

# Sampling Instructions for Principal Treatment Centres (PTCs)

Under 16 Cancer Patient Experience Survey 2021

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[www.picker.org](http://www.picker.org)

## Picker

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- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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### **Adherence to the procedures in this document**

It is essential that the sampling is carried out according to the instructions in this document, and it is the responsibility of NHS Trusts to ensure the guidance is carefully followed. Non-compliance could compromise the comparability of the survey and potentially result in the removal of your data from the national results.

However, if you need any support or have any queries about compiling your patient list or following the guidance, please contact us on the details above.

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## Contents

1.	Background	5
2.	Timetable	6
3.	Compiling your list of cancer patients	7
3.1	Eligibility Criteria	8
3.2	Checking your patient list	10
3.3	Creating the patient list spreadsheet	12
3.4	Checking the trust's own records for patient deaths	15
3.4.1	Response to relatives of patients who have died	15
4.	Data submission and data checking process	16
4.1	Stage 1 – Patient List	16
4.2	Stage 2 – Detailed sample checks by Picker	16
4.3	Stage 3 – Batching and de-duplication	16
4.4	Stage 4 – DBS and final validation checks	17
	Appendix A: ICD-O-3 Codes	18
	Appendix B: ICD-10 to ICD-11 Code Mapping	19

# 1. Background

These instructions explain how to compile your patient sample file for the 2021 Under 16 Cancer Patient Experience Survey. **This guidance must be followed by Principal Treatment Centres (PTCs).** For PTCs that are jointly provided by two NHS Trusts, each Trust must compile their own patient sample which can be submitted to Picker separately.

## Who is excluded from the survey?

Please note that the following sites are not included as part of the current survey, and therefore will not be drawing a sample:

- Paediatric Oncology Shared Care Units (POSCUs)
- Other specialist cancer treatment centres including those providing
  - Stem cell transplants;
  - Liver cancer surgery;
  - Bone cancer surgery;
  - Other specialist surgery;
  - Retinoblastoma;
  - Proton Beam Therapy for cancer.

In addition, outpatients should be excluded from the current survey.

The inclusion of the above groups of patients was explored but it was decided to exclude them from the current survey. Outpatients are not included due to the likely manual process that would need to be undertaken to select the correct outpatients at some trusts and subsequent burden of doing so in the current environment. Meanwhile, the reason for deciding to exclude POSCUs and specialist sites was due to the burden of providing a sample in the absence of getting site-level outputs and reports due to low numbers of patients. However, it is recognised that to fully understand experiences of care for children with cancer, we should broaden the inclusion to these groups, which we intend to explore for future surveys.

**We strongly advise that you read all of this document BEFORE you start to compile your patient list. It is your responsibility to ensure that the sampling processes and checks happen in the given timeframe. Please refer to the timetable below.**

## 2. Timetable

Please make sure the survey team at your trust are aware of the key dates shown in the table below. Delays to samples being submitted will impact on the start of fieldwork. This will lead to data and reports being published later than planned.

**Table 1: Key Survey Dates**

Dates	Task	Responsibility (Trusts/ Picker)
Mid Dec 2021	Sampling instructions available to Trusts	Picker
12 <sup>th</sup> Jan 2022 10-11:30am	Webinar to discuss sampling with Trusts	Picker
w/c 17 <sup>th</sup> Jan 2022	Patient list submission start date – date for Trusts to aim toward. (Trusts can submit earlier than this if their list is ready).	Trusts
18 <sup>th</sup> Feb 2022	Last date for Data Sharing Agreement, Patient Declaration Form and Patient Sample (with deceased patients removed) to be submitted to Picker.	Trusts
17 <sup>th</sup> Jan- 18 <sup>th</sup> Mar 2022	Picker to check samples. Trusts to respond to queries	Picker and Trusts
4 <sup>th</sup> March 2022	Final date patient samples can be approved for inclusion in the survey	Picker and Trusts
18 <sup>th</sup> March 2022*	Patient list finalised (e.g. duplicates removed)	Picker
14 <sup>th</sup> April 2022*	Picker to conduct Demographic Batch Service (DBS) trace and send the first survey invite	Picker
5 <sup>th</sup> May 2022*	Picker to conduct DBS trace and send the first reminder	Picker
26 <sup>th</sup> May 2022*	Picker to conduct DBS trace and send the final reminder	Picker
End of June 2022	Fieldwork closes	Picker
July 2022	Analysis and reporting begins	Picker

\* These are estimated dates – final dates will depend on the timely submission of patient samples and resolution of queries across all Trusts

