

SAMPLING HANDBOOK FOR THE NHS MATERNITY SURVEY 2007

THE ACUTE CO-ORDINATION CENTRE FOR THE
NHS ACUTE PATIENT SURVEY PROGRAMME



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Adherence to the procedures outlined in this document

It is not permissible to deviate from the agreed protocol as set out in this sampling handbook, for example, by offering financial inducements or lottery prizes to respondents. The terms of the ethical approval do not permit these types of alteration. Furthermore, such alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the Annual Health Check for that trust. If trusts want to make any adjustments to the method set out in this handbook, they will need to seek local research ethics approval, and check with the Acute Co-ordination Centre that the proposed alteration would not compromise comparability.

Updates

Before you start work on your survey, check that you have the latest version of this document, as there might be some small amendments from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will e-mail all trust contacts and contractors directly to inform them of the change.

This document is available from the Acute Co-ordination Centre website at:

www.NHSSurveys.org

1 About this handbook

This handbook is produced by the Acute Co-ordination Centre (ACC) for the NHS patient survey programme on behalf of the Healthcare Commission.

This handbook is comprised of excerpts from the *Guidance Manual for the NHS Maternity Survey 2007* and is intended to assist in the sampling for the survey. This abridged handbook is aimed at those carrying out the sampling for, but not directly coordinating or managing, the maternity survey at each trust. Those co-ordinating the survey are strongly recommended to read the full guidance manual.

2 Compiling a list of women

This section explains how to draw a sample of women. This task will need to be carried out by a member of staff at the NHS Trust. The sample will normally be drawn from the Patient Administration System (PAS). Depending on your trust's hospital information systems, it may be that sample information will need to be linked between the Patient Administration System (PAS) and the clinical maternity databases. In addition, maternal records will need to be linked to infants' records to apply some of the exclusion criteria, in which case support from an IT specialist may be required. The sample list will also need to be checked to make sure that the necessary exclusions have been applied and the list will also have to be checked by the NHS Strategic Tracing Service (NSTS) to identify deceased women and infants.

Please follow the instructions below carefully and allocate sufficient work time to check the sample with NSTS before the first mailing and within the trust prior to each mailing.

We strongly advise that you read all of this section BEFORE you start to compile your list.

2.1 Compile a list of eligible women

Compile a list of all women who had a live birth consecutively between **1st February and 28th February 2007**.

Note

If there are **less than 200 eligible women** who had a live birth in February, then please contact the Acute Co-ordination Centre on 01865 208127 for advice on how to sample back to include women who gave birth in January 2007.

The information you obtain about each woman will be used both for administering the survey and for sending to the tracing service to check for any deaths. It saves time and effort if all the information is gathered at the same time.

The list should **include**:

- All women **aged 16 years or over** at the time of delivery, who have had a live birth within the trust, irrespective of which facility they use.¹ Women who give birth at a separate maternity unit should still be included in the sample. It is important that all women who had a baby in the time period are included in the survey, not just the ones with normal vaginal deliveries with no complications [Appendix 3 lists all relevant ICD codes for delivery]. If you do not use ICD10 codes in your systems, please use the appropriate equivalents to identify eligible women.
- **Women who delivered at home.** If home births are not recorded on the hospital information system, it will require a manual check of the records held by midwives.
- Women who are in hospital, or whose baby is in hospital, should still be included in the sample.
- Include women even if their addresses are incomplete but still useable (eg no postcode).

¹ Exclude any women whose baby was born in a unit managed by a Primary Care Trust if these cases are also included on your hospital databases.

Exclusion criteria

The following women are **not** eligible to participate in the survey and should be **excluded** from your sample list:

- women who are under age 16 at the time of delivery
- women who have died during, or since, delivery
- women who had any of the following ICD10 delivery outcomes **or their equivalents**²:
 - Z37.1 Single stillbirth
 - Z37.3 Twins, one live; one stillbirth
 - Z37.4 Twins, both stillbirths
 - Z37.6 Other multiple births; some live; some stillbirths
 - Z37.7 Other multiple births, all stillbirths
- women whose infants have died since delivery³
- women who had a concealed pregnancy⁴
- women whose baby was taken into care (ie foster care, adopted)⁵
- women who gave birth in a private maternity unit or wing
- women who gave birth in a maternity unit managed by a Primary Care Trust (PCT)
- women without a UK postal address

2.2 Checks carried out by the trust

Once you have compiled your list of women, you should carry out the following checks before you send the list to the NSTS to carry out a further check for deceased women or infants.

