

SURVEY DEVELOPMENT REPORT

2022 URGENT AND EMERGENCY CARE SURVEY

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Updates

Before using this document, please check that you have the latest version, as small amendments are made from time to time (the date of the last update is on the front page). In the very unlikely event that there are any major changes, we will email all trust contacts and contractors directly to inform them of the change.

This document is available from the [NHS surveys website](#).

Questions and comments

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1. Background

Surveys of urgent and emergency (UEC) services have been carried out in all eligible acute trusts treating adult patients in England in 2003, 2005, 2008, 2012, 2014, 2016, 2018 and 2020. The survey will be carried out again in 2022 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 2022 Urgent and Emergency Care Survey (UEC22) will be used by the Care Quality Commission (CQC) to build an understanding of the risk and quality of services and those who organise care across an area. The results are also used by NHS England (NHSE) 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.

As per surveys from 2016 onwards, the 2022 iteration of the survey will include patients who attended either a Type 1 department or a Type 3 department during September 2022. A Type 1 department is defined as 'a major, consultant led A&E Department with full resuscitation facilities and designated accommodation for the reception of A&E patients which operates 24 hours a day, 7 days a week'. A Type 3 department is 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'. Type 3 departments do not include Walk-in Centres and only services under the direct management of NHS trusts are included for the purposes of this survey.

The 2022 iteration of the survey includes two questionnaire versions: one for each department type. The sample month remains the same as per 2016 onwards (September, with the possibility of sampling back to August for Type 3 if the target sample size cannot be reached through September patients only). The sample size remains the same for Type 1 departments (1250 if submitting a Type 1 sample only and 950 if submitting alongside a Type 3 sample), however the sample size for the Type 3 arm has increased from 420 patients to 580 patients in the 2022 survey iteration.¹

The survey and questionnaire was reviewed in a variety of ways to identify areas that could be improved. This exercise involved a number of stages:

- A review of survey coverage in relation to the NHS Patient Experience Framework² and existing surveys targeted at urgent and emergency care patients or services. This desk research was conducted to review existing literature on policy and frameworks against the questionnaire to ensure overall themes of the framework align well.

¹ More information about sampling methodology and guidance for trusts on how to submit a sample can be found in the [sampling instructions](#).

² The [NHS Patient Experience Improvement Framework](#) is an evidence-based organisational development tool that gives Trusts a framework to assess their current approaches to experience of care. The framework is based on CQC reports and themes from trusts rated as adequate and outstanding.

- A review of current urgent and emergency care health service policy and system provision. This review was conducted with the questionnaire in mind, so that new question items could be developed to ensure new policies are assessed.
- A review of considerations raised during the survey development phase of the 2020 survey iteration.
- Performance analysis of the 2020 questionnaires (both Type 1 and Type 3) to assess survey performance and highlight the need for any amendments.
- Desk research to understand the ongoing impact of the COVID-19 pandemic on urgent and emergency services.
- Consultation with an UEC stakeholder Advisory Group comprised of key stakeholders including NHS trusts, policy makers, research charities, other official bodies and Experts by Experience. The Advisory Group was held to consider the survey content and proposal of new question items.
- Patient focus groups with recent patients held to explore whether there are any important areas of care for patients currently missing from the questionnaire.
- Cognitive testing of the questionnaire with 24 recent patients to make sure the questions and response options are understood as intended. Cognitive testing also provides patients with the opportunity to highlight any topics important to them that they feel were missing from the questionnaire or not covered in-depth, as well as, any topics in the questionnaire they feel do not reflect their experience.
- A review of National Patient Survey Programme-wide developments and learnings to ensure consistency across the programme.

This report sets out the phases of development in more detail and the changes that were made for the 2022 Urgent and Emergency Care Survey.

1.1 Summary of changes

The development work resulted in several changes to the materials and methods for the 2022 survey. In brief, these are:

- Questionnaire – Nine Type 1 and six Type 3 questions were removed, nine Type 1 and eight Type 3 questions were added, and nine Type 1 and eight Type 3 questions were amended to reflect changes in NHS guidance, policy and primary research with patients.
- Covering letters – helpline details added to request an accessible version of the questionnaire. Key messages amended to incorporate empowering and motivating statement, URL links simplified.
- Dissent (opt-out) posters – additional languages were added for this year's survey as a result of requests from NHS trusts.
- Removed the attribution file - we are no longer asking trusts to submit data on whether a patient was streamed for coronavirus during their attendance or whether a patient was treated as a Same Day Emergency Care (SDEC) case.

- Increased sample size for the Type 3 arm only following a scoping and consultation exercise, we have increased the sample size for the Type 3 arm to enable a greater volume of data to be collected and provide more insight to trusts delivering Type 3 departments.

2. Development of the 2022 UEC Survey

2.1 Review of the NHS Patient Experience Framework

The Patient Experience Framework (PEF) was built on a modified version of the Picker Institute Principles of Person-Centred Care and is used by the Department of Health and Social Care (DHSC) as a measure of patient experience³.

The questionnaire from the last UEC survey in 2020 was mapped to the NHS Patient Experience Framework themes to assess how well the questionnaire covers themes in the framework (Table 1).

Table 1: NHS Patient Experience Framework Themes mapped to the UEC20 questionnaire

NHS Patient Experience Framework Theme	Theme covered in the questionnaire by:	Example questions
Respect for patient-centred values, preferences and expressed needs	Questions on privacy at various stages in the patient journey; Questions on patient involvement in decisions.	“Were you given enough privacy when discussing your condition with the receptionist?”; “Were you given enough privacy when being examined or treated?”; “Were you involved as much as you wanted to be in decisions about your care and treatment?”
Coordination and integration of care	Questions on integration of care post discharge.	“Did hospital 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)?”;

³[NHS Patient Experience Framework \(PEF\)](#)

		“After leaving A&E, was the care and support you expected available when you needed it?”
Information, communication and education	Questions at different stages of the patient journey on information provision and communication with staff.	“While you were in A&E, how much information about your condition or treatment was given to you? “; “Did a member of staff explain the results of the tests in a way that you could understand?”
Emotional support	Question on patients being able to speak to a member of staff about anxieties/ fears.	“If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?”
Transition and continuity	Questions regarding the ongoing provision of care following discharge.	“Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?”
Access to care	Questions on waiting times.	“How long did you wait before you first spoke to a nurse or doctor?”; “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?”
Physical comfort	Questions on facilities and pain management.	“Do you think the hospital staff did everything they could to help control your pain?”; “Were you able to get suitable food or drinks when you were in A&E?”

