

Project: Evaluating the Diversion of Alcohol-Related
Attendances (EDARA)



Instruction manual for the 2017 EDARA Emergency Department Survey

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Department of Health Disclaimer

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Health Service and Delivery Research Programme, NIHR, NHS or the Department of Health.

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General Information

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Adherence to the procedures outlined in this document

This document is intended for use by the named persons within your trust coordinating and undertaking the EDARA ED survey 2017. The EDARA ED survey follows a similar approach to the Care Quality Commission (CQC) Picker Emergency Department survey. This is to ensure that our findings can be compared to published Picker data and draws on an approach that has been widely used and shown to be acceptable to patients. We have permission to follow the CQC Picker survey processes and include this advisory note on our study materials.

“Survey tools and processes have been re-produced from the Care Quality Commission: NHS patient experience survey programme. Modifications have been made to accommodate the needs of the EDARA project (NIHR HS&DR 14/04/25). The Care Quality Commission have ownership and copyright of original survey tools, which were developed in collaboration with the Picker Institute Europe and NRC. For further information see <http://www.cqc.org.uk/content/surveys>”

It is advisable to liaise with the department or persons responsible for coordinating the CQC Picker ED survey within your trust as the processes and procedures are likely to be well understood and may help you to undertake this survey. You can also access the guidance manuals for the 2016 emergency department survey (dated 20.9.16), which can be found at <http://www.nhssurveys.org/survey/1812>

We have provided this guide to support those undertaking the EDARA ED survey. We suggest that the steps be followed closely but acknowledge that local circumstances may mean adjusting e.g. the project timetable to accommodate any problems encountered.

Updates

Before you start work on your survey, please check that you have the latest versions of all the EDARA WS1(iv) ED survey documents and this guidance 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 directly to inform them of the change.

This manual and other study documents are available from the Sheffield EDARA study website at:

<http://www.sheffield.ac.uk/scharr/sections/hsr/cure/edara>

1. Background

1.1 Evaluating the Diversion of Alcohol-Related Attendances (EDARA)

Many UK cities are characterised by a high density of premises licensed for the on-site consumption of alcohol. While many patrons of this environment drink sensibly a significant minority drink to excess. Excessive alcohol consumption can cause breathing difficulty, vulnerability to injury including violence and unconsciousness. Traditionally, the severely intoxicated have either been escorted to ED so that their health can be monitored and treated as necessary or intoxicated offenders have been placed in police custody. Recently, the police have issued guidance stating the intoxicated cannot be housed in custody due to possible health complications unless a clinical decision maker determines that it is safe to do so. As the ED is one of the few out of hours services available in the evening most of those experiencing alcohol-related harm now end up there.

Alcohol Intoxication Management Services (AIMS) are facilities that provide a safe environment in which people who are acutely intoxicated through alcohol can be assessed, treated if necessary, monitored or referred to if required. AIMS are typically developed through partnerships including local government, police, healthcare and numerous other agencies that are all affected to varying degrees by severe intoxication emanating from the night time economy.

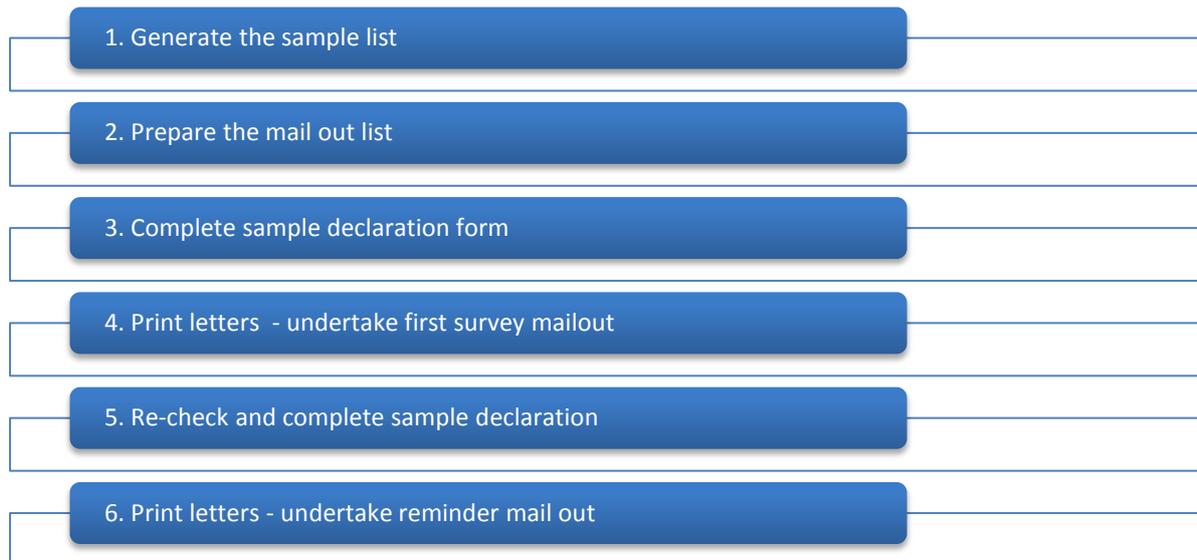
The primary goal is to divert as many of the intoxicated as possible from ED to the AIMS in order to (i) improve the provision of care in the ED, (ii) improve unscheduled care response in the community.

