

# SAMPLING HANDBOOK FOR THE NHS OUTPATIENTS DEPARTMENT SURVEY 2011

THE CO-ORDINATION CENTRE FOR THE  
NHS PATIENT SURVEY PROGRAMME



Making patients' views count

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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, for example, by offering financial inducements or lottery prizes to respondents. Similarly, we do not recommend translation of questionnaires into other languages within the national survey. More guidance on how to reach ethnic minority groups can be found in Section **Error! Reference source not found.** of the guidance manual. 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 relevant measures within the Care Quality Commission assessments for that trust. If trusts want to make any adjustments to the method or materials 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](http://www.NHSSurveys.org)**

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# 1 About this handbook

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

This handbook is comprised of excerpts from the *Guidance Manual for the NHS Outpatients Department Survey 2011* 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

**PCT information:** In the previous Outpatient Department survey, the Co-ordination Centre requested “PCT codes of residence” for all patients in the sample. For the 2011 survey, we now require the PCT which referred the patient for acute care instead (as per the inpatient survey). As this code is available on PAS, this should also reduce the workload of those carrying out the sampling for each trust. This is discussed in further detail in *Section 3.6 – Create the sample file*.

**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.

**Page limit:** A limit has been set on the maximum number of pages that can comprise the questionnaire booklet. This limit is set to 16 sides of A4 ie pages 1-16. Previous research carried out by the Picker Institute has shown that a patient questionnaire with more than 16 pages can result in a dramatic decrease in response rate.

**Including other information in the mailing packs:** No other material should be included in the questionnaire packs because of the unmeasurable impact upon response rates to the survey. Additionally, the ethics committee judged that inclusion of additional material that they had not viewed would invalidate the ethical approval they have given for the survey and the survey would therefore not be able to proceed.

**Weekly submissions:** Weekly submissions of response rates (outcomes) and helpline monitoring information will be requested for each trust taking part in the Outpatients Department survey 2011 and we ask for the first submission on **23<sup>rd</sup> June 2011**. We will be using this data to generate weekly adjusted response rate data for the Care Quality Commission by trust name. This is discussed further in *Section 4*.

**Mailing schedule:** Your first mailing should take place as soon as possible after your sample has been approved by the Co-ordination Centre but **must not be later than seven days** after this. The first reminder should be sent to patients who have not responded after **one to two weeks**. The first reminder should reach the participant while they are still in possession of the first questionnaire. We recommend approximately **ten** days between the mailing day of the first questionnaire and the mailing day of the first reminder. Second reminders should be sent out approximately **two to three weeks** after the first reminder to patients who have not yet responded.

**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 the two datasets. The “Outpatients2011\_mailing data” file should be 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*.

**Patient record number:** The patient record number is vital for the survey process in that it allows sample and response information to be matched in a manner that isolates the patients' names from their reporting of hospital experience. Information about the minimum font size and location, and what action to take if this number is removed from questionnaires, has been added to *Section **Error! Reference source not found.** – Sending out questionnaires* of the guidance manual.

**Embargo on results:** Trust-level findings for the national Outpatients Department survey 2011 should not be released outside of the trust until the national results are published by the Care Quality Commission. Please continue to use the results from your in-house survey teams or approved contractor to improve services, but wait until the survey results for all trusts are published by the Care Quality Commission before promoting your results in any way (either on your website, in press releases or any other external publicity) to the local community and media. You will receive, along with communications staff in your trust, advance notice of the publication date and will have time to prepare for your local announcements once the embargo is lifted.

## 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 Service<sup>1</sup> (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 2011 **or** April 2011 **or** May 2011. For optimal consistency, sample the same month as was used for the 2009 outpatient department survey<sup>2</sup>. If you have good reason to believe that this month was irregular in a way that would generate an unusual sample, your next choice should be the most recent month you can manage. If you change month of sampling, please inform the Co-ordination Centre for our records.
- 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 2011). 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.

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

<sup>2</sup> If you do not know which month you selected for the 2009 survey then please contact the Co-ordination Centre by emailing [outpatients.data@pickereurope.ac.uk](mailto:outpatients.data@pickereurope.ac.uk) or phone 01865 208127.