One theme covered by the PEF not included in the 2020 questionnaire is the ‘Involvement of family and friends’ theme. This theme was reflected in survey iterations prior to the 2020 survey but was removed due to national regulations on healthcare settings introduced during the Covid-19 pandemic and restrictions on patients having visitors or being accompanied.

2.2 Policy and the Urgent and Emergency Care Survey

NHS Long Term Plan

The [NHS Long Term Plan \(LTP\)](#) was published in January 2019 and sets out an ambitious vision for the future of the NHS. Commitments made in the Long Term Plan for urgent and emergency care services include:

- Providing a 24/7 urgent care service, accessible via NHS 111, which can provide medical advice remotely (and make referrals) to Urgent Treatment Centres.
- Implementing Same Day Emergency Care (SDEC) services across all Type 1 emergency departments.
- Ensuring all hospitals with a 24-hour Type 1 ED department will provide Same Day Emergency Care services for a minimum of 12 hours a day, 7 days a week, and record all patient activity in EDs, Urgent Treatment Centres and SDECs in the emergency care data sets.
- Working closely with primary and community care services to ensure an integrated, responsive healthcare service helping people stay well longer and receive preventative or primary treatment before it becomes an emergency.
- Developing an Integrated Care System (ICS) from April 2021, which will build on the lessons of previous systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.

The plan also set out how options for urgent care will be simplified. By removing the confusion about what the alternative options are to attending an A&E department (for example Walk in Centres, Urgent Care Centres, Minor Injury Units, etc.), the term Urgent Treatment Centre (UTC) becomes uniform across England, and the levels of service provided will also become more standardised. UTCs work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

Urgent and Emergency Care priorities and recovery from the pandemic

In December 2021 (subsequently updated in February 2022), NHS England published a report entitled [2022/3 Priorities and Operational planning guidance](#) which details the need to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. The priorities for UEC were eliminating 12 hour waits in Emergency Departments and to improve all ambulance response standards by minimising handover delays⁴ between ambulance and hospital.

In September 2021 the [UEC Recovery 10 Point Action Plan – Implementation guide](#) was published which demonstrates how the whole system needs to work together after the significant impact caused by the Covid-19 pandemic, and focuses on the immediate and medium-term actions that can be taken to ensure a strong recovery and improved performance of urgent and emergency services.

Same Day Emergency Care

Same day emergency care (SDEC) allows specialists, where possible, to care for patients within the same day of arrival as an alternative to hospital admission, thus removing delays for patients requiring further investigation and/or treatment. Under this care model, patients presenting at

⁴ An ambulance handover delay is when an ambulance has arrived at a hospital with a patient, but the transfer of their care to hospital staff is delayed, which negatively impacts on patient experience and compromises patient safety.

hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. As stated in the [NHS Long Term Plan](#), all acute hospital are to move to this model of care to reduce number of admissions.

The [NHS Benchmarking Network Same Day Emergency Care Final Bespoke Report](#) was published in 2021, and is a core element of NHS England's Urgent and Emergency Care Strategy that will assist trusts nationally in dealing with increasing acute demand, crowding in A&E and the need to restore critical services following the pandemic.

In January 2022 the [NHS published a series of one-page guides](#) designed to provide clinicians with the practical advice and information about SDEC services, such as what SDEC is, what patients are suitable for SDEC, what the benefits of directly referring to SDEC are and what they should do when presented with a patient eligible for SDEC.

Integrated Care Systems

Integrated Care Systems (ICS) are a new partnership between organisations that meet health and care needs across an area, to coordinate planning and services to improve population health and reduce inequalities in care between different groups.

In November 2020 [Integrating care: Next steps to building strong and effective integrated care systems across England](#) was published. This document details how systems and their constituent organisations will accelerate collaborative ways of working by considering key components of an effective ICS and by supporting local leaders in systems to make it easier to achieve their ambitions, including the immediate and long-term challenges presented by the COVID-19 pandemic.

In February 2021 the NHS published [Legislating for Integrated Care Systems: five recommendations to Government and Parliament](#).

All 42 ICS's are expected to be fully operational by April 2022. Whilst ICSs can set their strategic priorities at local level, a number of them have identified urgent and emergency care provision as a priority focus area. Fundamental for ICSs will be understanding the performance of all the service providers within the integrated care system, and not just a single healthcare unit or provider within a patient's care pathway. For urgent and emergency care the salient aspects of coordinated care post attendance at an A&E or Urgent Treatment Centre are important to assess. In addition, understanding the patient journey and services accessed prior to attending the A&E or Urgent Treatment Centre will build on our understanding of system level picture.

Covid-19 impact on urgent care services

The Covid-19 pandemic impacted the NHS considerably and resulted in the introduction of specific policies and procedures for acute health care settings. Ahead of the 2022 survey, research was conducted to explore the restrictions and policies still in place. As of April 2022, it was identified that the following was advised by NHS England⁵:

⁵ [NHS England » National infection prevention and control](#)

- Recommends that isolation of asymptomatic contacts of in-hospital cases of Covid-19 no longer required.
- Locally decided testing protocol⁶ can be used to reduce the isolation period from 10 days in patients who meet the clinical criteria.
- Universal use of face masks for staff and face masks or coverings for all patients and visitors remain in place.
- Physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres.
- Physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed.
- Screening, triaging and testing for SARS-CoV-2 continues.
- It is now down to organisations to decide how implementation of the three Covid-19 specific care pathways (high, medium and low risk of infection) are applied. The use of, or requirement for, care pathways should now be defined locally.

Policy towards family members, friends or carers accompanying patients to A&E, are defined locally, and can depend on the local levels of respiratory infections. However, advice is still in place across trusts for patients to come to A&E alone apart from in exceptional circumstances, such as where a patient has a regular carer who needs to come to hospital to support their health and social needs (particularly dementia, learning disabilities or autism), or where children (anyone under 16) need to be accompanied by a parent or guardian.

NHS A&E attendances and emergency admissions statistics⁷ and in the NHS Key Statistics report⁸ it shows that during the Covid-19 national lockdowns, attendances fell at both major and minor A&E departments. In April 2020, Type 1 attendances were 48% lower than in April 2019, and Type 3 attendances were down 72%. However, from October to December 2021, an average of 42,000 people went to major hospital A&E departments in England every day. A further 20,000 people each day on average attended minor A&E facilities like walk-in centres and minor injuries units. By summer 2021, Type 1 A&E attendances rose above their pre-pandemic peak and in the quarter ending August 2021, attendances were 3.3% higher than the same period in 2019 (+1,480 per day). Attendances at Type 3 departments remained 11% below peak (-2,600 per day).