The proposed research aims to evaluate the effectiveness and cost effectiveness of AIMS in meeting these goals. **This ED survey seeks to assess the impact of AIMS on ED users' perceptions of the ED environment, compared to control EDs where there is no AIMS implemented.**



2. Process for EDARA ED survey

Process overview flowchart



2.1 Basic Requirements

For comparisons between trusts to be accurate, fair and effective, it is essential that the surveys are carried out using a standard procedure in all NHS trusts. Furthermore, this is essential in order to comply with the procedures and standards covered by the Research Ethics Committee approvals and in accordance with the study protocol (v4.6, dated 12.7.16). When carrying out your survey, you will need to ensure that you comply with the Data Protection Act 1998 and NHS Code of Practice on Confidentiality (2003), which incorporates the Caldicott principles.

The Caldicott Principles

Each NHS trust has a Caldicott Guardian who is responsible for overseeing proper use of patient data. They have to ensure that any use of patient data conforms to the following principles:

- **Principle 1:** Individuals, departments and organisations must justify the purpose(s) for which information is required
- **Principle 2:** Don't use patient-identifiable information unless it is absolutely necessary
- **Principle 3:** Use the minimum necessary patient-identifiable information
- **Principle 4:** Access to patient-identifiable information should be on a strict need-to-know basis
- **Principle 5:** Everyone should be aware of their responsibilities
- **Principle 6:** Understand and comply with the law

3. Sampling

Please note for the EDARA survey, trusts need to take a systematic sample from a list of all eligible adult patients who registered their attendance at the Emergency Department (type 1 attendances only) between the hours of 8pm and 4am on Fridays and Saturdays throughout the sampling month and were discharged home. This includes patient who registered and did not wait to be seen/walked out. (For details of the fieldwork see 6 Timetable)

NB: A **type 1 department** is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week.

3.1 Compiling the sample list

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) or Patient Information Services. Prior to sending out surveys, the list will also have to be checked by the Demographics Batch Service (DBS) or any trust equivalent to identify deceased patients.

- 1) Compile a full list of **ALL** eligible patient attendances at your type 1 emergency department **Friday 30th June 2017 to Sunday 30th July 2017 between the hours of 8pm and 4am** on Fridays and Saturdays (x5 weekends)
- 2) 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 checking for deceased patients. It saves time and effort if all the information is gathered at the same time.



3.2 Exclusion criteria

- Deceased (sample of patients to be confirmed by internal hospital records checks)
- Children or young persons aged under 16 years at the date of their attendance at the ED
- Any attendances at Minor Injuries Units or Walk-in Centres;
- Any patients who were admitted to hospital via the ED
- Any patients who are known to be current inpatients
- Planned attendances at outpatient clinics which are run within the ED Department (such as fracture clinics)
- Patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy

Note: Trusts should be confident that they have taken all reasonable efforts to exclude women attending A&E for the above reasons.

Whilst not an exhaustive list, ways to do this include:

Checking ICD-10 codes for any women admitted to hospital following their attendance at A&E, between the ages of 16 and 55, and removing any related to miscarriage and so on;

Checking any obstetric or gynaecology diagnosis codes on records for women, between the ages of 16 and 55, attending A&E;

Checking the notes on records for women, between the ages of 16 and 55, for any information relating to miscarriage, abortive, abortion, concealed pregnancy, pv bleed, pregnant, pregnancy.

