might be indicated with an ICD-10 code of Z30.012 or ICD-11 code of QA21.0.



### 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 SCCEM](#).**

- Patients without a UK postal address (but do not exclude if addresses are incomplete e.g. no postcode)<sup>1</sup>.
- Any patient known to have requested their details not to be used for any purpose other than their clinical care (if this is collected by your trust)<sup>2</sup>.
- 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 SCCEM.



### Please contact the SCCEM if:

- If you have a large proportion of **missing data** meaning exclusions cannot be identified.
- Your trust only has a Type 1 department and has fewer than 1600 eligible attendances in total during September 2020.
- 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 2020.

<sup>1</sup> Patients whose address is in the British Islands (Isle of Man, the Channel Islands) or are military personnel are eligible for inclusion in the survey.

<sup>2</sup> Patients who have opted out through the National Data Opt-Out Programme **should not be excluded** from your sample. The NPSP is currently **exempt** from this programme.

## Step 3: Add additional data to your list

As part of the final sample list, there will be additional information that you will need to submit. It may be easier to collect that information now, when running the initial data extraction and setting up your initial data extraction query. This will save you having to go and find out this information later on.

The fields below are coloured **black for patient identifiable information** and **red for sample information**. These fields are formatted this way in the [sample construction spreadsheets](#). If you are an in-house trust you will need to separate your mailing file containing the identifiable information (name and address fields, excluding postcode) from your sample file so that only the sample information is sent to the SCCEM for checking.

- **Trust code:** This should be the three character code of your organisation e.g. RTE
- **Patient Record Number:** Please leave this blank at this stage. Instructions on how to construct this are provided below.
- **NHS Number:** This sample variable should only be used for the purpose of data cleaning and DBS checks and should not be included within your final sample file sent to your contactor or SCCEM in conducting as an in-house trust
- **Title** (Mrs, Ms, Miss etc)
- **Initials / First name**
- **Surname**
- **Address fields:** This should be held as up to five separate fields (e.g. street, area, town and country). You must use the most **current** address on your system.
- **Full postcode:** This should be the patient's full postcode
- **Year of birth:** Full date of birth is required for DBS, but **ONLY** year of birth is required in your final sample
- **Gender:** This should be coded in numeric form: 1=male; 2=female; 9=not specified
- **Ethnic group:** This is required in order to evaluate non-response from different ethnic categories. The ethnicity of a person is specified by that person and should be coded using the [17 item alphabetical coding specified by the Health and Social Care Information Centre \(HSCIC\)](#). Please note that any patient whose ethnic category is unknown may be coded as 'Z' or left blank.
- **Department type** (only '1' or '3' should be entered)
- **Day of attendance:** This should be one or two digits e.g. 3 or 12
- **Month of attendance:** This should be one digit e.g. 1 or 2
- **Year of attendance:** This should be four digits e.g. 2020
- **Time of attendance:** This should be the time of attendance in 24 hour clock (HH:MM), without seconds e.g. 09:25, 23:15.
- **NHS site code:** This should be the [five character NHS trust site code](#) of the site which the patient attended.

- o **CCG code:** This should be the billing CCG code and not the patient's resident CCG code. The [current three-character CCG codes](#) should be used.
- o **Mobile phone indicator:** to create this variable you will need to check whether a mobile phone number is recorded for a patient and assign one of the following codes to indicate mobile phone status. This should be coded in numeric form: 0 = no contact details held for patient, 1 = contact details held for patient, 9 = unsure.



If you have **more than 25,000** records at this stage, **please contact the [SCCEM](#)**.

## Step 4: Transferring data into Sample Construction Spreadsheet 1 and selecting your sample

Now you will enter all the information relating to your sample (those **black** and **red** fields from step 2) into the template **sample construction spreadsheet 1** and save this file as **<NHStrustname>\_Emergency2020**.

Table 1 shows an example of the spreadsheet. Please use the sample construction spreadsheet provided.

