

SAMPLING HANDBOOK FOR THE NHS OUTPATIENTS DEPARTMENT SURVEY 2009

THE CO-ORDINATION CENTRE FOR THE
ACUTE 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 guidance manual. The terms of the ethical approval do not permit any alteration. Furthermore, alterations might mean that the comparability of the survey would be compromised, and such results may not be acceptable for computation of the relevant measures within the Care Quality Commission Annual Health Check for that trust. If trusts want to make any adjustments to the method set out in this guidance, they will need to seek local research ethics approval, and check with the 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 Co-ordination Centre website at:

www.NHSSurveys.org

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1 About this handbook

This handbook is produced by the Co-ordination Centre for the Acute Survey Programme, on behalf of the Care Quality Commission.

This handbook is comprised of excerpts from the *Guidance Manual for the NHS Outpatients Department Survey 2009* 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 outpatients department survey at each trust. Those who are co-ordinating the survey for the trust are strongly recommended to read the full guidance manual.

2 Important points to note

New sample data requested: To allow more accurate interpretation of the data, we request that trusts submit two additional fields containing data on;

- main specialty code of the consultant with prime responsibility for the patient. This should be in the form NNN as outlined in the Updated National Specialty List which was implemented on 1 April 2004. See http://www.datadictionary.nhs.uk/web_site_content/supporting_information/main_specialty_and_treatment_function_codes.asp?shownav=1
- type of attendance (i.e. whether it was a first or follow-up appointment). This field has two codes; “1” for those attending their first appointment and “2” for those attending a subsequent appointment.

These fields should be left empty (a blank or full-stop) if this information is not available. Further information can be found in *Section 3.6– Create the sample file*.

Isolating postal details from sample information: In the interests of data security, we suggest that the names, addresses and postcodes of each patient are removed from the rest of the sample information as soon as the sample is finalised. Prior to this, it is essential to provide each patient with a unique patient reference number (PRN) and to ensure this number is correctly applied to both the sampling file and the mailing list. An “Outpatients2009_mailing data” file should be created with the patient names and addresses and used to send out the questionnaires and reminders, and returning questionnaires should be logged in the “sample data” file. Before the reminders are mailed, the outcomes from the “sample data” file should be used to check hospital records for any deceased patients and to finalise the non-responders to be mailed to. Further information can be found in *Section 3.9 – Separating mailing details from sample information*.

Data protection guidance: There has been some revision of the guidelines on data protection since the last Outpatients survey, specifically those relating to sending patient details to contractors. This should further clarify the security settings that are required, these are discussed in further detail in *Section 3.10 –*

~~Sharing the patient sample file with an approved contractor~~ and in the *Guidance Manual for the NHS Outpatients Department Survey 2009 (Section 6.5 - Patients' names and addresses)*.

Current inpatients: Trusts are instructed to exclude current inpatients from the sample when generated. 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.

Ethnic category: Ethnic category as defined by the NHS Dictionary maintained by Connecting for Health should now be used instead of ethnic group. Ethnic category is a 17 item alphabetical code that will replace the 6 item code previously used in patient surveys. The code "Z" ("not stated") should be used when a person had been asked for their ethnic category and had declined either because of refusal or genuine inability to choose. A blank or full-stop should still be used to indicate where ethnic category is "not known" i.e. where the patient had not been asked or the patient was not in a condition to be asked. For most trusts, ethnic category will contain both "Z" codes and "blanks". Further information can be found in *Section 3.6 – Create the sample file*.

Demographics Batch Service (DBS): The NHS National Strategic Tracing Service has been replaced by the Demographics Batch Trace. The DBS traces records against the Spine Personal Demographics Service (PDS). Patient lists will need to be checked for deaths using this new service. The DBS uses a file transfer application to send and receive files and will not accept files sent by encrypted email or through the post on physical media. You will need to ensure you are familiar with the new method for submitting patient lists to be checked.

3 Compiling a list of patients

This section explains how to draw a sample of patients. This task will need to be carried out by a member of staff at the NHS Trust. In hospital trusts, the sample will normally be drawn from the Patient Administration System (PAS). Prior to sending out questionnaires, the list will also have to be checked by the Demographics Batch Service¹ (DBS) to identify deceased patients.