- Four-hour waits in A&E reached record levels over Winter 2021 and early 2022. The four-hour wait performance improved during the national coronavirus lockdowns, but since then performance has declined to its worst level on record. In February 2022, 39% of patients at Type 1 departments spent more than 4 hours in A&E.
- The length of time that patients wait for emergency admission to hospital ('trolley waits') has also been increasing to record high levels, in the quarter ending January 2022 the number of people waiting over 4 hours for emergency admission after a decision to admit was at an average of 4,483 people per day (34% higher than the previous peak in January 2020).

⁶ Locally decided testing protocol is where Covid-19 testing policy is decided at local / trust level rather than being a nationwide NHS England policy.

⁷ [NHS England: A&E attendances and emergency admissions](#)

⁸ [NHS Key Statistics: England, June 2022](#)

- The number of patients that waited 12+ hours for admission after a decision to admit has also reached extreme record highs: in January 2022 there were 16,564 people who experienced this wait compared to 2,847 in January 2020, a 482% increase
- Ambulance handover delays of over 30 minutes have risen in 2022 with highs of over 20,000 patient experiencing delays in March/April 2022⁹. This compares to around 7,000 delays in March/April 2021 and 12,000 in March 2020 .

These elements were taken forward to the advisory group for further discussion on the impact on services and questions to include within the questionnaire.

2.3 Performance of the 2020 questionnaires (Type 1 and Type 3)

Ahead of the advisory group, analysis was conducted on the 2020 survey data, including item non-response, ceiling effects and question correlations 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 level of item non-response on a particular question may indicate that either respondents did not understand the question, the question is not relevant to them, or that the response options listed did not fit their experience. High levels of item non-response can lead to results of questions being suppressed¹⁰ (i.e. question results are not shown) at trust and/or national level (suppression occurs when less than 30 respondents answer a question) when results are reported.

Ceiling effects occur 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 providing useful insight.

Question correlations were 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.

Additionally the inclusion of new items can impact the context or answering of a following question. 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 analyses revealed several questions requiring review.

Correlation coefficients:

⁹ [UEC-Daily-SitRep-Web-File-Timeseries.xlsx \(live.com\)](#)

¹⁰ Data suppression is implemented across the NPSP to preserve trust-level precision and to protect against respondents being potentially identified within the data. By adopting a low rules suppression it means that patients are less likely to be identified in the data based on the combination of variables collected. I.e.; if there is a small set of respondents answering a particular suite of questions, the combination of their answers and the sample information (such as date & time of attendance, gender, year of birth, postcode and site of treatment) may enable a trust to be able to identify the patients and by suppressing this data it is unlikely trusts will be able to identify patients.

Kendall rank correlation coefficient (commonly referred to as Kendall's τ coefficient) was run on the 2020 data. High correlations (the closer the correlation is to 1) between a pair of questions can indicate that the questions are measuring the same aspect of patient experience, highlighting the potential to remove one of the questions to simplify the survey. Table 2 lists all correlations of 0.6 or higher as these are considered to be strong correlations.

Table 2: UEC20 question item performance: correlations of 0.6 and above.

Questionnaire Type	Question 1	Question 2	Correlation
Type 1	Did you have enough time to discuss your condition with the doctor or nurse?	Did the doctors and nurses listen to what you had to say?	Correlation of 0.603
Type 1	Did staff give you enough information to help you care for your condition at home?	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	Correlation of 0.643
Type 3	Did staff give you enough information to help you care for your condition at home?	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	Correlation of 0.668

While these questions were raised for discussion in the advisory group, it was felt each question covered an important aspect of care, and it was agreed each question should to be retained within the current questionnaires.

Suppression:

The 2020 survey, when compared to other surveys in the NPSP, experienced higher than expected levels of suppression (i.e. question results not being shown at trust level and site level due to less than 30 responses) for a number of questions across both questionnaire types. All questions (apart from the demographic questions) were analysed and the results are detailed in Table 3 below.

Table 3: UEC20 question item performance: suppression

Department Type	Question	Number of trusts suppressed
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?' (Question is filtered)	16
3	Q24 'Before you left the Urgent Treatment Centre, did you get the results of your tests?' (Question is filtered)	10

3	Q25 'Did a member of staff explain the results of the tests in a way you could understand?' (Question is filtered)	15
3	Q30 'Were you able to get suitable food or drinks when you were at the Urgent Treatment Centre?'	28
3	Q35 'Before you left, did a member of staff discuss your transport arrangements for leaving the Urgent Treatment Centre?'	16

High levels of suppression suggest that respondents are unable to answer the question or it is not relevant to them. Suppression has implications meaning that trusts do not receive results for all questions, leaving gaps in their knowledge. To address this issue we have adapted the 'Tests' section of the questionnaires to reduce the number of routed questions, additionally we have increased the **Type 3 sample size, which is discussed in section 9**.

Verbatim Analysis:

A total of 250 (<2%) Type 1 verbatim comments that specifically mentioned the questionnaire or completing it, were identified from the circa 17,198 free text responses in UEC20. A total of 250 (<10%) Type 3 verbatim comments that specifically mentioned the questionnaire or completing it, were identified from the circa 2,761 free text responses in UEC20. These comments were then grouped into themes.

The main themes identified in this analysis were:

- Overall care and professionalism experienced by patients.
- Patients being provided with an incorrect diagnosis.
- Assistance required for individual needs whilst at the hospital, e.g., needing a wheelchair.

3. Patient Focus Groups

Four focus groups were conducted with patients who had recently attended an A&E Department or an Urgent Treatment Centre. Patients were allocated to either a Type 1 or a Type 3 focus group: keeping the participants grouped by department type enabled the full patient pathway to be explored separately during the discussions¹¹. Patients were recruited from across England via a number of recruitment avenues such as social media, newspaper advertising and snowball recruitment techniques. Participants covered a diverse demographic:

- Aged between 16-65 years old,
- A mix of ethnic backgrounds: African, Asian, Black British, Caribbean and White British,
- A range of long-term conditions: blood disorder, breathing problem, cancer, diabetes, heart, joint problems, such as arthritis, mental health, neurological condition.
- Attended services across England including London and the South East, Midlands, Yorkshire, North East and the South West.

