

SURVEY DEVELOPMENT REPORT

URGENT & EMERGENCY CARE SURVEY 2018

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Updates

Before using this document, please check that you have the latest version, as small amendments are made 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 email all trust contacts and contractors directly to inform them of the change.

This document is available from the Survey Coordination Centre website at:
<http://www.nhssurveys.org/surveys/1276>

Questions and comments

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1 Introduction

Surveys of emergency services have been carried out in all eligible acute trusts treating adult patients in England in 2003, 2005, 2008, 2012, 2014 and 2016. The survey will be carried out again in 2018 as part of the NHS Patient Survey Programme (NPSP), coordinated by Picker on behalf of the Care Quality Commission (CQC). The purpose of the survey is to understand, monitor and improve peoples' experience of urgent and emergency care services.

Data collected from the 2018 Urgent and Emergency Care Survey (UEC) will be used by the Care Quality Commission (CQC) in its assessment of trusts in England. The results are also used by NHS England and the Department of Health and Social Care for performance assessment, improvement and regulatory purposes and by participating NHS trusts to facilitate targeted quality improvement.

Surveys up to and including 2014 covered Type 1 services only which can be defined as: 'Consultant-led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients'¹. In 2016, Type 3 departments were included for the first time to evaluate the experiences of people requiring urgent care but not serious enough to warrant being seen at a main accident and emergency (A&E) unit. This type of service can be defined as: 'Other type of A&E / minor injury activity with designated accommodation for the reception of accident and emergency patients...doctor or nurse led and treats at least minor injuries and illnesses and can be routinely accessed without appointment'¹. Type 3 services do not include Walk-in Centres and only those under the direct management of the NHS Trust are included for the purposes of this survey.

In 2016, the questionnaire was adapted to accommodate Type 3 services, for example references were made throughout to 'the emergency department' rather than 'A&E' and changes made to introductory information and instructions.

The sample month was changed to September in 2016 from January or February or March in 2014 and the sample size increased to 1250 in 2016 from 850 in 2014. As such, results from the 2018 survey can be compared against 2016 only, though the inclusion of Type 3 services in 2016 means that changes in performance for urgent care centres can be measured for the first time in 2018.

Summary of development

Several approaches were used to inform the development of the 2018 survey that took into consideration question performance from the 2016 survey, consultation with stakeholders, cognitive testing and pilot-testing of different approaches across other surveys in the NPSP. These procedures are described in more detail below:

- Analysis of the 2016 survey data including item non-response, ceiling effects and question correlations to make recommendations for question removal. This was done separately by

¹ https://www.datadictionary.nhs.uk/data_dictionary/attributes/a/acc/accident_and_emergency_department_type_de.asp

Type 1 and Type 3 services as the aim was to develop two separate questionnaires for the 2018 survey;

- An Advisory Group meeting held on 29th March 2018 comprising stakeholders from CQC, NHS England, the Survey Coordination Centre, NHS Trust survey leads, representatives from Independent Age and Age UK, and Experts By Experience (people who have recently used urgent or emergency care services). The meeting covered the survey scope including a discussion of Type 3 services and topics that should be addressed in the questionnaire from a policy and patient perspective. The 2016 questionnaire was discussed in-depth to highlight potential questions for removal and changes that should be made in order to be relevant to users of both Type 1 and Type 3 services;
- Discussions with two leads at trusts with Type 3 departments were held to gain additional understanding of urgent care service set-up and provision;
- Analysis of September 2017 Hospital Episodes Statistics (HES) data² on Type 3 department attendances to understand the likely number of trusts submitting Type 3 samples in 2018 and the size of each Type 3 department's throughput for September.
- In May 2018, an email consultation with all 137 trusts who participated in the 2016 survey asked for their input for the development of the 2018 survey. Fifty trusts responded and gave their views regarding additional sampling variables, increase in sample size, terminology for Type 1 and Type 3 services, their data systems and transfer to the Emergency Care Data Set (ECDS), and management of Type 3 services.
- Cognitive testing with people who had recently used urgent and emergency care services to fine tune the questionnaires and covering letters;
- Taking on board positive results of recent pilot studies in other surveys within the NPSP and applying these approaches to the 2018 UEC Survey in efforts to make the survey more engaging and improve response rates.

Summary of changes

The development work resulted in a number of changes to the materials and methods for the 2018 survey. In brief, these are:

- The title of the survey was changed from the 'Emergency Department Survey' to the 'Urgent and Emergency Care Survey' to reflect the inclusion of urgent care services and the development of a separate, tailored questionnaire for Type 3 services.
- Questionnaire – two distinct questionnaires were developed for Type 1 and Type 3 services with content tailored to suit. In addition, the questionnaire front page was significantly redesigned, and instructions throughout were made easier to follow;

² <http://digital.nhs.uk/hes>

- Covering letters – two separate sets of covering letters were drawn up for Type 1 and Type 3 services so that terminology was reflective of the service type and thus was familiar to the recipient;
- Faster first reminder letter – the gap between the initial mailing and the first reminder letter being sent out was shortened from 10 to 5 working days. This follows pilot work in the 2017 Inpatients Survey that demonstrated the positive impact this had on response rates overall, across all age groups and from White British and non-White British groups.
- CQC flyer – following results fed back from the Community Mental Health Survey Pilot 2018, the CQC flyer was removed as its inclusion was shown to not added benefit to the overall response rate. It also appeared to have a negative impact on patients age 18 to 35;
- Sample size – to enable publication of results for urgent care services at trust-level, sample size for Type 3 departments increased from 300 in 2016 to 420 in 2018;
- Sample month – trusts with Type 3 services unable to draw their full required sample from September were able to extend their sample into August;
- Survey manuals – as has been implemented across other recent surveys in the NPSP, the 2018 Urgent and Emergency Care Survey now has a survey-specific handbook with links provided to separate generic documents giving more details on topics such as pre-survey publicity, the importance of patient feedback and setting up a survey team. This replaced the three separate instruction manuals (version for in-house trusts, version for trusts using an [approved contractor](#) and version for approved contractors) used in the 2016 survey:
 - The generic documents are published on the [NHS Surveys website](#) and included as hyperlinks in the handbook. As these documents hold greater detail, the information in the survey handbook was reduced to make it easier to read and follow. The new format of the survey handbook has been well received by contractors and trusts who were consulted as part of the development process;
 - The sampling instructions are no longer included in the survey handbook to maintain its simplicity. Instead, the [separate sampling instructions document](#) is now the only document to include how to draw the sample for the 2018 UEC Survey.
- Dissent (opt-out) posters – following their inclusion in the 2018 Inpatients Survey, dissent posters were made available to trusts in the ten most-commonly spoken languages in England, including English. Trusts displayed the English version along with any other languages that most reflect their patient populations. These posters must be displayed during the survey sample month(s) and give patients the opportunity to opt-out of the survey should they wish. As the survey is aimed at two distinct types of services, two versions of the poster were made to suit either Type 1 or Type 3 environments.
- Covering letters – as was done with other recent surveys in the programme, the 2018 UEC Survey has changed the covering letters to make them more appealing to patients. The redesign proved to increase response rate in the 2017 Community Mental Health Survey Pilot. The changes to the letters include: colour to highlight key words and phrases, more

informal font, removal of superfluous and repetitive text and using potentially motivating and empowering messages.

2 Development of the 2018 UEC Survey

Background

In 2016, one questionnaire was used for both Type 1 and Type 3 departments, however analysis showed that some questions were not relevant to patients attending a Type 3 department, evidenced by lower numbers of people answering certain questions. Notably the overall response rate in 2016 among Type 3 patients (25%) was lower than from Type 1 patients (28%).

For the 2018 UEC Survey, the development of a separate questionnaire for Type 3 department attendees meant that questions were designed that would be more reflective of a Type 3 experience. In theory, this improved relevance should help increase response from that group. This would also make the data more robust which is a particular consideration as analysis at trust-level was not feasible in 2016 due to low numbers of responses across some questions. Efforts at increasing response have been at the forefront of development initiatives across the survey programme. Notably, the overall response rate for this survey dipped sharply to 28% in 2016 from the previous iteration in 2014 when just over a third of patients responded (34%). It is crucial therefore that aside from any other contributing factors to survey response rates that the survey materials presented to potential responders are sufficiently relevant and engaging.

Each time a questionnaire is updated from a previous year's survey, a great deal of consideration is given to how the data from that questionnaire is used and how historical comparability might be affected. For example, some questions contribute to [Overall Patient Experience Scores](#) (OPES) used by NHS England in their assessments of care and services provided by the NHS. The statistic uses composite scores across five experience domains: access & waiting; safe, high-quality coordinated care; better information, more choice; building closer relationships, and clean, comfortable, friendly place to be. Generally, OPES questions are not removed or altered to maintain the way the scores are calculated across survey years; however if there is substantial evidence that an OPES question is not performing correctly or as well as expected, changes are then discussed and made accordingly. Additionally, the order of questions tends to be kept and consideration given to where new questions fit in as a preceding question can frame the context of a following question. Finally, the wording of existing questions is occasionally altered where there is strong evidence from the cognitive interviews for doing so, however this usually means that historical comparisons for these questions are not advisable.