### Sorting and cleaning your list of attendances in Tab 1 of the Sampling Construction Spreadsheet 1

Download [Sample Construction Spreadsheet 1](#) and complete the following steps for **tab 1 'Full list'**:

- 1) Using the eligibility criteria above, compile a single full list of attendances from all eligible Type 1 and Type 3 departments at all sites in your trust. Paste this list into **tab 1** of the spreadsheet, **'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 M), gender (column O), year of birth (column N) and CCG (column V), in that order (see Figure 1)
  - d. Ensure that columns M, O and N are sorted 'smallest to largest' and column V is sorted 'A to Z'.
  - e. Click 'OK' to sort your data



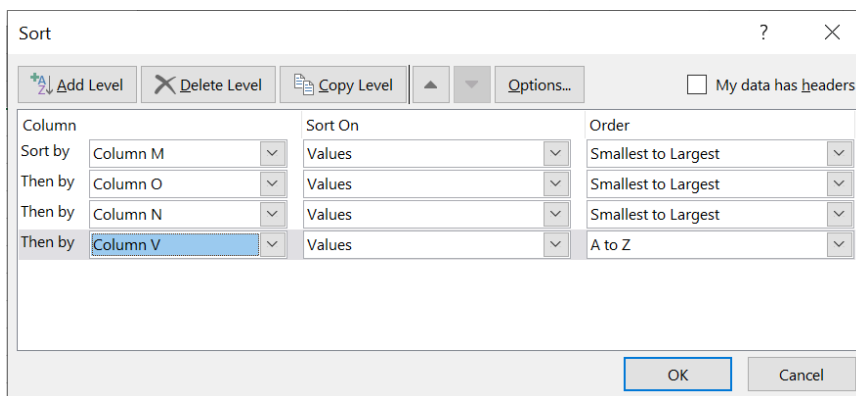


Figure 1. Creating four levels of sorting



**To sort the file:** 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 Patient Record Number should be in the format: UEC20XXXNNNNN where UEC20 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 UEC20XXX00001 to the total number of records you have in your list of attendances. You should not have any duplicate Patient 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 for Existing Methods.



### Please contact the Survey Coordination Centre if:

- If you have a large proportion of **missing data** meaning exclusions cannot be identified.
- Your trust only has a Type 1 department and has fewer than 1600 eligible attendances in total during September 2020.
- Your trust has both Type 1 and Type 3 departments and has fewer than 1100 Type 1 attendances in September 2020 and / or fewer than 500 Type 3 attendances in August and September 2020 combined.

Table 1: Example of a Sample Construction Spreadsheet 1 (Tab 1)

Trust code	Patient Record Number	NHS Number*	Title	Initials / First name	Surname	Address 1	Address 5	Full postcode	Department Type	Year of birth	Gender	Ethnic group	Day of attendance	Month of attendance	Year of attendance	Time of attendance	Place of attendance: NHS site code	CCG code	Mobile phone indicator
RTE	UEC20RTE0001		Miss	AM	Abbot			AB1 1YZ	1	1969	2	A	1	9	2020	06:25	RTE15	03S	1
RTE	UEC20RTE0002		Ms	EC	Ahmed			AB2 6XZ	1	1978	2	J	3	9	2020	23:46	RTE03	03T	0
RTE	UEC20RTE0003			P	Lane			AB3 8PL	3	1989	9	B	3	9	2020	12:48	RTE15		1
RTE	UEC20RTE0339		Mrs	K	Yoo			AB4 7MX	1	1982	1	R	27	9	2020	02:00		03T	9

**Black** headings: these columns contain patient’s mailing information (names and addresses). If you are using a contractor, you should submit this information to them along with the information from the **red** headings. Note in particular that the patients’ postcode should be submitted both in the mailing and the final sampling file.

**Red** headings: these columns contain sample information. If you are using a contractor, you should submit this information to them along with information from the **black** headings. If you are an in-house trust, you should submit **ONLY** the information from **red** headings to the SCCEM.

**\*NHS Number:** this sample variable should only be used for the purpose of data cleaning and DBS checks and should not be included within your final sample file sent to your contractor or SCCEM in conducting as an in-house trust.

## Step 5: Selecting your initial sample in Tab 2 of your Sample Construction Spreadsheet 1

Using your [Sample Construction Spreadsheet 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 Z 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 type code**' should be zero (see Figure 2). If you have any codes that are not entered as '1' or '3', these will be identified in column A. Filter out 'ineligible department type' records in column A (labelled 'In sample?'). You can filter this column by clicking the grey arrow in cell A1 and making sure only 'ineligible department type' is selected. Correct any erroneous department types in column N.

<b>Number in list</b>	
Department type 1:	3200
Department type 3:	850
Incorrect department type code:	0

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

- 3) In the orange boxes in Column AA, 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).

<b>Department type 1:</b> <b>Enter random start between 1 and 1:</b>	
<b>Department type 3:</b> <b>Enter random start between 1 and 1:</b>	

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).

	A
	In sample? (1 if included in sample, 0 if not, 'ineligible department type' if type is not 1 or 3)
1	
2	0
3	1
4	1
5	0
6	0
7	0
8	1
9	0

Figure 4. Column A after entering the random numbers.