¹¹ Two separate groups were coordinated to ensure the feedback provided was relevant to the correct department type. This allowed the moderators to focus purely on the Type 1 or Type 3 patient journey which in turn eliminated confusion for the participants.

- Accessed services via NHS 111 referral, ambulatory services, primary care referral (including out of hours) and walk in.

The focus groups were conducted virtually to enable participants from a wide geographic area to participate and share their experiences. Each focus group lasted 90 minutes facilitated by an experienced researcher. Exercises were undertaken during each group to explore the patient journey through either A&E or the UTC, identifying from their experience what aspects comprise good quality care. This was followed by a brainstorming exercise that looked at organising those areas of patient experience into themes of importance. Participants also discussed the methodology used for the survey including how contact is made with patients, the look and feel of survey materials including language, content, information provision and engagement with materials.

There were a number of salient themes identified by participants that were common to both department types. The themes identified in bold are areas that have not been reflected in the questionnaires, for either department type, to date.

- Interactions with various members of staff on site (both non-clinical and clinical) including friendliness and professionalism of staff, being listened to throughout the experience and having the opportunity to ask staff questions.
- Shared decision making such as involvement in treatment decisions.
- Communication with and information provision to patients including consistent, clear and simple explanations, being kept informed throughout, provision of and explanation of test results, and clear information on after care at home.
- Coordinated care aspects such as clinical teams sharing consistent information with each other and information being provided to other agencies on discharge/end of care episode.
- **Clinical care standards such as clear and correct diagnosis before leaving the department.**
- Facilities including cleanliness, availability of refreshments and **provision of mobile phone charging points.**
- **Dignity and respect including privacy during waiting**, examination and treatment.
- Comfort including pain relief when needed and getting help from staff whilst waiting to be treated or during treatment.
- **Support for individual patient needs such as communication, accessibility and additional individual needs whilst in the department.**

The questionnaires designed for the UEC survey have included items on the above topics since the survey's inception.

4. Advisory Group

Following the completion of desk research, and a review of the 2020 questionnaire as detailed in the sections above, a stakeholder advisory group met on 10th May 2022, to discuss the development of the 2022 survey. The Advisory Group consisted of key stakeholders, including NHS acute trusts, CQC Experts by Experience, policy makers, research charities and other official bodies.

Group members were consulted with throughout survey development to ensure the questionnaire aligns with current procedures and that the data can be used effectively by NHS acute trusts to implement improvements to patient experience. Contributors were asked to advise on questions that were no longer relevant, potential new questions, ongoing service changes as a result of the Covid-19 pandemic, as well as recent policy changes in urgent and emergency care settings and systems.

Following the development review exercise, as detailed in sections above, five areas were flagged for discussion with the advisory group:

Infection control policies relating to Covid-19

- The Covid-19 pandemic impacted the NHS considerably and resulted in the introduction of specific infection control policies and procedures for acute health care settings. With the removal of legal restrictions in England by the UK government on 24th February 2022, NHS trusts now have greater autonomy over which infection control policies remain in place. This resulted in variation in infection control measures implemented locally.
- Stakeholders agreed that whilst infection control policies were still in place across England, NHS trusts can decide at the local level what those policies would be. Therefore, whilst the majority of NHS trusts are still adhering to infection control policies, the actual infection control mechanisms can vary between them. It would be challenging to assess the performance of trusts on a measure where there was disparity of infection control practices across England.

Visitor limitations in urgent and emergency care settings

- Due to the Covid-19 pandemic, hospitals implemented restrictions on how many people could attend a hospital setting to accompany the patient. For a number of services at the height of the pandemic, patients were to attend hospital settings unaccompanied to reduce the spread and risk of infection. Whilst the national and legal restrictions lifted across England in April 2022, hospitals have been and continue to implement local based visitor policies based on local levels of respiratory infections.
- Two questions that were removed from the 2020 survey iteration focussed on whether a patient was accompanied and whether the person who accompanied the patient had enough opportunity to speak to doctor if they wanted to.
- Stakeholders agreed that whilst local visitor policies may be in place, the importance of patients being accompanied were fundamental to a positive person-centred focus and experience of healthcare settings and therefore it was decided that these questions should be re-added. [Please see questionnaire changes section below](#)

Waiting Times

- As flagged in the COVID-19 desk research, waiting times in A&E reached record levels over Winter 2021 and early 2022. Waiting time for emergency admission to hospital ('trolley waits') and ambulance handover delays were also highlighted as key concerns.
- Stakeholders discussed the value of measuring patient perceptions of waiting times given that waiting times data and information is collected via other mechanisms and measures, separate to the survey.

- It was later flagged that the waiting times data collected in the survey is utilised by the Department of Health and Social Care and therefore the waiting times questions were retained. [Please see questionnaire changes section below for more information.](#)

Same Day Emergency Care (SDEC) pathway

- SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. All Type 1 departments will provide SDEC services at least 12 hours a day, 7 days a week.
- For the UEC20 survey, trusts were asked to submit an attribution file to indicate whether a Type 1 patient had been in a SDEC pathway. A very small proportion of trusts submitted this data due to difficulty extracting this information from their systems.
- Stakeholders attending the advisory group were unable to comment on this new pathway due to trust variation in how the service has been implemented and how data is recorded. A separate trust consultation was conducted to explore this area further.

Integrated Care System (ICS) based questions

- Integrated Care Systems (ICSs) are new partnerships that focus on how health and care services can work together to deliver coordinated care in a way that improves population health and reduce inequalities between groups. Forty-two ICSs were established across England by April 2022.
- Whilst the UEC survey is focussed at NHS trust level (i.e., NHS trusts are benchmarked against each other), there is growing interest in being able to provide data to ICSs to help support their ambitions locally. There are a couple of questions within the 2020 survey that help to understand integrated care between health and social care services: '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)?'; and 'After leaving A&E, was the care and support you expected available when you needed it?'
- However, the advisory group were consulted on additional items that could be included specifically focussing on integrated care, giving valuable data at ICS level. As a result a number of questions were added to measure which services patients are told to contact and whether patients received the care required after discharge. [Please see questionnaire changes section below for more information.](#)

5. Type 3 survey arm review

During the development of the questionnaires for the 2022 UEC survey, the SCCEM undertook a review of the Type 3 arm of the survey. The aim of the review was to explore ways of increasing the value of the Type 3 arm for stakeholders by holding discussion groups with NHS trusts, CQC and NHS England. These discussion groups involved understanding the ways in which data is being used by different stakeholders, the possible limitations with the data preventing service improvement and any developments in service provision that potentially need to be reflected within the questionnaire.