Analysis & consultation

Analysis of the 2016 survey data including item non-response, ceiling effects and question correlations were completed to highlight potential questions for removal. Item non-response refers to questions that were not answered (i.e. left blank) but were applicable to the respondent. If we find a particular question has a high number of item non-response then this may indicate that either respondents are not understanding the question, the question is not relevant to them, that not all possible response options are listed or something else. Ceiling effects are when a question is answered the same by nearly all respondents. For instance, if 95% of respondents answered yes to a question then this is an indication that the question may not be useful. Question correlations

are conducted to identify any questions that are statistically similar to one another. This may lead to questions being removed if several questions appear to be measuring the same thing. The 2016 data was analysed separately by Type 1 and Type 3 departments since the aim was to develop two separate questionnaires for the 2018 survey.

The Survey Coordination Centre presented the findings from the above analyses to the Advisory Group comprising CQC colleagues, NHS England, representatives from Age UK, Independent Age, Experts by Experience (patients who have experience of using services) and NHS Trust employees. The findings and recommendations were considered along with current policy guidelines and insight into what matters to patients. Contributors were also able to advise on questions that were no longer as relevant, new potential questions and how to formulate questions specific to Type 3 departments.

Further to this, the Survey Coordination Centre conducted telephone interviews with patient experience leads at two trusts with co-located Type 3 departments to gain additional insight into the provision of urgent care services, including how patients present themselves at the department, what the department looks like including signposting and the types of facilities and treatments available.

Cognitive testing recruitment

Taking into account all of the above evidence and feedback a questionnaire was drafted for testing with recent patients. 'Cognitive testing' involves holding face to face interviews with recent attendees to A&E and urgent care centres and asking them to answer the questionnaire, reading out loud and explaining the reasoning behind their answers. The interviewer observes the responses that the participant makes and periodically asks questions such as whether the question was easy to answer, what their circumstances were and what they were thinking about when considering their answer. The interviewer also pays attention to whether the respondent appears to struggle when answering certain questions, and whether instructions were read and followed correctly. Cognitive testing ensures that as far as possible, the instructions, questions and response options are relevant and understood. For this survey the covering letters were also tested since they had undergone significant changes since the previous survey. Refinements are made to the survey materials following each round of testing further to any issues that are evidenced by the interviews.

Discussions with participants recruited for the 2016 survey revealed that there was often confusion from patients as to whether they had attended a Type 1 or a Type 3 department. This is not surprising as Type 1 departments tend to be labelled and signposted 'Accident & Emergency' or 'A&E' for short. Type 3 departments meanwhile have less consistency in the terminology used, and may be variously referred to as an 'Urgent Care Centre', 'Minor Injuries Unit', 'Urgent Treatment Centre' or another similar label. This confusion is particularly compounded by co-located departments where patients attend and are triaged either to the main A&E, or to the urgent care centre if their condition is less serious. Often patients are unaware that the urgent care centre is a separate department and for all intents and purposes believe they attended the main A&E. For this

reason, we changed the recruitment strategy of patients for the cognitive testing phase so that we could be certain that patients were allocated the correct questionnaire version.

A market research agency was commissioned to recruit patients as they exited A&Es and urgent care centres, explaining the background to the survey and what was required. Recruiters collected basic demographic information along with contact details which were then passed on to the Survey Coordination Centre to schedule appointments and allocate a researcher to meet and conduct the interview. Several trusts assisted by giving permission for recruitment on site and having a member of staff show the interviewer where they should stand (and if the site had co-located departments, to clarify where Type 1 and Type 3 patients would be exiting). Patients were recruited on weekdays and weekends during mornings and afternoons.

This method of recruitment proved to be challenging for a number of reasons. Firstly, not all people approached were interested in taking part or giving their contact details. Secondly, some departments, particularly urgent care centres, did not have a high throughput and therefore resulted in a very low number of patients providing their contact details. Thirdly, of those who did provide their contact details from all departments, the majority were not contactable (i.e. did not pick up the phone or respond to emails). Fourthly, many people when reached were no longer interested in participating. Finally, the people that were willing and available to participate were either located far away or were homebound and could only conduct the interview in their home. This creates an issue for resourcing since some trips took up to 5 hours commuting there and back and home visits required two researchers for personal safety precautions.

As an alternative, two researchers from the Survey Coordination Centre were given permission to recruit at one of the urgent care centres, resulting in two interviews being conducted in the on-site coffee shop. This reduced the possibility of losing interested patients to follow up though it still proved to be extremely time consuming and difficult for researchers to act as both recruiters and interviewers. Alongside the professional recruitment, adverts were also posted via Twitter, online free ads noticeboards nationwide, online on Gumtree, and online and in print in the Oxford-based Daily Info. The same broad eligibility criteria were applied as for the main survey which was that participants must be aged 16 or over and have attended A&E or an urgent care centre in the previous six months. Respondents who were recruited on site by recruiters would have attended more recently (typically within the previous two to three weeks) than people who contacted the Survey Coordination Centre via advertisements and so we might expect there to be differences in terms of recall though there appeared to be no issues in the interviews.

Cognitive testing interviews

Three rounds of cognitive interviews were carried out face to face across England – in Gateshead, Liverpool, Birmingham, Oxford, Reading and London - in June and July 2018. For each round of interviewing, at least half of the interviews were from Type 3 departments as the separate questionnaire for these patients was a new addition to the survey in 2018 and required more testing. Respondents were given £25 in 'Love2shop' vouchers for the one-hour interview as a thank-you.

Twenty-three cognitive interviews were carried out across three rounds:

- Department type: 10 Type 1, 13 Type 3 attendees;
- Gender: 8 males, 15 females;
- Age: ranged from 24 to 75;
- Ethnic background: White British, Asian British, British and Black Caribbean, Indian, Pakistani, and Mixed White Asian participants;
- 8 participants with long-term conditions.

3 Type 1 Questionnaire changes (A&E)

Front page

As two questionnaires were developed according to service type for the 2018 survey, a number of changes were made to the terminology throughout, including to the front page content. The title of the Type 1 questionnaire was changed from 'NHS Emergency Department Questionnaire' to 'Accident and Emergency (A&E) Department Questionnaire'. The introductory paragraph under the heading 'What is the survey about?' was amended to include text more specific to Type 1 departments as follows: 'This department may also be referred to as Casualty, Emergency Department or A&E'.

Other content on the front page was reformatted and the amount of text reduced since many participants were observed not reading the front page at all or only skim-reading. A touch of colour was added to make it more appealing and instructions were put inside a box to stand out more. The front page content is rarely changed from year to year and is much the same across surveys. However, the [Community Mental Health Survey 2017 Pilot](#) redeveloped the format and appearance of the questionnaire which resulted in a statistically significant increase in the overall response rate. Whilst it is likely that there were several contributing factors to the redesigned questionnaire's success in boosting response, it could be concluded that the reduction in the amount of front page information and the less formal appearance had some beneficial impact.

Questions added

For the Type 1 questionnaire, five new questions were added.

A question was included asking if people got the assistance they needed whilst they were waiting. This followed on from advisory group discussions that some people, the elderly for example, may need assistance for things like walking to the toilet.

11. While you were waiting, were you able to get help from a member of staff?

1 Yes

2 No

3 I did not need any help

A filter question was added before question 20 asking whether or not a family member, friend or carer attended A&E with the patient. This question was added following cognitive testing, which saw a number of interviewees miss out a response option for question 20 that stated that they went to A&E alone.

Q19. When you were at A&E, did you have a family, friend or carer with you?

1 Yes

2 No

A question was added to the 'tests' section for those patients who did not receive their test results on the day. Its inclusion is to ensure that people were kept informed and knew what would happen next:

Q30. If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?

1 Yes

2 No

3 Don't know / can't remember

A question was added to measure the promotion of self-care and appropriate use of services once discharged from A&E. Proper use of services and patients knowing that they should visit their GP or pharmacist if they have any concerns for example, should help reduce the number of unnecessary visits to A&E:

Q44. Did staff give you enough information to help you care for you condition at home?

1 Yes, definitely

2 Yes, to some extent

3 No

4 I did not need this type of information

Questions asking patients about any long-term conditions (LTCs) have appeared in questionnaires across the survey programme since 2005. The questions were redeveloped following extensive work with stakeholders and testing to align them better with similar LTC questions used nationally such as the UK Census. A set of three replacement questions was developed and introduced to

the Inpatients Survey 2017 and other surveys in the programme thereafter, one of which is a new filter question:

Q52. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

1 Yes

2 No

Questions removed

Three questions in total were removed and are no longer present in the 2018 Type 1 questionnaire.

