

SURVEY DEVELOPMENT REPORT

URGENT AND EMERGENCY CARE SURVEY 2020

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1. Introduction

Surveys of urgent and emergency services have been carried out in all eligible acute trusts treating adult patients in England in 2003, 2005, 2008, 2012, 2014, 2016 and 2018. The survey will be carried out again in 2020 as part of the NHS Patient Survey Programme (NPSP), coordinated by the Survey Coordination Centre for Existing Methods (SCCEM) at Picker on behalf of the Care Quality Commission (CQC). The purpose of the survey is to understand, monitor and improve people's experience of urgent and emergency care services.

Data collected from the 2020 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 NHS Improvement 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 services under the direct management of NHS trusts 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 also changed to September from January or February or March and the sample size increased to 1250 from 850. These methodological changes were retained for the 2018 survey. As such, results from the 2020 survey can be compared against 2018 and 2016 only². Furthermore, in 2018, separate questionnaires for Type 1 and Type 3 department attendances were developed: 2020 also uses two separate questionnaires.

1.1 Summary of development

Several approaches were used to inform the development of the 2020 survey that took into consideration question performance from the 2018 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, but include:

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

² The comparability of the data from the 2020 UEC survey may be limited by the impact of the COVID-19 pandemic on healthcare services.

- Analysis of the 2018 survey data including item non-response, ceiling effects and question correlations to make recommendations for question removal. This was done separately for Type 1 and Type 3 services.
- An Advisory Group meeting held on 8th April 2020 comprising stakeholders from CQC, NHS England and NHS Improvement, SCCEM, a representative from The King's Fund and NHS trust survey leads. The meeting covered the survey scope including a discussion of the Same Day Emergency Care (SDEC) pathway, integrated care, and the impact of the COVID-19 pandemic on urgent and emergency care services as well as the implementation of the survey. Topics that should be addressed in the questionnaire from a policy and patient perspective were also discussed. The 2018 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.
- In May 2020, an email consultation with trusts was conducted regarding the possibility of trusts including a Same Day Emergency Cases data flag in the Type 1 sample to identify patients who were placed on the SDEC pathway. 12³ trusts were contacted and 5 responded.
- In June 2020, a short online survey about the introduction of new processes for streaming patients into cohort areas of urgent and emergency departments, in response to the coronavirus pandemic, was sent out to 46 trusts (a systematic stratified sample of all trusts). Twenty-one trusts completed the survey.
- 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 2020 UEC Survey in efforts to make the survey more engaging and improve response rates.

1.2 Summary of changes

The development work resulted in a number of changes to the materials and methods for the 2020 survey. In brief, these are:

- Questionnaire – a number of questions were removed, added, and amended in both the Type 1 and Type 3 service questionnaires to reflect changes in NHS guidance, policy and circumstances during the COVID-19 pandemic.
- Covering letters – font and colour were changed. The wording was altered slightly to be more approachable and motivating, and the Q&A section of the covering letters were amended to comply with data protection regulations.

³ A random selection of NHS trusts who participated in the 2018 Urgent and Emergency Care Survey where selected based on NHS England regions to ensure we achieve a geographical spread.

- Survey manuals – the structure of the sampling instructions was significantly reworked following similar recent changes across other NPSP surveys to improve clarity. Separate attribution file instructions were created to provide guidance on the attribution file for trusts able to submit SDEC and COVID-19 streaming data.
- Dissent (opt-out) posters – following a specific request from a trust, posters were translated into two further non-English languages (Romanian and Kurdish) and made available to trusts in addition to the posters in the other ten most-commonly spoken languages in England, including English.
- Added variables to sample files – trusts are asked to submit two new variables to the sample file: full patient postcode and a flag of whether the trust hold a mobile phone number for the patient. The former will allow for deprivation analysis and the latter will help to assess the feasibility of transitioning the survey from a paper-based to a mixed-mode survey (featuring the option to respond on paper or online).
- Attribution file – an optional submission by trusts on SDEC and COVID-19 cohort streaming. This attribution file is optional because consultation with trusts indicated that not all are systematically recording data on SDEC and COVID-19 cohort streaming.

2. Development of the 2020 UEC Survey

2.1 Background

Separate questionnaires for Type 1 and Type 3 departments were developed for the 2018 survey. This was maintained for the 2020 UEC Survey. Response rates were higher in the 2018 survey than in 2016. For Type 1, response rates were 27.9% in 2016 and 30.3% in 2018 and for Type 3 they were 25.5% in 2016 and 28.7% in 2018. Efforts at increasing response have been at the forefront of development initiatives across the survey programme. 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. In 2018, 132 trusts took part in the survey. Of these, 69 trusts had a Type 1 department only, while 63 had both Type 1 and Type 3 departments.

The brief for the 2020 UEC survey set out in particular:

- To review questionnaire content and identify necessary changes based on analysis of 2018 questionnaire performance and consultation in a Survey Advisory Group.
- To put in place measures to identify trusts eligible to submit a Type 3 sample at the earliest opportunity.
- To evaluate the possibility of identifying patients who received Same Day Emergency Care (SDEC).
- To review all supporting materials to ensure they reflect best practice and to cognitively test revised supporting materials.

Overall, the circumstances and service provision during the development and sampling period of the 2020 iteration of the Urgent and Emergency Care Survey differed to that of past surveys due to the 2020 Covid-19 pandemic, and in particular the questionnaire was amended to reflect changes in service provision.

2.2 Advisory Group

Analysis of the 2018 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. A high number of item non-response on a particular question may indicate that either respondents do not understand 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 can be 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 2018 data was analysed separately by Type 1 and Type 3 departments.

The analyses of the 2018 questionnaires performance revealed several questions with either ceiling or floor effects, correlations with other questions, and high item non-response rates which suggested they should be considered for amendment or removal.

Questions with high floor or ceiling effects were question 34 in Type 1 (Q31 in Type 3) regarding feeling threatened by other visitors and question 35 in Type 3 regarding medication. Both were raised for consideration with the advisory group.

A number of questions were highly correlated with each other (i.e. $r > .60$). However, as almost all of the highly correlated questions were included in the Overall Patient Experience Scores (OPES), they were not suggested for amendment to the advisory group.

Only highly correlated questions in the discharge section not included in OPES (Q40, Q41, Q42 and Q44 in Type 1, Q37, Q38, Q39 and Q41 in Type 3) were suggested for closer review by advisory group members.

In the Type 1 questionnaire, questions with high item non-responses which led to suppression at trust and/or national level were question 11 — about getting help from a member of staff while waiting — and question 40 and 41 in the discharge section — about being informed when they could resume usual activities and staff taking the patient's home situation into account. In the Type 3 questionnaire, six questions had high levels of non-response rates: question 10 regarding help while waiting, question 27 regarding results of tests, questions 35 and 36 about medication, question 37 about resuming usual activities, and question 38 about the patient's home situation being taken into account.

Each time a questionnaire is updated from a previous year's survey, much 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 and NHS Improvement 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.

The SCCEM presented the findings from the above analyses to the Advisory Group. 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 the changed situation during the COVID-19 pandemic as well as recent policy changes. Advisory Group members also highlighted the need for questions to be specific enough to lead to meaningful data. This led to an amendment and specification of the question on help needed while waiting in both questionnaires. As a result of the advisory group consultation, 2 questions were removed from the Type 1 questionnaire, 5 were removed from the Type 3 questionnaire. Three questions were added to each questionnaire before cognitive testing began. Several other questions were amended. Details of these changes can be found in Appendix A below.

2.3 Review of the NHS Patient Experience Framework

The NHS Patient Experience Framework was adopted by the NHS National Quality Board (NQB) and built on a modified version of the Picker Institute Principles of Person Centred Care. The main themes within the framework are:

- Respect for patient-centred values, preferences and expressed needs
- Physical comfort
- Coordination and integration of care
- Information, communication and education
- Emotional support
- Welcoming the involvement of family and friends
- Transition and continuity
- Access to care

For the most part, the 2018 survey's questionnaire content aligned relatively well with the current overall *themes* of the framework. For example, there are question items that cover aspects **of patient-centred values or preferences** such as involvement in decisions and privacy during examination. However, the questionnaire (both Type 1 and Type 3) was lacking on items that focused on aspects of shared decision making including taking the patients values into account. Suggestions were taken to the advisory group and a new question was added on shared

decision making ahead of cognitive testing. However, this question was not carried into the final questionnaire as during testing patients told us that they perceived it to be very similar to an existing question (Q25) about involvement in decisions.

Again, **'Information, communication and education'** was a theme well covered in the 2018 UEC questionnaire. A number of the questions focused on the provision of information and the explanation of consent to service users. Consideration was given to including some items that focus on the specific concepts within this theme (e.g. processes of care to facilitate self-care and autonomy) with the questions around the different routes into A&E. During the advisory group it was agreed other topic areas would take priority and therefore a new question was not taken forward to cognitive testing.