Since the inclusion of Type 3 departments in the survey back in 2016, the urgent and emergency health care landscape has changed significantly with greater integration of services in a local area. In addition, recent work has been undertaken to re-designate all Type 3 departments (which also included Urgent Care Centres) as Urgent Treatment Centres. The SCCEM undertook a number of activities for the review including:

- Analysed existing sources on Type 3 service provision to review whether the current guidelines provided by NHS England aligned with those in 2016
- Mapped Type 3 departments against acute NHS trusts across England through consultation with trusts. This allowed us to gather a nation-wide picture of all Type 3 department, as well as recording the organisation responsible for providing this service;
- Focus groups and in-depth interviews with a series of stakeholders including CQC and NHSE colleagues, NHS acute trusts and ICSs to understand their views on the current value of the Type 3 arm and what improvements could be made to increase the usefulness of the data collected.

It was concluded, as a result of these activities, that the Type 3 arm provides significant value to stakeholders. The data is used by CQC in their regulatory model and for participating trusts it is one of the only data sources on Type 3 departments. However, one limitation concerned the data value: quantity of patient responses. Due to the smaller sample size for the Type 3 arm, there is a lower volume of data compared to the Type 1 arm despite a comparable response rate between the two arms. This also means that there are limitations on how much data can be reported back at trust level in order to maintain confidentiality of respondents. As a result, the sample size for the Type 3 arm has been increased for the 2022 survey to 580 patients per trust.

Through the service provision mapping exercise, feedback confirmed that increased value of the Type 3 arm would come from amending the eligibility criteria for which Type 3 departments are able to participate. Currently eligibility for the survey is that an NHS acute trust is to solely provide the Type 3 department services, however this discounts departments that are jointly commissioned/provided by an acute trust and another organisation (such as a community trust or social enterprise) or those departments that are outsourced to a different organisation such as an independent provider (non-NHS organisation, primary care organisation). Consultation with a variety of organisations including acute trusts who jointly provide Type 3 departments and independent providers (who solely provide the Type 3 department services on behalf of an acute trust) highlighted that whilst there was appetite to be involved in the UEC survey, there were practical considerations to enable participation; namely access to and drawing of a patient sample, information governance and reporting approach. Consequently, the eligibility criteria for the 2022 Urgent and Emergency Care Survey will remain as per previous years and only include NHS acute trusts that solely provide the Type 3 department services under their jurisdiction.

6. Cognitive testing

6.1 Background

Considering the aforementioned evidence and feedback, a questionnaire was drafted for cognitive testing with recent patients. Cognitive testing ensures that as far as possible, the instructions, questions and response options are relevant and understood. This 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. For this survey, the covering letters were also tested since they had undergone significant changes since the previous survey. After each round, changes are made to the survey materials which are then tested for clarity and understanding until the final round of testing (round 3).

As in 2020, cognitive testing was conducted using online interviews on MS Teams rather than face-to-face interviews. In 2020, face-to-face interaction was very limited as cognitive testing coincided with the Covid-19 lockdown in England, however we found that interviewing via MS Teams video conferencing software had advantages, such as being able to achieve a wider geographical reach of interviewees, without the necessary travel time; therefore, we continued to hold interviews using MS Teams in 2022.

6.2 Recruitment for cognitive interviews

As in 2020, a £40 'Love2shop' or 'Amazon' voucher was offered as an incentive to participate in cognitive testing for both the Type 1 and Type 3 draft questionnaires and given as a thank-you for participants time and feedback (interviews lasted on average around one hour). The amount had been £25 for the 2018 iteration survey but was increased in 2020 due to difficulties in recruiting respondents in 2018. Interviews were held with patients who attended A&E or an Urgent Treatment Centre between December 2021 and July 2022.

The SCCEM diversified recruitment across a range of channels, predominantly online, to reach as many respondents as possible (these channels are discussed further below).

6.3 Advertising

Advertisements were updated to be more eye catching for the 2022 Urgent and Emergency Care Survey: there was a new image of an emergency department waiting room and the text was amended so that it was more eye catching, concise and quicker to read. Respondents were recruited using several recruitment channels:

- Gumtree
- Facebook boosted posts

- Google Ads
- Shared on Pickers twitter and LinkedIn accounts

As in 2020, we advertised via the use of paid Facebook boosted posts. This service allows the advertisement of regular Facebook posts to a wider audience in relation to the amount of money invested. The Facebook boosted posts proved to be successful with more than eight in ten people (51 out of 60)¹² who completed the screener questionnaire being recruited via this channel. We found that by using Facebook posted posts, it meant that other advertisement channels (such as adverts placed in local online newspapers) to recruit interviewees that were used in previous iterations of the survey were not required.

Gumtree advertising was not successful this year with no respondents volunteering via Gumtree. Two participants responded after viewing a Twitter advert, six participants said they found out via other channels, which included friends sending them details of the interviews.

The same eligibility criteria were applied as for the main urgent and emergency care 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.

6.4 Screening

For the 2022 survey, a screener questionnaire was set up online to establish whether those who were interested in taking part were eligible (i.e., they had attended an Emergency Department, Urgent Treatment Centre or Minor Injury Unit in England within the last six months). It was also used to gather demographic characteristics of potential participants, to ensure a mix of people to take part in each round could be selected, with a mixture of ages, split by gender, and representation from ethnic minority groups. Additionally, it allowed us to include participants with long-term conditions, and participants from various geographical locations in England.

Furthermore, the screener questionnaire was used to ensure an equal split in each round of those who had attended a Type 1 department (A&E) or a Type 3 department (Urgent Treatment Centre, Urgent Care Centre or a Minor Injury Unit). In previous years, there has been difficulty in participants self-identifying the department they attended; therefore the screener questions were updated this year to help determine whether they attended a Type 1 or a Type 3 included:

- Location of the trust they attended – the location of the trust helped to identify the department attended, as some trusts only have Type 1 department and vice versa.
- The department they attended (if known) – did they attend A&E or did they go to an Urgent Treatment Centre or Minor Injuries Unit.
- The time of day they attended – Type 1 departments operate 24 hours a day, while Type 3 departments do not.
- How they arrived – if the patient was brought to hospital via an ambulance, it is likely they will have attended A&E (Type 1).