One question from the 2016 questionnaire (Q24 below) was removed following cognitive interviews where volunteers felt this question was quite similar to another question (Q16 in the 2018 questionnaire). They felt it was asking about being anxious whereas we were aiming to measure feelings of distress. As it appeared to not be interpreted as intended, it was agreed to remove this from the questionnaire.

Q24 If you were feeling distressed while you were in the emergency department, did a member of staff help to reassure you?

1 Yes, definitely

2 Yes, to some extent

3 No

4 I was not distressed

5 Not sure / can't remember

Two of the questions removed were asking about pain relief medication, the first being the routing question for the second. Feedback from the Advisory Group was that the second question (Q31 below) was potentially unfair to trusts, as doctors need enough time to assess the patient's situation before they can make a safe decision around providing medication. Therefore trusts should not be penalised for how long it took to provide pain relief to patients. Due to the removal of this question, the routing question (Q30 below) was no longer necessary:

Q30. Did you request pain relief medication?

1 Yes

2 No

3 I was offered or given pain relief medication without asking

Q31. How many minutes after you requested pain relief medication did it take before you got it?

- 1 0 minutes / right away
- 2 1 – 5 minutes
- 3 6 – 10 minutes
- 4 11 – 15 minutes
- 5 16 – 30 minutes
- 6 More than 30 minutes
- 7 I asked for pain relief medication but wasn't given any

Questions amended

Amendments were made to several questions for Type 1. All reference to the 'Emergency Department' was changed to 'A&E'. Eleven questions had changes made to the wording of the question, wording of response options or removal of response options. These are detailed below.

Q2: To reduce the number of response options, Urgent Care Centre, Minor Injuries Unit and a Walk-in Centre were combined to be one response option. It was also agreed that patients may not always be sure which Type 3 service they attended though may recognise at least one of the options listed. The option for an A&E department was changed to be 'A different A&E department' to avoid confusion and the option for a local GP surgery was changed to be 'GP Practice' for simplicity. A new response option was also added to include pharmacists.

Q2. Before going to this A&E department, where did you go to, or contact, for help with your condition? **(Cross ONE only - if more than one option applies, cross the last one you went to, or contacted, before A&E)**

- 1 999 emergency service
- 2 NHS 111 telephone / online service
- 3 A different A&E department
- 4 Pharmacist
- 5 GP practice
- 6 GP out-of-hours service
- 7 Urgent Care Centre / Minor Injuries Unit / Walk-in Centre
- 8 Somewhere else

Q3: In 2016 respondents were able to tick all that applied for this question. However, as we were only interested in the main reason why the patient visited A&E this was changed to a single code

question, and reworded this to reflect the change. It was particularly felt that adding an option regarding access to a GP, would include patients who do not have a family doctor. Additionally, an option was added for patients who attended A&E if they weren't happy with the help they had originally received.

Q3. What was the MAIN reason for going to A&E following your contact with the service above? **(Cross ONE only)**

- 1 The service above referred / took me
- 2 I couldn't get a GP appointment quickly enough
- 3 I am not registered with a GP
- 4 My condition became worse
- 5 I was not satisfied with the help I received
- 6 A different reason

Q9: One response option (i.e. I did not see a doctor or nurse) was removed as less than 1% of respondents chose this in the 2016 survey.

Q9. Sometimes, people will first talk to a doctor or nurse and be examined later. **From the time you arrived**, how long did you wait **before being examined** by a doctor or nurse?

- 1 I did not have to wait
- 2 1-30 minutes
- 3 31-60 minutes
- 4 More than 1 hour but no more than 2 hours
- 5 More than 2 hours but no more than 4 hours
- 6 More than 4 hours
- 7 Don't know / can't remember

Q10: Waiting times can be displayed on a screen or on the internet instead of someone directly telling this information. For this reason, we changed the word 'told' to 'informed' in Q10.

Q10. Were you informed **how long** you would have to wait to be examined?

- 1 Yes, but the wait was **shorter**
- 2 Yes, and I had to wait about as long as I was informed
- 3 Yes, but the wait was **longer**
- 4 No, I was not informed
- 5 Don't know / can't remember

Q12: (Q11 in 2016) Two response options were combined (i.e. a waiting time of 12 to 24 hours and a wait time of more than 24 hours). This was because less than 10% of people in total selected either option and both response options receives a score of zero in the scoring system used to benchmark trust results for publication.

Q12. Overall, how long did your visit to **A&E** last?

- 1 Up to 1 hour
- 2 More than 1 hour but no more than 2 hours
- 3 More than 2 hours but no more than 4 hours
- 4 More than 4 hours but no more than 6 hours
- 5 More than 6 hours but no more than 8 hours
- 6 More than 8 hours but no more than 12 hours
- 7 More than 12 hours
- 8 Can't remember

Q13 (Q12 in 2016): To be consistent with terminology used elsewhere in the questionnaire, the wording of Q13 was changed from 'health or medical problem' to 'condition'. Also, the response option 'I did not see a doctor or nurse' was removed as less than 1% chose this option in 2016.

Q13. Did you have **enough time** to discuss your condition with the doctor or nurse?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

Q20 (Q18 in 2016): The wording was amended to explicitly mention friends and carers and three response options (i.e. no family or friends were involved, family or friends did not want or need information and they did not want family or friends to talk to a doctor) were combined into a 'not necessary' option as all three were not scored :

Q20. If a family member, friend or carer wanted to talk to a doctor, did they have enough opportunity to do so?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 This was not necessary

Q36: It was felt that the response options were not entirely reflective of what would actually happen when leaving the hospital. It was noted for example, that if people went to a nursing home, this may be because this is where they came from when they arrived at A&E and therefore could be considered 'home'. The data from the 2016 backs this up as less than 1% of people chose this option. The question needed to be amended rather than removed as it was a filter question and as we only needed to know whether they went on to a hospital ward or not, the question was completely reworded for simplicity

Q36 At the end of your visit to A&E, were you transferred to a hospital ward?

- 1 Yes
- 2 No

Q42: Following the first round of cognitive testing, 'danger signals' was replaced as it wasn't clear if interviewees were interpreting this term correctly. There was confusion over whether the term 'danger signals' was referring to symptoms that was indicating their condition was worsening, or towards activities that could worsen their condition. The word 'symptoms' was then tested which was more successful in the subsequent rounds of cognitive testing and interpreted correctly.

Q42. Did a member of staff tell you about what **symptoms to watch for** regarding your illness or treatment after you went home?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

Q53 and Q54 (Q51 and Q52 in 2016): As part of the previous redevelopment work around the LTC questions and the subsequent change across the programme, the wording of these questions and response options were changed.

Q53. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 Breathing problem, such as asthma
- 2 Blindness or partial sight
- 3 Cancer in the last 5 years
- 4 Dementia or Alzheimer's disease
- 5 Deafness or hearing loss
- 6 Diabetes

- 7 Heart problem, such as angina
- 8 Joint problem, such as arthritis
- 9 Kidney or liver disease
- 10 Learning disability
- 11 Mental health condition
- 12 Neurological condition
- 13 Another long-term condition

Q54. Do any of these reduce your ability to carry out day-to-day activities?

- 1 Yes, a lot
- 2 Yes, a little
- 3 No, not at all

Questions moved

In 2016, three new questions were added at the start of the section which resulted in an illogical order of questions.

Two questions (Q6 and Q7) were swapped to make the flow of questions make more sense: Q6 is now talking about the most recent visit in which they are completing the questionnaire about and Q7 is now asking about previous visits. Below shows the order of the questions as they appear in te2018:

Q6. Were you given enough privacy when discussing your condition with the **receptionist**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not discuss my condition with a receptionist

Q7. Before your most recent visit to A&E, had you previously been to **the same** A&E department about **the same condition** or something related to it?

- 1 Yes, within the previous week
- 2 Yes, between one week and one month earlier
- 3 Yes, more than a month earlier

4 No

5 Don't know / can't remember

4 Type 3 Questionnaire changes (Urgent Care Centres)

Front page

As per the Type 1 questionnaire, changes were made to the terminology throughout, including to the front page content. The title of the Type 3 questionnaire was changed to 'Urgent Care Questionnaire'. The introductory paragraph under the heading 'What is the survey about?' was amended to include text more specific to Type 3 departments as follows: 'The department you visited might have been called an Urgent Care Centre (UCC), Urgent Treatment Centre (UTC) or Minor Injury Unit (MIU). You might also think of it as A&E'.

As per the Type 1 questionnaire, content on the front page was reformatted and the amount of text reduced. The same boxed information was replicated from the Type 1 questionnaire, and the same colour applied to the box and to key bits of information to help it stand out.

Questions from the 2016 questionnaire that remained for the Type 3 2018 questionnaire replaced the words 'emergency department' with 'urgent care centre' throughout.