- Patients **without a UK postal address** (but do not exclude if addresses are incomplete but useable e.g. no postcode);
- Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).

3.3 Data fields

You will need to keep the list in an electronic file in a programme such as Microsoft Excel or Access and will help with printing of named patient cover letters and address labels. The list should contain the following information:

1. NHS number

Please note this will be used for removing duplicates and for DBS checks. NB: none of these items should be submitted to the research team. If you are missing the NHS number for any patients who are otherwise eligible, please still include these patients in your list.

2. Title (Mr, Mrs, Ms, etc.)
3. Patient initials (or First name)
4. Patient surname
5. Address fields including postcode
6. NHS Trust code
7. Year of birth
8. Gender
9. Date of attendance (separate columns for day, month and year)
10. Time of attendance (4 digits in 24-hour format, HH:MM e.g. 09:25, 23:15, **without seconds**)

3.4 Patient ID

It is essential each patient is provided with a unique number (a patient ID number)

Note the patient ID number will be in the format: XX NNN where XX is your trust's 2 digit trust code and NNN is the 3 digit number relating to your sampled patients, e.g. 001-600. You will be provided with your site ID code. Simply list your patients chronologically 001 to XXX by order of attendance i.e. first patient on the first Friday to the last patient at the end of the month on the final Saturday night/Sunday morning.

3.5 Checks carried out by the trust

Once you have compiled your list of patients, you should carry out the following checks:

- **Duplications.** You should check your list to make sure patients' names do not appear more than once, and you should remove any duplicated names.
- **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 Emergency 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 survey 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.

- Check that you have not included any patients who attended primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy.
- Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage).
- **Deceased patients.** Check hospital records do not have a record of a patient's death from a subsequent attendance or visit to hospital.

3.5.1 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 wait 7-10 days after the last Sunday of your sampling month before 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 survey 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. **The Picker CQC survey guidance advises 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 repeat this check before the reminder letter mail out.

3.6 Sample declaration form

For this survey, there is a sample declaration form that needs to be completed by the person preparing the sample (see appendix) This form has a number of compliance statements that the person drawing the sample must sign.

Please complete this form once you have drawn your sample of patients and completed the necessary checks. You must send this checklist to the EDARA project manager Andy Irving a.d.iring@sheffield.ac.uk. Andy Irving will confirm that you are able to send your patient surveys once this form has been checked and you have been notified.

4. Mailing surveys to patients

A nominated staff member will be responsible for generating the sampling list and for the coordination of the mailing of the questionnaire and cover letters. In accordance with the CQC Picker survey procedures and for confidentiality reasons there should be no indication on the outer envelopes that the documentation enclosed relates to healthcare, the NHS or the study in any way.

If you have less than 360 patients remaining on your list

In the event that your cleaned and checked sample list contains less than 360 eligible patients please contact the EDARA project manager (AI).

Important note

The emergency department at the Northern General Hospital in Sheffield (Sheffield Teaching Hospitals NHS Foundation Trust) see around 90 patient attendances per weekend. Over a sampling month this will total around 360 users in each ED. The expected response rate is 25%, yielding around 90 responses per ED. The total responses will be around 500 for AIMS areas and 500 for control areas.

You will be able to maximise the response rate by following this guidance, drawing your sample and mailing out as soon your sample is checked and confirmed [see 3.6 Sample declaration form], and by sending out the reminder letter [see 4.3.2 Second mailing: First and only reminder letter].

4.1 Mail out process

This document is intended to provide a simple guide to undertake the EDARA WS1(iv) ED survey so that the research is consistent and the results are comparable. However, we acknowledge some NHS trusts will have varying policies and processes so the following steps are in the form of recommendations rather than hard and fast rules.

4.2 Materials

Under the terms of the Attributing the costs of health and social care Research & Development (AcoRD) guidance (accessible at <https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research>) all consumables associated with the EDARA survey are research costs and as such are covered by the research grant.

4.2.1 The questionnaire

The research team will provide each trust with printed EDARA ED questionnaires (see Appendix) Each trust will receive up to*600 surveys with a site ID code (e.g. 01 = Cardiff) and patient record number 001-600 printed at the top.