- 5) The **'Number in sample'** figures in column Z will also automatically update (see Figure 5). Depending on your trust, the numbers may be different.
- If you have enough eligible Type 1 and Type 3 attendances, then this should show 1100 Type 1 records and 500 Type 3 records.
  - 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 SCCEM](#).
  - If you do not have a Type 3 department, all your cases (1600) will be Type 1.
  - In almost all cases, the total sample size shown should be 1600. If you have a different total figure, please [contact the SCCEM](#).

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

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

- 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'.

	A	B	C
	In sample? (1 if included in sample, 0 if not, 'ineligible department type' if type is not 1 or 3)	NHS number	Title
1			
5	1		
6	1		
8	1		
9	1		
11	1		
12	1		
14	1		
15	1		
17	1		
18	1		
20	1		
21	1		

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

- With the filter still on, select **all data** in columns B 'Trust Code' through to X 'Mobile phone indicator', right click, and press copy

- 6) Now paste the data you have just copied into **tab 3 'Initial selected sample'**
- 7) 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).

## Step 6: 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'**. **This is because until now, the sample was made up of attendances.** 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**. 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.

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.

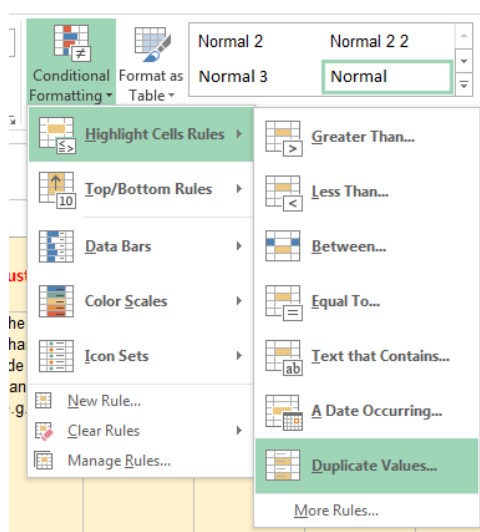


Figure 7. Identifying duplicate patients

- 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**. To do this, compare the day and month of attendance in columns Q and R and delete the rows with the dates which are earlier than the most recent attendance.
- 4) When you remove duplicate records, you should also ensure that you **do not leave blank rows**. To do so, make sure to delete the whole row (click right, delete row) rather than clearing values.

## Step 7: Check you have included the correct patients

Once you have removed duplicate attendances, 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:

- o **Check patient's age:** Check that all patients were aged 16 or over at the time of attendance.
- o **Check attendance dates:** Check that all attendances in your list took place in September (or for type 3 only, August if you had fewer than 420 attendances in September).
- o **Check for duplicates:** Check that the same patient has not been included more than once. (see step 6 above)
- o **Check for incomplete information:** Check that you have excluded any patients with incomplete information on key fields (such as surname and address). 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.
- o **Check for 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 (see section 2).
- o **Check for 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.
- o **Check for Patients admitted to hospital via Medical or Surgical Admission Units:** Patients who have therefore not visited an A&E or Urgent Treatment Centre should not be included in the sample.
- o **Check for planned attendances** at outpatient clinics which are run within A&E: For example fracture clinics, should not be included in your sample.
- o **Check for 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](#).
- o **Check for non-UK addresses:** Check that you have excluded any patients with addresses that are outside the UK.
- o **Check for dissent:** Check that you have excluded any patient known to have requested their details are not used for any purpose other than their clinical care.<sup>1</sup>
- o **Check for opt-out patients:** Check that you have excluded any patient that were recorded by staff members as having decided to opt out after seeing the dissent poster.