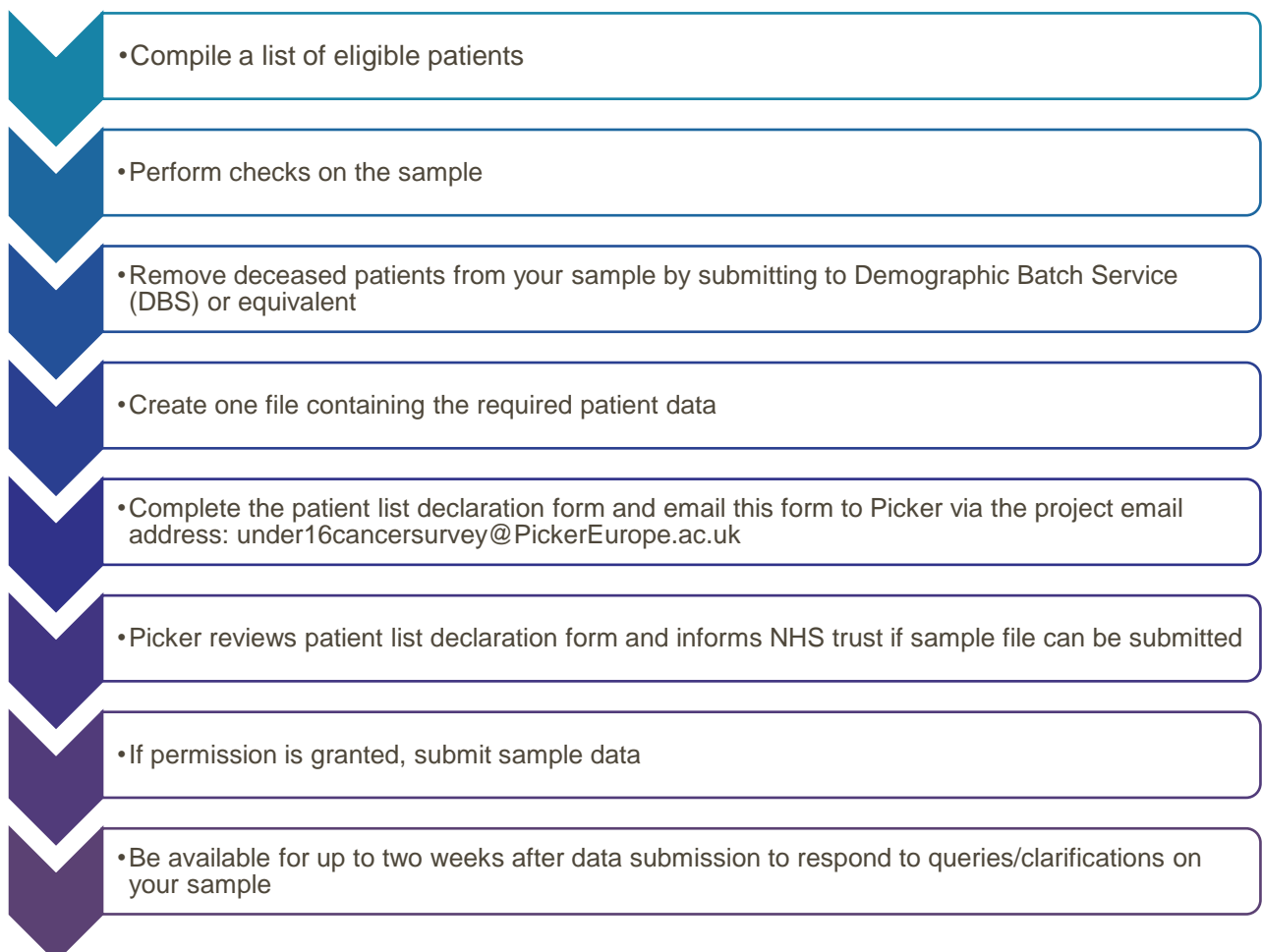
### 3. Compiling your list of cancer patients

You compile your list of eligible cancer patients by following the procedure outlined in Figure 1. This task will need to be carried out by a member of staff at your NHS Trust (probably in the Informatics Team /IT department). The sample will normally be drawn from the Patient Administration System (PAS) or equivalent. You will also need to liaise with a member of the clinical team (such as the lead cancer nurse) to check the sample after you have drawn your patient list (please see section 3.4).

Please follow the instructions in this manual carefully and allocate sufficient work time to compile and check the patient list carefully. The time that is needed to complete this will vary and depend on a number of factors, ranging from the size of the sample, how long it takes to complete the manual validation and checks, and experience of drawing similar samples. However, please ensure you have allocated enough staff time, as errors may result in the wrong people being surveyed, invalid survey data being collected, or the exclusion of your survey results from analysis, benchmarking, and publication.

#### Figure 1: sampling procedure flowchart

The following flowchart shows the sequential steps that you must follow to draw your sample.



Trusts are only required to check for deceased patients before submitting their patient list to Picker. Picker will be doing DBS checks before each mailing, however if a trust wishes to do a **local** check before the second and third mailing, then this is definitely welcomed. The mailing dates will be shared with Trusts once they are confirmed. If a Trust needs to inform Picker of a deceased patient, they will need to contact Picker (see contact details on page 3 of this document) with the unique Patient Record Number(s) so we can ensure they are removed from the mailing. This will need to be **at least 24 hours before the mailing date**.

### 3.1 Eligibility Criteria

All children aged under 16 at the time of their care, **with a confirmed primary diagnosis<sup>1</sup> of cancer or a non-malignant brain, other central nervous system or intracranial tumour** should be included in your sample. These patients must also be aware of their diagnosis and have received NHS care and/or treatment (elective and non-elective) in England for their cancer or tumour. This should include:

- Those who have been discharged from hospital as inpatients for cancer related care or treatment between January 1, 2021 and December 31, 2021.
- Those who have been seen as day case patients for cancer related care or treatment, who have been discharged between January 1, 2021 and December 31, 2021.

Additional details on inclusion/exclusion criteria are provided below.