'Physical comfort', 'emotional support' and 'welcoming the involvement of family and friends' are themes within the framework that are covered by the questionnaire.

However, **'transition and continuity'** and **'coordination and integration of care'** was not particularly well covered previously. Particularly, there was no measurement of whether a patient received the required health and social care support they may have needed on discharge from hospital in the 2018 questionnaire. Suggestions were taken to the advisory group to add in two additional questions from the 2019 Adult Inpatient Survey, in relation to discussing further health or social care services after leaving hospital with hospital staff and whether the care and support was available after being discharged.

2.4 Policy and the Urgent and Emergency Care Survey

A range of changes in policy and NHS guidance were relevant for the development of the 2020 Urgent and Emergency Care Survey. These were changes due to the COVID-19 pandemic, aspects highlighted in the NHS Long Term Plan, and the recent national implementation of Same Day Emergency Care (SDEC).

In 2020, the coronavirus (COVID-19) pandemic significantly impacted the NHS and the health services it provides. COVID-19 forced the NHS to respond quickly and effectively to stem the transmission and infection rates of the virus and, in response, a number of services within both primary and secondary care had to adapt at pace.

In particular, urgent and emergency care services changed considerably⁴. One key area of change was the separation (i.e. cohorting) of patients with coronavirus or coronavirus symptoms from those that were not suspected to be infected, resulting in separate streams, or "parallel systems", for "infected" and "non-infected" patients⁵. These changes were supported by national guidance on infection prevention and control from Public Health England⁶ and the management of emergency department patients during the pandemic issued by NHS Improvement and NHS

⁴ Royal College of Emergency Medicine, *RCEM Position Statement. COVID-19: Resetting Emergency Department Care*, May 2020.

⁵ Care Quality Commission, *Harnessing transformational change in emergency care and across the wider health and care system*, June 2020.

⁶ Department of Health and Social Care, *COVID-19: infection prevention and control guidance*, April 2020. [COVID-19 Infection prevention and control guidance complete.pdf](#)

England⁷. Whilst no specific end date has been given as to when these measures may no longer be needed, it is envisaged that they will remain in place for some time. Another change in urgent and emergency care services has been the restriction to family or friends accompanying patients in the department.

Besides current changes to services due to the COVID-19 pandemic, other changes in policy and NHS guidance in England since 2018 were considered in the development of the 2020 UEC survey. One focus in the NHS Long Term Plan, with regards to urgent and emergency care, is to improve the quality of referral services such as NHS 111 into the urgent or emergency care system. Although it would not be appropriate for this urgent and emergency care survey to assess the quality of referral services, it is necessary to understand the complete pathway into A&Es or UTCs instead of focusing solely on the episode within the department from arrival.

Further, in particular, Same Day Emergency Care (SDEC) and Acute Frailty Assessments were identified as relevant changes in policy by the advisory group.

The SDEC model is a service aimed at reducing the number of overnight admissions for emergency patients who present at A&E with particular conditions, defined as “*the provision of same-day emergency care for patients being considered for emergency admission*” (NHS Improvement, 2018)⁸. The focus of the model is to rapidly assess, diagnose and treat acute medical, surgical and acute frailty patients so they are able to go home on the same day (if clinically safe to do so). Access into the SDEC model is via a number of routes: triage at A&E (so when a patient arrives at A&E) or direct referral from another service (NHS 111, ambulance or GP’s) and the model is available 7 days a week for a minimum of twelve hours a day⁹.

Whilst the SDEC model is being nationally implemented (by the end of 2019/2020), there is likely to be local variation with regards to the types of patients who are eligible for the SDEC pathway. Typical conditions that are covered by the SDEC pathway are defined as ‘common’ conditions such as deep vein thrombosis, pneumonia, pulmonary embolus, diabetes and cellulitis. To account for patients who were placed on the SDEC pathway, trusts are asked to submit an optional attribution file which flags whether patients went through SDEC. A trust consultation in regard to SDEC data showed that some, but not all trusts hold data on whether patients were placed on the SDEC pathway. Additionally some of these trusts mentioned this information is captured retrospectively of the patients visit. Furthermore, consultation with stakeholders indicated that patients may not be able to self-identify which pathway they experienced, which led to the decision that NHS Trusts would have the option to provide a sample flag in an attribution file during fieldwork to enable analysis to be undertaken for different patient groups.

⁷ NHS England, [*Clinical guide for the management of emergency department patients during the coronavirus pandemic*](#), March 2020.

⁸ NHS Improvement and the Ambulatory Emergency Care Network, *Same-day emergency care: clinical definition, patient selection and metrics*, April 2019.

https://improvement.nhs.uk/documents/2983/SDEC_guide.pdf, last accessed 2 October 2020.

⁹ For patients under the acute frailty pathway, an acute frailty service is provided for at least 70 hours a week aimed at completing a clinical frailty assessment within 30 minutes of arrival at an A&E Department.

Included within the SDEC model is the acute frailty assessment, introduced by all Type 1 departments by December 2019, which is undertaken for all patients aged 65 years and above who arrive by ambulance at an acute service, such as a Type 1 A&E. The assessment is undertaken within 30 minutes of arrival and is conducted using the Clinical Frailty Score (CFS), normally undertaken by the member of staff triaging the patient. The score for a patient, based on the CFS, determines whether a patient will proceed down the SDEC route and access the usual treatment routes (including specialist care) or whether the patient requires additional support around discharge and care in the community. If a patient has a higher score on the CFS, their care will normally be managed by a case manager (nurse specialist) but involve a number of different health professionals such as physiotherapists, occupational therapists, doctors with geriatric expertise and pharmacists. As the care of patients with high CFS scores may differ to those with lower scores, a measure of acute frailty has been added in the questionnaire.

2.5 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 interviews with recent attendees to A&E and Urgent Treatment 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 in accordance with any issues that are evidenced by the interviews.

In reaction to difficulties identifying whether patients had attended a Type 1 or a Type 3 department in 2018, a list of Type 1 and Type 3 departments in trusts was compiled prior to recruitment. In addition, patients were screened to identify which department type they had attended. Despite these measures, there was confusion from patients as to whether they had attended a Type 1 or a Type 3 department in several cases. In particular when departments were co-located a few patients did not recall which department they attended.

Recruitment for cognitive testing underwent significant changes compared to previous surveys. This was for two reasons. Firstly, in 2018, it was particularly challenging to recruit a sufficient amount of participants which led to the use of a recruitment agency to assist in recruiting patients, and secondly, recruitment was forced to be online as face-to-face interaction was very limited during this period which coincided with the COVID-19 lockdown in England. One of the advantages of the restriction on face-to-face meetings and the greater use of online recruiting channels was that a wider geographical reach could be achieved.

Advertising

The recruitment advert was redesigned for 2020 to be more visually appealing, the advert was also linked to the Picker's website to provide patients with more information about the interviews. Due to difficulties recruiting Black and Ethnic Minority (BAME) patients, the advert was amended to contain an image portraying non-white patients and staff after several weeks of recruitment.

Respondents were recruited using several recruitment channels. A new avenue we explored this year was the use of paid Facebook boosted posts. This service allows you to advertise a regular Facebook post to a wider audience in relation to the amount of money invested. The Facebook boosted posts proved to be successful. They led to responses from a younger population, which are historically harder to reach for the UEC survey. Adverts were also placed in six local newspapers across the country (online and/or in print) between May and July 2020. The newspapers demonstrated large differences in success by newspaper. An older population was reached through this channel.

Further, the advert was posted as an advert on Gumtree, in a number of local spotted or community pages and groups on Facebook, on Picker's own Twitter and LinkedIn accounts, and was distributed through Healthwatch Groups. Gumtree had a moderate success, but was the channel with the highest share of BAME respondents which are also historically a group more difficult to reach. Facebook community pages/groups proved successful, leading to a considerable share of responses, mainly from respondents in a 40 to 60 year age range.

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 Treatment Centre in the previous six months. Throughout the recruiting period, the eligibility criteria changed to include only those who had attended during the COVID-19 pandemic, to understand how this altered the patients experience and to further test the relevance of question items. This change was implemented for rounds 2 and 3 of testing.

Interviews

Three rounds of cognitive interviews were carried out using video or phone calls in June and July 2020. Cognitive interviews for NPSP surveys are usually conducted face-to-face, but this was not possible due to social distancing measures in place at the time due to the COVID-19 pandemic. For each round of interviewing, half of the respondents had attended a Type 3 department and half had attended a Type 1 department. Respondents were given £40 in 'Love2shop' or Amazon vouchers for the one-hour interview as a thank-you. This had been £25 for the 2018 iteration survey, but was increased in 2020 due to difficulties in recruiting respondents in 2018.