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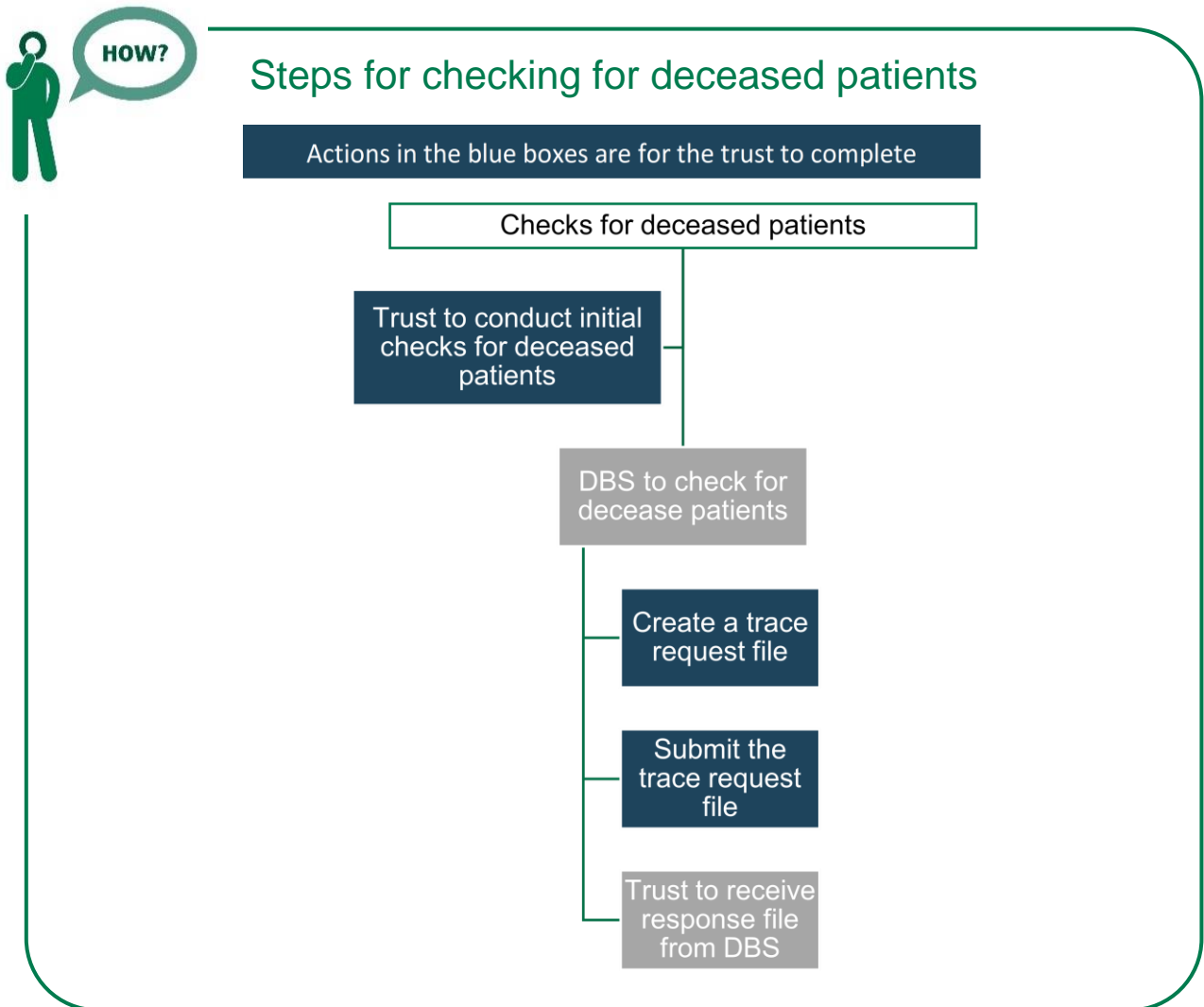
<sup>1</sup> Patients who have opted out through the National Data Opt-Out Programme **should not be excluded** from your sample. The NPSP is currently **exempt** from this programme.

- o **Check for deceased patients:** Check that all patients were discharged from the trust alive and that the trust does not have a record of their death from a subsequent admission or visit to the hospital (see step 8 below).

## Step 8: Check for deceased patients and submit your list to the Demographics Batch Service (DBS)

Once you are happy that the list of patients includes only eligible individuals, the list needs to be checked for any deaths, both locally and by the DBS. If the patient has passed away, he or she must be removed from the sample. 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 you submit your sample to your approved contractor for checking (or the SCCEM if you are an in house trust) **and** carry out local checks before the second and third mailing can be sent (see [section 3](#) for an overview of the checks necessary during sampling and mailing).



## Local 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.

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

## Create a trace request file

You need to create a correctly formatted batch trace request file containing your list of patients to send to DBS. You should seek advice from your local trust PAS team on the correct format to submit files. Technical details on the file format are also available [here](#).

**For each patient** you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – this is the recommended approach  
**OR**
- Surname, first name, gender, date of birth and postcode (can be wildcarded e.g. LS1\*)

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.



### **DO NOT include patient's NHS numbers in the final sample file submitted to your contractor/the SCCEM!**

**NHS numbers are only required for the purposes of submitting your file to DBS for checking.** Remember **not** to include the patient's NHS number in your final sample file.

It would constitute a breach of Section 251 approval if contractors or the SCCEM were to see this information.

## Submit your trace request file

DBS requires that request files are transferred using the dedicated DBS client software. This software should have already been installed on a server within your trust, and most trusts use it 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](mailto:demographics@nhs.net).