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**<sup>3</sup>
- 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:

- NHS Trust code (e.g. RNH)
- 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

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<sup>3</sup> **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
- Referring PCT – should be coded using the **first three** characters of the PCT character codes of the PCT which will be billed for the care of that patient
- 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 around 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 10.11 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 2011) 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 1<sup>4</sup> (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.**

<sup>4</sup> 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  $i^{\text{th}}$  record from the original list.<sup>5</sup> 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 10.5 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.<sup>6</sup>
- **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

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

<sup>6</sup> 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).<sup>7</sup>

#### 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

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.

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<sup>7</sup> 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.

## 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](mailto: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](http://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](mailto: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 website:

[www.nhssurveys.org/Filestore/documents/OP11\\_Sample\\_construction\\_spreadsheet\\_v1.xls](http://www.nhssurveys.org/Filestore/documents/OP11_Sample_construction_spreadsheet_v1.xls).

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>\_Outpatients2011.

**Table 1 – Sample construction spreadsheet of patient details**

<b>Trust code</b>	<b>Patient record number</b>	<b>Title</b>	<b>Initials</b>	<b>Surname</b>	<b>Address1</b>	<b>Address5</b>	<b>Postcode</b>	<b>Year of birth</b>	<b>Gender</b>	<b>Ethnic category</b>	<b>Day of attendance</b>	<b>Month of attendance</b>	<b>Year of attendance</b>	<b>Main specialty code</b>	<b>Referring PCT</b>	<b>Attendance type</b>	<b>Day of questionnaire being received</b>	<b>Month of questionnaire being received</b>	<b>Year of questionnaire being received</b>	<b>Outcome</b>	<b>Comments</b>
RNH	1001	Mrs	AM	Abbot			AB1 1YZ	1934	2	A	5	3	2011	100	5LS	1				3	Informed that patient had died
RNH	1002	Mr	EC	Ahmed			AB2 6XZ	1970	1	J	20	3	2011	101	5LT	2	04	05	2008	1	
RNH	1849	Ms	K	Yoo			AB4 7MX	1950	2	R	17	3	2011	300	5LS	1					
RNH	1850	Ms	F	Young			AB9 5ZX	1946	2	A	14	3	2011	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 0) 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:

- **Trust code:** for the most up-to-date list of Trust codes, please see the Organisation Data Service data files, maintained by Connecting for Health, <http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/data-files>
- Patient Record Number<sup>8</sup>
- 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**<sup>9</sup> The ethnicity of a person is specified by that person, and should be coded using the 17 item alphabetical coding specified by NHS Connecting for Health<sup>10</sup>. 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 |

<sup>8</sup> 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.

<sup>9</sup> 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.

<sup>10</sup> 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](http://www.datadictionary.nhs.uk/data_dictionary/attributes/e/enh/ethnic_category_code_de.asp?shownav=1)

### 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 <sup>11</sup>

- **Day** of the month of attendance (1 or 2 digits; e.g. 7 or 26)\*
- **Month** of attendance (1 or 2 digits; e.g. 03 or 4) \*
- **Year** of attendance (4 digits; e.g. 2011) \*
- **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](http://www.datadictionary.nhs.uk/web_site_content/pages/codes/main_specialty_and_treatment_function_codes.asp?shownav=1)
- **Referring PCT** should be coded using the **first three** characters of the PCT character codes of the PCT which will be billed for the care of that patient. For the most up-to-date list of PCT codes, please see the Connecting For Health data set, "Primary Care Trusts" (<http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods/data-files>)
- **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 e.g. N or NN, **not** a date format e.g. 12/07/11.
- 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.

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<sup>11</sup> 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.