¹² These statistics are derived from the cognitive interview screener questionnaire data collected during recruitment.

- The patient pathway – did patients contact their GP or 111 prior to attending the Type 1 or Type 3 department.
- Triage - were they triaged to a different department after presenting at A&E. Some patients present at A&E and are then streamed to an Urgent Treatment Centre or Minor Injuries Unit following triage.

Following completion of the screening questionnaire, those eligible and fitted the required demographic quotas were selected and invited to participate in a 1-1 cognitive interview.

6.5 Interviews

Three rounds of cognitive interviews were carried out using video calls in June, July and August 2022. For each round of interviewing, half of the respondents had attended a Type 3 department and half had attended a Type 1 department.

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

- Department type: 12 Type 1, 12 Type 3 attendees;
- Gender: 13 female, 11 male;
- Age: ranged from 19 to 58, average age was 36;
- Residence: 5 respondents from Yorkshire, 3 from West Midlands, 3 from London, 2 from Hampshire, 1 each from Cheshire, Cumbria, Derbyshire, East Sussex, Essex, Leicestershire, Manchester, Norfolk, Oxfordshire, Suffolk and Wiltshire;
- Ethnic background: 17 White (White, White British, White European), 7 BME (Asian British, British Pakistani, Asian Indian, Black);
- 13 participants with long-term conditions.

Cognitive interviews informed changes to the questionnaire which will be discussed below in more detail below.

7. Questionnaire changes

Changes to questions were made following the analysis of the 2020 Urgent and Emergency Survey data, discussions with the Advisory Group, patient focus groups and from three rounds of cognitive testing.

The 2022 Urgent and Emergency Care Survey consists of two questionnaires: one for Type 1 'Accident and Emergency Department (A&E)' departments and another for Type 3 'Urgent Care' departments.

For Type 1 this included 9 new questions, removal of 9 questions and 9 amended questions. For Type 3 this included 8 new questions, removal of 6 questions and 8 amended questions.

As in 2020 on the front page of both questionnaires includes a helpline email address for patients to contact as an alternative to the telephone helpline number already provided.

Below are the details regarding the changes made to the Type 1 and Type 3 questionnaires.

7.1 Questions removed

Nine questions were removed from the Type 1 questionnaire and six were removed from the Type 3 questionnaire (the numbering here refers to the 2020 Urgent and Emergency Care Survey questionnaire.)

The UEC 2020 Type 1 Survey questions below were removed and not included in the UEC 2022 questionnaire.

These two questions were removed from the 'Arrival' section. The question asking if patients were taken to A&E in an ambulance, and the following question asking how long the patient waited with the ambulance crew before their care was handed over to A&E staff were removed as it was highlighted that the data that these questions provide, could be gathered from other NHS data sources.

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

This question below asking if patients were treated in a separate area of A&E if they had coronavirus was removed, as results were now deemed not necessary to capture in 2022 due to local variations in Covid-19 restrictions and infection control measures.

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

The question below asking if patients were explained what would happen next after first speaking to a nurse or doctor was removed from the 'Waiting' section as a new question asking patients if they were being kept updated on their waiting time was added to replace it. Being kept updated while waiting was flagged as a higher priority in patient focus groups.

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

The 'Tests' section (the section asking patients about any tests patients had while in A&E or the UTC) was redeveloped removing two unnecessary routing questions which simplified the section.

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

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

The question below asking about the infection control measures observed was removed from the 'Hospital Environment and Facilities' section. It was highlighted as a lower priority area and was flagged that patients may not observe all measures during their visit due to local variation in these measures.

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"/>

This question below in the 'About you' section, asking about whether the patient has a caring responsibility was removed as NHS England deemed the data this question would provide was now not necessary to collect.

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

The question below was removed from the 'About you' section as there is now an updated format in the 2022 questionnaire for sex and gender questions.

54. Are you male or female?

- 1 Male
2 Female

7.2 Questions added

Nine new questions have been added to the 2022 Type 1 questionnaire. Eight out of the nine new questions were also added to the Type 3 questionnaire.

Question 2 below was added to both Type 1 and Type 3 questionnaires, which asks why patients went to A&E (or a UTC) first, without going to or contacting any other service. This was flagged by a range of stakeholders, including NHS England, trusts and ICSs, as an important area in understanding the patient pathway. This data may help to identify ways to reduce attendance figures at A&E.

2. Why did you go to this A&E department first for help with your condition? **(Cross ALL that apply)**
- 1 My condition was life threatening → Go to 5
 - 2 I did not think my GP practice would be able to help with my condition → Go to 5
 - 3 I could not get a GP appointment → Go to 5
 - 4 I thought I might need tests, e.g. x-rays or blood tests → Go to 5
 - 5 The A&E department is easy to get to → Go to 5
 - 6 I went to A&E last time I needed help → Go to 5
 - 7 I did not know where else to go → Go to 5
 - 8 A different reason → Go to 5
 - 9 Don't know → Go to 5

Question 10 below was added to the 'waiting' section in both Type 1 and Type 3 questionnaires. It asks whether patients were kept updated on how long their wait would be. Being kept updated while waiting was flagged in patient focus groups as key to a good waiting experience.

10. Were you **kept updated** on how long your wait would be?
- 1 Yes
 - 2 No
 - 3 This was not necessary
 - 4 Don't know / can't remember

The two questions below, Question 19 and Question 20, were added to the 'Doctor and Nurses' section, in both Type 1 and Type 3 questionnaires. They ask if patients had a family member, friend or carer with them, and if they did, whether that person had enough opportunity to talk to a health professional. These questions were re-added after being removed in 2020 due to visitor restrictions in emergency departments. Stakeholders from the advisory group agreed that whilst local visitor policies may be in place, the importance of patients being accompanied were fundamental to a positive person-centred focus and experience of healthcare settings.

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

- 1 Yes → Go to 20
- 2 No → Go to 21

20. 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 I did not want a family member, friend or carer to talk to a health professional

Question 21 below asks whether staff helped the patient with any communication needs they may have had (such as language support needs, or communication needs related to a disability, sensory loss or impairment). Patient communication needs were highlighted by stakeholders as important to support the Accessible Information Standard¹³. This question was added to both Type 1 and Type 3 questionnaires

21. While you were in A&E, did staff help you with your **communication needs**? (e.g. any language needs or communication needs related to a disability, sensory loss or impairment).