Please follow the instructions below carefully and allocate sufficient work time to check the sample with DBS 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 patient list.

3.1 Compile a full list of patient attendances in one month

- 1) Select the month of Outpatients Department attendances that your survey will cover. This should be **either** March 2009 **or** April 2009 **or** May 2009².
- 2) Compile a list of all outpatient **attendances** at all outpatients departments **at all sites** in your trust during one month.
- 3) This is a list of attendances/visits, rather than a list of patients, so some patients will appear in the list more than once, but that does not matter at this stage.

The information you obtain about each patient will be used both for administering the survey and for sending to the Demographics Batch Service to check for deceased patients. It saves time and effort if all the information is gathered at the same time.

The list should **include**:

- **ALL** eligible adult patients (aged 16 and over), who have attended an Outpatients Department(s) within the trust for the chosen 'sampling month' (i.e. March or April or May 2009). Note, this should include patients attending any outpatient clinic within the Trust, wherever it is held. This would include any outpatient clinics run with the Emergency Department (A&E/Casualty), such as fracture clinics.

¹ The Demographics Batch Service (DBS) is the replacement service for the NHS Strategic Tracing Service (NSTS) batch trace.

² The choice of sample month differs from the last Outpatients survey so you will not be able to sample the same month as previous surveys, however trusts should select the month most reflective of their normal performance.

The list should **exclude**:

- **Deceased** patients
- Children or young persons aged **under 16 years** at time of their visit
- **Day case** or **day surgery** patients
- Attendances concerning **termination of pregnancy**
- Attendances by **private patients** (non-NHS)
- Any patients who are known to be **current inpatients**³
- Attendances at **maternity** outpatients clinics (but do not exclude all gynaecology outpatients)
- Attendances at **Genito-Urinary Medicine** (GUM) or Sexually Transmitted Diseases (STD) clinics
- Attendances at **psychiatric** outpatients clinics
- Any appointments that the patient **did not attend**
- Patients **without a UK postal address** (but do not exclude if addresses are incomplete but useable, eg: no postcode).

Data fields to include in the list of attendances

You will need to keep the list in an electronic file in a programme such as Microsoft Excel or Access. The list should contain the following information:

- Patient Record Number
- Title (Mr, Mrs, Ms, etc.)
- Initials (or First name)
- Surname
- Address Fields
- Postcode
- Year of birth
- Gender
- Ethnic category
- Date of attendance at the Outpatients Department

³ **Current inpatients:** Trusts are instructed to exclude current inpatients from the sample when generated. 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.

- Main specialty code
- PCT of residence – should be coded using the **first three** characters of the PCT character codes (maintained by the Organisation Data Service)
- Attendance type – whether patient was attending first or subsequent appointment
- Survey unit – e.g. hospital site **[optional]**
- Any other details required by the Demographics Batch Service (DBS). For batch tracing, DBS needs one of these trace datasets: NHS number plus **full** date of birth *or* surname, given name, gender and full date of birth.

3.2 Taking a sample of patients to send to the tracing service

It is likely that your full list will include thousands of attendances, but you will need to send questionnaires to only **850** patients.

Important note

You are aiming for a **response rate of at least 60%**, which means that you should have about 500 completed questionnaires if you send questionnaires to 850 patients. You will be able to maximise your response rate by following this guidance carefully, and you will need to send out two reminders. It is **not** acceptable to try to boost the number of responses you receive by including more patients when compiling the sample of 850 for the survey as this would bias the survey. The Co-ordination Centre will only be able to accept responses from the patients in your list of 850 that have been correctly sampled and mailed. (See Section 3.11 for the accepted options for increasing your sample size)

The first step is to take a sample of patients to send to the Demographics Batch Service (DBS). It is likely that some of your patients will have died, so it is advisable to select an initial sample of at least 900 patients, which will later be reduced to 850. The procedure for doing this is as follows:

1. Put the list of **all** eligible attendances in your chosen month (i.e. March, April OR May 2009) into an electronic file in a programme that allows sorting by columns (for example, Microsoft Excel or Access).
2. Sort the list by patients' **year of birth** first, and then by **surname**, as shown in figure 1⁴ (N.B. Ensure that you select all columns before sorting in Excel, otherwise the patient details will get mixed up). **Sorting should ensure that all attendances by the same patients come next to each other in the list and that patients are in order of oldest to youngest.**

⁴ If you carry out two separate sorts opposed to one simultaneous sort (as depicted in figure 1), you will need to sort by surname first and then sort by year of birth in order for all attendances by the same patients to come next to each other *and* for patients to be in the order of oldest to youngest.