#### Who to **include** in the patient list:

- **All patients aged under 16 years old at the time of their care, with a confirmed primary diagnosis of cancer and are aware of their diagnosis**, specified by an ICD-10 code of C00 – C97. Note that this includes all C codes and all sub-categories of these codes. The equivalent codes if you are using ICD-11 codes can be found in Appendix B.
- **All patients aged under 16 years old at the time of their care**, with a confirmed primary diagnosis of a **non-malignant brain, other central nervous system or intracranial tumour, or non-cancerous blood disease**, specified by an ICD-10 code of: D32 - D33, D35.2 - D35.4, D42 - D43, D44.3 - D44.5, D48, D76.1. Note that this includes all sub-categories of these codes. The equivalent codes if you are using ICD-11 codes can be found in Appendix B.

Patients should be included as long as they have a **confirmed diagnosis (as per the ICD10/11 inclusion codes)**, are **aware of their diagnosis** (which may only be possible via manual checks of the sample), and if the **care and treatment is considered to be part of the cancer care pathway**. This means that patients may sometimes be under the care of someone other than an oncologist or a haematologist for their cancer (e.g. a neurosurgeon or member of a patient's wider multi-disciplinary team). The information you obtain about

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<sup>1</sup> 'Primary cancer' is defined as the main diagnosis shown on your system, regardless of how many times they've had cancer in the past or how progressive their cancer is.



each patient will be used by Picker both for administering the survey and for sending to the Demographics Batch Service to check for deceased patients.

Patients who receive one off treatment at your NHS Trust but receive most of their care at another NHS Trust should still be included.

## Duplicate patients

The patient list must include **all eligible instances of care**, rather than a list of patients, so some patients will appear on the list more than once if they have had more than one episode of care.

It is very important you **do not** remove duplicate patients at this stage, as this could bias your sample. Duplicate patients will be removed at a later stage by Picker.

### Who to exclude from the patient list:

- Deceased patients
- Patients **without** a confirmed diagnosis of cancer or one of the specified tumours, including patients who have been given a holding diagnosis code with pending results
- Patients who are not aware of their diagnosis of cancer or one of the specified tumours. (This will require a check by a member of your clinical cancer team)
- Patients aged 16 years and older at the time they were discharged from inpatient or day case care
- Private patients (non-NHS)
- Patients without a UK postal address (DO NOT exclude incomplete addresses that are useable, e.g. no post code)
- Parents/patients that have informed your trust, in response to communications about the Under 16 Cancer Patient Experience Survey, that they (or their child) do not wish to be included in the survey.

### IMPORTANT NOTES:

**If someone has received a diagnosis but their treatment has not yet commenced, they are still eligible and should be included in the sample (for example if they received their diagnosis during an episode of care that falls within the sampling period).**

**If there are multiple episodes of care for the same patient, only remove those that meet the above exclusion criteria. It is likely that your patient list submitted to Picker will include duplicate patients – Picker will de-duplicate any repeat patients in your file.**

**If a patient is 15 at the time of their care but turns 16 during the sampling period (1 January to 31 December 2021) but *after* receiving care, they should be included in the sample.**

## UK General Data Protection Regulation (GDPR): National Data Opt-out Programme

The Under 16 Cancer Patient Experience Survey has received an initial exemption from the National Data Opt-out Programme. This means that the Under 16 Cancer Patient Experience Survey will continue to operate separate opt-out mechanisms. Therefore, to be included in your sample, patients do not have to actively consent to the sharing of their data and this is for the purpose of the Under 16 Cancer Patient Experience Survey only.

### 3.2 Checking your patient list

Once you have put together the patient list, **check again** that you have correctly followed each of the points in section 3.1 above. This is a very important step and will save a lot of time because Picker will likely have less queries if you are sure your patient list is correct. Errors in putting together the patient list can result in:

- Picker raising queries on the patient list which need to be resolved prior to mailing
- The wrong people being surveyed
- Invalid survey data being collected
- The exclusion of survey results from analysis, benchmarking and publication

#### **Please check the following very carefully:**

- Patients in the list have a confirmed primary diagnosis of cancer or one of the specified tumour types (as per the ICD-10 code inclusion and exclusion criteria listed in section 3.1), and that the patient is aware of their diagnosis (do not include patients who have had “holding codes” assigned)
- The patient list includes all eligible patients within the sampling period and that duplicates have not been removed
- The discharges included in the list are relevant and are where the patient was seen in relation to cancer-related care (the patient list should not include patients who were seen for other treatment which was not in relation to their cancer, but it **should** include patients who are receiving psychological support in relation to their cancer)
- The patient list includes both elective and non-elective activity
- The patient list includes all eligible cancer patients (and is not restricted to patients who were *newly* diagnosed in the sampling period or in recent years only)
- Although patients nearing the end of their life should be included, if you feel that by sending a patient a survey will cause particular distress or harm, then they should be removed from the sample and alternative methods of seeking parent/carer feedback considered. You will need to liaise with a member of the cancer clinical team and ask them to review these specific patients to ensure that the correct patients are removed.

## Important – Must read

Please ensure you are using the most up-to-date ICD-10 Codes, currently 5<sup>th</sup> Edition.

You must ensure that **all patients** have a **confirmed diagnosis of cancer or one of the specified tumour types**. There have been instances in the Adult National Cancer Patient Experience Survey where the patient had been given an ICD10 code as a '**holding code**' before their diagnosis was confirmed. **This led to some patients receiving a questionnaire when they either did not have cancer or had not yet been told they had cancer.**

Extra care must be taken to select only those patients with a confirmed diagnosis of cancer to avoid causing **unnecessary distress** to the patient and their family/carer.