*We will provide up to 600 consecutively numbered surveys unless advised otherwise. It is recommended that sites conduct a review of ED attendances over a four-weekend period to estimate the number of potentially eligible participants and advise the research team.

4.2.2 First mail out letter

The research team can provide up to 600 first mail out letters (see Appendix) to each site. However, in accordance with Picker ED survey process we would like the mail out letters to be localised and for this reason it would be easier for sites to print their own letters with the following localised detail:

1. Trust logo or letter head

Note that you may need to ensure you have 560 letter headed paper in stock (initial 360 + 200 for potential non-responders for the reminder letter).

2. Patient name (first and second name)

Patient names can be added to letters using a mail merge function from your excel 'mailing list'.

3. Hospital name or NHS trust name

In the first line of the first mail out letter "You are invited to take part in a survey about the care you received in [Hospital name or NHS Trust Name]" Please insert your local hospital name or NHS trust name.

4. Final salutation

At the end of the letter we would like sites to enter the following details into their mail out letters.

Yours faithfully [sincerely to be used if patient name is inserted]

[Director name]

Director of ED Department

[NHS Trust Name]

Welsh Language Act (1993)

Under the provisions of the Welsh Language Act (1993) our Welsh participating sites may work according to their own local practices and add to their first mail out and reminder letters, "If Welsh translations are required please contact the project manager Andy Irving", and "Os oes angen cyfieithiadau Cymraeg cysylltwch ag Andy Irving". In this case, and in anticipation of low numbers, translated documents will be provided in electronic format for Welsh sites to localise, add patient details, print and send as requested.

NB: As noted above any reasonable costs associated with the printing and or use of any of the trust's own office consumables can be claimed from the research grant (see 7. Finance).

4.2.3 Other consumables

- Blank C5 (16.2mm x 22.9mm) envelopes will be provided (if trusts would prefer window envelopes so that patient names and addresses can be displayed **please advise us**).
- Up to 600 second class stamps (as above, following initial scoping sample what number can be estimated)

- Pre-paid return envelopes. The research team will provide all postage paid return envelopes. NB: Surveys will be returned directly to the University of Sheffield.

4.2.4 Survey packs

Participating sites will receive* survey packs in July 2017. Packs will be up to 600 blank C5 (half A4) numbered envelopes containing corresponding numbered ED questionnaires and a pre-paid return envelope (complete packs have been checked and are under 100g weight limit for standard 2nd class mail out) and stamps.

*Please advise Andy Irving of the named EDARA survey coordinator and precise hospital and department address the survey packs may be sent to.

4.3 Mail out procedures

Once you have confirmed your mail out list (notification following sampling declaration) you can follow a simple mail merge function from your 'mailing list' to run the print of patient letters. Each letter can then be matched by number and added to the pre-numbered envelopes.

NB: Your first mailing should take place as soon as possible after your sample has been confirmed but must not be later than seven days after this point. A large time lag increases the likelihood of patients having died between the sample file being checked and confirmed and the survey being received, increasing the risk of distress to family members and complaints.

4.3.1 Address labels

Due to variations between trusts' printing services, sites are advised to use their own address label size and format (see 7. Finance re: re-imburement of research costs). Please print and affix patient labels (patients' full name and complete UK address) to the survey packs and affix stamps. NB: It is important for confidentiality reasons that there should be no indication on the outer envelopes that the documentation enclosed relates to healthcare, the NHS or the study in any way.

Address labels would not be necessary if using C5 window envelopes.

4.3.2 Second mailing: First and only reminder letter

The reminder letter (see Appendix) should be sent to patients who have not responded after **one to two weeks**. We recommend approximately **ten** days between the mailing day of the first survey and the mailing day of the reminder. The reminder should reach the participant while they are still in possession of the first survey. Picker estimated that typically trusts would need to send reminders to around **55-75%** of the original patient sample. The research team will inform you which of the 001-360 patient IDs were returned to the University and therefore which IDs were non-responders, e.g. 002,234,212,111..., ... and should be sent the reminder pack. The research team will send reminder survey packs to you. These will include the following:

1. Numbered envelopes for mail out
2. Duplicate corresponding numbered questionnaire
3. Pre-paid envelope

Please follow procedures for the first mailing (see 4.2.2 First mail out letter) to add patient names and local detail to the reminder letter before adding to the reminder survey pack and mailing.