Figure 1 Example of a simultaneous sort in Excel by Year of Birth and then by Surname

3. Count the total number of attendances in the chosen month.
4. Calculate the sampling interval you will need to extract 900 patients from the total number of attendances, in order to select your pre-tracing sample of 900 patients. (See example below.)

Example

Number of Outpatients Department attendances at your trust in one month = 26,500

Sampling interval $(i) = 26,500 \div 900 = 29.4$

5. Round **DOWN** your interval to the nearest whole number to give you a value which we will call i (in this example, i would be **29**.)
6. Create a new data column in your patient file (call this column '**interval**'). Fill this column with a repeating series of numbers, starting with 1 in the first row and then numbering each record consecutively through to **29**, then starting again at 1 through to 29, and so on until you get to the bottom of the list. (Remember to use your own value of i .)
7. Choose a random number, between 1 and the value of i (29). Let's assume the random number is **14** in this example.
8. The sample will be all those records with a value of **14** in the 'interval' column (remember to use your own random number). Delete all records with values that are **not equal** to **14**.

If you are using Excel, it might be easiest to sort the data by the new column 'interval' and then delete all the rows that **do not** have **14** in the interval column. (N.B. Ensure that you select all the columns before sorting in Excel, otherwise the patient details will get mixed up).

9. This will give you a list of patients consisting of every i^{th} record from the original list.⁵ This should be **at least** 900 records. Save this sample into a new file (keeping the initial sample list in another file, in case you need to return to it later).

Note: You may have more than 900 records left after following this sampling procedure. This does not matter at this stage; please send all remaining records to DBS. After your file is returned from DBS, you will need to follow the instructions in Section 3.5 to delete a **random selection** of records from the file to reduce it to 850 records.

3.3 Checks carried out by the trust

Once you have compiled your list of approximately 900 patients, you should carry out the following checks before you send the list to DBS to carry out a further check for deceased patients.

- **Duplications.** You should check your list to make sure patients' names do not appear more than once, and you should remove any duplicated names.⁶
- **Current inpatients.** Check that none of the patients are known to be current inpatients in your trust (or elsewhere, if possible)
- **Patient ages.** Check that all patients are aged 16 or over at the time of their attendance at the Outpatients Department
- **Postal addresses.** Exclude any 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 patients. However, do not exclude anyone simply because you do not have a postcode for them. Only remove a patient if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias
- **Deceased patients.** Check hospital records do not have a record of a patient's death from a subsequent attendance or visit to hospital

⁵ An advantage of using this sampling approach is that the age distributions of selected patients are representative of patients seen over the sampling period.

⁶ This sampling procedure minimises the chances that patients will be duplicated in your final list. That is, in the above example, a patient could only be selected twice if they had 29 or more attendances to the Outpatients Department in 1 month. However, if your trust has particularly small numbers of attendances, you are more likely to have some duplicated patients.

Checks for deceased patients

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 patient selected for the survey having died at your trust.** Relatives are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their relative died. Clearly, patients may also have died at home or while under the care of another trust, so you still need to check with the tracing service (DBS) as well.

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

- 1) the trust
- 2) DBS
- 3) again by the trust (for patients who may have died in hospital after submission of the sample to DBS).

You are also advised to check your hospital records for any further deaths prior to posting the second and third mailings, and to ensure that approved contractors are advised immediately if any patients in the sample die during the survey period.

3.4 Submit the patient list to the Demographics Batch Service (DBS)

Before sending out the questionnaires, the list of patients should be checked for any deaths by the Demographics Batch Service (DBS).

The DBS has replaced the NHS Strategic Tracing Service (NSTS) batch trace. The DBS enables users to submit and receive a file containing relevant patient records electronically using dedicated client software. The patient records in the file are matched against the NHS Spine Personal Demographics Service (PDS).⁷

Create a trace request file

Using your list of patients, you need to create a correctly-formatted batch trace request file to send to DBS. This file should be in the same format as that previously used by NSTS (this will include a header row, body and trailer row).