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

Question 35 was added to the 'leaving A&E' section of the Type 1 questionnaire only. The question asks whether a patient received the care and support they needed while at home/place of residence. This question was asked to patients who selected 'My care continued at home my place of residence' at question 34, which was designed to capture those who were transferred to a virtual ward.

¹³ [The Accessible Information Standard](#) is an equality frameworks and information standard aimed at making health and social care information accessible, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The question was added after consultation with ICSs, NHS England and other UEC stakeholders who highlighted virtual wards as a new area of care and collecting patient experience data on this would be of high interest. Therefore, this question is designed to understand whether patients felt they were receiving the care and support they needed while on a virtual ward.

35. While at home / your place of residence, did you get the care and support you needed?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Can't say / don't know

In the 'Information' section a question was added that asked if the care and support services used by the patient following the care received at A&E or the UTC had information about the patient's visit. This question was added to both questionnaires as it was highlighted as an important area by ICS stakeholders to understand integrated care and information sharing between services.

45. If you had contact with care and support services after leaving A&E, did the health or social care staff have information about your visit?

- 1 Yes
- 2 No
- 3 Don't know / can't remember
- 4 I did not contact care and support services

Two new questions about sex and gender were added following their redevelopment in the 2020 Adult Inpatient Survey. These questions were added to both Type 1 and Type 3 questionnaires.

53. At birth were you registered as...

- 1 Male
- 2 Female
- 3 Intersex
- 4 I would prefer not to say

54. Is your gender the same as the sex you were registered as at birth?

- 1 Yes
- 2 No, please write your gender below

- 3 I would prefer not to say

7.3 Questions modified

The wording of the question stem or response options were amended for nine questions in the Type 1 questionnaire and eight questions in the Type 3 questionnaire.

Type 1 amendments

Wording was changed for question 1, where respondents were asked if they contacted any other services before attending A&E, rather than asking if A&E was the first service contacted. This question was changed as a result of cognitive testing to make it clear what other type of services patients could have contacted before going to A&E.

UEC20	UEC22
<p>1. Was this A&E department the first service you went to, or contacted, for help with your condition?</p> <p><input type="checkbox"/> Yes → Go to 4</p> <p><input type="checkbox"/> No → Go to 2</p>	<p>1. Before attending A&E, did you go to or contact any other service for help with your condition? (e.g. 999, NHS 111 or a GP practice).</p> <p><input type="checkbox"/> Yes → Go to 3</p> <p><input type="checkbox"/> No → Go to 2</p>

This question below was amended due to a change in position in the questionnaire, 'service(s) you selected above' was changed to 'service(s) you selected at Q3'. Response option 3 was also amended to capture patients that were told to go to their GP by another service but could not because they are not registered with one.

UEC20	UEC22
<p>3. What was the MAIN reason for going to A&E following your contact with the service(s) above? (Cross ONE only)</p> <p><input type="checkbox"/> The service(s) (above) referred / took me</p> <p><input type="checkbox"/> I couldn't get a GP appointment quickly enough</p> <p><input type="checkbox"/> I am not registered with a GP</p> <p><input type="checkbox"/> My condition became worse</p> <p><input type="checkbox"/> I was not satisfied with the help I received</p> <p><input type="checkbox"/> A different reason</p>	<p>4. What was the MAIN reason for going to A&E following your contact with the service(s) you selected at Q3? (Cross ONE only)</p> <p><input type="checkbox"/> The service(s) referred / took me</p> <p><input type="checkbox"/> I couldn't get a GP appointment quickly enough</p> <p><input type="checkbox"/> I was told to go to a GP, but I am not registered with one</p> <p><input type="checkbox"/> My condition became worse</p> <p><input type="checkbox"/> I was not satisfied with the help I received</p> <p><input type="checkbox"/> A different reason</p>

The text in *italics*, at the end of the question, regarding screening for coronavirus was removed for 2022, as this was not deemed necessary to include due to local variation.

UEC20	UEC22
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<p>9. How long did you wait before you first spoke to a nurse or doctor? <i>This does not include staff screening for coronavirus at the entrance to A&E.</i></p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> 0 -15 minutes 2 <input type="checkbox"/> 16 - 30 minutes 3 <input type="checkbox"/> 31- 60 minutes 4 <input type="checkbox"/> More than 60 minutes 5 <input type="checkbox"/> Don't know / can't remember 	<p>7. How long did you wait before you first spoke to a nurse or doctor?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> 0 -15 minutes 2 <input type="checkbox"/> 16 - 30 minutes 3 <input type="checkbox"/> 31- 60 minutes 4 <input type="checkbox"/> More than 60 minutes 5 <input type="checkbox"/> Don't know / can't remember
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The question stem remained the same in this question, with the answer options simplified in 2022 to make the question easier to answer.

UEC20	UEC22
<p>12. Were you informed how long you would have to wait to be examined?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes, but the wait was shorter 2 <input type="checkbox"/> Yes, and I had to wait about as long as I was informed 3 <input type="checkbox"/> Yes, but the wait was longer 4 <input type="checkbox"/> No, I was not informed 5 <input type="checkbox"/> Don't know / can't remember 	<p>9. Were you informed how long you would have to wait to be examined?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know / can't remember

Question stem was amended due to the new format of questions asking about tests patients had while in A&E or an UTC. New response option 4 was also added 'I did not have any tests' as the previous routing question was removed.

UEC20	UEC22
<p>27. Did a member of staff explain why you needed these test(s) in a way you could understand?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 	<p>27. If you had any tests, did a member of staff explain why you needed them in a way you could understand?</p> <ol style="list-style-type: none"> 1 <input type="checkbox"/> Yes, completely → Go to 28 2 <input type="checkbox"/> Yes, to some extent → Go to 28 3 <input type="checkbox"/> No → Go to 28 4 <input type="checkbox"/> I did not have any tests → Go to 30

Question wording amended to capture whether patients were explained their test results before leaving A&E. This change was as a result of removing previous routing question on whether they received their results before leaving A&E. New response option 5 was also added 'I was given the results after I left A&E' as the previous routing question was removed.