- **Delivery outcome**. Check that all women in the sample had a live birth
- **Deceased mothers or infants**. Check that all women and their infants were discharged from the trust alive and that the trust does not have a record of either person's death from a subsequent admission or visit to the hospital. **This is an essential step to ensure that women and/or their families are not further traumatised by receiving a questionnaire asking about their pregnancy.**

² If you do not use ICD10 codes in your systems, please use the appropriate equivalents to the codes listed above

³ In order to apply this criterion, it is essential that maternal and infant records are linked. Death checks for infants will need to be run within the trust and by the NSTS to ensure that deaths occurring both within the trust and outside trusts are detected.

⁴ If you do not record this information in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

⁵ If you do not record this information in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

Checks for deceased women and infants

One of the most reliable and up-to-date sources of information on patient deaths is your own trust's records. **It is essential that you check that your trust has no record of a woman or her baby having died at your trust.** Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative died. Clearly, women or their baby may also have died at home or while under the care of another trust, so you still need to check with the tracing service (NSTS) as well.

The methodology for this survey requires three stages of checks for deceased women/infants before the first mailing is sent out. The checks are carried out sequentially by:

- 1) the trust
- 2) NSTS
- 3) again by the trust (for women or infants who may have died in hospital after submission of the sample to NSTS).

You are also advised to repeat this check before the second and third mailings, and to ensure that approved contractors are advised immediately if any women in the sample – or their baby - die during the survey period.

- **Women's ages.** Check that all women are aged 16 or over at the time of delivery.
- **Concealed pregnancy.** Exclude any women who are known to have had a concealed pregnancy.
- **Babies taken into care.** Exclude any women who are known to have had their baby taken into care.
- **Private maternity care.** Remove any women treated as private patients from the sample
- **Postal addresses.** Exclude any women with addresses that are outside the UK.
- **Incomplete information.** Check for any records with incomplete information on key fields (such as surname and address) and remove those women. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a woman 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.
- **Duplications.** Check that the same woman has not been included more than once.

2.3 Validating the sample

There is always a possibility that a patient's record has been incorrectly coded on the hospital's information system. To ensure that all women in the sample are eligible to participate in the survey, we recommend that once the list is drawn it is given to member(s) of the clinical midwifery team to check that the following women are not included: women who had a stillbirth; women whose baby has died following the birth; women who had a concealed pregnancy and/or women whose baby was taken into care.

2.4 Create the sample file

An example of the spreadsheet you should complete has been included below. **This is available to be downloaded from our site (www.NHSSurveys.org) and is entitled “Sample construction spreadsheet”.** The column headings will match to the validated spreadsheet for final submission of data produced by the Acute Co-ordination Centre and so it will be advantageous for you to use this spreadsheet.

This file has three purposes:

- 1) It will be used to keep a record of which women have not returned questionnaires so that reminders can be sent to them.
- 2) It will be used to generate weekly response rates for your trust that must be forwarded to the Co-ordination Centre every Thursday from the 10th May 2007 until the closing date of the survey.
- 3) The anonymous data in this file (ie all the data **except** patient name and address information) will form part of the file that you will submit to the Acute Co-ordination Centre when the survey is completed.