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

- NHS number and full date of birth (yyyymmdd) *OR*
- Surname, first name, gender and date of birth

⁷ The PDS is a national electronic database of NHS patient demographic details. The PDS does not hold any clinical or sensitive data such as ethnicity or religion.

Residential postcode is not essential but can be included but note that there must only be a single space in the middle of postcode. Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not include address lines** in the trace request file.

Submitting the trace request file

While the format of the request file is broadly consistent with that used by NSTS, the way in which the file is submitted to DBS differs. The DBS does **not** accept the transfer of files by encrypted emails or on physical media. Instead, **request and response files must be transferred electronically using the dedicated DBS client software**. The DBS client software should have already been installed on a server within your trust. Please speak to a member of your IT department if you do not know how to access and use the application. If your IT department cannot help, contact the DBS implementation team at: cfh.dbs-implementation@nhs.net and they should be able to advise you.

If you have been set up to use DBS, then once you have created the request file, it should be placed in the client in-box. The DBS client will then send the file to the Spine and you will receive an email to say that 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.

The response file

The DBS will return a header row, response body and trailer row. The response will be in two parts:

- The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
- An additional response, which is returned only when there is a single unique match. It is on this additional response that patients found to be deceased will be indicated.

Further information is available from www.cfh.nhs.uk/demographics/dbs.

Note

Please be aware that tracing services are not foolproof and even after your patient list has been checked for deaths, some patients may die in the period between running the check and the questionnaire being delivered. 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.

3.5 When the patient file is returned from DBS

The trace response file returned from DBS can be used to identify any patients that have died (indicated by a letter 'D') and therefore need to be deleted from the sample file. This will reduce the numbers in your sample list slightly.

You should not exclude patients just because it was not possible for DBS to match them on their records. If you did this, you would bias the sample.

If you have more than 850 patients remaining on your list

When your trace response file comes back from DBS, remove any patients from your sample list that have been identified as being deceased. Then if your list still has more than 850 patients you will need to delete a **random selection** of records from the file to reduce it to 850 records. To do this:

1. Calculate how many patients you need to remove by subtracting 850 from the number in your list. For example, if your list has 872 patients, you will need to remove 22 patients.
2. Calculate your sampling interval. In this example, it would be:

$$872/22 = 39.6$$

3. Note that an important difference between this random sampling and the previous procedure you used to select the original sample of 900 is that, at this stage, you are now selecting patients to exclude, rather than to include.
4. Now **ROUND UP** your sampling interval to the nearest whole number, to give you a value which we will call j. (In this example j would be 40.)
5. Create a new data column in your patient file (call this column 'interval'). Fill this column with a repeating series of numbers, starting with 1 in the first row and then numbering each record consecutively through to 40, then starting again at 1 through to 40, and so on until you get to the bottom of the list. (Remember to use your own value of j.)
6. Choose a random number, between 1 and the value of j (40). Let's assume the random number is 23 in this example.
7. The patients that will be excluded from the sample will be all those records with a value of 23 in the 'interval' column (remember to use your own random number).
8. Delete all records with values that are equal to 23. If you are using Excel, it might be easiest to sort the data by the new column 'interval' and then delete all the rows with 23 in the interval column. (N.B. Ensure that you select all the columns before sorting in Excel, otherwise the patient details will get mixed up).
9. This will give you a list of 850 patients.

Note: You may have slightly more than 850 records left after following the instructions above. If you have between 850 and 855 records, then please keep them all in the sample.

However, if you have more than 855 records remaining, please contact the Co-ordination Centre on **01865 208127** for advice on how to reduce your sample.

If you have fewer than 850 patients remaining on your list

If your patient list has fewer than 850 patients after deceased patients have been removed, you **MUST** contact the Co-ordination Centre on 01865 208127 or email outpatients.data@pickereurope.ac.uk.

3.6 Create the sample file

The list of 850 patients should be entered into the sample construction spreadsheet that can be downloaded from our site (<http://www.nhssurveys.org/survey/397>). The column headings match the validated spreadsheet produced by the Co-ordination Centre for final submission of data and so it will be advantageous for you to use this spreadsheet. Save this file as <NHStrustname>_Outpatients2009.