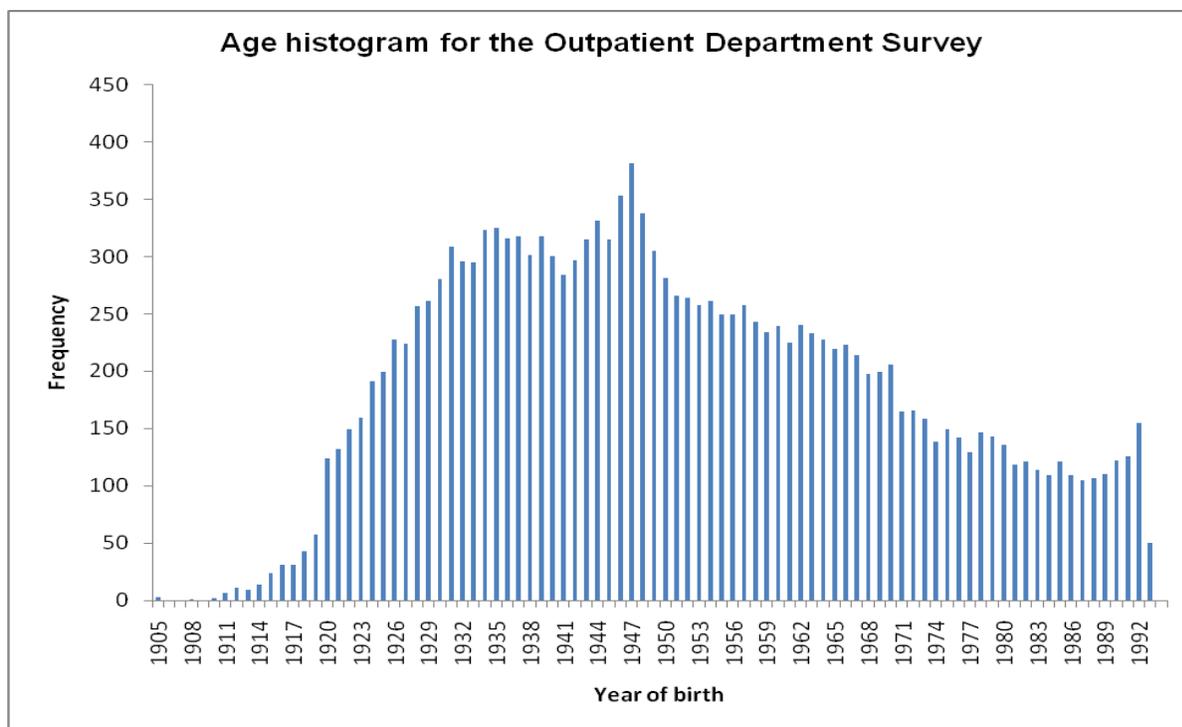
\*Date fields must be supplied in separate columns (eg date, month, and year).

- 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.

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 (data taken from the 2009 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 "Outpatients2011\_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>\_Outpatients2011) to identify service users who will need to be sent reminders.<sup>12</sup>

As this "Outpatients2011\_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.

<sup>12</sup> 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...

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

### 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>\_Outpatients2011”) **and** the mailing file (“Outpatients2011\_mailing data”) file should be sent to the contractor staff in encrypted format (see *Section 16.5 – Encryption of personal data* in the guidance manual).

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 Making more use of the survey locally

Up to this point, this section of the guidance has described in detail how sampling must be undertaken to provide the basic required sample of 850 patients for the national survey. In addition to this minimum requirement, though, your trust may wish to use the NHS Outpatient Department survey as an opportunity to gather further data beyond that required by the Care Quality Commission. Increasing the sample size is a good way to do this.

Increasing the sample size for the survey may be helpful if, for example, you wish to:

- Analyse or compare results for specific subgroups (for example, patients treated at different sites or patients of different ethnicities) in more detail than would be possible from a sample of 850 patients. By increasing the sample size you can ensure that you have a large enough sample of patients from each group<sup>13</sup>
- Cover a very wide range of questions without exceeding the maximum questionnaire length of 16 pages for the main survey. If you wish to ask a large number of questions from the question bank, it would be possible to use two different versions of the questionnaire with a different selection of questions included, each going to a separate sample (please note however that all patients in the core sample of 850 must receive an identical questionnaire which must include the core questions).
- Alternatively, if your trust regularly treats very large numbers of patients, you may wish to draw an extra sample of patients to survey additionally those included in the main survey. For example, you could select patients who attended in a different time period from those in the national survey and send them questionnaires either at the same time as or at some point after the national survey. By running the survey locally in addition to the national survey, you can establish a more frequent pattern of reporting enabling you to track experience over time, or test the impact of recent quality improvement initiatives. If you decide to carry out an outpatient survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of patients which do not overlap. Guidance for carrying out a local survey is available at: <http://www.nhssurveys.org/localsurveys>