All packs will be C5 (window or not) numbered envelopes pre-packed with items 2 and 3. Depending on the response rate and initial number of postage stamps supplied it may be necessary for you to request further stamps from the research team.

NB: it is necessary to re-check your 'reminder mail out list' for patient deaths before you send out reminders. Please complete and re-send the Sample Declaration Form (last section confirming reminder list re-checks have been undertaken prior to reminder mail out)

5. Publicising the survey

5.1 EDARA ED waiting room slides

The EDARA research team will be contacting each ED manager to arrange for our waiting room slides to be shown throughout the study sample period (e.g. July 2017) and the mail out and expected response period (up to end August 2017). See Appendix for slides.

Trusts participating also as Case Study sites will have variant of the EDARA waiting room slides including information on the potential presence of researchers conducting the ethnographic observations of staff within the ED (see Appendix).

6 Timetable

Table 1 below provides a breakdown of the tasks and timeline of work undertaken using July 2017 as the example sample month. Please be advised that this is only a suggested work plan. The study team acknowledges that local circumstances may mean adjustments need to be made.

Table 1 EDARA survey timetable

Date	Task/milestone	See section
2017 Preparatory tasks		
July	<ul style="list-style-type: none"> - Identify survey coordinator and persons undertaking the work - Inform research team (AI) of above and address of person to receive survey packs - Run preliminary check to estimate sample size over a month (4/5 consecutive weekends) and inform research team (AI) 	<ul style="list-style-type: none"> ▪ y to the University of Sheffield. 4.2.4 Survey packs 3. Sampling 5.1 EDARA ED waiting room slides
Fieldwork period		
July	Receive and check completeness of survey packs	4.2 Materials
August	Sampling starts: Sample month August: 8pm to 4am Friday 30 th June, Saturday 1 st July (into Sunday morning 2 nd July) + 7 th /8 th , 14 th /15 th , 21 st	3. Sampling



	/22 nd and 28 th / 29 th July.	
31 st July	Fieldwork starts: Extract patient attendance sample lists, apply inc' excl' criteria, checks and mail out list.	3. Sampling
7 th August	Being 7 days after final sample date (30.7.17) undertake 3 stage checks for deceased patients	3.5.1 Checks for deceased patients
By 9 th August	Send Sample Declaration form	3.6 Sample declaration form 4. Mailing surveys to patients
9 th , 10 th , 11 th Aug	Undertake first mail out.	4. Mailing surveys to patients
10-14 days later	EDARA team will inform each trust of responder ID numbers and supply second mailing packs	4.3.2 Second mailing: First and only reminder letter
Following	Check and sign reminder sample declaration item.	3.6 Sample declaration form
Mid/late August	Reminder letter mail out: All non-responders can be sent the reminder packs.	4.3.2 Second mailing: First and only reminder letter
End September - End of fieldwork period		
October	Recruitment/Accrual data: The research team will submit site accrual data to the NIHR CRN Central Portfolio Management System	See 8.1 Accrual data
October	Staff time and consumables: If pre-agreed please submit invoices and correspondence.	7. Finance
November	Response data reported to trusts	8. Data
TBC	Report and dissemination activities	9 Dissemination and impact

7. Finance

As an NIHR portfolio adopted study it is anticipated that recruitment based on patient identification is an NHS support cost and therefore supported by the Clinical Research Network. Accruals will be assigned to Participant Identification Centres/ sites based on returned surveys from each site ID code.

Funds have been made available within the research grant to cover the cost of all consumables and any other reasonable expenses associated with undertaking the EDARA ED survey.

Invoices to be submitted to: Mr David Grey, Research Grants Post-Awards Section, Research and Innovation Services, Cardiff University, 7th Floor, McKenzie House, 30-36 Newport Road, Cardiff, CF24 0DE,

For enquires please email: GreyD@cardiff.ac.uk (Please CC a.d.irving@sheffield.ac.uk).

Please quote account number 507373 on all correspondence.