Table 1 – Sample Excel file

<i>Record number</i>	<i>Title</i>	<i>Initials</i>	<i>Surname</i>	<i>Address1</i>	<i>Address5</i>	<i>Postcode</i>	<i>Mother's Year of birth</i>	<i>Ethnic Group</i>	<i>Day of delivery</i>	<i>Month of delivery</i>	<i>Year of delivery</i>	<i>Place of birth: NHS Trust Site code</i>	<i>Place of birth: Consultant-led unit or midwifery-led unit</i>	<i>PCT of Residence</i>	<i>Day of questionnaire being received</i>	<i>Month of questionnaire being received</i>	<i>Year of questionnaire being received</i>	<i>Outcome</i>	<i>Comments</i>
1001	Miss	AM	Abbot			AB1 1YZ	1969	1	1	2	2007	RR115	C	5LS				3	Informed that woman's baby had died
1002	Mrs	EC	Ahmed			AB2 6XZ	1978	3	3	2	2007	RTE03	M	5LT	14	05	2007	1	
1339	Ms	K	Yoo			AB4 7MX	1982	5	27	2	2007	RTE03	C	5LS					
1340	Ms	F	Young			AB9 5ZX	1975	1	28	2	2007	55555		5GT	19	06	2007	1	

Important note about table 1

The headings of Table 1 are in three different colours:

Bold black headings: these columns contain information on womens' names, addresses and comments that may allow them to be identified. This information should be deleted from all files sent to the Acute Co-ordination Centre

Red italic headings: these columns should be completed during the sampling phase and submitted to the Acute Co-ordination Centre prior to mailing for final inspection (see Section 3) and at the conclusion of the survey

Green italic headings: these columns should be completed when the woman responds to the survey, either by returning a completed questionnaire, or the trust is notified the woman will not be participating (deceased, moved address, too ill, or called to opt out).

The following information is compiled using hospital records:

- Title (Ms, Mrs, Miss etc...)
- Initials (or First name)
- Surname
- Address Fields ⁶
- Postcode
- The mother's **Year of Birth** should be included in the form of NNNN.
- **Ethnic Group** should be coded using the broad categories 1 = White; 2 = Mixed; 3 = Asian or Asian British; 4 = Black or Black British; 5 = Chinese; 6 = any other ethnic Group. These are *derived from* the standard categories introduced by the NHS Information Authority from 1st April 2001, but if your trust is not using these categories, the data will need to be re-coded to these numeric codes.

Note

If the ethnic group is unknown, this cell should be left blank. Do NOT automatically code unknown ethnic groups as 6 – this code is reserved for patients whose ethnic group is known, but does not fall into one of the categories labelled 1-5 above.

- **Day** of delivery (1 or 2 digits; eg 7 or 26) ^{*}
- **Month** of delivery (1 digit; ie 1 or 2) ^{*}
- **Year** of delivery (4 digits; ie 2007) ^{*}
- **Place of birth:** the **NHS Trust Site Code** of where the baby was delivered (ie which hospital or maternity unit) should be coded using the five character NHS Trust Site Codes (maintained by the National Administrative Codes Service)⁷. Any home births should be coded as 55555.
- **Place of birth:** (ie. in a **consultant-led or midwifery-led unit**) should be coded as C=Consultant-led unit or M=Midwife-led unit. If a baby was born at home, this cell should be left blank.
- **PCT of Residence** should be coded using the **first three** characters of the PCT character codes (maintained by the National Administrative Codes Service). They provide postcode files which link postcodes to the PCTs.

⁶ The address should be held as separate fields (eg street, area, town, and county), consistent with the address format required by the NSTS.

^{*} Date of delivery fields must be supplied in separate columns (eg date, month, and year).

⁷ A data file of NHS Trust Site Codes can be downloaded from the National Administrative Codes Service website (www.nhs.uk/nacs)

Note: Place of birth

The NHS Trust Site Codes will not necessarily identify the **type** of unit a baby was born in as some hospital sites have both consultant-led and midwife-led units. Therefore, it is important to also identify the type of unit where a baby was born (ie consultant or midwife-led) so that women's experiences of care can be compared by the structure of maternity services.