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

- Department type: 12 Type 1, 13 Type 3 attendees;
- Gender: 12 women, 13 men;
- Age: ranged from 18 to 71, average age was 37;

- Residence: 6 respondents from London, 4 from the West Midlands, 3 from Kent, 2 from Leicestershire, 1 each from Essex, West York, Wiltshire, Norfolk, Nottingham, Northamptonshire, Cambridgeshire, Shropshire, North Yorkshire, and Hampshire;
- Ethnic background: 13 White British, 12 non-White British (Indian, Pakistani, Chinese, Mixed White and Black African British, Black Caribbean British);
- 10 participants with long-term conditions
- 14 participants who had attended while emergency care services were impacted by the pandemic (from April 2020).

3. Questionnaire changes

The Urgent and Emergency Care Survey 2020 comprises of two questionnaires; the 'Accident and Emergency Department (A&E) Questionnaire' for Type 1 departments and the 'Urgent Care Questionnaire' for Type 3 departments. The phrase "Urgent Treatment Centre" replaced the 2018 terminology "Urgent Care Centre" in the Type 3 questionnaire to be in line with NHS terminology guidelines.

On the front page of both questionnaires we have included a helpline email address for patients to contact as an alternative to the telephone helpline number already provided.

Below are the details in regards to the changes made to the Type 1 and Type 3 questionnaire.

3.1 Questions removed

Five questions in total were removed and are no longer present in the 2020 Type 1 questionnaire (the numbering in this section refers to the numbering in the questionnaire for the 2018 Urgent and Emergency Care Survey). Nine questions in total were removed from the Type 3 questionnaire. The Type 1 version of questions is displayed below, with reference to the Type 3 questionnaire question number where questions were removed in both questionnaires.

One question about asking for help while waiting was removed from the Type 3 questionnaire. The data in the 2018 survey results displayed a high proportion of non-specific response 'I did not need any help', which resulted in suppression of data for this question for 27 trusts (43%) due to less than 30 responses from their respondents.

Q10. 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

Two questions relating to attending urgent and emergency care services with a family member, friend or carer have been removed from both questionnaires (Q18 and 19 in Type 3). This is in

response to the current coronavirus pandemic, whereby during the development of the survey joint guidance by the Department of Health and Social Care, Public Health England, and NHS England¹⁰ advised against all non-essential visitors and that all areas of the healthcare facility should be restricted to essential visitors only. Please note that visiting rules are more permissive in updated replacement guidance¹¹. In line with this guidance, most of the people who took part in cognitive testing that had attended Type 1 and Type 3 services after the beginning of the coronavirus pandemic told us that they were unable to be accompanied during their care.

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

- 1 Yes
- 2 No

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

One of the questions removed from both questionnaires (Q28 in Type 3) asked about pain, and was a routing question to the next question. Results of the 2018 survey and findings from cognitive testing in 2020 showed that very few respondents indicate not having pain when in A&E.

Therefore, a response option was added to the following question, 'I was not in pain while I was in A&E' (see amended questions below).

Q31. Were you in any pain while you were in A&E?

- 1 Yes
- 2 No

In the Type 3 questionnaire, questions on medicines were removed. This is because results for Q35 and Q36 had to be suppressed at national level in 2018 due to low numbers of responses nationally and data had to be suppressed for a range of trusts at trust level due to high levels of 'No' responses for Q34, limiting the usability of this data.

Q34. Before you left the urgent care centre, were you prescribed any **new** medications?

- 1 Yes → **Go to 35**
- 2 No → **Go to 37**

¹⁰Department of Health and Social Care et al., *COVID-19: Infection Prevention and Control Guidance*, 18 June 2020 (Archived 20 August 2020).

¹¹ Department of Health and Social Care et al., *COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations*, 20 August 2020.

Q35. Did a member of staff explain **the purpose** of the medications you were to take at home in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

Q36. Did a member of staff tell you about **medication side effects** to watch for?

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

Two of the questions removed from both questionnaires (Q37 and Q38 in Type 3) asked about discharge from hospital, specifically information on resuming usual activities and staff taking the individual's family or home situation into account. Feedback from the Advisory Group indicated that these questions were less valuable than alternative questions on discharge focused on the integration of health and social care services (see new questions on discharge, below).

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?

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

Q41. Did hospital staff take your **family or home situation** into account when you were leaving A&E?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary
- 5 Don't know / can't remember

3.2 Questions added

Eight new questions were added to the 2020 Type 1 questionnaire, and seven out of those eight new questions were also added to the Type 3 questionnaire.

One question was added only to the Type 1 questionnaire to ask if people had been treated in a 'Covid-19 stream' or a 'non Covid-19 stream', i.e. separate areas of the urgent or emergency care departments for infected and non-infected patients. The urgent and emergency care services are

one area of healthcare provision that has undergone major changes to deal with the pandemic¹². NHS England and NHS Improvement has published guidance for Accident and Emergency services (Type 1 departments) to support methods of stemming the transmission of the virus within the hospital setting. This guidance¹³ states it will be necessary for each admission area for patients to create parallel systems to separate patients with respiratory symptoms (COVID-19 symptoms) from those with other clinical presentations (non COVID-19 symptoms). Guidance from Public Health England¹⁴ also discusses the need to create cohort areas within emergency departments to manage/separate patients with suspected or confirmed COVID-19 and those who do not. Whilst no specific end date has been given as to when these measures may no longer be needed, it is envisaged that they will remain in place for some time. This question will allow exploration of whether and how experience in Type 1 services differs by which area service users were 'streamed' into.

During cognitive testing and consultation with NHS trusts it became apparent that this type of streaming did not consistently apply to Type 3 departments, so this question was not added to the Type 3 questionnaire.

Q7. Were you treated in a separate area of A&E because you had coronavirus, or symptoms of coronavirus? *This is regardless of your reason for visiting.*

- 1 Yes
- 2 No
- 3 Don't know
- 4 Can't remember

Another question was added to capture communication at triage in both questionnaires (Q8 in Type 3). This was raised in the advisory group discussion and highlighted as an important point in a recent Healthwatch¹⁵ report on patients' experiences of urgent and emergency care as patients' experience of communication at triage in particular strongly affected their overall experience of the visit.

Q10. Did the nurse or doctor explain what would happen next?

- 1 Yes, definitely
- 2 Yes, to some extent

¹² Royal College of Emergency Medicine. Covid-19: Resetting Emergency Department Care. https://www.rcem.ac.uk/docs/Policy/RCEM_Position_statement_Resetting_Emergency_Care_20200506.pdf

¹³ NHS England and NHS Improvement. Clinical guide for the management of emergency department patients during the coronavirus pandemic. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Specialty-guide_ED-and-coronavirus_V1_17-March.pdf

¹⁴ Public Health England. COVID-19: infection prevention and control guidance. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/893320/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

¹⁵https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20200219%20What%20matters%20to%20people%20using%20A%26E_0.pdf

- 3 No
- 4 I did not need an explanation
- 5 Don't know / can't remember

One question was added in both questionnaires to ask about infection control measures in place (Q28 in Type 3). These questions were added in response to the increased importance of infection control and prevention for the safety of patients and the healthcare environment during the coronavirus pandemic. The response options were taken from the guidance¹⁶ for coronavirus infection prevention and control issued during the development of the survey.

Q33. While you were in A&E, did you see any of the following?

	Yes	No	Don't know
1 Social distancing measures (such as markers on the floor or signage at the entrance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Handwashing with hand sanitiser or soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Staff disposing of gloves and plastic aprons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Cleaning of surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Tissues available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Waste bins provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Another question was added in both questionnaires to ask whether transport arrangements had been discussed with the patient by staff (Q35 in Type 3). This followed on from advisory group discussions that this had become a priority within the NHS after a National Transport Review in 2019.

Q43. Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?

- 1 Yes
- 2 No
- 3 It was not necessary

¹⁶ Department of Health and Social Care et al., *COVID-19: Infection Prevention and Control Guidance*, 18 June 2020 (Archived 20 August 2020).

- 4 Don't know / can't remember

Two questions were added on the topic of the integration with other health and social care services (Q36 and Q37 in Type 3), based on two questions from the 2019 Adult Inpatient Survey questionnaire. This topic highlighted in the advisory group discussion of a topic of increasing importance with added efforts and institutional changes in recent years to move towards better integrated health and social care.

Q44. Did a member of staff discuss with you whether you may need further health or social care services after leaving A&E (e.g. services from GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)?

- 1 Yes
2 No, but I would have liked them to
3 No, it was not necessary to discuss it

Q45. After leaving A&E, was the care and support you expected available **when** you needed it?