Table 1 – Sample construction spreadsheet of patient details

<i>Patient record number</i>	<i>Title</i>	<i>Initials</i>	<i>Surname</i>	<i>Address1</i>	<i>Address5</i>	<i>Postcode</i>	<i>Year of birth</i>	<i>Gender</i>	<i>Ethnic category</i>	<i>Day of attendance</i>	<i>Month of attendance</i>	<i>Year of attendance</i>	<i>Main specialty code</i>	<i>PCT of Residence</i>	<i>Attendance type</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	Mrs	AM	Abbot			AB1 1YZ	1934	2	A	5	3	2009	100	5LS	1				3	Informed that patient had died
1002	Mr	EC	Ahmed			AB2 6XZ	1970	1	J	20	3	2009	101	5LT	2	04	05	2008	1	
1849	Ms	K	Yoo			AB4 7MX	1950	2	R	17	3	2009	300	5LS	1					
1850	Ms	F	Young			AB9 5ZX	1946	2	A	14	3	2009	100	5GT	2	16	06	2008	1	

Important note about table 1

The headings of Table 1 are in three different colours:

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

Red italic headings: these columns should be completed during the sampling phase and submitted to the Co-ordination Centre prior to mailing for final inspection (see Section 4) and at the conclusion of the survey

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

The following information is compiled using hospital records:

- Patient Record Number⁸
- Title (Mr, Mrs, Ms, etc.)
- Initials (or First name)
- Surname
- Address Fields
- Postcode

Note

The **Patient Record Number, Title, Initials, Surname, Address** fields and **Postcode** are used for printing out address labels. You (or your contractor) can use the mail merge function in a word processing package for this purpose.

- The **Year of Birth** should be included in the form of NNNN.
- **Gender** should be coded as 1 = male and 2 = female.
- **Ethnic Category**⁹ coding has changed for the 2009 Outpatients Department survey. The ethnicity of a person is specified by that person, and should be coded using the 17

⁸ This field will be a series of sequential numbers (for example, 1001 through to 1850). The patient record number will be included on address labels and on questionnaires. Later, when questionnaires are returned (whether completed or returned undelivered), you (or the Approved Survey Contractor) will be able to use these numbers to monitor which patients have returned their questionnaires and to identify any non-responders, who will need to be sent reminders.

⁹ We realise that patient records might not always contain complete data on patients' ethnic category. However, this field should be included wherever possible. This data is required in order to evaluate non-response from different ethnic categories. This is in keeping with the aims of the Care Quality Commission and Department of Health to be more responsive to all ethnic groups and to ensure all groups are appropriately represented in their assessments.

item alphabetical coding specified by NHS Connecting for Health¹⁰. The codes are as follows:

National Codes:

White

A	British
B	Irish
C	Any other White background

Mixed

D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background

Asian or Asian British

H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background

Black or Black British

M	Caribbean
N	African
P	Any other Black background

Other Ethnic Groups

R	Chinese
S	Any other ethnic group
Z	Not stated ¹¹

- **Day** of the month of attendance (1 or 2 digits; eg 7 or 26)*
- **Month** of attendance (1 or 2 digits; eg 03 or 4) *
- **Year** of attendance (4 digits; eg 2009) *
- **Main specialty code** is recorded in the form NNN as outlined in the Updated National Specialty List which was implemented on the 1 April 2004. See http://www.datadictionary.nhs.uk/web_site_content/pages/codes/main_specialty_and_treatment_function_codes.asp?shownav=1

¹⁰ These codes can be found in the NHS Data Dictionary provided by Connecting for Health on the following website:
http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1

¹¹ The code 'Z' should only be used if the patient was asked for their ethnic category but refused to provide it. If this code is missing for any other reason, ethnic category should be left blank in the sample information.

* Date fields must be supplied in separate columns (eg date, month, and year).