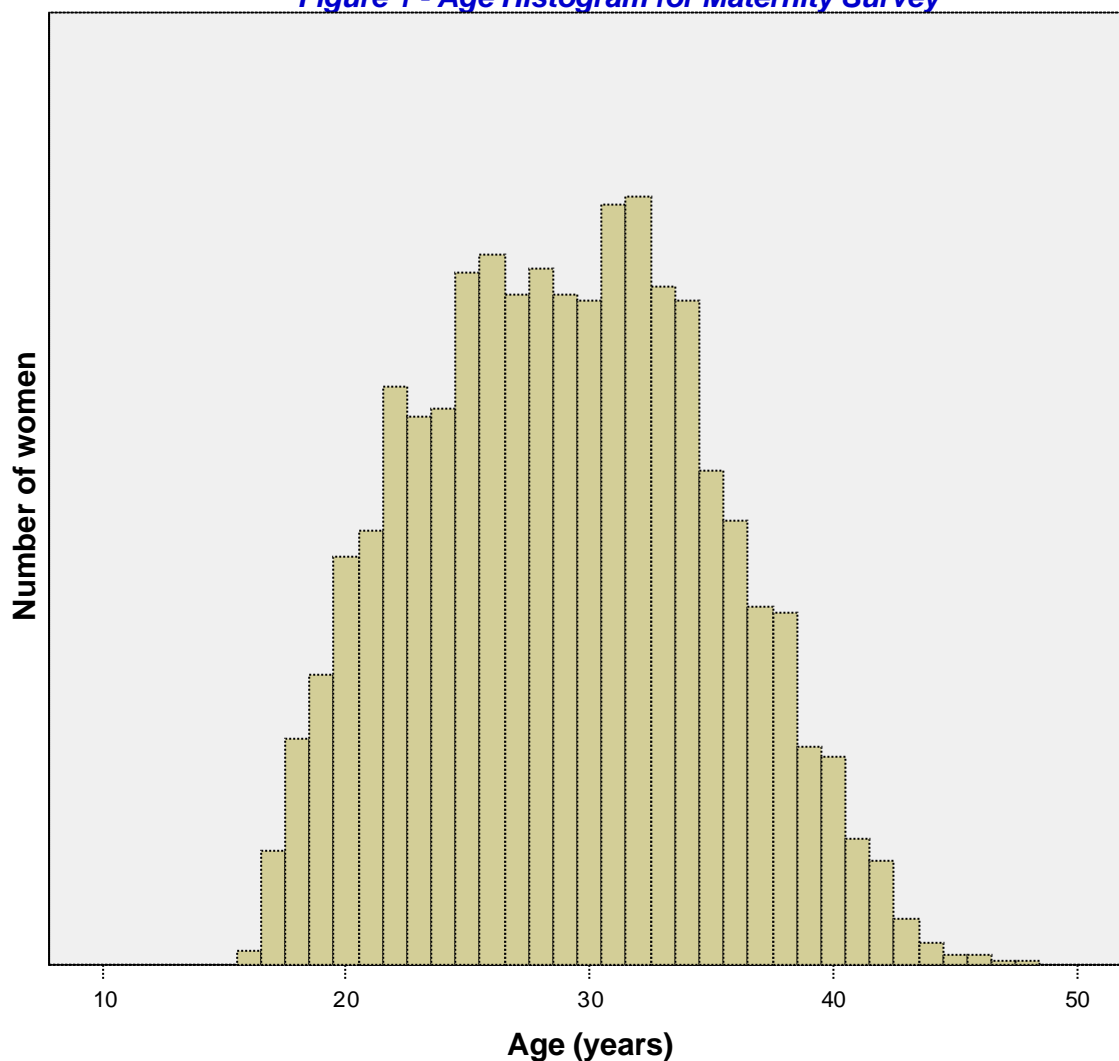
Additional information should also be entered on this spreadsheet. The details of this information are discussed below:

- 1) **Record number.** This field will be a series of consecutive whole numbers (for example, 1001 through to 1340). This number is unique for each woman. It can be seen in the example that the numbers are in ascending order, starting at 1001 at the top of the list, through to 1340 at the bottom. The patient record number will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or not), you (or the approved contractor) will be able to use these numbers to monitor which women have returned their questionnaires and to identify any non-responders, who will need to be sent reminders. If an approved contractor is used, you will need to agree with them on the range of serial numbers that will be used for your women.
- 2) **Day of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trust or approved contractor. It should be a one or two digit numerical response eg N or NN, **not** a date format eg 12/07/07.
- 3) **Month of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a one or two digit numerical response, **not** a date format.
- 4) **Year of questionnaire being received.** This can only be completed if and when a questionnaire is received by the trusts or approved contractor. It should be a four digit numerical response, **not** a date format.
- 5) The **Outcome** field will be used to record which questionnaires are returned to the freepost address, or are returned undelivered, or which women opt out of the survey, etc.
 - 1 = Returned useable questionnaire
 - 2 = Returned undelivered by the mail service or woman moved house
 - 3 = Woman or baby died
 - 4 = Woman reported too ill to complete questionnaire, opted out or returned blank questionnaire
 - 5 = Woman was not eligible to fill in questionnaire
 - 6 = Questionnaire not returned (reason not known).The outcome column is left blank at first if the survey has not been returned (on table 1 you can see that Ms Yoo has not yet returned her questionnaire).
- 6) The **Comments** 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 this address.

2.5 Distribution of ages

You should check that women of all ages are included in your sample, especially for those aged 16, 17 or 18 years. We have found this age group is the most likely to be excluded due to poor sampling. It is possible there may not be any young women 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 women's ages cover the full range of expected ages. Ideally, you should do this by checking the distribution of ages on a histogram (See Figure 1). For most trusts the histogram is likely to start with a relatively small number of women aged under 20 years, and then rise steeply and form a plateau (representing a large number of women aged between 25 and 35 years) before entering a fairly gradual decline, with a small number of women aged over 40 years

Figure 1 - Age Histogram for Maternity Survey



2.6 Submit the sample list to the NHS Strategic Tracing Service (NSTS)

Before sending out the questionnaires, the list of **women and their infants** must be checked for any deaths by the NHS Strategic Tracing Service (NSTS). NSTS will return your sample file with deceased patients clearly identified.

The NSTS contact details are as follows:

Help desk telephone number: 0121 788 4001
Website: <http://www.connectingforhealth.nhs.uk/nsts/>

The time required to carry out the checks depends partly on the compatibility of the patient list you submit to the NSTS with their system requirements. NSTS tracing takes between 12 to 48 hours if submitted correctly. To avoid any delay, check carefully that your list is in the correct format for NSTS. The Caldicott Guardian for your trust will be able to provide you with details on how to carry out a “batch trace” for deceased patients.

Note

Infant details should be recorded on separate rows on the spreadsheet that is submitted to NSTS. If a woman gave birth to more than one baby (ie twins or more), then the details of each baby should be given on a separate row. The number of rows in the spreadsheet will therefore be at least double the number of women in the sample.

Remember to keep a copy of the file you send to NSTS!

- Specific details are required by the NHS Strategic Tracing Service (NSTS). These should not be submitted to the Acute Co-ordination Centre. One of these is the women’s and infant’s NHS number. The NHS number can assist more accurate tracing, especially if addresses are incomplete. It is advisable to liaise with the registered NSTS batch trace user to ensure that you have extracted all the required fields.

For further help on batch tracing for patients, please view the document:

http://www.connectingforhealth.nhs.uk/nsts/docs/trace_out.pdf

Note

Please be aware that tracing services are not foolproof and even after your sample list has been checked for deaths, some women and/or infants may die in the period between running the check and the questionnaire being delivered. You may find that some recently deceased women or infants remain in your sample. You need to be prepared for this. Special sensitivity is required when dealing with telephone calls from bereaved relatives.

2.7 When the patient file is returned from the NSTS

The file returned from NSTS can be used to identify any records that need to be deleted from the sample file. **If an infant has died but their mother is still alive, that record must be removed from the patient list.** This may reduce the numbers in your sample list slightly.

2.8 Sharing the patient sample file with an approved contractor

If you are working with an approved contractor and have an honorary contract, the full sample information **and** the name and address information should be sent to those contractor staff covered by the honorary contract. If you are working with an approved contractor, but **not** using an honorary contract to share patients' name and address details, you should supply them with a version of the list shown in **Table 1 – Sample Excel file**, with names and addresses removed. The contractor can use this list to record the outcome codes, and you should ensure that the contractor is kept up to date with any information that comes directly to the trust about deaths, etc.