8. Data

All surveys will be received and processed by the research team at the University of Sheffield. Surveys will be analysed to assess the impact of AIMS on ED users' perceptions of the ED environment, compared to control ED sites where there is no AIMS implementation. Initial summary findings will be shared with our participating sites. You may wish to share and discuss this data with e.g. staff or directors responsible for: Clinical governance, Patient advice and liaison service (PALS), Quality improvement, Strategic planning (See 5. Publicising the survey) as this presents an opportunity to explore your patients' perceptions and build quality improvement initiatives within your ED.

8.1 Accrual data

NIHR Clinical Research Network confirmed that survey responses count as recruitment/accrual and as such will be recorded in the Central Portfolio Management System (CPMS ID 30568) for each participating site as survey responses are received. This is likely to yield up to 150 accruals for each study site.

9 Dissemination and impact

We will be presenting our findings in reports, academic publications and conference presentations. In addition we will be working with our participating sites within the final stages of the EDARA project (Summer 2018) to discuss how best to share and learn from our findings.

In the meantime we encourage sites to join our Learning Community via Facebook: Alcohol Intoxication Management Services: <https://www.facebook.com/groups/learningaims/> and sign up to receive EDARA's monthly newsletters: Email the project team at Evaluating.AIMS@gmail.com and visit the EDARA webpage: <http://www.cardiff.ac.uk/violence-research-group/research-projects/an-evaluation-of-alcohol-treatment-centres>



Appendix

EDARA ED Survey 2017 V3.1, 10.11.16

Site ID	Patient ID
<input type="text"/>	<input type="text"/>

Emergency Department (ED) Questionnaire

What is the survey about?

This survey is about your **most recent** visit to the Emergency Department at the hospital named in the letter enclosed with this questionnaire. This department may also be referred to as casualty or the Accident & Emergency Department (A&E). It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please cross clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Don't worry if you make a mistake; simply fill in the box and put a cross in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Taking part in this survey is voluntary Your answers will be treated in confidence

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Department of Health Disclaimer

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Health Service and Delivery Research Programme, NIHR, NHS or the Department of Health.



1. How would you rate the service on each of the following? (Please tick a box on each line)



		Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor
A	Service location					
B	Safety					
C	Comfort and cleanliness					
D	Communication (e.g. being told what is happening)					
E	The care and compassion of the staff who looked after you					
F	The tests and treatments received					
G	Any advice or information provided					
H	How you were discharged/ when you left					

2. While you were in the Emergency Department, did you feel threatened by other patients or visitors?

Yes, definitely	
Yes, to some extent	
No	

3. Did you feel that any of these NEGATIVE things happened?

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A	Patients or visitors shouted and made a lot of noise					
B	It felt very crowded					
C	It felt chaotic					



D	Patients or visitors affected by alcohol caused problems for staff or other patients					
E	Staff seemed to be spending a lot of time dealing with patients or visitors who were affected by alcohol					
F	I did not feel safe in the Emergency Department					

4. How could the time you spent in the Emergency Department be improved? Write your comments below in the box

5. Overall... (please circle a number)

I had a very poor experienceI had a very good experience

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. When did you arrive in the Emergency department?

Date

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

If you cannot remember please leave this blank

Approximate time:

8pm to midnight	
Midnight to 4 am	
Other	

7. How long were you in the Emergency department?

Less than one hour	
Between one and two hours	
Over two hours	

ABOUT YOU

8. Who was the main person or people that filled in this questionnaire?

The patient (named on the front of the envelope)	
A friend or relative of the patient	
Both patient and friend/relative together	
The patient with the help of a health professional	

Reminder: All questions should be answered from the point of view of the person named on the envelope, including these background questions.

9. Are you male or female?

Male	
Female	

10. What was your **year** of birth?

(Please write in) e.g.

1	9	3	4
---	---	---	---

--	--	--	--

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed

Survey tools and processes have been re-produced from the Care Quality Commission: NHS patient experience survey programme. Modifications have been made to accommodate the needs of the EDARA project (NIHR HS&DR 14/04/25). The Care Quality Commission have ownership and copyright of original survey tools, which were developed in collaboration with the Picker Institute Europe and NRC. For further information see <http://www.cqc.org.uk/content/surveys>

EDARA ED Survey 2017 First Mailing Letter V5, 10.11.16

To be printed on trust headed paper. Text in square brackets to be edited.