- 1 Yes
2 No
3 I did not expect any further care or support after I left A&E

A question to measure acute frailty was introduced as NHS guidance has changed since the Urgent and Emergency Care Survey 2018 to instruct emergency departments to test for frailty in elderly patients and to take added measures in the care of patients categorised as frail (Q44 in Type 3).

Q52. Have you experienced any of the following in the last twelve months?
(Cross ALL that apply)

- 1 Problems with your physical mobility, such as difficulty getting about your home
2 Two or more falls that have needed medical attention
3 Feeling isolated from others
4 None of these

A question on whether the patient was a carer was added (Q45 in Type 3). This had been requested by NHSE&I to gain an understanding of whether respondents have any (formal or informal) caring responsibilities.

Q53. Around the time of your A&E visit, were you responsible for looking after, giving support to, or helping family members, friends, neighbours or others because of their:

- Long-term physical or mental ill health / disability, or
- Problems related to old age?
 - 1 Yes
 - 2 No

3.3 Questions modified

The wording of the question was changed or response options were changed or removed for six questions in both questionnaires.

To allow patients to select all the services they contacted prior to attending A&E, multiple responses were allowed for this question. After the question stem '(Cross ALL that apply)' was added. Additionally, the NHS 111 response option was split into two 'NHS 111 telephone service' and 'NHS 111 online service' to allow for distinctions between the two services and response option 8 was updated to include 'Urgent Treatment Centre' based on updated NHS guidance.

Q2. Before going to this A&E, where did you go to, or contact, for help with your condition **(Cross ALL that apply)**

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

Q3 was amended to reflect the changes made to Q2. Service was changed to Services(s) and MAIN was made bold to highlight we are interested in the main reason given that the patient could have selected multiple services at Q2.

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

- 1 The service(s) (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

A disclaimer was added to Q9 (Q7 in Type 3), to help improve data quality. This was in response to cognitive testing feedback, where a patient said that the first doctor or nurse they spoke to was someone screening for coronavirus at the entrance to the service and they had spoken to them immediately (0 – 15 minutes). However, this question is intended to capture the length of the wait before speaking to a nurse or doctor about the reason for their attendance. .

Q9. How long did you wait before you first spoke to a nurse or doctor? *This does not include staff screening for coronavirus at the entrance to A&E.*

- 1 0 -15 minutes
2 16 - 30 minutes
3 31- 60 minutes
4 More than 60 minutes
5 Don't know / can't remember

The pain section was amended, with the routing question being removed and an additional response option being added into Q31 (Q26 in Type 3) instead. The response option 'I was not in any pain while I was in A&E' was added, to save space within the questionnaire. No information is lost with this change.

Q31. Do you think the hospital staff did everything they could to help control your pain?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I was not in pain while I was in A&E
5 Can't say / don't know

In the 'About You' section at the end of both questionnaires, the questions about long-term conditions (LTC) were moved before the demographic questions. This change divides these two sections more distinctly. The previous order of questions in the Type 1 questionnaire was: Q47 who completed questionnaire, Q48 sex, Q49 birth year, Q50 religion, Q51 sexual orientation, Q52 LTC 1, Q53 LTC 2, Q54 LTC 3, Q55 ethnicity. This order was replicated in the Type 3 questionnaire.

The new order of questions in the 'About You' section of the Type 1 questionnaire is: Q48 who completed questionnaire, Q49 LTC 1, Q50 LTC 2, Q51 LTC 3, Q52 acute frailty, Q53 carer, Q54 sex, Q55 birth year, Q56 religion, Q57 sexual orientation, Q58 ethnicity. This has been replicated in the Type 3 questionnaire.

Two response options were added to the long-term condition question following insights from the 2020 Adult Inpatient Survey development. The new response options are 'Autism or autism spectrum condition' and 'Stroke (which affects your day-to-day life)'.

Q31. 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 Autism or autism spectrum condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition

The example year of birth at Q55 (Q47 in Type 3) was changed from 1934 to 1964 to remain applicable to the range of respondents.

Q55. What was your **year** of birth?

(Please write in)

e.g.

1	9	6	4
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Lastly, the comment section disclaimer at the end of the questionnaire was amended to clarify to whom and in which situation patient comments and/or personal data of the respondent would be provided back to the NHS Trusts. The text '*Your details will **only** be passed back to the NHS Trust if **your comments in this section** raise concerns for your own or others' safety and wellbeing*' was added.

ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the A&E department, please do so here.

*Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will **only** be passed back to the NHS Trust if **your comments in this section** raise concerns for your own or others' safety and wellbeing.*

3.4 Type 1 only questionnaire amends

Q13 was changed to be more specific in the type of help patients required, whether they needed help with their condition or treatment while they were waiting. As previously, this was a generic were you able to get help from a member of staff.

Q13. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?

- 1 Yes
- 2 No
- 3 I did not need any help with my condition or symptoms

4. Changes to the design of patient facing materials

Covering letters

The covering letters have been redesigned to take account of developments across the wider NPSP. The design used was adopted based on cognitive testing findings and according to best practice principles of design. The changes to the 2020 Urgent and Emergency Care Survey covering letters include:

- Using NHS blue colour to highlight key words and phrases in the letter, reinforcing the recognisability of the NHS.
- Using one of the NHS official fonts (Arial).
- Removing superfluous and repetitive text on the front page.
- Incorporating potentially motivating and empowering messages.

Additionally, the text on the reverse side of the first and third covering letters has been updated to inform patients how their data will be used and protected as per the requirements of the General Data Protection Regulation (GDPR). The first reminder letter does not have an FAQ section on the reverse side and therefore does not include this text.

As per the 2018 Urgent and Emergency Care Survey, there are two sets of covering letters: one for Type 1 departments and one for Type 3 departments. The only difference between Type 1 and Type 3 letters will be the terminology used.

Front page of questionnaire and Multilanguage sheet

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Unclassified

In addition to the changes to the cover letter, an email helpline contact was added to the front page to the questionnaire.

Further, MENCAP details were removed from the Multilanguage sheet and replaced with Survey Coordination Centre for Existing Method's contact details as MENCAP's services are no longer available. Instead, patients can request an Easy Read version of the questionnaire from the Survey Coordination Centre for Existing Methods.

5. Changes to the methodology and design of guidance materials

No changes were made regarding sample size, eligibility criteria or other aspects of methodology such as the timing of mailings.

5.1 Additional sample variables

Patient's full postcode

In addition to the standard sample information collected from trusts, the sample file in 2020 will also include the patient's full postcode as well as a flag indicating whether the trust holds a mobile number for this patient. The decision to collect the former variable was made as there was interest in examining whether there is a link between deprivation and experiences of urgent and emergency care. Full postcodes will allow the mapping of case level postcodes to the Lower Layer Super Output Areas (LSOA) deprivation indices (such as the English Index of Deprivation or Index of Multiple Deprivation).

One of NHS England and NHS Improvement's ambitions, laid out in the NHS Long-Term Plan, is to reduce pressure on emergency hospital services by providing more out-of-hospital urgent care. The urgent and emergency care survey questionnaires contain questions on the individual's care pathway. Investigating how LSOA deprivation indices are associated with answers to these questions will likely provide useful information on how care pathways differ by deprivation and, in turn, some of the reasons why deprivation predicts A&E attendance.

There is evidence from research published in recent years that deprivation is one of the strongest predictors of A&E attendance, and that this may be explained by poorer health, less knowledge about out-of-hours GP services, or a relative lack of primary care services¹⁷ (also see the, QualityWatch report, 2014¹⁸). Furthermore, two recent studies showed that deprivation was one of the main factors associated with spending over 4 hours in A&E, and that the association between

¹⁷ Scantlebury R, et al. (2015) Socioeconomic deprivation and accident and emergency attendances: cross-sectional analysis of general practices in England

¹⁸ Blunt (2014) 'Focus on: A&E attendances: Why are patients waiting longer?', QualityWatch, The Health Foundation, Nuffield Trust

wait times and deprivation is becoming stronger over time (QualityWatch Report 2020¹⁹). Mapping respondent postcodes to LSOA deprivation indices will allow the SCCEM, and other analysis teams, to examine whether deprivation is similarly associated with patient experience and, moreover, which areas of patient experience in urgent and emergency care (e.g. access to care, emotional support, information, communication and education) are most strongly associated with deprivation. Similarly, sustainability and transformation partnerships (STPs) and NHS Trusts will be able to use the data provided by the deprivation analysis to better understand local populations and how to improve service provision.

To comply with data protection and specific Section 251 regulation, the postcode information will be stripped out of the final dataset provided to CQC, leaving only the LSOA variable included. All postcode data will be removed by the SCCEM from the dataset produced during cleaning and analysis.

