

Community Mental Health Survey 2013: Sampling Errors

1. Introduction

For the Community Mental Health Survey 2013, all participating trusts were required to submit their samples to the Co-ordination Centre for final quality control checks before they were able to mail out any questionnaires. These sample files did not include patient identifiable data such as names or addresses, but did include demographic and clinical information about each service user. Supporting information was also supplied in each trust's Chief Executive declaration.

Demographic information:

- gender;
- year of birth;
- ethnicity.

Clinical information:

- date of last contact;
- CPA status;
- GP practice code.

Supporting information about the trust:

- total eligible population size;
- total eligible population on CPA, not on CPA, and with CPA status unknown.

This allowed the Co-ordination Centre to identify some common mistakes that can then be corrected before questionnaires are sent out.

Errors are divided into major (those requiring the sample to be redrawn) and minor (those that could be corrected using the same sample). It is important to note that these are only the errors caught by the Co-ordination Centre; many trusts had errors in their samples caught earlier by their contractors.

This document should be used by trusts and contractors to become familiar with past errors and to prevent these from recurring. If further assistance is required, please contact the Co-ordination Centre on 01865 208127.

2. Exclusions

One trust was excluded from the Community Mental Health Survey 2013.

The trust had begun to implement an opt-in system for service users willing to be contacted for all surveys, with non-return of the consent form taken as opting out. The trust's record keeping system did not make it clear whether service users had opted out by not returning the consent form or had not yet been asked; 25% of service users fell into this category, including all CAMHS users. The consent form did not mention the National Survey Programme or explain its purpose.

The Community Mental Health Survey uses an opt-out consent model, where service users are assumed to consent to being contacted unless they explicitly opt out. This has received full support from the National Information Governance Board under section 251 of the NHS Act 2006. Opt-in consent models lead to lower overall response rates¹ and introduce biases in respondent demographics that are not reflected in response/non-response patterns for opt-out surveys².

The design and implementation of the consent form used by the trust meant that only around 30% of the trust's service users had consented to be sent surveys, and none of the other 70% could be assumed to have consented. This pool was not considered representative of those of the trust's service users who would have responded to the National Survey Programme questionnaire.

3. Major Errors

There were five errors that required the sample to be redrawn. These are classified as major errors, and if they are not corrected then they can invalidate a trust's participation in the survey. This means the trust's survey data cannot be used by Care Quality Commission for regulatory activities, such as monitoring trusts' compliance with the essential standards of quality and safety, and the trust will be reported as not submitting data for the national survey.

Errors in compiling the total eligible population

There were three major errors in compiling the total eligible population from which the sample of service users was to be drawn.

- One trust did not include 18 or 19 year olds in their total eligible population.
- One trust drew its total eligible population from two different systems – from one of these, they drew everyone seen in a six month period, rather than just the specified three months.

¹ See, for instance, Angus VC et al (2003) The requirement for prior consent to participate on survey response rates: a population-based survey in Grampian. BMC Health Services Research; 3: 21.

² See, for instance, Al-Shahi R et al (2005) Bias from requiring explicit consent from all participants in observational research: prospective, population based study. BMJ, 331, 942-5.

- One trust included only those who had been inpatients but weren't at the time of drawing the sample. This happened because in order to exclude current inpatients, they assigned a code to all those who had been inpatients – "0" for those who were current inpatients, "1" for those who weren't. They then selected their total population from those who had been coded "1". This omitted those who had never been inpatients, as they were not assigned a code at all.

Errors in drawing the random sample

There was one major error found in a trust's method of drawing the random sample from the total eligible population. This trust did not follow the suggested method of drawing a random sample from Excel, instead using a method that was biased towards the top half of the full list of eligible service users. This was detected because the demographics of the sample were very different from those of the total population.

Errors in supporting information

There was one major error in the supporting information supplied by a trust on its Chief Executive declaration. This trust provided total eligible population figures that were taken before all the selection filters were applied. Typically this is only a minor error, in that the trust can take the same population, correctly apply the selection criteria, and then resubmit the figures accordingly, so the sample would not need to be redrawn.

However, due to system limitations, in this case the trust was not able to do this, and so had to recompile the total eligible population and draw a new sample from this list.

4. Minor Errors

There were eighteen errors found that did not require the sample to be redrawn. These are classified as minor errors. They must be corrected, but they will not invalidate a trust's participation in the survey if they are not caught before the mailings begin.

It is important to note that minor errors can obscure the presence of major errors, and so samples are not approved with outstanding minor errors.

Errors in supporting information

There were twelve minor errors in supporting information supplied by trusts in their Chief Executive declarations.

- Five trusts submitted Chief Executive declarations with figures referring to a sample they had drawn and then had to discard before it reached the Co-ordination Centre, rather than the sample they actually submitted.

- Four trusts submitted Chief Executive declarations that had typos in the figures and/or did not give the trust's CPA policy.
- Three trusts gave total eligible population figures before all the selection filters were applied. These trusts kept a copy of the full, appropriately filtered, population from which the sample was drawn, and so were able to apply provide the correct figures, allowing the sample to be checked against them.

Errors in data fields

There were five minor errors in the data fields of the sample files.

- Two trusts did not code a data field as specified in the guidance.
- Three trusts submitted dates of last contact within the three month sampling period, rather than overall date of last contact including contact made after the end of the sampling period. In previous years the sampling guidance was ambiguous on this point, and until this year either interpretation was accepted as long as the trust was consistent.

Miscommunication

There was one minor error that occurred when a trust correctly drew an extended sample, but -- due to a miscommunication with its contractor -- the wrong 850 was submitted to the Coordination Centre to check.