If you are using an approved contractor for the survey then they will be able to advise you on the best way to increase your sample size to achieve your specific goals. If you are not using an approved contractor, then the coordination centre will be able to advise on any queries you might have via e-mail at [advice@pickereurope.ac.uk](mailto:advice@pickereurope.ac.uk) or call 01865 208127. However, before you decide to do this, there are some important points to consider:

- The core sample for the 2011 Outpatient Department survey **must** be drawn as specified in this guide; any deviation from the guidance may make it impossible for the Care Quality Commission to use the data that you collect. It is therefore 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.
- If you are planning to undertake surveys more frequently than the national programme, then you should consider how any increased sample here will fit with the additional surveys you will be undertaking.

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<sup>13</sup> See section 18 of the guidance manual for more information on the reliability of data based on different numbers of respondents.

## 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. Your approved survey contractor or the coordination centre will be able to advise you on this.

You must **only** send the Co-ordination Centre data for the 850 patients sampled according to these guidelines. If you decide to carry out an Outpatient Department survey locally at the same time as the national survey you will need to ensure that you are sampling two distinct and separate groups of patients which do not overlap.

## 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 file<sup>14</sup> **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. **Please note:** it is not possible to identify all sampling errors from an anonymised file and therefore it remains the responsibility of the trust to ensure that sampling is undertaken in accordance with the guidance manual.

Emails discussing any sample anomalies will be returned to the trust or approved contractor which provided them on Tuesday of each week **at the very latest**<sup>15</sup>. 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. For the 2011 Outpatient Department survey, the specified sample submission dates are:

Date sample received	Date sample returned
6 <sup>th</sup> -13 <sup>th</sup> June 2011	14 <sup>th</sup> June 2011
14 <sup>th</sup> -20 <sup>th</sup> June 2011	21 <sup>st</sup> June 2011
21 <sup>st</sup> -27 <sup>th</sup> June 2011	28 <sup>th</sup> June 2011
28 <sup>th</sup> -1 <sup>st</sup> July 2011	5 <sup>th</sup> July 2011

Samples should reach the Co-ordination Centre by the **1<sup>st</sup> July 2011 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.

Trusts which have not submitted their sample for checking by the **1<sup>st</sup> July 2011** will be contacted by the Co-ordination Centre to discuss any problems you are having and how we can help with the process. However, if samples are not received by the **8<sup>th</sup> July 2011**, then we are

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<sup>14</sup> Created by removing the patients' names, addresses and postcodes.

<sup>15</sup> Please note: any samples submitted on a Monday (i.e. 13<sup>th</sup> or 20<sup>th</sup> or 27<sup>th</sup> June) must reach the Co-ordination Centre by **11am** if the sample is to be checked by the following day.

required to notify the Care Quality Commission of this and they will contact you to discuss any implications for inclusion in Care Quality Commission produced data.

Your first mailing should take place as soon as possible after your sample has been approved by the Co-ordination Centre but **must not be later than seven days** after this. A large time lag increases the likelihood of patients having died between the sample file being received back from DBS and the questionnaire being received, increasing the risk of distress to family members and complaints to your trust.

## Making the most of the fieldwork period

Because certain demographic groups (specifically younger patients and those from non-white ethnic categories) have been shown to take longer to respond to patient surveys, we strongly recommend that files are submitted within the four weeks specified for sample checking. The best way to ensure you can do this is to prepare before the start date of the survey (6<sup>th</sup> June 2011). You can do this by:

- 1) Allocating sufficient time to the individual who will generate your sample to allow them to generate it, dispatch it to DBS, and to respond to queries or corrections specified by your contractor or the Co-ordination Centre
- 2) Discuss the work with your Caldicott Guardian to ensure they are available to sign off any necessary documents for the survey
- 3) Ensure your trust is registered with DBS and that the person who submits your sample to them understands their requirements – problems with data submitted to tracing services is one of the most significant obstacles in mailing out your survey in good time. Also, do not assume you are registered – please check this ahead of time.
- 4) Printing of questionnaires and assembly of mailing packs can take place before the sample is signed off. Please ensure that the envelopes are left open though so that you can check the correct label is applied to the correct questionnaire. This means that you should decide on your questions as early as possible so arrange the times for any meetings that will discuss the questionnaires as early as possible.