Mobile phone indicator

Over the past few years, there have been a number of methodological pilots undertaken across the wider NPSP looking at ways of increasing response rates and encouraging feedback from those groups that tend to be 'harder to reach'. One way in which this has been done is to look at the use of different ways to invite people to respond to surveys and offering different response modes. As progress is made in this area, it is important to understand what information is available at provider level to make these changes possible.

To support this work, trusts will provide an additional sample variable: a mobile phone indicator. This is a numeric indicator that will indicate whether a trust has a mobile number on record for each sampled service user. Whilst contractors and the SCCEM will not receive details of the actual mobile number for a service user, this data will be particularly valuable in determining coverage of contact details held by providers.

5.2 Attribution file

In 2020, trusts are for the first time asked to submit an attribution file, separate to the sample file, which is optional to them. This file will include a flag of whether patients attended Same Day Emergency Care (SDEC) and whether they were streamed into a separate cohort area due to a (confirmed or suspected) COVID-19 infection.

Same Day Emergency Care (SDEC)

The SDEC flag was highlighted to be of particular interest during the development phase as SDEC should be provided as a separate area within all Type 1 departments since the end of 2019. SDEC is the provision of care for emergency patients within a single day, who would otherwise be admitted to hospital. It is expected that SDEC patients would have different experiences to non-SDEC patients, leading to interest in separate analyses. Whilst consulting on the design of the survey, it was considered whether to include questionnaire items on SDEC for respondents to self-

¹⁹ QualityWatch (2020) How have inequalities in the quality of care changed over the last 10 years? [Online] Available at https://www.nuffieldtrust.org.uk/files/2020-01/quality_inequality/v2/#

identify as having been on the SDEC pathway. However, it was agreed that patients may not know if they had been triaged as a SDEC patient and the data would be more accurate and reliable if collected directly from trusts systems. The attribution file will be optional to trusts, and will be provided separately to the sample data as some trusts commented during the SDEC consultation that this data is often coded retrospectively.

COVID-19 streaming

Similarly, during the COVID-19 pandemic, NHS England and NHS Improvement introduced guidance²⁰ in spring 2020 for Type 1 departments to examine and treat patients with a suspected or confirmed COVID-19 infection in a separate area to other patients. Submitting this data in the attribution file will be optional to trusts, as the consultation indicated one third of trusts are either unsure if this data is recorded or do not currently record this data. We are requesting the optional submission of the infection stream data as this indicator will help us to understand whether patient experience differs dependent on which area they were 'streamed' into. This will be important in enabling us to understand the impact of the pandemic on services and patients experience of those services.

²⁰ NHS England and NHS Improvement (2020) Reference guide for emergency medicine [Online] Available at <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0261-specialty-guide-emergency-medicine-v5-22-April.pdf>

6. Appendix A: UEC20 questionnaire mapping

The following table provides a summary of changes for both Type 1 and Type 3 questionnaires in comparison with the 2018 Urgent and Emergency Care questionnaire. Response options are only present for questions where response options have changed.

UEC20 questionnaire mapping with summary of changes

UEC18 TYPE 1	UEC18 TYPE 3	UEC20 TYPE 1 and TYPE 3	Summary of changes
			Throughout in Type 3: Changed 'urgent care centre' to 'Urgent Treatment Centre'
ARRIVAL	ARRIVAL	ARRIVAL	
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?	Q1. Was this A&E department (Urgent Treatment Centre) the first place you went to, or contacted, for help with your condition?	Type 3 department terminology changed.
Q2. Before going to this A&E department, where did you go to, or contact, for help with your condition? 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	Q2. Before going to this urgent care centre, where did you go to, or contact, for help with your condition? 1 - 999 emergency service 2 - NHS 111 telephone / online service 3 - A&E department 4 - Pharmacist 5 - GP Practice 6 - GP out of hours service 7 - A different Urgent Care Centre / Minor Injuries Unit / Walk-in Centre 8 - Somewhere else	TYPE 1 Q2. Before going to this A&E department, where did you go to, or contact, for help with your condition? (Cross ALL that apply) 1 - 999 emergency service 2 - NHS 111 telephone service 3 - NHS 111 online service 4 - A different A&E department 5 - Pharmacist 6 - GP practice 7 - GP out-of-hours service 8 - Urgent Treatment Centre/ Urgent Care Centre / Minor Injuries Unit / Walk-in Centre 9 - Somewhere else TYPE 3	Type 3 department terminology changed. Separated NHS 111 response option into separate telephone and online services options. Changed to multicode question.

		<p>Q2. Before going to this Urgent Treatment Centre, where did you go to, or contact, for help with your condition? (Cross ALL that apply)</p> <p>1 - 999 emergency service 2 - NHS 111 telephone service 3 - NHS 111 online service 4 - A&E department 5 - Pharmacist 6 - GP practice 7 - GP out-of-hours service 8 - A different Urgent Treatment Centre/ Urgent Care Centre / Minor Injuries Unit / Walk-in Centre 9 - Somewhere else</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 - 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</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 - 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</p>	<p>Q3. What was the MAIN reason for going to A&E (the Urgent Treatment Centre) following your contact with the service(s) above? (Cross ONE only)</p> <p>1 - The service(s) (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</p>	<p>Type 3 department terminology changed.</p> <p>Changed service to service(s) in line with change to Q2.</p> <p>Changed response option 1 according to change in Q2 to multicode question.</p>
<p>Q4. Were you taken to A&E in an ambulance?</p>		<p>ONLY IN TYPE 1 Q4. Were you taken to A&E in an ambulance?</p>	<p>No change.</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>ONLY IN TYPE 1 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>No change.</p>

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?	Q6/4. Were you given enough privacy when discussing your condition with the receptionist?	No change.
		ONLY IN TYPE 1 Q7. Were you treated in a separate area of A&E because you had coronavirus, or symptoms of coronavirus? <i>This is regardless of your reason for visiting.</i> 1 - Yes 2 - No 3 - Don't know 4 - Can't remember	New question for Type 1.
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?	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?	Q8/5. Before your most recent visit to A&E (this Urgent Treatment Centre), had you previously been to the same A&E department (Urgent Treatment Centre) about the same condition or something related to it?	No change.
WAITING	WAITING	WAITING	
	Q6. Did you have an appointment on your most recent visit to the urgent care centre?	ONLY TYPE 3 Q6. Did you have an appointment on your most recent visit to the Urgent Treatment Centre?	Type 3 department terminology changed.
Q9. How long did you wait before you first spoke to a doctor or nurse?	Q7. How long did you wait before you first spoke to a health professional?	Q9/7. How long did you wait before you first spoke to a doctor or nurse (health professional)? <i>This does not include staff screening for coronavirus at the entrance to A&E (the Urgent Treatment Centre).</i>	Type 3 department terminology changed. Disclaimer added regarding time not including Covid-19 streaming.
		Q10/8. Did the nurse or doctor (health professional) explain what would happen next? 1 - Yes, definitely 2 - Yes, to some extent 3 - No	New question.

		4 - I did not need an explanation 5 - Don't know / can't remember	
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?	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?	Q11/9. Sometimes, people will first talk to a doctor or nurse (health professional) and be examined later. From the time you arrived, how long did you wait before being examined?	Removed 'by a doctor or nurse/health professional at end of question.
Q10. Were you informed how long you would have to wait to be examined?	Q9. Were you informed how long you would have to wait to be examined?	Q12/10: Were you told how long you would have to wait to be examined?	No change.
Q11. While you were waiting, were you able to get the help from a member of staff? 1 - Yes 2 - No 3 - I did not need any help	Q10. While you were waiting, were you able to get the help from a member of staff? 1 - Yes 2 - No 3 - I did not need any help	ONLY TYPE 1 Q13. While you were waiting, were you able to get the help with your condition or symptoms from a member of staff? 1 - Yes 2 - No 3 - I did not need any help with my condition or symptoms	Removed in Type 3. Changed wording of question and response option on not needing help.
Q12. Overall, how long did your visit to A&E last?	Q11. Overall, how long did your visit to the urgent care centre last?	Q14/11: Overall, how long did your visit to A&E (Urgent Treatment Centre) last?	Type 3 department terminology changed.
DOCTORS & NURSES	SEEING THE HEALTH PROFESSIONAL	DOCTORS AND NURSES / SEEING THE HEALTH PROFESSIONAL	Changed 'doctor or nurse' to 'health professional' for Type 3.
Q13. Did you have enough time to discuss your health or medical problem with the doctor or nurse?	Q12. Did you have enough time to discuss your condition with the health professional?	Q15/12. Did you have enough time to discuss your condition with the doctor or nurse (health professional)?	No change.