- **PCT of Residence** should be coded using the **first three** characters of the PCT character codes (maintained by the Organisation Data Service¹²). They provide postcode files which link postcodes to the PCTs
- **Attendance type** should be coded as 1= first attendance, 2= follow-up attendance

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

- 1) **Patient record number.** This field will be a series of consecutive whole numbers (for example, 1001 through to 1850). This number is unique for each patient. 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 1850 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 patients 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 patients.
- 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 12/07/09.
- 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 patients opt out of the survey, etc.
 - 1 = Returned useable questionnaire
 - 2 = Returned undelivered by the mail service or patient moved house
 - 3 = Patient died
 - 4 = Patient reported too ill to complete questionnaire, opted out or returned blank questionnaire
 - 5 = Patient was not eligible to fill in questionnaire
 - 6 = questionnaire not returned (reason not known).

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.

3.7 Distribution of patient ages

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

¹² See <http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods> for further details.

Check that your sampled patients' ages cover the full range of expected ages. Ideally, you should do this by checking the distribution of ages on a histogram (See Figure 2). For most trusts the histogram should start out with few people at extreme old age before rising and flattening out for those aged around 60-80 years, before entering a slow decline to reflect as people get younger.

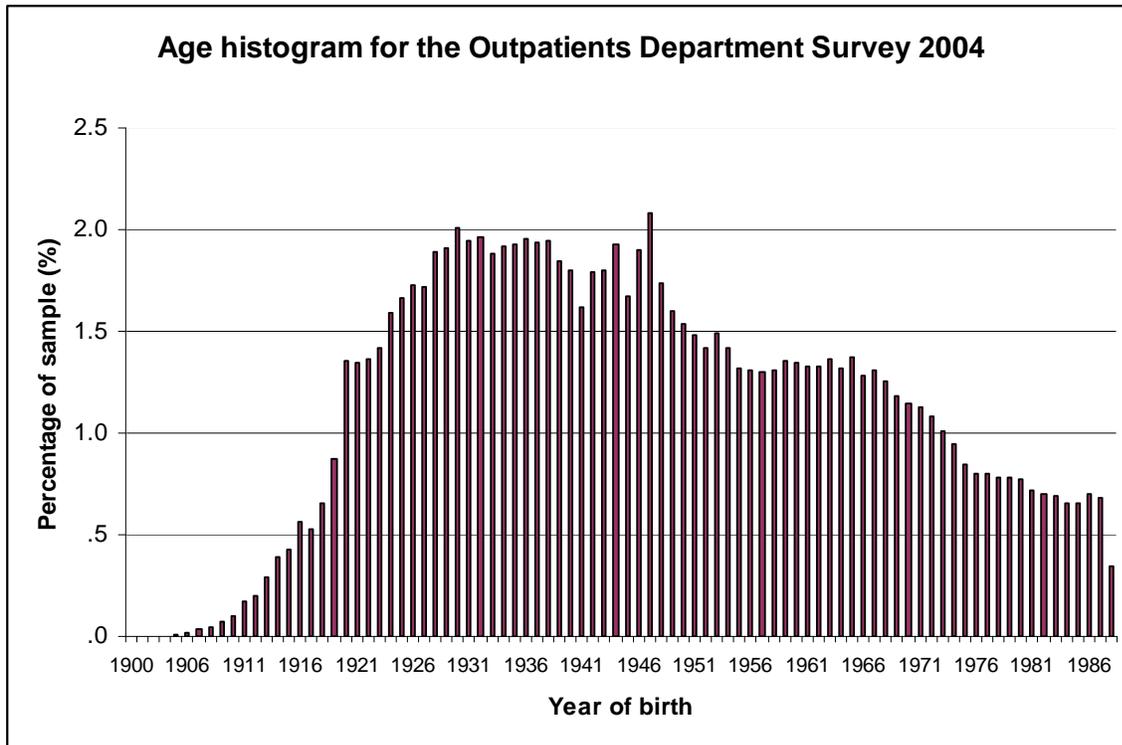


Figure 2 Example age histogram for Outpatients Department Survey

3.8 Distribution of patient gender

With the exception of hospitals specialising in one gender, your sample will probably have similar proportions of men and women. You should check each of these genders are included and that you can explain if the sample is skewed toward male or female patients.