Patient ID		

[Date]

Dear patient [Inserting patient name here is recommended]

Please tell us about your experience of using the Emergency Department

You are invited to take part in a survey about the care you received in [Hospital name or NHS Trust Name] where you recently attended the Emergency Department. We are sending questionnaires to 360 patients; **your feedback is very important in helping us to understand what your care was like.**

This survey is voluntary, and it should take about 10 minutes to complete. None of the staff who treated you will know if you respond, and all your answers are **entirely confidential.**

Please return the questionnaire in the FREEPOST envelope enclosed (you don't need a stamp). If you do not want to take part, please return the blank survey.

If you would like more information about the survey or need help to answer the questions, please call Andy Irving on +44 (0)114 2224292, Mobile +44 (0) 7714486686 Email: a.d.irving@sheffield.ac.uk and he will do his best to help. The line is open between 9am and 5pm, Monday to Friday. Thank you

Yours faithfully [sincerely to be used if patient name is inserted]

[Director name]

Director of Emergency Department
[NHS Trust Name]

Some questions and answers

There's a number on the survey/letter – what's this for?

You have been given a unique number just for this survey so that your name and address do not appear on the survey. Your name and address **will not** be linked to your responses for this survey. Your answers will only be used to provide information about the quality of the hospital's services.

How will you use my name and address details?

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice. The hospital sent this survey to you. Your response goes to the University of Sheffield but they do not have your name and address. [NHS Trust name] has a leaflet for patients, which explains how we use and handle your personal information.

I've visited this hospital more than once, which visit should I refer to?

This survey is about a visit where you attended the emergency department as a patient. If you have visited the ED in the hospital named in this letter more than once, **please think about your most recent visit on a Friday or Saturday evening/night.**

Can this survey be completed by a relative/friend of the patient?

Yes, but the answers to the questions should be the views of the person who the questionnaire was sent to.

I can't answer one of the questions – what should I do?

If you can't answer a question just leave it blank and move to the next.

Why is the NHS spending money on a survey?

The survey was funded by the National Institute for Health Research (HS&DR, project number 14/04/25). It is important for the University of Sheffield to understand how your visit to the emergency department went so that this information can be used to help the NHS to improve.

Department of Health Disclaimer

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the Health Service and Delivery Research Programme, NIHR, NHS or the Department of Health.

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EDARA ED Survey 2017 Reminder letter V4, 10.11.16

To be printed on trust headed paper. Text in square brackets to be edited.

[Date]

Patient ID		

Dear patient [Inserting patient name here is recommended]

Emergency Department (ED) survey

Approximately two weeks ago we sent you a survey about health care in [Hospital name or NHS Trust Name] where you have recently attended the Emergency Department. At the time of sending this note, we have not yet received your response. If you have already returned your questionnaire – **thank you**, and please accept our apologies for troubling you.

Participation in the survey is voluntary, and if you choose not to take part, it will not affect the care you receive from the NHS. However, **your views are important to us** so we would like to hear from you. The return envelope you were sent with the survey does not need a stamp. If you do not want to take part, you can opt out by returning the questionnaire blank or by calling the helpline number below.

There will be no further correspondence regarding the survey after this reminder.

If you would like more information about the survey or need help to answer the questions, please call Andy Irving on +44 (0)114 2224292, mobile: +44 (0)7714486686 Email: a.d.irving@sheffield.ac.uk and he will do his best to help. The lines are open between 9am and 5pm, Monday to Friday.

Thank you

Yours faithfully [sincerely to be used if patient name is inserted]

[Director name]

Director of Emergency Department
[NHS Trust Name]

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Funding Acknowledgement

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EDARA ED waiting room slides (if required)

Slide 1 of 2



EDARA



Evaluating the **D**iversion of **A**lcohol-**R**elated **A**ttendances

This Emergency Department is taking part in EDARA, a study looking at alternative places to take care of people who have drunk too much alcohol.

EDARA will:

- send out postal questionnaires to all people using the Emergency Department on Friday & Saturday nights during the research period

EDARA is funded by the National Institute for Health Research's Health Services & Delivery Research Programme (14/04/25).



Slide 2 of 2



EDARA



Evaluating the **D**iversion of **A**lcohol-**R**elated **A**ttendances

If you receive a questionnaire, please take the time to complete and return it. We appreciate your help with this study.