Questions added

For the Type 3 questionnaire, five new questions were added (in comparison to the main questionnaire used in the 2016 survey).

To gather information on the proportion of attendances that were appointment based at urgent care centres, a question regarding pre-booked appointments was added. Typically, patients with a pre-booked appointment should be seen within 15 minutes, whilst patients who are 'walk-ins' should be assessed within 15 minutes and seen within 2 hours.

Q6. Did you have an appointment on your most recent visit to the urgent care centre?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

In addition to the above, the following questions were added as per the Type 1 questionnaire:

- A question was added to ask people if they were able to get help from staff while they were waiting (Q10 in Type 3);
- A routing question was added following cognitive testing (Q18 in Type 3);
- A question was added to measure the promotion of self-care (Q41 in Type 3);
- A routing question preceding the LTC questions was added (Q49 in Type 3).

Questions removed

Six questions in total were removed for the Type 3 questionnaire.

Two questions (Q4 and Q5 from 2016) were removed as results from the 2016 survey indicated that only a small number of patients were taken to an urgent care centre by ambulance. This is to be expected as urgent care centres deal with less serious illness and injury:

Q4 Were you taken to the emergency department in an ambulance?

- 1 Yes
- 2 No

Q5 Once you arrived at the emergency department, how long did you wait with the ambulance crew before your care was handed over to the emergency department staff?

- 1 I did not have to wait
- 2 Up to 15 minutes
- 3 16-30 minutes
- 4 31 – 60 minutes
- 5 More than 1 hour but no more than 2 hours
- 4 More than 2 hours
- 5 Don't know / can't remember

Following analysis of the 2016 results, one question (Q21 in 2016) asking about getting the attention of a medical or nursing staff if they needed it was removed. This was thought not to be relevant in urgent care centres as patients are usually in the company of a healthcare professional whilst they are being seen, and not left in a bay as may occur in A&E.

Q21 If you needed attention, were you able to get a member of medical or nursing staff to help you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, I could not find a member of staff to help me
- 4 A member of staff was with me all the time
- 5 I did not need attention

The following questions were removed as per the Type 1 questionnaire:

- Q24 (in the 2016 survey) as cognitive testing showed this was felt to be similar to question 15 in the 2018 Type 3 questionnaire.

- Q30 and Q31 as it would be unfair to penalise trusts who were unable to hand out pain relief medication until after the patient had been assessed

Questions amended

Though the Type 3 questionnaire aimed to be as close to the 2016 questionnaire and as consistent with the 2018 Type 1 questionnaire as possible, amendments were made to the terminology throughout. Throughout the questionnaire, the term 'urgent care centre' replaced 'emergency department' and 'healthcare professionals' replaced 'doctors and nurses'. 11 questions were changed in regards to the wording of the question, wording of the response options or removal of response options. These are detailed below.

- The following eleven questions were amended as per the type 1 questionnaire:
 - Q2 for simplicity, with new options added.
 - Q3 for simplicity, with new options added.
 - Q8 (Q9 in type 1) as it would be very unlikely for a patient to wait longer than 4 hours in an urgent care centre and the waiting times are expected to be much lower than in A&E.
 - Q9 (Q10 in type 1) due to the variations in the ways waiting times are displayed or given to patients.
 - Q11 (Q12 in type 1) to reflect that visits to urgent care centres are typically shorter than to A&E.
 - Q12 (Q13 in type 1) due to the low proportion of respondents choosing the option 'I did not see a doctor or nurse'.
 - Q19 (Q20 in type 1) changed to mention family, friends and carers and to combine the three response options that are not scored
 - Q33 (Q36 in type 1) as many Type 3 interviewees said that they went back to work after leaving the urgent care centre. The phrase 'somewhere else' was added to the third option 'I went home'.
 - Q39 (Q42 in type 1) 'danger signals' was replaced with 'symptoms to watch for' as it tested better during the cognitive interviews
 - Q50 and Q51 (Q53 and Q54 in type 1) the long term condition questions were changed to match the programme wide change of these questions.

Questions moved

As per the Type 1 questionnaire, two questions were swapped to provide a logical flow of questions in the first section on 'Arrivals'.

Q4. Were you given enough privacy when discussing your condition with the **receptionist**?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not discuss my condition with a receptionist

Q5. Before your most recent visit to this urgent care centre, had you previously been to **the same** urgent care centre about **the same condition** or something related to it?

- 1 Yes, within the previous week
- 2 Yes, between one week and one month earlier
- 3 Yes, more than a month earlier
- 4 No
- 5 Don't know / can't remember

5 Covering letters

The covering letters were significantly reworked from the 2016 versions following the successful trial of similarly updated designs for the [Community Mental Health Survey Pilot 2017](#). The aim then was to increase response rates, particularly from younger recipients who tend to be less likely to respond, as evidenced also by findings from the Emergency Department Survey 2016.

This was done by making changes to the survey materials the aim being to make them more engaging, empowering, concise and tailored. The three covering letters were completely reworked: reducing the amount of information and removing any repeated information; including socio-normative messages (e.g. 'many people across England have completed the survey'); incorporating potentially motivating and empowering messages; highlighting key text in colour and bold; and, adopting a more informal style tone and appearance overall.

Additional text was also added to the FAQ section on the reverse of the first and third covering letters to inform patients how their data will be used and protected as per the requirements of the General Data Protection Regulation (GDPR). The second covering letter does not have an FAQ section on the reverse and therefore does not include this text.

When discussing with the advisory group that the covering letters would be revamped, a reminder was given to ensure that the covering letters were written in 'plain English'. The Plain English Campaign, for example, recommends using short sentences, lists and bullet points if appropriate, being as concise as possible, using the active voice and writing in a personal way by using words like 'you' and 'we'.

To reflect the two different questionnaires for Type 1 and Type 3 departments, two covering letters were also designed for each department. The content was the same aside from use of different terminology, the former using 'A&E' and the latter using 'urgent care centre'.

6 CQC flyer

A coloured A5 CQC flyer has been included in survey packs across all surveys in the programme since 2014 to inform recipients who CQC are and the purpose of the survey. It was not piloted prior to its introduction and its impact could therefore not be measured. With continuing falling response rates across all surveys in the programme, the [Community Mental Health Survey Pilot 2018](#) sought to evaluate the effect the inclusion of the flyer has on response rates.

The findings from the pilot resulted in the CQC flyer being excluded from the 2018 UEC Survey. Having no CQC flyer in the mailing packs did not statistically significantly impact the response rate positively or negatively and therefore it was concluded that the CQC flyer had no beneficial impact on response. Though not significant, there was also a trend in the data indicating that the CQC flyer negatively impacts patients age 18 to 35. With the falling rate in response, especially from this group of patients, we did not want to include materials that could potentially disengage younger patients. There has been no loss of information as the information that was provided in the flyer is included in the covering letter.

7 Methodological changes

Sample size

Following the increase in sample size adopted for the Inpatient Survey in 2015, the sample size was similarly increased for the Emergency Department Survey 2016 from 850 to 1250 as a move to protect data reliability and allow more useful granular analysis. Since Type 3 departments were introduced in 2016, trusts with Type 1 attendances submitted a sample of 1250 and trusts with both service types submitted samples of 950 for Type 1 and 300 for Type 3, again totalling 1250.

That year, 137 trusts participated in the survey, with 49 of these submitting samples for Type 3 services. However, the resulting data showed that some questions within the questionnaire were not relevant to a significant proportion of Type 3 respondents. Due to a minimum threshold of 30 responses per question at individual trust level being set to preserve both respondent anonymity and robustness of the data, the data for many questions at trust-level had to be suppressed, meaning that results for Type 3 services for individual trusts were not published. That the response rate dipped sharply between survey years also had an impact on reporting.

For the 2018 survey, the sample size for Type 3 departments was increased to 420 (calculated based on the response rate to the 2016 survey and the minimum number of responses needed per trust, per question for analysis), plus a sample of 950 for Type 1. For trusts with Type 1 departments only, the sample size remained as per the 2016 survey at 1250, as there would be no statistical benefit in increasing the sample size for these trusts.

Sample month

As in 2016, all trusts were required to draw their samples from patients who attended in September 2018. The only allowable deviation from this sampling procedure in 2016 was for trusts with Type 3 services unable to draw the required sample size from September only who were able to sample forward into October to achieve this. For 2018, trusts with a Type 3 department were instructed to display the opt out posters during the month of August as well as September to enable those unable to achieve the required sample size in September to sample back into August.

Faster first reminders

Since its inception, the NPSP has followed best practice methodology with regards to postal methods of administering a paper self-completion questionnaire. The current approach mirrors that set out by Dillman³ in his theory on tailored design methods, that is, three contacts via post with a hard copy of the questionnaire included in the first and final mailing. The timing of these contacts will vary dependent on fieldwork period, but the ideal timeframe is around ten days between the first mailing and the first reminder.