If your Trust has switched to the usage of ICD-11 Codes, you may provide these instead of ICD-10 codes but **should still check that all patients have a confirmed diagnosis of cancer or one of the specified tumour types**. You only need to provide either ICD-10 or ICD-11 Codes, not both.

In addition, please check the following:

### Deceased patients

Remove deceased patients from the sample. Check that hospital records do not have a record of a patient's death from a subsequent admission or visit to hospital. It is strongly recommended that you conduct a DBS trace to help identify these patients.

### Patient ages

Check that all patients are aged under 16 (i.e. up to 15 years and 364 days) at the time they were discharged (inpatients and day case patients) from that particular episode of care. If a patient is 15 at the time of their care but turns 16 during the sampling period (1 January to 31 December 2021) but *after* receiving care, they should be included in the sample.

### Postal addresses

Exclude any addresses that are outside the UK. Patients whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible. Equally, patients whose address is a military base, care home, children's home or prison establishment are also eligible.

### Incomplete information

Check for any records with incomplete information on key fields (such as surname and full 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.

## Dissent

Your organisation may have been asked to display a poster relating to this survey giving patients the opportunity to indicate dissent – i.e. opt out from receiving a survey. Please contact the team responsible for recording this to ensure these patients are removed from the sample. Please also check the patient records on your hospital system for patients who have indicated dissent, as that information may also be recorded there.

### 3.3 Creating the patient list spreadsheet

This guidance has an associated patient list sample construction spreadsheet. Please use this for your patient list and rename it as <NHSTrustName\_U16CPES2021\_wave2.xls>. The sample patient list construction spreadsheet will be sent to all trust contacts via email and can also be requested by contacting: [under16cancersurvey@pickereurope.ac.uk](mailto:under16cancersurvey@pickereurope.ac.uk).

The individual data fields contain conditional formatting so that if information is entered incorrectly, the spreadsheet will visually alert the individual populating the data that a mistake has occurred by highlighting the cell in red. The individual at the NHS trust staff populating the data will be required to resolve any of these errors before data will be permitted to leave the trust.

The spreadsheet contains all the data fields required, details of which are as follows:

- **Patient Record Number (PRN)** – Note: **not** the NHS number. Instead assign a **unique** sequential number to each row in the data, in the format of 'Trust code' (3 characters) plus a unique 4 digits, starting at 1001. E.g. RTH1001, RTH1002
  - **Note** –where there are multiple rows for the same patient, then each row must have a different PRN assigned.
- **NHS Trust Code** – the ODS 3-digit code for your Trust, e.g. RA0. Please see the file 'etr' on the following webpage for your trust code:  
<https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations> <sup>2</sup>.
- **NHS Hospital Site Code** - please record the hospital site code where the patient was treated using the five character NHS Trust Site Codes (maintained by HSCIC):  
<https://data.england.nhs.uk/dataset/ods-nhs-trusts-and-sites>
- **Patient (child) First name or initials**
- **Patient (child) Surname**
- **Address Fields** - the address should be held as separate fields (e.g. street, town, and county). You must use the most *current* address on your system
- **Post code**
- **Day** of birth (1 or 2 digits; e.g. 2 or 30)
- **Month** of birth (1 or 2 digits; e.g. 4 or 5)
- **Year** of birth (4 digits; e.g. 2020)
- **NHS Number** – verified as belonging to that individual. Ensure as much as possible that this is populated as it will be used for DBS checks
- **Gender** – code as follows:

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Important note: if there's a date in column L, that means the trust ceased to exist (closed/merged) on that date.

- 1 = male
- 2 = female
- 9 = not specified
- 0 = not known
- **Ethnicity** – The ethnicity of a person is specified by that person, and should be coded as follows. The code “Z” (not stated) should be used if a 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.
  - **White**
    - A British
    - B Irish
    - C Any other White background
  - **Mixed**
    - D White and Black Caribbean
    - E White and Black African
    - F White and Asian
    - G Any other mixed background
  - **Asian or Asian British**
    - H Indian
    - J Pakistani
    - K Bangladeshi
    - L Any other Asian background
  - **Black or Black British**
    - M Caribbean
    - N African
    - P Any other Black background
  - **Other Ethnic Groups**
    - R Chinese
    - S Any other ethnic group
    - Z Not stated
- **Day** of the month of discharge (1 or 2 digits; e.g. 2 or 30)
- **Month** of discharge (1 or 2 digits; e.g. 4 or 5)
- **Year** of discharge (4 digits; e.g. 2021)
- **ICD10 Code** – 4 digits, including sub-categories for these codes, i.e. C25.1.
  - These must be coded in the **primary diagnosis field** and should be between C00 & C97 and D codes, of: D32 - D33, D35.2 - D35.4, D42 - D43, D44.3 - D44.5, D48, D76.1
  - *Please note that if you provide the ICD10 Code, you do not need to provide the ICD11 Code.*
- **ICD11 Code** – These must be coded in the **primary diagnosis field** and should match the codes provided in Appendix B.
  - *Please note that if you provide the ICD11 Code, you do not need to provide the ICD10 Code.*
- **ICD-O-3 site code** (4 digits)<sup>3</sup> as per the validation list available here: <https://seer.cancer.gov/icd-o-3/>, e.g. C488

<sup>3</sup> Please see Appendix A for information about why ICD-O-3 codes are required