Once you have created the trace request file, you should place it 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 the DBS service, it may take up to 48 hours for your file to be returned.

## The response file from DBS

The DBS will return a file with:

- A header row.
- A response body - this will be in two parts:
  1. The data supplied in your request file, together with a trace outcome indicator.
  2. An additional response column, which is returned only when there is a single unique match. It is in this additional response column that patients found to be deceased will be indicated (by a letter 'D').
- A trailer row.
- Further information is available [here](#)

## Step 9: Remove patients following DBS checks

Once your DBS file has been returned, you need to remove any patients identified as deceased in the DBS response file from your sample file (i.e. tab 3 of your sample construction spreadsheet 1).

**Make sure you cross reference these two files carefully so you are removing the correct patients.**

### Identifying deceased patients from the DBS 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, tab 3 of sample construction spreadsheet 1. This will reduce the numbers in your sample list slightly. Using the response file from DBS, you should remove any patients from your sample who have died (indicated by a letter 'D'). **Please do not exclude patients just because it was not possible for DBS to match them on their records**, as this would bias the sample.

**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 SCCEM](#).

**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 SCCEM](#).



Tracing services are not infallible: even after your 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. **You need to be prepared for this.**

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



### Further deceased checks

Remember, you will need to check your trust records again for any further deaths prior to each of the three mailings, to avoid sending questionnaires to patients who have died between mailings. For the Urgent and Emergency Care Survey we also require **DBS checks to be repeated before the first mailing if more than 2 weeks have passed since the initial DBS check, and strongly recommend DBS checks to be repeated before the third mailing.**

- If you are using a contractor, **advise them immediately if any patients die during the fieldwork period.**

## Step 10: Create the final sample in Sample Construction Spreadsheet 1

Following the removal of deceased patients, 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) In your sample construction spreadsheet 1, please select all your data in tab 3 'Initial selected sample' except for column C, 'NHS number', then copy and paste everything except 'NHS number' into the corresponding columns in tab 4 'Final sample selection' of your sample construction spreadsheet 1.
- 2) Now you need to enter a random start number in the orange boxes in column Z. 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 boxes. This may take some time.

<b>Department type 1:</b> Enter random start between 1 and 1:	
<b>Department type 3:</b> Enter random start between 1 and 1:	

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'.

	A
	In sample? (1 if included in sample, 0 if not, 'ineligible department type' if type is not 1 or 3)
1	0
2	1
3	1
4	0
5	0
6	0
7	1
8	0
9	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).

<b>Number in sample</b>	
Department type 1:	950
Department type 3:	420
<b>Total sample size:</b>	<b>1370</b>

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 SCCEM on the appropriate sample size for your trust, please [contact us](#) to ensure your sample is correct.

- Now **save this file** for future reference. Note that you will **not send 'UEC20 Sample construction spreadsheet 1'** to your contractor, nor the SCCEM, 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 SCCEM 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.

## Step 11: Create the final sample file in Sample Construction Spreadsheet 2

Using your [Sample Construction Spreadsheet 2](#), please complete the following steps for creating your final sample file.

- In tab 4 'Final sample selection' of your [Sample Construction Spreadsheet 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'.

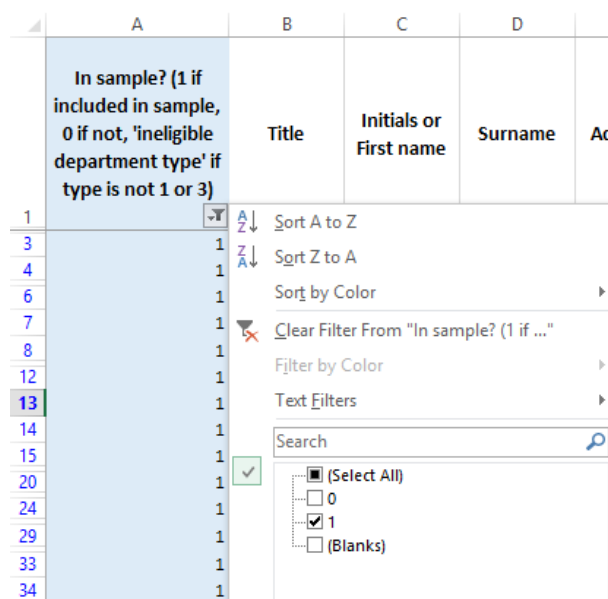


Figure 11. Filtering the records at Column A to show the records that have been selected for the final sample

- 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 'Trust code' to W 'Mobile phone indicator' but do not select the header row (row 1). Right click anywhere on the selected data and click 'copy'.
- Go to tab 1 'Sample' in your **sample construction spreadsheet 2** and paste the data into the corresponding columns (A to V). See an example of a sample construction spreadsheet below in Table 2.