Q14: While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?	Q13: While you were in the urgent care centre, did a health professional explain your condition and treatment in a way you could understand?	Q16/13: While you were in A&E (the Urgent Treatment Centre), did a doctor or nurse (health professional) explain your condition and treatment in a way you could understand?	Type 3 department terminology changed.
Q15: Did the doctors and nurses listen to what you had to say?	Q14: Did the health professional listen to what you had to say?	Q17/14: Did the doctors and nurses (health professional) listen to what you had to say?	No change.
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?	Q18/15: If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	No change.
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?	Q19/16: Did you have confidence and trust in the doctors and nurses (health professional) examining and treating you?	No change.
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?	Q20/17: Did doctors or nurses (health professionals) talk to each other about you as if you weren't there?	No change.
Q19: When you were at A&E, did you have a family member, friend or carer with you? 1 - Yes 2 - No	Q18: When you were at the urgent care centre, did you have a family member, friend or carer with you? 1 - Yes 2 - No		Removed question.
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	Q19: If a family member, friend or carer wanted to talk to a health professional, did they have enough opportunity to do so? 1 - Yes, definitely 2 - Yes, to some extent 3 - No 4 - This was not necessary		Removed question.

YOUR CARE AND TREATMENT	YOUR CARE AND TREATMENT	YOUR CARE AND TREATMENT	
Q20. While you were in A&E, how much information about your condition or treatment was given to you?	Q20. While you were at the urgent care centre, how much information about your condition or treatment was given to you?	Q21/18. While you were in A&E (at the Urgent Treatment Centre), how much information about your condition or treatment was given to you?	No change.
Q21: Were you given enough privacy when being examined or treated?	Q21. Were you given enough privacy when being examined or treated?	Q22/19. Were you given enough privacy when being examined or treated?	No change.
Q22: If you needed attention, were you able to get a member of medical or nursing staff to help you?		ONLY IN TYPE 1 Q23. If you needed attention, were you able to get a member of medical or nursing staff to help you?	No change.
Q23: 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?	Q24/20. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	No change.
Q24: 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?	Q25/21. Were you involved as much as you wanted to be in decisions about your care and treatment?	No change.
TESTS	TESTS	TESTS	
Q25. 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?	Q26/22. Did you have any tests (such as x-rays, scans or blood tests) when you visited A&E (the Urgent Treatment Centre)?	Type 3 department terminology changed.
Q26. 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?	Q27/23. Did a member of staff explain why you needed these test(s) in a way you could understand?	No change.
Q27. 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?	Q28/24. Before you left A&E (the Urgent Treatment Centre), did you get the results of your tests?	Type 3 department terminology changed.
Q28. 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?	Q29/25. Did a member of staff explain the results of the tests in a way you could understand?	No change.

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?		ONLY IN TYPE 1 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?	No change.
PAIN	PAIN	PAIN	
Q29. 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?		Removed in Type 1 and Type 3.
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?	Q31. Do you think the hospital staff (staff) did everything they could to help control your pain? 1 - Yes, definitely 2 - Yes, to some extent 3 - No 4 - I was not in pain while I was in A&E (the Urgent Treatment Centre) 5 - Can't say / don't know	Added response option.
HOSPITAL ENVIRONMENT AND FACILITIES	ENVIRONMENT AND FACILITIES	HOSPITAL ENVIRONMENT AND FACILITIES / ENVIRONMENT AND FACILITIES	
Q33: In your opinion, how clean was the emergency department?	Q30. In your opinion, how clean was the urgent care centre?	Q32/27. In your opinion, how clean was the A&E department (Urgent Treatment Centre)?	Type 3 department terminology changed.
		GRID QUESTION Q33/28. While you were in A&E, did you see any of the following? 1 Yes 2 No 3 Don't know 1 Social distancing measures (such as markers on the floor or signage at the entrance) 2 Handwashing with hand sanitiser or soap 3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear) 4 Staff disposing of gloves and plastic aprons 5 Cleaning of surfaces 6 Tissues available 7 Waste bins provided	Added new question in Type 1 and Type 3.

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?	Q34/29. While you were in A&E (the Urgent Treatment Centre), did you feel threatened by other patients or visitors?	Type 3 department terminology changed.
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?	Q35/30. Were you able to get suitable food or drinks when you were in A&E (the Urgent Treatment Centre)?	Type 3 department terminology changed.
LEAVING THE EMERGENCY DEPARTMENT	LEAVING THE URGENT CARE CENTRE	LEAVING A&E / LEAVING THE URGENT TREATMENT CENTRE	Type 3 department terminology changed.
Q36. At the end of your visit to A&E, were you transferred to a hospital ward?	Q33. What happened at the end of your visit to the urgent care centre?	TYPE 1 Q36. At the end of your visit to A&E, were you transferred to a hospital ward? TYPE 3 Q31. What happened at the end of your visit to the Urgent Treatment Centre?	Type 3 department terminology changed.
Medications (eg medicines, tablets, ointments)	Medications (eg medicines, tablets, ointments)	Medications (eg medicines, tablets, ointments)	
Q37: Before you left A&E, were you prescribed any new medications?	Q34. Before you left the urgent care centre, were you prescribed any new medications?	Q37. Before you left A&E, were you prescribed any new medications?	Removed in Type 3.
Q38: Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	Q35. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	Q38. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	Removed in Type 3.
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?	Q39. Did a member of staff tell you about medication side effects to watch for?	Removed in Type 3.
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?	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?		Removed question.

Q41: Did hospital staff take your family or home situation into account when you were leaving A&E?	Q38. Did a member of staff take your family or home situation into account when you were leaving the urgent care centre?		Removed question.
Q42. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	Q39. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	Q40/32. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	No change.
Q43: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	Q40. 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?	Q41/33. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E (the Urgent Treatment Centre)?	Type 3 department terminology changed.
Q42. Did staff give you enough information to help you care for your condition at home?	Q41. Did staff give you enough information to help you care for your condition at home?	Q42/34. Did staff give you enough information to help you care for your condition at home?	No change.
		Q43. Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E? 1 - Yes 2 - No 3 - It was not necessary 4 - Don't know / can't remember	New question.
		Q44/36. Did hospital staff (a member of staff discuss with you whether you may need further health or social care services after leaving A&E (the Urgent Treatment Centre) (e.g. services from GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)? 1 - Yes 2 - No, but I would have liked them to 3 - No, it was not necessary to discuss it	New question.

		Q45/37. After leaving A&E (the Urgent Treatment Centre), was the care and support you expected available when you needed it? 1 - Yes 2 - No 3 - I did not expect any further care or support after I left A&E	New question.
OVERALL	OVERALL	OVERALL	
Q44: Overall, did you feel you were treated with respect and dignity while you were in A&E?	Q42. Overall, did you feel you were treated with respect and dignity while you were in the urgent care centre?	Q46/38. Overall, did you feel you were treated with respect and dignity while you were in A&E (the Urgent Treatment Centre)?	Type 3 department terminology changed.
Q45: Overall...	Q43. Overall...	Q47. Overall...	No change.
ABOUT YOU	ABOUT YOU	ABOUT YOU	
Q46: Who was the main person or people that filled in this questionnaire?	Q44. Who was the main person or people that filled in this questionnaire?	Q48/40. Who was the main person or people that filled in this questionnaire?	No change.
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.	Q49. 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.	Q49/41. 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.	No change.
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	Q50. 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	Q50/42. 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	Added two response options.

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	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	angina 8 - Joint problem, such as arthritis 9 - Kidney or liver disease 10 - Learning disability 11 - Mental health condition 12 - Neurological condition 13 - Autism or autism spectrum condition 14 - Stroke (which affects your day-to-day life) 15 - Another long-term condition	
Q54. Do any of these reduce your ability to carry out day-to-day activities?	Q51. Do any of these reduce your ability to carry out day-to-day activities?	Q51/43. Do any of these reduce your ability to carry out day-to-day activities?	No change.
		Q52/44. Have you experienced any of the following in the last twelve months? (Cross ALL that apply) 1 - Problems with your physical mobility, such as difficulty getting about your home 2 – 2 or more falls which needed medical attention 3 -Feeling isolated from others 4 -None of these	New question.
		Q53/45. Around the time of your A&E visit, were you responsible for looking after, giving support to, or helping family members, friends, neighbours or others because of their: Long-term physical or mental ill health / disability, or Problems related to old age? 1 - Yes 2 - No	New question.
Q48: Are you male or female?	Q45. Are you male or female?	Q54/46. Are you male or female?	No change.
Q49: What was your year of birth? e.g. 1934	Q46. What was your year of birth? e.g. 1964	Q55/47. What was your year of birth? e.g. 1964	Example year changed.