- **ICD-O-3 morphology code** – histology (4 digits) plus behaviour code (1 digit) <sup>4</sup> as per the validation list available here: <https://seer.cancer.gov/icd-o-3/> e.g. 9673/3
- **Main Specialty on discharge**– code in the form NNN as [Specified by NHS Digital](#)
- **Patient classification** – the type of care received, as detailed here [https://datadictionary.nhs.uk/attributes/patient\\_classification.html](https://datadictionary.nhs.uk/attributes/patient_classification.html); 1 = ordinary discharge (inpatient), 2 = day case discharge, 3 = regular day case admission & 4 = regular night admission.
- **Parent/carer email address**. Please check that this belongs to the parent/carer, not the child/patient.
- **Mobile phone number flag** – this will be used to indicate if any mobile phone number is associated with the record. Code as 1=parent/carer mobile available, 2=child mobile available, 3=mobile available but don't know who this belongs to, 4= both parent/carer and child mobile available, 0=no mobile available.
- **Parent/carer mobile phone number**. Please check that this is the mobile telephone number, not the landline number and that this belongs to the parent/carer. *If the number belongs to a child or if it is unclear who the number belongs to, leave this field blank and include a relevant flag in the mobile number flag column (see above bullet point)*

### Parents' details

Please **do not** include parent's name or address in the sample file.

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<sup>4</sup> Please see Appendix A for information about why ICD-O-3 codes are required

### 3.4 Checking the trust's own records for patient deaths

One of the most reliable and up-to-date sources of information on patient deaths is your own trust's records. Therefore, it is essential that you check your own trust's records for patients 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 child has recently died. We will then carry out a final deceased check using DBS before sending out the questionnaires.

#### Validate your list

**Validate the patient list with your Cancer Services Team** to ensure only eligible patients have been included.

**This step is essential and must be completed** to check that patients in your list have a **confirmed diagnosis** of cancer or one of the specified tumour types, that they are **aware of their diagnosis** and that their care **was in relation to** their cancer or tumour. This is to minimise the risk of questionnaires being sent out inappropriately.

#### 3.4.1 Response to relatives of patients who have died

Tracing services are not fool proof and even after your sample has been checked for deaths, some patients may die before the questionnaire is delivered. For example, although the questionnaire mailing is immediately after the deceased patient checks, sometimes a patient may pass away between this check and receiving the questionnaire via 2<sup>nd</sup> class post. Picker will run a Freephone helpline and offer an email address to patients and relatives, to handle any queries from patients during fieldwork. These contact details will be clearly advertised on the survey covering letters. However, your Trust may be contacted directly by a bereaved relative and special sensitivity will be required when responding to them. **If you do have such contact please inform Picker immediately to ensure that no further mailings are sent to the deceased patient.**

## 4. Data submission and data checking process

In this section we have provided an outline of the various stages involved in the data checking process. This is to provide insight into what happens to the patient list after it has been uploaded to Picker and to explain the timeframe between the point at which patient lists are uploaded and the first mailing to patients.

### 4.1 Stage 1 – Patient List

The first task that needs to be completed before we are able to receive a patient list is for the person compiling the sample to complete and submit a Patient List Declaration Form. This is a requirement of the survey's Section 251 approval and provides confirmation that the trust has completed all required checks and validation of the patient list, which is designed to minimise errors, data breaches and data queries.

The patient list declaration form will be sent to all trust contacts via email and can also be requested by contacting: [under16cancersurvey@pickereurope.ac.uk](mailto:under16cancersurvey@pickereurope.ac.uk).

Once the form has been received, it is checked by Picker, who will provide confirmation to the trust that they are able to proceed with securely uploading their patient list via the online sample platform <https://samplechecker.picker.org/login.htm>. **Please do not send the patient list using any other method. Patient lists should NEVER be sent by email.**

If the Patient List Declaration Form is not received or if there is a need to query anything relating to the form, this can delay the sample upload and checking process.

### 4.2 Stage 2 – Detailed sample checks by Picker

Once the Patient List Declaration Form has been approved and data uploaded to the sample checker platform, the sample goes through a multi-stage checking process.

This includes:

- Sample validation to ensure that all eligible patients have been included
  - Following the initial wave of the survey, the previous waves of survey data will be used to compare key characteristics and trends in the dataset
- Checks against exclusion criteria – i.e. whether any patients are included that should not be (for example, based on the ICD codes or their age). This may require the trust to compile a new list
- Checks to ensure that information provided regarding each patient is complete and that no information is missing i.e. patient name or address information

Once the sample checks have been completed, Picker will raise any queries directly with the trust. In some cases, where sampling errors are identified, trusts will be required to compile a new patient list, which would be subject to the same checking process described above.

Once all queries and confirmation points have been resolved with the trust, the patient list can be approved for the next stage.

### 4.3 Stage 3 – Batching and de-duplication



The final stage is preparing for mail out by batching trust samples together into a combined sample so we can undertake duplicate checks across all trusts. This is a necessary step, as many patients attend multiple trusts as part of their treatment pathway and, therefore, appear in multiple samples. We need to ensure that each patient only receives a survey once. We can only undertake this process when we have received and approved patient lists from all participating trusts.

It is therefore important that trusts upload their patient list to Picker as quickly as possible and keep to the dates outlined in the **timetable** (section 2), and that trusts respond to any data queries swiftly.

#### 4.4 Stage 4 – DBS and final validation checks

Once duplicates have been removed from the amalgamated file, this is submitted to DBS for tracing to identify any patients who are deceased. Any patients identified as deceased are removed from the sample.