- 4) Check that the number of records you have pasted into your **sample construction spreadsheet 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 **sample construction spreadsheet 1**.
  
- 5) Save your **sample construction spreadsheet 2** as 'UEC20\_<trust code>\_sample' (for example, if the trust code was RX1, your file would be called UEC20\_RX1\_sample)

Table 2: Example of a Sample Construction Spreadsheet 2

Trust code	Patient Record Number	Title	Initials / First name	Surname	Address 1 ----- Address 5	Full postcode	Department Type	Year of birth	Gender	Ethnic group	Day of attendance	Month of attendance	Year of attendance	Time of attendance	Place of attendance: NHS site code	CCG code	Mobile phone indicator	Day of questionnaire being received	Month of questionnaire being received	Year of questionnaire being received	Outcome	Comments
RTE	UEC20RTE0001	Miss	AM	Abbot		AB1 1YZ	1	1969	2	A	1	9	2020	06:25	RTE15	03S	1					
RTE	UEC20RTE0002	Ms	EC	Ahmed		AB2 6XZ	1	1978	2	J	3	9	2020	23:46	RTE03	03T	0					
RTE	UEC20RTE0003		P	Lane		AB3 8PL	3	1989	9	B	3	9	2020	12:48	RTE15		1					
RTE	UEC20RTE0339	Mrs	K	Yoo		AB4 7MX	1	1982	1	R	27	9	2020	02:00		03T	9					

**Black** headings: these columns contain patient's mailing information (names and addresses). If you are using a contractor, you should submit this information to them along with the information from the **red** headings.

**Red** headings: these columns contain sample information. If you are using a contractor, you should submit this information to them along with information from the **black** headings. If you are an in-house trust, you should submit **ONLY** the information from **red** headings to the SCCM.

**Green** headings: these columns will be completed by contractors and in-house trusts during fieldwork.

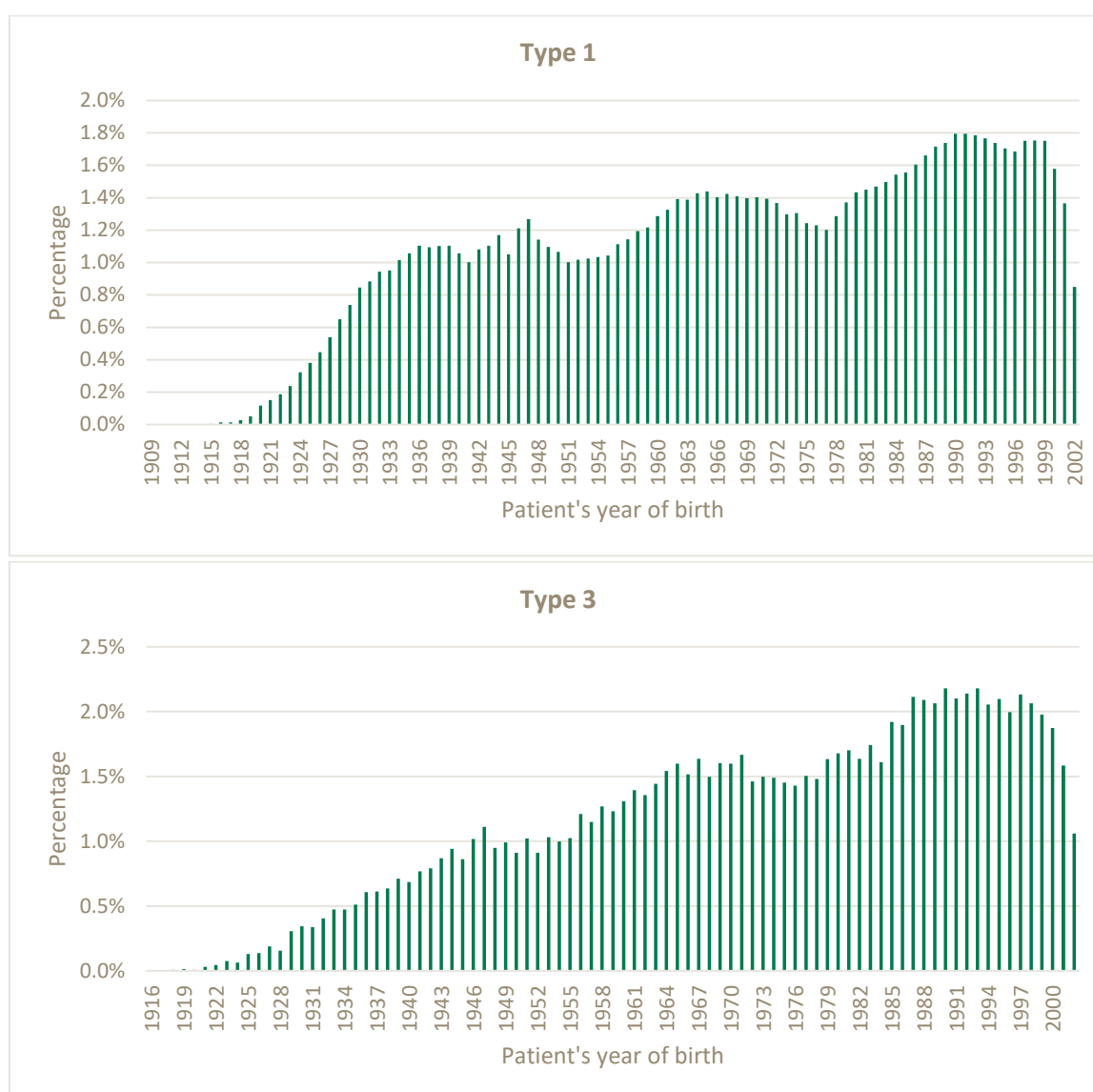
## Step 12: Check your sample prior to submission for checking