2.9 Creating the mailing and response spreadsheets

At this point, you should generate two copies of your sample file and name them "<NHStrustName>_Maternity2007.xls" and "Maternity 2007 mailing spreadsheet". The following changes should be made:

- <NHStrustName>_Maternity2007.xls: delete all name, address and comment columns ie all columns in bold black in **Table 1 – Sample Excel file** (on our website www.NHSSurveys.org), which has all the required columns for the sample information, as well as columns for the response data from returned questionnaires. Only this "anonymised" version can be used to record patient responses. It is this version of the spreadsheet that must be submitted to the Acute Co-ordination Centre.
- Maternity 2007 mailing spreadsheet: this spreadsheet is used for mailing purposes. It is essential that the "Outcome" column (about whether women have responded, or why they have not responded) is kept accurate and up-to-date. Reminders can then be sent to women who have not yet responded.

For patient confidentiality reasons, **it is essential that you do not keep patient name and address details in the same file as their survey response data.**

2.10 Increasing sample size beyond minimum requirement

Your trust may wish to use the acute patient survey programme as an opportunity to gather data in addition to that required by the Healthcare Commission. One way to do this is to increase the number of women you sample, and ensuring that you target sufficient numbers from each of the units you want to compare so that you can get enough responses to make comparisons. However, before you decide to do this, there are some important points to consider:

- The core sample for the 2007 maternity survey must be drawn as specified in this guide. It is essential that any additional sample drawn can be easily distinguished from the core sample, and that it is drawn in such a way as to not interfere with selection of the core sample.
- We would not recommend trusts sample back into December 2006 as we do not know what the effect will be on women's recall etc. and the questionnaire was designed to be sent to women approximately 3 months after they had given birth. Furthermore, the staffing and experiences may be very different in December when compared with other months.

To summarise

If you do choose to increase your sample size, it is essential that you ensure that the sample of women you draw according to the requirements for the national survey can be easily distinguished from any additional women you include in the sample.

You must **only** send the Acute Co-ordination Centre data for the women sampled according to these guidelines. Any additional women selected to increase your survey beyond the minimum requirements of the 2007 maternity survey must have given birth **earlier** than the core sampling period (ie February 2007).

3 Final sampling inspection by the Acute Co-ordination Centre

Trust data should still be checked for errors and received back from NSTS before being forwarded to the Acute Co-ordination Centre. An anonymised sample file⁸ **must** be submitted to the Acute Co-ordination Centre **prior** to the first mailing. This is to allow us to make final quality control checks. All columns *in red italics* must be submitted, but name, address and postcode details must be removed.

If you are using an **approved contractor**, the sample should be checked as normal by the trust and by NSTS before being submitted to the contractor. We strongly recommend the contractor carries out the same high standard of checks as in previous surveys, but will then submit the file to the Acute Co-ordination Centre. The Acute Co-ordination Centre will address any issues arising from these final checks to the approved contractor.

The Acute Co-ordination Centre will be checking for extraordinary errors. These are more visible when viewing data from many trusts at one time. For this reason, samples will be checked as collated files. Files that arrive Monday to Thursday (inclusive) will be returned to the trusts or approved contractors they were received from on the following Monday afternoon. A timetable has been included below:

Date sample received	Date sample returned
10 th -13 th April 2007 ^{9&10}	16 th April 2007
16th-20th April 2007	23rd April 2007
23rd-27th April 2007	30th April 2007
30 th April - 4 th May 2007	8 th May 2007 ¹¹

As there are two bank holidays over this period, we recommend that trusts and contractors submit the files to the Acute Co-ordination Centre in the weeks commencing 16th April or the 23rd April 2007. Samples must reach the Acute Co-ordination Centre by 4th May or your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate. Please note this checking process will be more effective if the files are submitted in the correct format and if contractors send collated files (ie if they are carrying out the survey for more than one trust.)