If you have any questions or if you would like to know more about EDARA,

- please email: Evaluating.AIMS@gmail.com or
- join us at www.facebook.com/groups/learningaims

EDARA is funded by the National Institute for Health Research's Health Services & Delivery Research Programme (14/04/25).





ED waiting room slides for case study sites (to be confirmed)



Evaluating the **D**iversion of **A**lcohol-**R**elated **A**ttendances

This Emergency Department is taking part in EDARA, a study looking at alternative places to take care of people who have drunk too much alcohol.

EDARA will:

- send out postal questionnaires to all people using the Emergency Department on Friday & Saturday nights during the research period;
- observe the Emergency Department on Friday & Saturday nights.

EDARA is funded by the National Institute for Health Research's Health Services & Delivery Research Programme (14/04/25).



Slide 2 of 2



Evaluating the **D**iversion of **A**lcohol-**R**elated **A**ttendances

If you receive a questionnaire, please take the time to complete and return it. We appreciate your help with this study.

If you have any questions or if you would like to know more about EDARA,

- please email: Evaluating.AIMS@gmail.com or
- join us at www.facebook.com/groups/learningaims

EDARA is funded by the National Institute for Health Research's Health Services & Delivery Research Programme (14/04/25).



EDARA Emergency Department survey 2017 sampling declaration form

This declaration is to be signed by the member of staff responsible for drawing the sample of patients as set out in the EDARA Emergency Department Survey 2017 Instruction Manual (v4.9, 5.7.17)

For staff drawing the sample:

Please complete this form once you have drawn your sample of patients and completed the necessary checks prior to printing patient letters. You must send this checklist to the EDARA project managers Andy Irving a.d.irving@sheffield.ac.uk, Cc Yu-Chiao Wang WangY73@cardiff.ac.uk. Andy Irving/Yu-Chiao Wang will confirm that you are able to send your patient surveys once this form has been checked.

Please confirm that the following tasks have been completed by initialling and ticking the boxes and signing the declaration:

Item	Fill in
A sample of up to 600 patients who attended in July 2017 has been drawn according to the instructions in this sampling instruction manual.	Initials
Confirm sample number (number of patients to receive the ED survey)	Sample number
Confirm that you have excluded the following groups: <ul style="list-style-type: none"> ▪ Deceased (sample of patients to be confirmed by internal hospital records checks) ▪ Children or young persons aged under 16 years at the date of their attendance at the ED <ul style="list-style-type: none"> ▪ Any attendances at Minor Injuries Units or Walk-in Centres; ▪ Any patients who were admitted to hospital via the ED ▪ Any patients who are known to be current inpatients ▪ Planned attendances at outpatient clinics which are run within the ED Department (such as fracture clinics) ▪ Patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy <ul style="list-style-type: none"> ▪ Patients without a UK postal address (but do not exclude if addresses are incomplete but useable e.g. no postcode) ▪ Any patient known to have requested their details are not used for any purpose other than their clinical care (if this is collected by your trust you should ensure that you remove those patients from your sample list at this stage). 	Confirmed (tick box) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Confirm that you have included the following groups: <ul style="list-style-type: none"> ▪ Patients who attended your ED in the sample month dates and times. ▪ Patients who were 16 or older on the date of their attendance ▪ Patients whose address is incomplete, but contains enough information to have a reasonable chance of being delivered 	Confirmed (tick box) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please check that your sample does not contain duplicate patients.	Initials
The sample has been checked by Trust staff as outlined in the instruction manual.	Initials & Date



The sample has been checked by the Demographic Batch Service (DBS) or trust equivalent. Initials & Date
The sample has been re-checked by Trust staff ensuring the three stages of checks for deceased patients has been undertaken prior to printing patient letters and undertaking survey mail out.	Initials & Date
*(FOR REMINDER MAIL OUT ONLY) The sample has been re-checked by Trust staff ensuring deceased patients have been removed prior to printing patient reminder letters and undertaking survey mail out.	Initials & Date

* Please initial and date this section only and re-sign and re-send prior to reminder mail out.

Declaration by trust staff drawing the sample

I understand that any errors with the way the sample has been drawn may limit, or prevent, the use of the survey data. I confirm that the above steps have been completed and that the sample has been drawn in accordance with the survey instructions.

Trust name:

Contact name:

Contact signature:

(Electronic signature is acceptable)