Before you submit your sample, you are asked to carry out a number of checks on your sample. While previous checks were done at individual level to ensure patient eligibility, these high-level checks will help you identify potential errors in the way the sample was drawn, for example if certain groups of patients have been accidentally excluded.

### Check the age distribution

You should check that patients of all ages are included in your sample. **Ensure you have not excluded any eligible patients born in 2003 or 2004 (16 and 17 year olds) or any patients over 75 years (born in or before 1945).** 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 patients of these ages in your sample, but this should be confirmed by checking your original list of attendances (before exclusion criteria were applied) and your sampling techniques.

A good way to check that your sampled patients' ages cover the full range of expected ages is to examine the distribution of ages on a bar chart. The bar chart(s) for your trust should resemble the shapes in Figure 12.



Figures 12 a and b. Age distribution in Type 1 and Type 3 departments of the Urgent and Emergency Care Survey 2018

## Check for 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 it 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).

## Check for other sampling errors

As mentioned at step 1, we recommend that you read the 2018 Urgent and Emergency Care Survey [Sampling Errors Report](#) to check for common errors in your sample. Some of the most common sampling errors were:

- Including incorrect or invalid CCG codes
- Incorrect ethnicity coding
- Incorrect year of birth data
- Duplicate records
- Patients who attended Type 1 department in August. Only Type 3 departments can sample back to August if required.



**Please also check to ensure your data has not become mis-aligned.** Mis-aligning 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.

## Checks done on your sample file by contractors and SCCEM

After you have submitted your sample data, checks will be undertaken by contractors and the SCCEM. It is helpful if trusts also complete these checks prior to submitting their sample, that way there are less likely to be errors, or any queries that come back to your trust should be easy to answer quickly. The types of checks that your approved contractor and the SCCEM undertake are as follows:

- Is the sample size similar to that in 2016 and 2018?
- Is the age distribution of the sample similar to that in 2016 and 2018?
- Have patients aged 16 or 17 and over 75 at the time of attendance been included in the sample?
- Is the ethnic group split similar to that in 2016 and 2018?
- Is the proportion of NHS sites included similar to that in 2016 and 2018?

It is vital that if any queries are raised on your sample, you respond to these quickly. This will prevent any delays in the mailing of questionnaires for your trust. If there are significant delays, there is a risk that your trust is excluded from the survey altogether.



Please note that the SCCEM will work with you to resolve any queries that we have and to advise you if you have any issues.

**We will be checking samples between 7<sup>th</sup> October and 24<sup>th</sup> November 2020. If the SCCEM have not received a sample (from your contractor or from in-house trusts) by 24<sup>th</sup> November, the SCCEM, and subsequently CQC, will be in touch with your trust directly.**

**If you are using a contractor, please check with them if additional deadlines apply for them to conduct their own sampling checks.**

## Step 13: Monitoring variables

Columns W to Z (green headers) are used to monitor fieldwork and should be populated after the start of fieldwork.

### Day, month and year of receiving questionnaire

Complete these columns when a questionnaire is returned.