³ Dillman, D.A., 2011. *Mail and internet surveys: The tailored design method-2007 Update with new internet, visual, and mixed-mode guide*. John Wiley & Sons.

Historically, contractors and in-house trusts mailed the first reminder out within 10 days following the initial contact. The 2017 Inpatient Survey Pilot tested a reduction in the time between the initial contact and first reminder to be five working days. This resulted in a statistically significant increase in overall response rate by 3 percentage points. Following these results, it has been a programme-wide decision to go forward with a faster reminder where the second mailings are sent 5 working days after the initial mailing. Trusts are still required to do local checks in that gap for deceased patients.

8 Considerations for the next UEC Survey

During cognitive testing, some issues regarding the covering letters and questionnaires emerged that were unable to be changed for the 2018 UEC Survey but could be changed and amended for the next survey. For instance, certain questions may have been confusing or interpreted in a different way to what the question was aiming to achieve. Some of these issues were only recognised following the third and final round of cognitive tests and as we have no way of testing amendments after the third round, we had no choice but to either keep the question(s) as they were or remove them. For the next UEC Survey, these questions should be revisited to ensure they are redeveloped and included in the first round of cognitive testing.

Covering letters

A running theme during cognitive tests was that many people thought it would be useful to know exactly how the survey has improved NHS urgent and emergency care. This would require a larger piece of work to be conducted involving consultation with trusts, contractors and stakeholders as to what to include and how. Due to timings for the 2018 UEC Survey, this work was unable to be carried out before fieldwork. It was felt by interviewees however, that this would be a great improvement to the letters if we can develop a way to incorporate actual examples. Therefore, this has been flagged for the next outgoing survey in the programme for testing and if successful, the implementation will be discussed for the next UEC survey.

Considerations for both Type 1 and 3 questionnaires

Q8 and Q9 from Type 1, Q7 and Q8 from Type 3:

The testing showed peoples' experiences of entering urgent and emergency care services differed. Some people may go to a main A&E and be triaged to the Urgent Care Centre, which may be co-located on site or it may be elsewhere. Others would self-present to the Urgent Care Centre. It can be difficult to reflect these different pathways in a questionnaire and due to this some interviewees found the question asking about length of time to be examined was too similar to the previous question tasking how long they waited before speaking to a doctor or nurse.

For Type 1, a number of interviewees stated that they were pre-examined at the time they were triaged which was also the first time they spoke to a doctor or nurse and therefore their answer to both questions would be the same. The confusion for Type 1 patients was not realised until round 3 of tests and as Q9 is a routing question, it could not be removed or altered without further testing.

For Type 3, a number of interviewees said they were seen right away and therefore the first time they spoke to a doctor or nurse, they were also examined and again would answer the two questions the same. The confusion for Type 3 was noticed following round 2 of tests and was subsequently changed for round 3: Q7 was removed and Q8 had the first sentence removed. However, it was found that if patients had attended A&E first, and were then triaged to the urgent care centre, they would have first spoken to someone and then later have been examined. Having Q8 on its own resulted in further confusion because these patients weren't sure if the point they were triaged at A&E counted. We therefore added Q7 back in and reverted Q8 back to its original wording from round 2.

These two questions need to undergo redevelopment work and be retested in cognitive interviews before the next UEC survey.

Q9. Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?

- 1 I did not have to wait
- 2 1-30 minutes
- 3 31-60 minutes
- 4 More than 1 hour but no more than 2 hours
- 5 More than 2 hours but no more than 4 hours
- 6 More than 4 hours
- 7 Don't know / can't remember

Q8. Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined?

- 1 I did not have to wait
- 2 Up to 15 minutes
- 3 16 – 30 minutes
- 4 31 – 60 minutes
- 5 More than 1 hour but no more than 2 hours
- 6 More than 2 hours
- 7 Don't know / can't remember

Q34 for Type 1 and Q31 for Type 3:

During round 2 of cognitive tests, one person from Type 1 and all four people from Type 3 said they thought the word 'threatened' was odd to use. We changed it in the Type 3 questionnaire for

round 3 to 'did the behaviour of other patients or visitors make you feel uncomfortable' however patients were then including behaviour that trusts would have no control over (i.e. people with mental health conditions or patients in pain). Therefore it was reverted to its previous version. It was decided to keep this question in as even though this may not be relevant to many patients, safety should be measured in some form. For the next UEC Survey, this question should be revisited and potentially changed to measure safety differently.

While you were in A&E, did you feel threatened by other patients or visitors?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

Q17 for Type 3:

During cognitive interviews, it was realised that for many patients at urgent care centres, they will have only seen one health professional. From the 13 volunteers, 5 of them answered not applicable, one of which nearly answered 'no' instead. Therefore it appears this question may not be applicable to many patients from Type 3 departments however as it was relevant for 7 out of 13 patients during cognitive testing, this question remained in the questionnaire. It will be important to see how it performs for the 2018 UEC Survey and whether it will need to be revisited for the next iteration for possible removal for the Type 3 questionnaire.

Q17. Did health professionals talk to each other about you as if you weren't there?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not applicable

Potentially new questions:

From the consultation with the Advisory Group, two new questions were added to the questionnaires for testing but not included in the final questionnaire:

When you left A&E, did you know what would happen next with your care?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

This question was initially added to capture whether patients know what is happening next with their care following their visit. During cognitive testing, many patients answered 'yes definitely'

because they knew nothing was going to happen with their care afterwards. This led to the decision to not include this question in the 2018 questionnaire for Type 1 or Type 3. If stakeholders feel a question should be included to capture this information, the question would need to be redeveloped and retested for the next UEC survey.

If a family member, friend or carer was with you, were they able to be with you while you were having these tests?

- 1 Yes
- 2 No, but I would have liked them to be
- 3 I went to A&E alone (Type 1) / I went to the urgent care centre alone (Type 3)
- 4 I did not want or need anyone with me
- 5 It was not possible

This question was initially added to capture the accessibility family members, friends or carers had whilst the patient was in A&E or at the urgent care centre. Due to space constraints for the Type 1 questionnaire, this question was removed as it seemed to be the only question with uncertainty in its performance. For instance, one person missed the 'I went alone' option but there was not enough room to add a routing question. However, this question could be included for the next UEC survey if there is space and the question is retested. For the Type 3 questionnaire, this question was removed due to the question appearing irrelevant to many of the volunteers. This is evidenced from the 2016 data as 34% of respondents to Q18 in the 2016 survey stated there were no family members or friends involved in their care.

We also received suggestions from stakeholders for new questions which were not taken forward to development and testing. These suggestions and the rationale for not including them are presented below in Table 1.

Table 1 Questions proposed but not taken forward to development and testing

Proposal	Rationale
A question around if a hospital is equipped to meet people's needs.	Number of people for whom this question is relevant seems likely to be very low, preventing trust level analysis. May need separate question for waiting and treatment areas.
To re-introduce the question on bathroom cleanliness, as cleanliness tends to be an important issue for patients	This was removed from the inpatient survey questionnaire to create space for new questions. In addition this question highly correlated with the cleanliness of rooms and wards.
Providing 'snack packs' to patients who may have to wait a long time or are unable to purchase food	Unable to find a policy that this is a requirement. The obligation is to ensure there are (preferably healthy) snacks / food available for people to buy from shops / cafes / vending

	machines / trolleys etc. Number of people for whom this question is relevant seems likely to be very low preventing trust level analysis.
If people were advised to have a medication review with their GP following attendance	<p>This does not seem to be a requirement and would not be relevant to all (if they were not prescribed medication for example).</p> <p>There are other questions asking about information provision for onward care including being provided with information about who to contact about their condition, and information about being able to care for themselves at home.</p>
Provision of written information at discharge	Whilst there is guidance on discharge information being in written form, this is not a mandated policy

9 Appendix A

The following table provides a summary of changes for both Type 1 and Type 3 questionnaires in comparison with the 2016 Emergency Department questionnaire. Response options are only present for questions that response options have changed.

UEC18 questionnaire comparison with summary of changes			
AE16	UEC18 TYPE 1	UEC18 TYPE 3	Summary of changes
ARRIVAL AT THE EMERGENCY DEPARTMENT	ARRIVAL	ARRIVAL	Changed the section title.
Q1: Was this emergency department the first place you went to, or contacted, for help with your condition?	Q1. Was this A&E department the first service you went to, or contacted, for help with your condition?	Q1. Was this urgent care centre the first service you went to, or contacted, for help with your condition?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3. Place changed to 'service'.
Q2: Before going to this emergency department, where did you go to, or contact, for help with your condition? ¹ <input type="checkbox"/> The 999 emergency service ² <input type="checkbox"/> An NHS walk-in centre ³ <input type="checkbox"/> An A&E	Q2. Before going to this A&E department, where did you go to, or contact, for help with your condition? ¹ <input type="checkbox"/> 999 emergency service ² <input type="checkbox"/> NHS 111 telephone / online service ³ <input type="checkbox"/> A different A&E department	Q2. Before going to this urgent care centre, where did you go to, or contact, for help with your condition? ¹ <input type="checkbox"/> 999 emergency service ² <input type="checkbox"/> NHS 111 telephone / online service ³ <input type="checkbox"/> A&E department	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3. Simplified response options by combining three options into one and amending existing ones for clarification.