⁸ By removing the womens' names, addresses and postcodes.

⁹ Please note Monday 9th April is a **bank holiday (Easter Monday)**

¹⁰ Note: If your sample is sent to us on or before this date, you should re-check your sample for any deaths using trust records due to the two week time lag before the first mailing can be sent out in the first week of May 2007.

¹¹ Please note Monday 7th May is a **bank holiday**

4 Weekly monitoring

The Acute Co-ordination Centre requires weekly submissions of outcome data and helpline calls for each trust taking part in the 2007 maternity survey. The first mailing should be sent out to women in the first or second week of May. First submission of data must be made on Thursday 10th May 2007¹², and every Thursday thereafter until the final date of submission. An Excel spreadsheet is available on www.NHSSurveys.org which **must** be used to return this information to the ACC. This information should be emailed to the ACC (maternity.data@pickereurope.ac.uk) by midday every Thursday throughout the survey.

Important note

It is important that the structure of the Excel weekly monitoring spreadsheet is not altered and that the correct file name is used when submitting the data.

For trusts carrying out the survey in-house:

When the data is submitted, the file name **must** be in the following format:
MAT07_<trust code>_<week of submission>.xls

e.g. MAT07_RAC_1.xls (first submission of monitoring data on 10th May)
MAT07_RY2_4.xls (fourth submission of monitoring data on 31st May)

For approved contractors:

When the data is submitted, the file name **must** be in the following format:
MAT07_<contractor code>_<week of submission>.xls

e.g. MAT07_CDP_1.xls (first submission of monitoring data on 10th May)
MAT07_CYH_4.xls (fourth submission of monitoring data on 31st May)

The ACC will notify each approved survey contractor of their unique 'contractor code'

4.1 Response rate

The information submitted should contain the following data:

- The total number of women in your sample ie the total number of all those included in the first mailing
- The number of women in each outcome field

This will allow the Acute Co-ordination Centre to monitor progress at a trust level and to identify trusts that may need assistance.

¹² This submission must be made regardless of whether mailing has commenced.

4.2 Helpline monitoring

The information you submit should contain the following data for each trust:

1. The **overall** total number of calls received by the helpline for this survey. This total should also include the calls listed below:
2. The total number of calls that led to **completion of the questionnaire** using the helpline (this should include completions via translation services)
3. The total number of calls seeking **assistance with language and translation** (this should include completions via translation services)
4. The total number of calls that led to **completion of the questionnaire using translation services**

Examples

If a caller rang the helpline and completed the questionnaire over the phone using translation services, then this call should be recorded in all four 'categories'.

If a caller rang the helpline to opt out of the survey (and did not require translation services), this call should just be recorded in the 'overall total' number of calls' (ie first category).

If a caller completed the questionnaire over the phone (and did not require translation services) this call should be recorded in the 'overall total' and the 'total number of calls that led to completion' (ie first and second categories)

This information allows the Acute Co-ordination Centre to identify areas of concern to patients and to improve future surveys.

5 Timetable

	March				April				May					June				July			
		W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8	W 9	W 10	W 11	W 12	W 13	W 14	W 15	W 16	W 17	W 18	W 19	W 20
Publish guidance to trusts and contractors																					
Date by which the ACC must be notified which approved contractor is being used																					
Draw sample and carry out necessary checks																					
Submission of samples to ACC for checking																					
Send out first mailing in first or second week of May																					
First submission of outcome and helpline monitoring to ACC																					
Survey fieldwork																					
Final data due																					

The Acute Co-ordination Centre requires trusts carrying out the survey in-house, and approved contractors carrying out the survey on behalf of trusts, to submit data at various times throughout the survey process. The following table sets out these key dates.

Action	Date due
Inform ACC who is carrying out your survey (in-house or the name of an approved contractor)	16th March 2007
Draw sample of eligible women and carry out necessary checks	March-April 2007
Submit anonymised sample to ACC before starting mailing process	10th April- 4th May 2007
Send first weekly response rate and helpline calls log to ACC	10 th May 2007
Send final data to ACC	20th July 2007