Q50: What is your religion?	Q47: What is your religion?	Q56/48: What is your religion?	No change.
Q51: Which of the following best describes how you think of yourself?	Q48: Which of the following best describes how you think of yourself?	Q57/49: Which of the following best describes how you think of yourself?	No change.
Q55: What is your ethnic group?	Q52: What is your ethnic group?	Q58/50: What is your ethnic group? (Cross ONE box only)	
ANY OTHER COMMENTS	ANY OTHER COMMENTS	ANY OTHER COMMENTS	
If there is anything else you would like to tell us about your experiences in the A&E department, please do so here.	If there is anything else you would like to tell us about your experiences in the A&E department, please do so here.	If there is anything else you would like to tell us about your experiences in the A&E department, please do so here. <i>Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others' safety and wellbeing.</i>	Added disclaimer about sharing details if comments raise concerns for safety.

7. Appendix B: Type 1 and 3 questionnaires

Accident and Emergency (A&E) Department Questionnaire

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

What you tell us is confidential and taking part is voluntary.

WHAT TO DO

Put a cross clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box and put a cross in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

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

When you have filled in as much as you can, please return it in the Freepost envelope provided.

NEED MORE HELP?

For help completing the questionnaire, please call the survey helpline on [<insert helpline number here>](#) or email [<insert email helpline here>](#)

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

ARRIVAL

Please remember, this questionnaire is about your **most recent visit** to the A&E department at the hospital named in the letter.

1. Was this A&E department the **first** service you went to, or contacted, for help with your condition?

1 Yes → Go to 4

2 No → Go to 2

2. Before going to this A&E department, where did you go to, or contact, for help with your condition? (**Cross ALL that apply**)

1 999 emergency service

2 NHS 111 telephone service

3 NHS 111 online service

4 A different A&E department

5 Pharmacist

6 GP practice

7 GP out-of-hours service

8 Urgent Treatment Centre/ Urgent Care Centre / Minor Injuries Unit / Walk-in Centre

9 Somewhere else

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

1 The service(s) (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

4. Were you taken to A&E in an ambulance?

1 Yes → Go to 5

2 No → Go to 6

5. 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?

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

6. 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

7. Were you treated in a separate area of A&E because you had coronavirus, or symptoms of coronavirus? *This is regardless of your reason for visiting.*

1 Yes

2 No

3 Don't know

4 Can't remember

8. 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

WAITING

9. How long did you wait before you **first spoke** to a nurse or doctor? *This does not include staff screening for coronavirus at the entrance to A&E.*

- 1 0 -15 minutes
- 2 16 - 30 minutes
- 3 31- 60 minutes
- 4 More than 60 minutes
- 5 Don't know / can't remember

10. Did the nurse or doctor explain what would happen next?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 5 Don't know / can't remember

11. 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 → **Go to 14**
- 2 1-30 minutes → **Go to 12**
- 3 31-60 minutes → **Go to 12**
- 4 More than 1 hour but no more than 2 hours → **Go to 12**
- 5 More than 2 hours but no more than 4 hours → **Go to 12**
- 6 More than 4 hours → **Go to 12**
- 7 Don't know / can't remember → **Go to 12**

12. 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

13. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?

- 1 Yes
- 2 No
- 3 I did not need any help with my condition or symptoms

14. 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

DOCTORS AND NURSES

Thinking about your experience in A&E only....

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

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

16. While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

17. Did the doctors and nurses listen to what you had to say?

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

18. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?

1 Yes, completely

2 Yes, to some extent

3 No

4 I did not have any anxieties or fears

19. Did you have confidence and trust in the doctors and nurses examining and treating you?

1 Yes, definitely

2 Yes, to some extent

3 No

20. Did doctors or nurses talk to each other about you as if you weren't there?

1 Yes, definitely

2 Yes, to some extent

3 No

YOUR CARE AND TREATMENT

21. While you were in A&E, how much information about your condition or treatment was given to **you**?

1 Not enough

2 Right amount

3 Too much

4 I was not given any information about my condition or treatment

22. Were you given enough privacy when **being examined or treated**?

1 Yes, definitely

2 Yes, to some extent

3 No

23. 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

24. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?

1 Yes, definitely

2 Yes, to some extent

3 No

25. Were you involved as much as you wanted to be in decisions about your care and treatment?

1 Yes, definitely

2 Yes, to some extent

3 No

4 I was not well enough to be involved in decisions about my care

TESTS

26. Did you have any tests (such as x-rays, scans or blood tests) when you visited A&E?

1 Yes → **Go to 27**

2 No → **Go to 31**

27. Did a member of staff explain **why you needed** these test(s) in a way you could understand?

1 Yes, completely

2 Yes, to some extent

3 No

28. Before you left A&E, did you get the **results** of your tests?

1 Yes → **Go to 29**

2 No → **Go to 30**

3 I was told that the results of the tests would be given to me at a later date → **Go to 30**

4 Don't know / can't remember → **Go to 31**

29. Did a member of staff explain the **results of the tests** in a way you could understand?

- 1 Yes, definitely → **Go to 31**
2 Yes, to some extent → **Go to 31**
3 No → **Go to 31**
4 Not sure / can't remember → **Go to 31**

30. 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

PAIN

31. Do you think the hospital staff did everything they could to help control your pain?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I was not in pain while I was in A&E
5 Can't say / don't know

HOSPITAL ENVIRONMENT AND FACILITIES

32. In your opinion, how clean was the A&E department?

- 1 Very clean
2 Fairly clean
3 Not very clean
4 Not at all clean
5 Can't say

33. While you were in A&E, did you see any of the following?

- | | 1 Yes | 2 No | 3 Don't know |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1 Social distancing measures (such as markers on the floor or signage at the entrance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Handwashing with hand sanitiser or soap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Staff disposing of gloves and plastic aprons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Cleaning of surfaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Tissues available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Waste bins provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. 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

35. Were you able to get suitable food or drinks when you were in A&E?

- 1 Yes
2 No
3 I was told not to eat or drink
4 I did not know if I was allowed to eat or drink
5 I did not want anything to eat or drink

LEAVING A&E

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

- 1 Yes → **Go to 46**
2 No → **Go to 37**

ABOUT YOU

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

- 1 The **patient** (named on the front of the envelope)
- 2 A **friend or relative** of the patient
- 3 **Both** patient and friend / relative together
- 4 The patient with the help of a health professional

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

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 Yes → **Go to 50**
- 2 No → **Go to 52**

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.

- 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 Autism or autism spectrum condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition

51. 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

52. Have you experienced any of the following in the last twelve months? (**Cross ALL that apply**)

- 1 Problems with your physical mobility, such as difficulty getting about your home
- 2 Two or more falls that have needed medical attention
- 3 Feeling isolated from others
- 4 None of these

53. Around the time of your A&E visit, were you responsible for looking after, giving support to, or helping family members, friends, neighbours or others because of their:

- Long-term physical or mental ill health / disability, or
- Problems related to old age?

- 1 Yes
- 2 No

54. Are you male or female?

- 1 Male
- 2 Female

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

(Please write in)

e.g.

1	9	6	4
---	---	---	---

--	--	--	--

56. What is your religion?

- 1 No religion
- 2 Buddhist
- 3 Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- 4 Hindu
- 5 Jewish
- 6 Muslim
- 7 Sikh
- 8 Other
- 9 I would prefer not to say

57. Which of the following best describes how you think of yourself?

- 1 Heterosexual / straight
- 2 Gay / lesbian
- 3 Bisexual
- 4 Other
- 5 I would prefer not to say

58. What is your ethnic group?
(Cross ONE box only)

a. WHITE

- 1 English / Welsh / Scottish / Northern Irish / British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other White background, **write in...**

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other Mixed / multiple ethnic background, **write in...**

c. ASIAN / ASIAN BRITISH

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background, **write in...**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background, **write in...**

e. OTHER ETHNIC GROUP

- 17 Arab
- 18 Any other ethnic group, **write in...**

ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the A&E department, please do so here.

*Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will **only** be passed back to the NHS Trust if **your comments in this section** raise concerns for your own or others' safety and wellbeing.*

THANK YOU VERY MUCH FOR YOUR HELP

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

Please post this questionnaire back in the **FREEPOST** envelope provided.

No stamp is needed

Urgent Care Questionnaire

This survey is about the urgent medical attention you received on your **most recent** visit to the NHS Trust named in the letter enclosed with this questionnaire. The department you visited might have been called an **Urgent Treatment Centre (UTC)**, **Urgent Care Centre (UCC)** or **Minor Injury Unit (MIU)**. You might also think of it as **A&E**. These are places that you can go to for minor injuries or illnesses instead of going to A&E. Throughout the questionnaire, we will use the term 'Urgent Treatment Centre'.

What you tell us is confidential and taking part is voluntary.

WHAT TO DO

Put a cross clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box and put a cross in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

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

When you have filled in as much as you can, please return it in the Freepost envelope provided.