3.9 Separating mailing details from sample information

At this point you should transfer the names, address and postcode for each patient in the sample to a new file. The patient reference number (PRN) for each patient should be copied to the new file, so that the two datasets are connected using the unique PRN. It is essential to ensure this number is correctly applied to the two datasets. Save this new file as "Outpatients2009_mailing data".

This file should be used for mailing purposes: it will be used to check for deceased service users prior to reminder mailings and will be cross-referenced with the sample file

(<NHStrustname>_Outpatients2009) to identify service users who will need to be sent reminders.¹³

As this “Outpatients2009_mailing data” file will only be used occasionally during the survey, we recommend you keep this file encrypted. The mailing data file should be destroyed when the last mailing process is complete.

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.**

Table 2 – Example mailing file

<i>Patient record number</i>	Title	Initials	Surname	Address1	Address2	Address3	Address4	Address5	Postcode
1001	Mrs	AM	Abbot		-				AB1 1YZ
1002	Mr	EC	Ahmed		--				AB2 6XZ
					--				
1849	Ms	K	Yoo		--				AB4 7MX
1850	Ms	F	Young		--				AB9 5ZX

¹³ As shown in table 1 (Section 3.6), the ‘outcome’ field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which patients opt out etc...

3.10 Sharing the patient sample file with an approved contractor

If you are working with an approved contractor and have a contract in place relating to the transfer of patient identifiable information (i.e. names and addresses) both the sample file (“<NHStrustname>_Outpatients2009”) **and** the mailing file (“Outpatients2009_mailing data”) file should be sent to the contractor staff in encrypted format (see *Guidance Manual for the NHS Outpatients Department Survey 2009* for details on encryption of personal data).

If you are working with an approved contractor, but have chosen to mail out the questionnaires yourself, within the trust, you should supply them with just the sample file (this will resemble **Table 1 – Sample construction spreadsheet** but with the patient names, addresses and postcodes removed). The contractor can use this list to record the outcome codes, but you should ensure that the contractor is kept up to date with any information that comes directly to the trust about patient deaths, etc.

3.11 Increasing sample size beyond minimum requirement

Your trust may wish to use the Outpatients Department survey as an opportunity to gather data in addition to that required by the Care Quality Commission. One way to do this is to increase the number of patients you sample, 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 2009 Outpatients Department 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
- Small, limited surveys are easier for in-house staff to handle than large surveys. You may wish to consider keeping the two things separate by doing the large patient survey on its own (either in-house or with an approved contractor) and then following it up with smaller, targeted in-house surveys.

To summarise

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

You must **only** send the Co-ordination Centre data for the 850 patients sampled according to these guidelines.

4 Final sampling inspection by the Co-ordination Centre

Trust data should still be checked for errors and received back from DBS before being forwarded to the Co-ordination Centre. An anonymised sample file¹⁴ **must** be submitted to the Co-ordination Centre **prior** to the first mailing. This is to allow us to make final quality control checks. All columns *in red italics* in Table 1 (sample construction spreadsheet) 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 DBS before being submitted to the contractor. Once the contractor has checked the sample they will submit the file to the Co-ordination Centre. The Co-ordination Centre will address any issues arising from these final checks to the approved contractor.

The 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. Emails discussing any sample anomalies will be returned to the trust or approved contractor which provided them on Tuesday of each week. Initially, we will be working to the timetable included below but, if sufficient samples are submitted during a week, we hope to be able to respond to trusts and approved contractors earlier:

Date sample received	Date sample returned
15 th -22 nd June 2009	23 rd June 2009
23 rd -29 th June 2009	30 th June 2009
30 th -6 th July 2009	7 th July 2009
7 th -10 th July 2009	14 th July 2009

Samples should reach the Co-ordination Centre by the **10th July 2009 at the latest**. If they do not, there is a risk your trust will not have enough time to correct any problems in the sample and complete the survey with an acceptable response rate. Major errors may then result in the data from the trust being excluded from the relevant Care Quality Commission publication and assessments.

It is very important that the samples are mailed out as soon as possible after the sample has been approved by the Co-ordination Centre. Not only does this maximise the collection period for returning questionnaires, but it ensures that the checks made for deceased patients are as current as possible and therefore reduces the need for trusts to re-submit their sample to DBS.

¹⁴ Created by removing the patients' names, addresses and postcodes.