<p>department</p> <p>⁴ <input type="checkbox"/> A Minor Injuries Unit (MIU)</p> <p>⁵ <input type="checkbox"/> An Urgent Care Centre (UCC)</p> <p>⁶ <input type="checkbox"/> A GP out of hours service</p> <p>⁷ <input type="checkbox"/> A local GP surgery</p> <p>⁸ <input type="checkbox"/> The NHS 111 telephone service</p> <p>⁹ <input type="checkbox"/> Somewhere else</p>	<p>⁴ <input type="checkbox"/> Pharmacist</p> <p>⁵ <input type="checkbox"/> GP Practice</p> <p>⁶ <input type="checkbox"/> GP out-of-hours service</p> <p>⁷ <input type="checkbox"/> Urgent Care Centre / Minor Injuries Unit / Walk-in Centre</p> <p>⁸ <input type="checkbox"/> Somewhere else</p>	<p>⁴ <input type="checkbox"/> Pharmacist</p> <p>⁵ <input type="checkbox"/> GP Practice</p> <p>⁶ <input type="checkbox"/> GP out of hours service</p> <p>⁷ <input type="checkbox"/> A different Urgent Care Centre / Minor Injuries Unit / Walk-in Centre</p> <p>⁸ <input type="checkbox"/> Somewhere else</p>	<p>Added new option to include pharmacists.</p>
<p>Q3: Why did you go to the emergency department following your contact with the service above? (Cross all that apply)</p> <p>¹ <input type="checkbox"/> The service above referred me or took me to this emergency department</p> <p>² <input type="checkbox"/> I couldn't contact the service above</p> <p>³ <input type="checkbox"/> I couldn't get</p>	<p>Q3. What was the MAIN reason for going to A&E following your contact with the service above? (Cross ONE only)</p> <p>¹ <input type="checkbox"/> The service above referred / took me</p> <p>² <input type="checkbox"/> I couldn't get a GP appointment quickly enough</p> <p>³ <input type="checkbox"/> I am not registered with a GP</p> <p>⁴ <input type="checkbox"/> My condition became worse</p>	<p>Q3. What was the MAIN reason for going to the urgent care centre following your contact with the service above? (Cross ONE only)</p> <p>¹ <input type="checkbox"/> The service above referred / took me</p> <p>² <input type="checkbox"/> I couldn't get a GP appointment quickly enough</p> <p>³ <input type="checkbox"/> I am not registered with a GP</p> <p>⁴ <input type="checkbox"/> My condition</p>	<p>Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.</p> <p>Changed the wording of the question.</p> <p>Simplified response options and added options regarding access to a GP and if they weren't happy with the help they previously received.</p>

<p>an appointment</p> <p>⁴ <input type="checkbox"/> The wait for the service above was too long</p> <p>⁵ <input type="checkbox"/> I was not satisfied with the help I received</p> <p>⁶ <input type="checkbox"/> My condition became worse</p> <p>⁷ <input type="checkbox"/> A different reason</p>	<p>⁵ <input type="checkbox"/> I was not satisfied with the help I received</p> <p>⁶ <input type="checkbox"/> A different reason</p>	<p>became worse</p> <p>⁵ <input type="checkbox"/> I was not satisfied with the help I received</p> <p>⁶ <input type="checkbox"/> A different reason</p>	<p>Changed to 'cross one only' rather than 'cross all that apply'</p>
<p>Q4: Were you taken to the emergency department in an ambulance?</p>	<p>Q4. Were you taken to A&E in an ambulance?</p>		<p>Changed 'emergency department' to 'A&E'.</p> <p>Removed for Type 3.</p>
<p>Q5: Once you arrived at the emergency department, how long did you wait with the ambulance crew before your care was handed over to the emergency department staff?</p>	<p>Q5. Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?</p>		<p>Changed 'emergency department' to 'A&E' for Type 1.</p> <p>Removed for Type 3.</p>
<p>Q6: Before your most recent visit to the emergency department, had you previously been to the same emergency department about</p>	<p>Q7 Before your most recent visit to A&E, had you previously been to the same A&E department about the same condition</p>	<p>Q5. Before your most recent visit to this urgent care centre, had you previously been to the same urgent care centre about the same condition</p>	<p>Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.</p>

the same condition or something related to it?	or something related to it?	or something related to it?	This question was switched with the following question for logical flow.
Q7: Were you given enough privacy when discussing your condition with the receptionist?	Q6. Were you given enough privacy when discussing your condition with the receptionist?	Q4. Were you given enough privacy when discussing your condition with the receptionist?	This question was switched with the proceeding question for logical flow.
WAITING	WAITING	WAITING	
		<p>Q6. Did you have an appointment on your most recent visit to the urgent care centre?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know / can't remember</p>	New question for Type 3.
<p>Q8: How long did you wait before you first spoke to a doctor or nurse doctor?</p> <p>1 <input type="checkbox"/> 0 -15 minutes</p> <p>2 <input type="checkbox"/> 16 - 30 minutes</p> <p>3 <input type="checkbox"/> 31- 60 minutes</p> <p>4 <input type="checkbox"/> More than 60 minutes</p>	<p>Q8. How long did you wait before you first spoke to a doctor or nurse?</p> <p>1 <input type="checkbox"/> 0 -15 minutes</p> <p>2 <input type="checkbox"/> 16 - 30 minutes</p> <p>3 <input type="checkbox"/> 31- 60 minutes</p> <p>4 <input type="checkbox"/> More than 60 minutes</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p>	<p>Q7. How long did you wait before you first spoke to a health professional?</p> <p>1 <input type="checkbox"/> 0 -15 minutes</p> <p>2 <input type="checkbox"/> 16 - 30 minutes</p> <p>3 <input type="checkbox"/> 31- 60 minutes</p> <p>4 <input type="checkbox"/> no more 1 but no more than 2 hours</p>	<p>Changed 'doctor or nurse' to 'health professional' for Type 3.</p> <p>Response options were changed for Type 3 to reflect the difference in expected waiting times.</p>

<p>5 <input type="checkbox"/> Don't know / can't remember</p>		<p>5 <input type="checkbox"/> More than 2 hours</p> <p>6 <input type="checkbox"/> Don't know / can't remember</p>	
<p>Q9: Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?</p> <p>1 <input type="checkbox"/> I did not have to wait</p> <p>2 <input type="checkbox"/> 1-30 minutes</p> <p>3 <input type="checkbox"/> 31-60 minutes</p> <p>4 <input type="checkbox"/> More than 1 hour but no more than 2 hours</p> <p>5 <input type="checkbox"/> More than 2 hours but no more than 4 hours</p> <p>6 <input type="checkbox"/> More than 4 hours</p> <p>7 <input type="checkbox"/> Can't remember</p> <p>8 <input type="checkbox"/> I did not see</p>	<p>Q9. Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?</p> <p>1 <input type="checkbox"/> I did not have to wait</p> <p>2 <input type="checkbox"/> 1-30 minutes</p> <p>3 <input type="checkbox"/> 31-60 minutes</p> <p>4 <input type="checkbox"/> More than 1 hour but no more than 2 hours</p> <p>5 <input type="checkbox"/> More than 2 hours but no more than 4 hours</p> <p>6 <input type="checkbox"/> More than 4 hours</p> <p>7 <input type="checkbox"/> Don't know / Can't remember</p>	<p>Q8. Sometimes, people will first talk to a health professional and be examined later. From the time you arrived, how long did you wait before being examined by a health professional?</p> <p>1 <input type="checkbox"/> I did not have to wait</p> <p>2 <input type="checkbox"/> Up to 15 minutes</p> <p>3 <input type="checkbox"/> 16 – 30 minutes</p> <p>4 <input type="checkbox"/> 31 – 60 minutes</p> <p>5 <input type="checkbox"/> More than 1 hour but no more than 2 hours</p> <p>6 <input type="checkbox"/> More than 2 hours</p> <p>7 <input type="checkbox"/> Don't know / can't remember</p>	<p>Changed “doctor or nurse’ to ‘health professional’ for Type 3.</p> <p>Removed one response option from Type 1 and Type 3. Response options changed for Type 3 to reflect the difference in expected waiting times.</p>