NEED MORE HELP?

For help completing the questionnaire, please call the survey helpline on **<insert helpline number here>** or email **<insert helpline email here>**

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

ARRIVAL

Please remember, this questionnaire is about your **most recent visit** to the Urgent Treatment Centre at the NHS Trust named in the letter. This may have been called an Urgent Care Centre (UCC) or Minor Injury Unit (MIU). You might also think of it as A&E.

1. Was this Urgent Treatment Centre the **first** service you went to, or contacted, for help with your condition?

1 Yes → **Go to 4**

2 No → **Go to 2**

2. Before going to this Urgent Treatment Centre, where did you go to, or contact, for help with your condition? (**Cross ALL that apply**)

1 999 emergency service

2 NHS 111 telephone service

3 NHS 111 online service

4 A&E department

5 Pharmacist

6 GP practice

7 GP out-of-hours service

8 A different Urgent Treatment Centre / Urgent Care Centre/ Minor Injuries Unit / Walk-in Centre

9 Somewhere else

3. What was the **MAIN** reason for going to the Urgent Treatment Centre following your contact with the service(s) above? (**Cross ONE only**)

1 The service(s) (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

4. 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

5. Before your most recent visit to this Urgent Treatment Centre, had you previously been to **the same** Urgent Treatment 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

WAITING

6. Did you have an appointment on your most recent visit to the Urgent Treatment Centre?

1 Yes

2 No

3 Don't know / can't remember

7. How long did you wait before you **first spoke** to a health professional? *This does not include staff screening for coronavirus at the entrance to the Urgent Treatment Centre.*

1 0 - 15 minutes

2 16 - 30 minutes

3 31 - 60 minutes

4 More than 1 hour but no more than 2 hours

5 More than 2 hours

6 Don't know / can't remember

8. Did the health professional explain what would happen next?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 5 Don't know / can't remember

9. 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**?

- 1 I did not have to wait → **Go to 11**
- 2 Up to 15 minutes → **Go to 10**
- 3 16 – 30 minutes → **Go to 10**
- 4 31 – 60 minutes → **Go to 10**
- 5 More than 1 hour but no more than 2 hours → **Go to 10**
- 6 More than 2 hours → **Go to 10**
- 7 Don't know / can't remember → **Go to 10**

10. 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

11. Overall, how long did your visit to the **Urgent Treatment Centre** 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
- 5 Can't remember

SEEING THE HEALTH PROFESSIONAL

12. Did you have **enough time** to discuss your condition with the health professional?

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

13. While you were in the Urgent Treatment Centre, did a health professional explain your condition and treatment in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

14. Did the health professional listen to what you had to say?

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

15. If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not have any anxieties or fears

16. Did you have confidence and trust in the health professional examining and treating you?

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

17. 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

YOUR CARE AND TREATMENT

18. While you were at the Urgent Treatment Centre, how much information about your condition or treatment was given to **you**?

- 1 Not enough
- 2 Right amount
- 3 Too much
- 4 I was not given any information about my condition or treatment

19. Were you given enough privacy when **being examined or treated**?

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

20. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?

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

21. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was not well enough to be involved in decisions about my care

TESTS

22. Did you have any tests (such as x-rays, scans or blood tests) when you visited the Urgent Treatment Centre?

- 1 Yes → **Go to 23**
- 2 No → **Go to 26**

23. Did a member of staff explain why you needed these test(s) in a way you could understand?

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

24. Before you left the Urgent Treatment Centre, did you get the **results** of your tests?

- 1 Yes → **Go to 25**
- 2 No → **Go to 26**
- 3 I was told that the results of the tests would be given to me at a later date → **Go to 26**
- 4 Don't know / can't remember → **Go to 26**

25. Did a member of staff explain the **results of the tests** in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure / can't remember

PAIN

26. Do you think the staff did everything they could to help control your pain?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was not in pain while I was in the Urgent Treatment Centre
- 5 Can't say / don't know

ENVIRONMENT AND FACILITIES

27. In your opinion, how clean was the Urgent Treatment Centre?
- 1 Very clean
 - 2 Fairly clean
 - 3 Not very clean
 - 4 Not at all clean
 - 5 Can't say
28. While you were in the Urgent Treatment Centre, did you see any of the following?
- | | 1 Yes | 2 No | 3 Don't know |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1 Social distancing measures (such as markers on the floor or signage at the entrance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Handwashing with hand sanitiser or soap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Staff disposing of gloves and plastic aprons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Cleaning of surfaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Tissues available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Waste bins provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
29. While you were in the Urgent Treatment Centre, did you feel threatened by other patients or visitors?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
30. Were you able to get suitable food or drinks when you were at the Urgent Treatment Centre?
- 1 Yes
 - 2 No
 - 3 I was told not to eat or drink
 - 4 I did not know if I was allowed to eat or drink
 - 5 I did not want anything to eat or drink

LEAVING THE URGENT TREATMENT CENTRE

31. What happened at the end of your visit to the Urgent Treatment Centre?
- 1 I was admitted to or transferred to a hospital ward → **Go to 38**
 - 2 I was sent to A&E → **Go to 38**
 - 3 I went home / somewhere else → **Go to 32**

INFORMATION

32. 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
33. Did a member of staff tell you **who to contact** if you were worried about your condition or treatment after you left the Urgent Treatment Centre?
- 1 Yes
 - 2 No
 - 3 Don't know / can't remember
34. Did staff give you enough information to help you care for your condition at home?
- 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 I did not need this type of information
35. Before you left, did a member of staff discuss your transport arrangements for leaving the Urgent Treatment Centre?
- 1 Yes
 - 2 No
 - 3 It was not necessary
 - 4 Don't know / can't remember

36. Did a member of staff discuss with you whether you may need further health or social care services after leaving the Urgent Treatment Centre (e.g. services from GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)?

- 1 Yes
- 2 No, but I would have liked them to
- 3 No, it was not necessary to discuss it

37. After leaving the Urgent Treatment Centre, was the care and support you expected available **when** you needed it?

- 1 Yes
- 2 No
- 3 I did not expect any further care or support after I left

OVERALL

38. Overall, did you feel you were treated with respect and dignity while you were in the Urgent Treatment Centre?

- 1 Yes, all of the time
- 2 Yes, some of the time
- 3 No

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

I had a very poor experience I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

0	1	2	3	4	5	6	7	8	9	10

ABOUT YOU

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

- 1 The **patient** (named on the front of the envelope)
- 2 A **friend or relative** of the patient
- 3 **Both** patient and friend/relative together
- 4 The patient with the help of a health professional

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

41. 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 → **Go to 42**
- 2 No → **Go to 44**

42. 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 Autism or autism spectrum condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition

43. 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

44. Have you experienced any of the following in the last twelve months? **(Cross ALL that apply)**

- 1 Problems with your physical mobility, such as difficulty getting about your home
2 Two or more falls that have needed medical attention
3 Feeling isolated from others
4 None of these

45. Around the time of your Urgent Treatment Centre visit, were you responsible for looking after, giving support to, or helping family members, friends, neighbours or others because of their:

- Long-term physical or mental ill health / disability, or
- Problems related to old age?

- 1 Yes
2 No

46. Are you male or female?

- 1 Male
2 Female

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

(Please write in) e.g.

1	9	6	4
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48. What is your religion?

- 1 No religion
2 Buddhist
3 Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
4 Hindu
5 Jewish
6 Muslim
7 Sikh
8 Other
9 I would prefer not to say

49. Which of the following best describes how you think of yourself?

- 1 Heterosexual / straight
2 Gay / lesbian
3 Bisexual
4 Other
5 I would prefer not to say

50. What is your ethnic group?
(Cross ONE box only)

a. WHITE

- 1 English / Welsh / Scottish / Northern Irish / British
- 2 Irish
- 3 Gypsy or Irish Traveller
- 4 Any other White background, **write in...**

b. MIXED / MULTIPLE ETHNIC GROUPS

- 5 White and Black Caribbean
- 6 White and Black African
- 7 White and Asian
- 8 Any other Mixed / multiple ethnic background, **write in...**

c. ASIAN / ASIAN BRITISH

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background, **write in...**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background, **write in...**

e. OTHER ETHNIC GROUP

- 17 Arab
- 18 Any other ethnic group, **write in...**

ANY OTHER COMMENTS

If there is anything else you would like to tell us about your experiences in the Urgent Treatment Centre, please do so here.

*Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will **only** be passed back to the NHS Trust if **your comments in this section** raise concerns for your own or others' safety and wellbeing.*

THANK YOU VERY MUCH FOR YOUR HELP

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

Please post this questionnaire back in the **FREEPOST** envelope provided.

No stamp is needed.