We also undertake further final name and address checks by cross checking the results in the DBS trace file with the original file submitted. We then complete an additional DBS trace on the updated amalgamated data to confirm that all patients in the updated file are traced successfully.

To ensure the correct questionnaire is sent to the correctly aged patient, Picker will be using the date of birth information to calculate the **current age** of the patient immediately before sending the survey invites out to patients. Based on this, Picker will assign the correct survey version to each patient<sup>5</sup>.

Once this has been completed, the amalgamated file is ready to be used to prepare mailing packs for send out. Surveys will be mailed within 24 hours of completion of the process for running and applying deceased checks. If the mailing process takes longer than 24 hours, deceased checks will be repeated to ensure records remain up to date.

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<sup>5</sup> Patients aged 15 at the time of their care but turn 16 before receiving a survey will be sent the 12-15 survey version

## Appendix A: ICD-O-3 Codes

For the 2021 survey, we would like to collect ICD-O-3 codes. This is important for creating more suitable cancer groupings for the reporting of the Under 16 Cancer Patient Experience Survey results.

Trusts should have access to this dataset, as this is data is submitted as part of the Cancer Outcome and Services Dataset submission.

## Appendix B: ICD-10 to ICD-11 Code Mapping

ICD-10 Code	ICD-11 Code
C00	2B60.Z
C00.0	2B60.Z
C00.1	2B60.Z
C00.2	2B60.Z
C00.3	2B60.Z
C00.4	2B60.Z
C00.5	2B60.Z
C00.6	2B60.Z
C00.8	2B60.Z
C00.9	2B60.Z
C01	2B61.Z
C02	2B62.Z
C02.0	2B62.Z
C02.1	2B62.Z
C02.2	2B62.Z
C02.3	2B62.Z
C02.4	2B62.1
C02.8	2B62.Z
C02.9	2B62.Z
C03	2B63.Z
C03.0	2B63.Z
C03.1	2B63.Z
C03.9	2B63.Z
C04	2B64.Z
C04.0	2B64.Z
C04.1	2B64.Z
C04.8	2B64.Z
C04.9	2B64.Z
C05	2B65.Z
C05.0	2B65.Z
C05.1	2B65.Z
C05.2	2B65.Z
C05.8	2B65.Z
C05.9	2B65.Z
C06	2B66.Z
C06.0	2B66.Z
C06.1	2B66.Z
C06.2	2B66.Z
C06.8	2B66.Z

C06.9	2B66.Z
C07	2B67.Z
C08	2B68.Z
C08.0	2B68.Z
C08.1	2B68.Z
C08.8	2B68.Z
C08.9	2B68.Z
C09	2B69.Z
C09.0	2B69.Z
C09.1	2B69.Z
C09.8	2B69.Z
C09.9	2B69.Z
C10	2B6A.Z
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C10.1	2B6A.Z
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C10.3	2B6A.Z
C10.4	2B6A.Z
C10.8	2B6A.Z
C10.9	2B6A.Z
C11	2B6B.Z
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C11.1	2B6B.Z
C11.2	2B6B.Z
C11.3	2B6B.Z
C11.8	2B6B.Z
C11.9	2B6B.Z
C12	2B6C.Z
C13	2B6D.Z
C13.0	2B6D.Z
C13.1	2B6D.Z
C13.2	2B6D.Z
C13.8	2B6D.Z
C13.9	2B6D.Z
C14	2B6E.Z
C14.0	2B6E.Z
C14.2	2B6E.Z
C14.8	2B6E.Z
C15	2B70.Z
C15.0	2B70.Z
C15.1	2B70.Z
C15.2	2B70.Z
C15.3	2B70.Z

C15.4	2B70.Z
C15.5	2B70.Z
C15.8	2B70.Z
C15.9	2B70.Z
C16	2B72.Z
C16.0	2B72.Z
C16.1	2B72.Z
C16.2	2B72.Z
C16.3	2B72.Z
C16.4	2B72.Z
C16.5	2B72.Z
C16.6	2B72.Z
C16.8	2B72.Z
C16.9	2B72.Z
C17	2B80.OZ
C17.0	2B80.OZ
C17.1	2B80.Z
C17.2	2B80.Z
C17.3	2B80.Z
C17.8	2B80.OZ
C17.9	2B80.OZ
C18	2B90.Z
C18.0	2B90.Z
C18.1	2B81.Z
C18.2	2B90.OZ
C18.3	2B90.OZ
C18.4	2B90.2Z
C18.5	2B90.1Z
C18.6	2B90.1Z
C18.7	2B90.3Z
C18.8	2B90.Z
C18.9	2B90.Z
C19	2B91.Z
C20	2B92.Z
C21	2C00.Z
C21.0	2C00.Z
C21.1	2C00.Z
C21.2	2C00.Z
C21.8	2C00.Z
C22	2C12.Z
C22.0	2C12.0Z
C22.1	2C12.10
C22.2	2C12.01