<p>a doctor or a nurse</p>			
<p>Q10: Were you told how long you would have to wait to be examined?</p> <p>1 <input type="checkbox"/> Yes, but the wait was shorter</p> <p>2 <input type="checkbox"/> Yes, and I had to wait about as long as I was told</p> <p>3 <input type="checkbox"/> Yes, but the wait was longer</p> <p>4 <input type="checkbox"/> No, I was not told</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p>	<p>Q10. Were you informed how long you would have to wait to be examined?</p> <p>1 <input type="checkbox"/> Yes, but the wait was shorter</p> <p>2 <input type="checkbox"/> Yes, and I had to wait about as long as I was informed</p> <p>3 <input type="checkbox"/> Yes, but the wait was longer</p> <p>4 <input type="checkbox"/> No, I was not informed</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p>	<p>Q9. Were you informed how long you would have to wait to be examined?</p> <p>1 <input type="checkbox"/> Yes, but the wait was shorter</p> <p>2 <input type="checkbox"/> Yes, and I had to wait about as long as I was informed</p> <p>3 <input type="checkbox"/> Yes, but the wait was longer</p> <p>4 <input type="checkbox"/> No, I was not informed</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p>	<p>The word 'told' was changed to 'informed' both in the question and the response options.</p>
	<p>Q11. While you were waiting, were you able to get the help from a member of staff?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I did not need any help</p>	<p>Q10. While you were waiting, were you able to get the help from a member of staff?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I did not need any help</p>	<p>New question</p>

<p>Q11: Overall, how long did your visit to the emergency department last?</p> <p><input type="checkbox"/> Up to 1 hour</p> <p><input type="checkbox"/> More than 1 hour but no more than 2 hours</p> <p><input type="checkbox"/> More than 2 hours but no more than 4 hours</p> <p><input type="checkbox"/> More than 4 hours but no more than 6 hours</p> <p><input type="checkbox"/> More than 6 hours but no more than 8 hours</p> <p><input type="checkbox"/> More than 8 hours but no more than 12 hours</p> <p><input type="checkbox"/> More than 12 hours but no more than 24 hours</p> <p><input type="checkbox"/> More than 24 hours</p> <p><input type="checkbox"/> Can't remember</p>	<p>Q12. Overall, how long did your visit to A&E last?</p> <p><input type="checkbox"/> Up to 1 hour</p> <p><input type="checkbox"/> More than 1 hour but no more than 2 hours</p> <p><input type="checkbox"/> More than 2 hours but no more than 4 hours</p> <p><input type="checkbox"/> More than 4 hours but no more than 6 hours</p> <p><input type="checkbox"/> More than 6 hours but no more than 8 hours</p> <p><input type="checkbox"/> More than 8 hours but no more than 12 hours</p> <p><input type="checkbox"/> More than 12 hours</p> <p><input type="checkbox"/> Can't remember</p>	<p>Q11. Overall, how long did your visit to the urgent care centre last?</p> <p><input type="checkbox"/> Up to 1 hour</p> <p><input type="checkbox"/> More than 1 hour but no more than 2 hours</p> <p><input type="checkbox"/> More than 2 hours but no more than 4 hours</p> <p><input type="checkbox"/> More than 4 hours</p> <p><input type="checkbox"/> Can't remember</p>	<p>Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.</p> <p>One response option removed for Type 1 and Type 3.</p> <p>Response options changed for Type 3 to reflect the difference in expected waiting times.</p>
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DOCTORS & NURSES	DOCTORS & NURSES	SEEING THE HEALTH PROFESSIONAL	Changed 'doctor or nurse' to 'health professional' for Type 3.
<p>Q12: Did you have enough time to discuss your health or medical problem with the doctor or nurse?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I did not see a doctor or nurse</p>	<p>Q13. Did you have enough time to discuss your condition with the doctor or nurse?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p>	<p>Q12. Did you have enough time to discuss your condition with the health professional?</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, to some extent</p> <p><input type="checkbox"/> No</p>	<p>Changed 'doctor or nurse' to 'health professional' for Type 3.</p> <p>Changed 'health or medical problem' to 'condition'</p> <p>Removed a response option.</p>
<p>Q13: While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?</p>	<p>Q14. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?</p>	<p>Q13. While you were in the urgent care centre, did a health professional explain your condition and treatment in a way you could understand?</p>	<p>Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.</p> <p>Changed 'doctor or nurse' to 'health professional' for Type 3.</p>
<p>Q14: Did the doctors and nurses listen to what you had to say?</p>	<p>Q15. Did the doctors and nurses listen to what you had to say?</p>	<p>Q14. Did the health professional listen to what you had to say?</p>	<p>Changed 'doctor or nurse' to 'health professional' for Type 3.</p>

Q15: If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	Q16. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	Q15. If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?	Changed 'doctor or nurse' to 'health professional' for Type 3.
Q16: Did you have confidence and trust in the doctors and nurses examining and treating you?	Q17. Did you have confidence and trust in the doctors and nurses examining and treating you?	Q16. Did you have confidence and trust in the health professional examining and treating you?	Changed 'doctor or nurse' to 'health professional' for Type 3.
Q17: Did doctors or nurses talk to each other about you as if you weren't there?	Q18. Did doctors or nurses talk to each other about you as if you weren't there?	Q17. Did health professionals talk to each other about you as if you weren't there?	Changed 'doctor or nurse' to 'health professional' for Type 3.
	Q19. When you were at A&E, did you have a family member, friend or carer with you? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Q18. When you were at the urgent care centre, did you have a family member, friend or carer with you? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	New question

<p>Q18: If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?</p> <p>1 <input type="checkbox"/> Yes, definitely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> No family or friends were involved</p> <p>5 <input type="checkbox"/> My family or friends did not want or need information</p> <p>6 <input type="checkbox"/> I did not want my family or friends to talk to a doctor</p>	<p>Q20. If a family member, friend or carer wanted to talk to a doctor, did they have enough opportunity to do so?</p> <p>1 <input type="checkbox"/> Yes, definitely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> This was not necessary</p>	<p>Q19. If a family member, friend or carer wanted to talk to a health professional, did they have enough opportunity to do so?</p> <p>1 <input type="checkbox"/> Yes, definitely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> This was not necessary</p>	<p>Question text amended to mention friends and carers.</p> <p>Response options simplified.</p>
<p>YOUR CARE AND TREATMENT</p>	<p>YOUR CARE AND TREATMENT</p>	<p>YOUR CARE AND TREATMENT</p>	
<p>Q19: While you were in the emergency department, how much information about your condition or</p>	<p>Q21. While you were in A&E, how much information about your condition or treatment was given to you?</p>	<p>Q20. While you were at the urgent care centre, how much information about your condition or treatment was given to you?</p>	<p>Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.</p>

treatment was given to you?			
Q20: Were you given enough privacy when being examined or treated?	Q22. Were you given enough privacy when being examined or treated?	Q21. Were you given enough privacy when being examined or treated?	
Q21: If you needed attention, were you able to get a member of medical or nursing staff to help you?	Q23. If you needed attention, were you able to get a member of medical or nursing staff to help you?		Removed for Type 3.
Q22: Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you in the emergency department?	Q24. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	Q22. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	Removed 'in the emergency department' from the question.
Q23: Were you involved as much as you wanted to be in decisions about your care and treatment?	Q25. Were you involved as much as you wanted to be in decisions about your care and treatment?	Q23. Were you involved as much as you wanted to be in decisions about your care and treatment?	
Q24: If you were feeling distressed while you were in the emergency department, did a			Removed for both Type 1 and Type 3.

member of staff help to reassure you?			
TESTS	TESTS	TESTS	
Q25: Did you have any tests (such as x-rays, scans or blood tests) when you visited the emergency department?	Q26. Did you have any tests (such as x-rays, scans or blood tests) when you visited A&E?	Q24. Did you have any tests (such as x-rays, scans or blood tests) when you visited the urgent care centre?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
Q26: Did a member of staff explain why you needed these test(s) in a way you could understand?	Q27. Did a member of staff explain why you needed these test(s) in a way you could understand?	Q25. Did a member of staff explain why you needed these test(s) in a way you could understand?	
Q27: Before you left the emergency department, did you get the results of your tests?	Q28. Before you left A&E, did you get the results of your tests?	Q26. Before you left the urgent care centre, did you get the results of your tests?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
Q28: Did a member of staff explain the results of the tests in a way you could understand?	Q29. Did a member of staff explain the results of the tests in a way you could understand?	Q27. Did a member of staff explain the results of the tests in a way you could understand?	