### Outcome

This column is for recording when a questionnaire is returned or when you are notified that the patient is unable to participate. Use the following outcome codes:

- 1 = Returned useable questionnaire
- 2 = Questionnaire returned undelivered by the mail service or the patient moved house
- 3 = Patient died **after** fieldwork commenced
- 4 = Patient reported too ill to complete questionnaire, opted out or returned blank questionnaire
- 5 = Patient not eligible to fill in questionnaire
- 6 = Questionnaire not returned (reason not known)
- 7 = Patient died **before** fieldwork commenced

### Comments

This column is useful for recording any additional information that may be provided when someone calls the helpline, for example to inform you that the respondent has died or is no longer living at the address.

## Step 14: Prepare and submit your sample declaration form

Before submitting your final sample file, you will need to submit the sample declaration form and wait for confirmation from the SCCEM (if you are an in-house trust) or your approved contractor (if you are using an approved contractor) before you submit your sample file. **This is a crucial step to reduce the risk of confidentiality breach.** A sample declaration form fully and accurately completed can also speed up the sample approval process and therefore allow an earlier start of fieldwork.

## Complete the sample declaration form

Both the person drawing the sample and the trust's Caldicott Guardian must complete and electronically sign off the [Sample Declaration Form](#). This is a requirement under the survey 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 2018 survey.**

For example, if your trust has undergone a recent merger, then remember to highlight this. Or you may have moved clinical systems that means data is recorded slightly differently. This information will help your approved contractor and the SCCEM to check your sample which might reduce the need of further query which can delay sample approval.

## Submit the sample declaration form

### If you are using a contractor...

Submit your Sample Declaration Form to your contractor.

Your contractor will let you know how and when to [submit your sample](#) to them.

Your contractor will then submit your sample to the SCCEM on your behalf.

### If you are an in-house trust...

Submit your Sample Declaration Form to the SCCEM.

Separate your mailing and sample information.

The SCCEM will let you know how and when to [submit your sample](#) information

## For in-house trusts only



**This section is only relevant for in-house trusts. If you are using a contractor, please skip to the [next section](#).**

Once you have completed your sample declaration form, you should transfer the names and address for each patient in the sample (black headers in the sample construction spreadsheet 2) to a new file – your '**mailing file**'. Only two variables should appear both in your mailing file and your sample file:

- The Patient Record Number (PRN). This will allow to connect the two datasets and ensure that responses and monitoring variables are recorded for the correct patients. It is essential to ensure this number is correctly applied to the two datasets.
- The full postcode. The postcode is used for both mailing and analysis purpose. The postcode will be used to map patient's Lower Layer Super Output Area (LSOA) against deprivation indicators to conduct analysis of the results in terms of level of deprivation. This will allow to identify if experience of care vary by level of deprivation.

### Sample file

Contains PRN, full postcode plus sample information (red columns headings in the [Sample Construction Spreadsheet](#)).

Save this file as **UEC20\_Sample File\_XXX**. Once your Sample Declaration Form has been approved you will password protect this file and [submit](#) to the SCCEM's secure transfer site.

During fieldwork, you will use this file to:

- Keep a record of which patients have not returned questionnaires, so that reminders can be sent to them.
- Generate [weekly monitoring reports](#). You must send these to the SCCEM every Thursday from the first week of fieldwork (5 November 2020) until the closing date of the survey.
- Submit the sample information alongside patients' response data to the SCCEM once the survey has closed.

### Mailing file

Contains PRN plus mailing information (names and addresses, including postcode – black column headings in the [Sample Construction Spreadsheet](#)).

**DO NOT submit this file to the SCCEM.**

You will use this file to:

- Check for deceased patients prior to mailings
- Identify which patients need to be sent reminders (by cross-referencing with the outcome codes in the sample file).



### Storing your mailing file (in-house trusts)

- As your 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 patients' name and address details **except the postcode** in the same file as their survey response data.
- Your mailing file should be destroyed when the survey is complete, along with other files created for the survey (except for the survey response file).

**Table 3. Example of a mailing file**

Patient Record Number	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
UEC20RTE0001	Mrs	AM	Abbot	14 Station Road	London				E5
UEC20RTE0002	Mrs	EC	Ahmed	Flat 7	Short Street	Oxford			OX1 1SL
UEC20RTE0003	Ms	K	Yoo	The Maltings	Birch Road	Little Abington	Cambridge	Cambs	CB1 0AP
UEC20RTE0339	Ms	F	Young	634 Tyne Road	Newcastle-Upon-Tyne	Tyne and Wear			NE7 011

## Step 15: Submit your sample

After submitting your sample declaration form and **once receiving confirmation** from the SCCEM (for in-house trusts) or the approved contractor (for trusts using an approved contractor) you will be able to submit the sample, following the process described in the chart below.