C22.3	2B56.3
C22.4	2B5F.2
C22.7	2C12.0
C22.9	2C12.0
C23	2C13.Z
C24	2C17.Z
C24.0	2C14.Z
C24.1	2C16.Z
C24.8	2C17.Z
C24.9	2C17.Z
C25	2C10.Z
C25.0	2C10.Z
C25.1	2C10.Z
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C25.3	2C10.Z
C25.4	2C10.Z
C25.7	2C10.Z
C25.8	2C10.Z
C25.9	2C10.Z
C26	2C11.Z
C26.0	2C11.0
C26.1	2C11.Z
C26.8	2C11.Z
C26.9	2C11.Z
C30	2C20.Z
C30.0	2C20.Z
C30.1	2C21.Z
C31	2C22.Z
C31.0	2C22.Z
C31.1	2C22.Z
C31.2	2C22.Z
C31.3	2C22.Z
C31.8	2C22.Z
C31.9	2C22.Z
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C32.3	2C23.4
C32.8	2C23.5
C32.9	2C23.Z
C33	2C24.Z
C34	2C25.Z

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C34.1	2C25.Z
C34.2	2C25.Z
C34.3	2C25.Z
C34.8	2C25.Z
C34.9	2C25.Z
C37	2C27.Z
C38	2C28.Z
C38.0	2C28.1
C38.1	2C28.1
C38.2	2C28.1
C38.3	2C28.1
C38.4	2C26.Z
C38.8	2C28.1
C39	2C29.Z
C39.0	2C29.Z
C39.8	2C29.Z
C39.9	2C29.Z
C40	2B5Z
C40.0	2B52.0
C40.1	2B52.0
C40.2	2B52.0
C40.3	2B52.0
C40.8	2B52.0
C40.9	2B52.0
C41	2B5Z
C41.0	2B52.Z
C41.1	2B52.Z
C41.2	2B52.Z
C41.3	2B52.Z
C41.4	2B51.2
C41.8	2B5J
C41.9	2B5J
C43	2C30.Z
C43.0	2C30.Z
C43.1	2C30.Z
C43.2	2C30.Z
C43.3	2C30.Z
C43.4	2C30.Z
C43.5	2C30.Z
C43.6	2C30.Z
C43.7	2C30.Z
C43.8	2C30.Z

C43.9	2C30.Z
C44	2C34
C44.0	2C3Z
C44.1	2C3Z
C44.2	2C3Z
C44.3	2C3Z
C44.4	2C3Z
C44.5	2C3Z
C44.6	2C3Z
C44.7	2C3Z
C44.8	2C3Z
C44.9	2C3Z
C45	2C26.0
C45.0	2C26.0
C45.1	2C51.2Z
C45.2	2C28.Z
C45.7	2C26.0
C45.9	2C26.0
C46	2B57.Z
C46.0	2B57.1
C46.1	2B57.Z
C46.2	2B57.Z
C46.3	2B57.Z
C46.7	2B57.Z
C46.8	2B57.Z
C46.9	2B57.Z
C47	2C4Z
C47.0	2C4Z
C47.1	2C4Z
C47.2	2C4Z
C47.3	2C4Z
C47.4	2C4Z
C47.5	2C4Z
C47.6	2C4Z
C47.8	2C4Z
C47.9	2C4Z
C48	2C50.Z
C48.0	2C50.Z
C48.1	2B5F.10
C48.2	2C51.Z
C48.8	2C53.1
C49	2B5K
C49.0	2B5K



C49.1	2B5K
C49.2	2B5K
C49.3	2B5K
C49.4	2B5K
C49.5	2B5K
C49.6	2B5K
C49.8	2B5K
C49.9	2B5K
C50	2C6Z
C50.0	2C6Z
C50.1	2C6Z
C50.2	2C6Z
C50.3	2C6Z
C50.4	2C6Z
C50.5	2C6Z
C50.6	2C6Z
C50.8	2C6Z
C50.9	2C6Z
C51	2C70.Z
C51.0	2C70.Z
C51.1	2C70.Z
C51.2	2C70.Z
C51.8	2C70.Z
C51.9	2C70.Z
C52	2C71.Z
C53	2C77.Z
C53.0	2C77.Z
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C53.9	2C77.Z
C54	2C76.Z
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C54.8	2C76.Z
C54.9	2C76.Z
C55	2C78
C56	2C73.Z
C57	2C7Z
C57.0	2C74.Z
C57.1	2C72.Z
C57.2	2C72.Z

C57.3	2C72.Z
C57.4	2C72.Z
C57.7	2C7Z
C57.8	2C72.2
C57.9	2C7Z
C58	2C75.Z
C60	2C81.Z
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C60.8	2C81.Z
C60.9	2C81.Z
C61	2C82.Z
C62	2C80.Z
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C62.1	2C80.Z
C62.9	2C80.Z
C63	2C84
C63.0	2C84
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C63.2	2C84
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C63.8	2C84
C63.9	2C8Z
C64	2C90.Z
C65	2C91.Z
C66	2C92.Z
C67	2C94.Z
C67.0	2C94.Z
C67.1	2C94.Z
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C67.6	2C94.Z
C67.7	2C94.Z
C67.8	2C94.Z
C67.9	2C94.Z
C68	2C9Z
C68.0	2C93.Z
C68.1	2C93.Z
C68.8	2C95.Z
C68.9	2C9Z