	<p>Q30. If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know / can't remember</p>		New question for Type 1.
PAIN	PAIN	PAIN	
Q29: Were you in any pain while you were in the emergency department?	Q31. Were you in any pain while you were in A&E?	Q28. Were you in any pain while you were at the urgent care centre?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
Q30: Did you request pain relief medication?			Removed for Type 1 and Type 3.
Q31: How many minutes after your requested pain relief medication did it take before you got it?			Removed for Type 1 and Type 3.
Q32: Do you think the hospital staff did everything they could to help	Q32. Do you think the hospital staff did everything they could to help control your pain?	Q29. Do you think the staff did everything they could to help control your pain?	Removed 'hospital' from Type 3.

control your pain?			
HOSPITAL ENVIRONMENT AND FACILITIES	HOSPITAL ENVIRONMENT AND FACILITIES	ENVIRONMENT AND FACILITIES	Removed 'Hospital' from section title for Type 3.
Q33: In your opinion, how clean was the emergency department?	Q33. In your opinion, how clean was the A&E department?	Q30. In your opinion, how clean was the urgent care centre?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
Q34: While you were in the emergency department, did you feel threatened by other patients or visitors?	Q34. While you were in A&E, did you feel threatened by other patients or visitors?	Q31. While you were in the urgent care centre, did you feel threatened by other patients or visitors?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
Q35: Were you able to get suitable food or drinks when you were in the emergency department?	Q35. Were you able to get suitable food or drinks when you were in A&E?	Q32. Were you able to get suitable food or drinks when you were at the urgent care centre?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
LEAVING THE EMERGENCY DEPARTMENT	LEAVING A&E	LEAVING THE URGENT CARE CENTRE	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.

<p>Q36: What happened at the end of your visit to the emergency department?</p> <p>1 <input type="checkbox"/> I was admitted to hospital</p> <p>2 <input type="checkbox"/> I was transferred to a nursing home</p> <p>3 <input type="checkbox"/> I went home</p> <p>4 <input type="checkbox"/> I went to stay with a friend or relative</p> <p>5 <input type="checkbox"/> I went to stay somewhere else</p>	<p>Q36. At the end of your visit to A&E, were you transferred to a hospital ward?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>Q33. What happened at the end of your visit to the urgent care centre?</p> <p>1 <input type="checkbox"/> I was admitted to or transferred to a hospital ward</p> <p>2 <input type="checkbox"/> I was sent to A&E</p> <p>3 <input type="checkbox"/> I went home / somewhere else</p>	<p>Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.</p> <p>Question wording and response options changed. These were changed differently for Type 1 and Type 3.</p>
<p>Medications (eg medicines, tablets, ointments)</p>	<p>Medications (eg medicines, tablets, ointments)</p>	<p>Medications (eg medicines, tablets, ointments)</p>	
<p>Q37: Before you left the emergency department, were any new medications prescribed for you?</p>	<p>Q37. Before you left A&E, were you prescribed any new medications?</p>	<p>Q34. Before you left the urgent care centre, were you prescribed any new medications?</p>	<p>Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.</p>
<p>Q38: Did a member of staff explain the purpose of the medications you were to take at home in a way</p>	<p>Q38. Did a member of staff explain the purpose of the medications you were to take at</p>	<p>Q35. Did a member of staff explain the purpose of the medications you were to take at</p>	

you could understand?	home in a way you could understand?	home in a way you could understand?	
Q39: Did a member of staff tell you about medication side effects to watch for?	Q39. Did a member of staff tell you about medication side effects to watch for?	Q36. Did a member of staff tell you about medication side effects to watch for?	
Information	Information	Information	
Q40: Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	Q40. Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	Q37. Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	
Q41: Did hospital staff take your family or home situation into account when you were leaving the emergency department?	41. Did hospital staff take your family or home situation into account when you were leaving A&E?	38. Did a member of staff take your family or home situation into account when you were leaving the urgent care centre?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
Q42: Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	42. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	39. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	Changed 'danger signals' to 'symptoms'.

Q43: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the emergency department?	43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	40. Did a member of staff tell you who to contact if you were worried about your condition or treatment after you left the urgent care centre?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3. Removed 'hospital' from Type 3.
	44. Did staff give you enough information to help you care for your condition at home? 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need this type of information	41. Did staff give you enough information to help you care for your condition at home? 1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> I did not need this type of information	New question
OVERALL	OVERALL	OVERALL	
Q44: Overall, did you feel you were treated with respect and dignity while you were in the emergency department?	45. Overall, did you feel you were treated with respect and dignity while you were in A&E?	42. Overall, did you feel you were treated with respect and dignity while you were in the urgent care centre?	Changed 'emergency department' to 'A&E' for Type 1 and to 'urgent care centre' for Type 3.
Q45: Overall...	46. Overall...	43. Overall...	
ABOUT YOU	ABOUT YOU	ABOUT YOU	

Q46: Who was the main person or people that filled in this questionnaire?	47. Who was the main person or people that filled in this questionnaire?	44. Who was the main person or people that filled in this questionnaire?	
Q47: Are you male or female?	48. Are you male or female?	45. Are you male or female?	
Q48: What was your year of birth?	49. What was your year of birth?	46. What was your year of birth?	
Q49: What is your religion?	50. What is your religion?	47. What is your religion?	
Q50: Which of the following best describes how you think of yourself?	51. Which of the following best describes how you think of yourself?	48. Which of the following best describes how you think of yourself?	
	52. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	49. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? Include problems related to old age. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	New question

<p>Q51: Do you have any of the following long-standing conditions?</p> <p>1 <input type="checkbox"/> Deafness or severe hearing impairment</p> <p>2 <input type="checkbox"/> Blindness or partially sighted</p> <p>3 <input type="checkbox"/> A long standing physical condition</p> <p>4 <input type="checkbox"/> A learning disability</p> <p>5 <input type="checkbox"/> A mental health condition</p> <p>6 <input type="checkbox"/> Dementia</p> <p>7 <input type="checkbox"/> A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy</p> <p>8 <input type="checkbox"/> No, I do not have a long-standing condition</p>	<p>53. Do you have any of the following? Select ALL conditions you have that have lasted or are expected to last for 12 months or more.</p> <p>1 <input type="checkbox"/> Breathing problem, such as asthma</p> <p>2 <input type="checkbox"/> Blindness or partial sight</p> <p>3 <input type="checkbox"/> Cancer in the last 5 years</p> <p>4 <input type="checkbox"/> Dementia or Alzheimer's disease</p> <p>5 <input type="checkbox"/> Deafness or hearing loss</p> <p>6 <input type="checkbox"/> Diabetes</p> <p>7 <input type="checkbox"/> Heart problem, such as angina</p> <p>8 <input type="checkbox"/> Joint problem, such as arthritis</p> <p>9 <input type="checkbox"/> Kidney or liver disease</p> <p>10 <input type="checkbox"/> Learning disability</p> <p>11 <input type="checkbox"/> Mental health condition</p> <p>12 <input type="checkbox"/> Neurological condition</p>	<p>50. Do you have any of the following? Select ALL conditions you have that have lasted or are expected to last for 12 months or more.</p> <p>1 <input type="checkbox"/> Breathing problem, such as asthma</p> <p>2 <input type="checkbox"/> Blindness or partial sight</p> <p>3 <input type="checkbox"/> Cancer in the last 5 years</p> <p>4 <input type="checkbox"/> Dementia or Alzheimer's disease</p> <p>5 <input type="checkbox"/> Deafness or hearing loss</p> <p>6 <input type="checkbox"/> Diabetes</p> <p>7 <input type="checkbox"/> Heart problem, such as angina</p> <p>8 <input type="checkbox"/> Joint problem, such as arthritis</p> <p>9 <input type="checkbox"/> Kidney or liver disease</p> <p>10 <input type="checkbox"/> Learning disability</p> <p>11 <input type="checkbox"/> Mental health condition</p> <p>12 <input type="checkbox"/> Neurological condition</p>	<p>Changed question and response options.</p>
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	¹³ <input type="checkbox"/> Another long-term condition	¹³ <input type="checkbox"/> Another long-term condition	
<p>Q52: Does this condition(s) cause you difficulty with any of the following?</p> <p>¹ <input type="checkbox"/> Everyday activities that people your age can usually do</p> <p>² <input type="checkbox"/> At work, in education or training</p> <p>³ <input type="checkbox"/> Access to buildings, streets or vehicles</p> <p>⁴ <input type="checkbox"/> Reading or writing</p> <p>⁵ <input type="checkbox"/> People's attitudes to you because of your condition</p> <p>⁶ <input type="checkbox"/> Communicating, mixing with others or socialising</p> <p>⁷ <input type="checkbox"/> Any other activity</p> <p>⁸ <input type="checkbox"/> No difficulty with any of these</p>	<p>54. Do any of these reduce your ability to carry out day-to-day activities?</p> <p>¹ <input type="checkbox"/> Yes, a lot</p> <p>² <input type="checkbox"/> Yes, a little</p> <p>³ <input type="checkbox"/> No, not at all</p>	<p>51. Do any of these reduce your ability to carry out day-to-day activities?</p> <p>¹ <input type="checkbox"/> Yes, a lot</p> <p>² <input type="checkbox"/> Yes, a little</p> <p>³ <input type="checkbox"/> No, not at all</p>	<p>Changed the question and response options.</p>
Q53: To which of these ethnic	55. To which of these ethnic	52. To which of these ethnic	

groups would you say you belong?	groups would you say you belong?	groups would you say you belong?	
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