C69	2D0Z
C69.0	2D00.Z
C69.1	2D01.Z
C69.2	2D02.Z
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C69.4	2D06.Z
C69.5	2D03.Z
C69.6	2D04
C69.8	2D0Z
C69.9	2D0Z
C70	2A01.00
C70.0	2A01.00
C70.1	2A01.2
C70.9	2A01.00
C71	2A00.11
C71.0	2A00.5
C71.1	2A00.5
C71.2	2A00.5
C71.3	2A00.5
C71.4	2A00.5
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C71.6	2A00.5
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C71.9	2A00.5
C72	2A02
C72.0	2A02
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C72.4	2A02
C72.5	2A02.1Z
C72.8	2A02
C72.9	2A0Z
C73	2D10.Z
C74	2D11.Z
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C74.1	2D11.Z
C74.9	2D11.Z
C75	2D12.Z
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C75.3	2D12.Z
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C75.5	2D12.Z
C75.8	2D12.Z
C75.9	2D12.Z
C76	2D4Z
C76.0	2D4Z
C76.1	2D4Z
C76.2	2D4Z
C76.3	2D4Z
C76.4	2D4Z
C76.5	2D4Z
C76.7	2D4Z
C76.8	2D4Z
C77	2D6Z
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C77.4	2D60.4
C77.5	2D60.5
C77.8	2D61
C77.9	2D6Z
C78	2D7Z
C78.0	2D70
C78.1	2D71
C78.2	2D72
C78.3	2D73
C78.4	2D84
C78.5	2D85
C78.6	no code
C78.7	2D80.Z
C78.8	2D8Z
C79	2E2Z
C79.0	2E00
C79.1	2E01
C79.2	2E08
C79.3	2D51
C79.4	2E09
C79.5	2E03
C79.6	2E05.0
C79.7	2E07
C79.8	2E2Z

C79.9	2E2Z
C80	2D4Z
C80.0	2D4Z
C80.9	2D4Z
C81	2B30.Z
C81.0	2B30.0
C81.1	2B30.10
C81.2	2B30.12
C81.3	2B30.13
C81.4	2B30.11
C81.7	2B30.1Z
C81.9	2B30.Z
C82	2A80.Z
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C82.1	2A80.1
C82.2	2A80.2
C82.3	2A80.2
C82.4	2A80.2
C82.5	2A80.Z
C82.6	2A80.3
C82.7	2A80.Z
C82.9	2A80.Z
C83	2A8Z
C83.0	2A82.0Z
C83.1	2A85.5
C83.3	2A81.Z
C83.5	2A8Z
C83.7	2A85.6
C83.8	2A8Z
C83.9	2A8Z
C84	2B2Z
C84.0	2B01
C84.1	2B02
C84.4	2A90.C
C84.5	2B2Z
C84.6	2A90.A
C84.7	2A90.B
C84.8	2B0Z
C84.9	2B2Z
C85	2A8Z
C85.1	2A86.Z
C85.2	2A81.0
C85.7	2A8Z

C85.9	2A8Z
C86	2A90
C86.0	2A90.6
C86.1	2A90.8
C86.2	2A90.7
C86.3	2B00
C86.4	2A60.5
C86.5	2A90.9
C86.6	2B03
C88	2A84.Z
C88.0	2A85.4
C88.2	2A84.1
C88.3	2A84.0
C88.4	2A85.1
C88.7	2A85.0
C88.9	2A84.Z
C90	2A83.Z
C90.0	2A83.1
C90.1	2A83.4
C90.2	2A83.3
C90.3	2A83.2
C91	2B33.3
C91.0	2A7Z
C91.1	2A82.0Z
C91.3	2A82.1Z
C91.4	2A82.2
C91.5	2A90.5
C91.6	2A90.0
C91.7	2A82.3
C91.8	2A85.6
C91.9	2B33.3
C92	2B33.1
C92.0	2A60.Z
C92.1	2A20.0Z
C92.2	2A41
C92.3	2A60.39
C92.4	2A60.Z
C92.5	2A60.33
C92.6	2A60.Z
C92.7	XH5AH8
C92.8	2A61
C92.9	2A60.3Z
C93	2B33.1

C93.0	2A60.34
C93.1	2A40
C93.3	2A42.Z
C93.7	2B33.1
C93.9	2B33.1
C94	2A61
C94.0	2A60.35
C94.2	2A60.36
C94.3	2A21.00
C94.4	2A60.38
C94.6	2A44
C94.7	2A61
C95	2B33.4
C95.0	2B33.0
C95.1	2B33.4
C95.7	no code
C95.9	2B33.4
C96	2B3Z
C96.0	XH60Q1
C96.2	2A21.Z
C96.4	2B31.Z
C96.5	XH86U0
C96.6	2B31.2
C96.7	XH0124
C96.8	2B31.1
C96.9	2B33
C97	2D43
D32	2A01.2
D32.0	2A01.2
D32.1	2A01.2
D32.9	2A01.2
D33	2A00
D33.0	2A00.5
D33.1	2A00.5
D33.2	2A00.5
D33.3	2A02.3
D33.4	2A02.4
D33.7	2A0Z
D33.9	2A0Z
D35.2	2F37.Z
D35.3	2F37.Z
D35.4	2F37.Z
D42	2A0Z

D42.0	2A01.2
D42.1	2A01.2
D42.9	2A01.2
D43	2A0Z
D43.0	2A00.5
D43.1	2A00.5
D43.2	2A00.5
D43.3	2A0Z
D43.4	2A0Z
D43.7	2A0Z
D43.9	2A0Z
D44.3	2F7A.Z&XA8J35
D44.4	2F7A.Z
D44.5	2F7A.Z&XA1EU3
D48	2F9Z
D48.0	2F9B
D48.1	2F7C
D48.2	2F9Z
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D48.4	2F94
D48.5	2F92
D48.6	2F95
D48.7	no code
D48.9	2B31.Z
D76.1	4A01.23



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