UEC20	UEC22
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<p>29. Did a member of staff explain the results of the tests in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, definitely → Go to 31</p> <p>2 <input type="checkbox"/> Yes, to some extent → Go to 31</p> <p>3 <input type="checkbox"/> No → Go to 31</p> <p>4 <input type="checkbox"/> Not sure / can't remember → Go to 31</p>	<p>28. Before you left A&E, did a member of staff explain the results of the tests in a way you could understand?</p> <p>1 <input type="checkbox"/> Yes, definitely → Go to 30</p> <p>2 <input type="checkbox"/> Yes, to some extent → Go to 30</p> <p>3 <input type="checkbox"/> No → Go to 30</p> <p>4 <input type="checkbox"/> Not sure / can't remember → Go to 30</p> <p>5 <input type="checkbox"/> I was given the results after I left A&E → Go to 29</p>
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Question response options were amended to capture where patients went at the end of their visit. This question is used to route patients to the appropriate following questions, with a new option added this year to discover whether patients had been transferred to a virtual ward, 'My hospital care continued at home / my place of residence (e.g. you take and submit readings of your heart rate, blood oxygen, temperature etc.). This amend was made to the Type 1 questionnaire only.

UEC20	UEC22
<p>36. At the end of your visit to A&E, were you transferred to a hospital ward?</p> <p>1 <input type="checkbox"/> Yes → Go to 46</p> <p>2 <input type="checkbox"/> No → Go to 37</p>	<p>34. What happened at the end of your visit to A&E?</p> <p>1 <input type="checkbox"/> I was admitted to or transferred to a hospital ward → Go to 46</p> <p>2 <input type="checkbox"/> My hospital care continued at home / my place of residence (e.g. you take and submit readings of your heart rate, blood oxygen levels, temperature etc) → Go to 35</p> <p>3 <input type="checkbox"/> I was discharged and sent home / somewhere else → Go to 36</p>

Answer options on the below question were expanded to gather data on what services patients were being told to contact by hospital staff, if the patient was worried about their condition or treatment. The data provided from these expanded answer options will provide a better understanding on what services patients are being directed to, and will help assess integrated care performance after patients leave A&E.

UEC20	UEC22
<p>41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know / can't remember</p>	<p>40. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E? (Cross ALL that apply)</p> <p>1 <input type="checkbox"/> Yes, to contact my GP</p> <p>2 <input type="checkbox"/> Yes, to contact 111 services</p> <p>3 <input type="checkbox"/> Yes, to contact A&E</p> <p>4 <input type="checkbox"/> Yes, to contact another service</p> <p>5 <input type="checkbox"/> No</p> <p>6 <input type="checkbox"/> Don't know / can't remember</p>

Sexual orientation question amended to reflect 2021 national Census wording.

UEC20	UEC22
<p>57. Which of the following best describes how you think of yourself?</p> <p>1 <input type="checkbox"/> Heterosexual / straight</p> <p>2 <input type="checkbox"/> Gay / lesbian</p> <p>3 <input type="checkbox"/> Bisexual</p> <p>4 <input type="checkbox"/> Other</p> <p>5 <input type="checkbox"/> I would prefer not to say</p>	<p>57. Which of the following best describes your sexual orientation?</p> <p>1 <input type="checkbox"/> Heterosexual / straight</p> <p>2 <input type="checkbox"/> Gay / lesbian</p> <p>3 <input type="checkbox"/> Bisexual</p> <p>4 <input type="checkbox"/> Other</p> <p>5 <input type="checkbox"/> I would prefer not to say</p>

8. Changes to the design of patient facing materials

Covering letters

Changes were made to the covering letters for 2022 survey following cognitive testing, changes include:

- Helpline details being included in large text at the end of each mailing letter, so patients know how to request a copy of the questionnaire in easy read, large print and braille.
- Messages have been slightly amended in the first and second reminder letters to incorporate potentially empowering and motivating statements, such as 'This is your chance to provide feedback about your visit', which was amended from 'Please do not forget to tell us about your visit.'
- URL addresses have been simplified to make it easier for respondents to type the URL addresses into an internet browser address bar.
- NHS England and Improvement has been amended to NHS England due to a recent name change.

As per the 2020 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.

These changes were thoroughly tested during the three rounds of cognitive interviewing with patients. The letters received generally positive feedback, and alterations were made between rounds when needed.

9. Changes to the methodology and design of guidance materials

There was an increase in the Type 3 sample size for the 2022 survey, but eligibility criteria and other aspects of methodology remained the same.

9.1 Sample size increase

For the 2022 Urgent and Emergency Care Survey the Type 3 sample size increased from 420 patients to 580 patients. The total sample size for trusts submitting a Type 1 and Type 3 sample would now be 1,530 patients (950 Type 1 patients and 580 Type 3 patients).

The reason for increasing the Type 3 sample is to provide trusts with more usable data on their Type 3 departments. In the UEC20 survey, a low number of responses for certain questions meant the data could not always be reported on. By increasing the sample to 580 patients the aim is to address the large proportion of suppression seen in the Type 3 arm of the survey.

9.2 Accessible questionnaire versions

For the 2022 Urgent and Emergency Care Survey, the questionnaires are available in Braille, Easy Read and Large Print (Braille version of the questionnaire is new for the 2022 survey). For an Easy Read or Large Print version, the contractor or in-house trust will be provided with digital copies of the questionnaires so they can send a version to the patient directly.

For a Braille version of the questionnaire, the contractor or in-house trust will contact the specialist Braille printers for the survey. The specialist printer will then print a copy of the Braille questionnaire and a copy of a tailored covering letter in Braille and send it directly to the contractor or in-house trust. The contractor or in-house trust will then send the questionnaire, alongside the tailored covering letter in Braille, to the patient directly. This will prevent any respondent details being shared with third parties (who do not already have approval to receive this information).

Patients completing a Braille questionnaire will need to call the contractor or in-house trust helpline to complete the questionnaire over the phone, and responses will be added into the main data entry spreadsheet.

9.3 Changes to sample variables

There are no new sample variables for the 2022 survey, but Clinical Commissioning Group (CCG) codes have been renamed to Sub ICB Location codes as of 1 July 2022. The 3 or 5-digit alphanumeric organisational codes will remain the same as the CCG codes.

The two sample variables that were added in 2020, mobile phone indicator and full patient postcode have been retained for 2022.

9.4 Attribution file

It was decided that trusts would not be requested to provide an attribution file for the 2022 survey. In the 2020 survey, trusts were asked to submit an attribution file that included indicator variables for whether a sampled Type 1 patient had been admitted to the SDEC pathway and whether they had been streamed for coronavirus to a separate cohort area. There were limitations on the use of this data for analysis purposes due to data reliability concerns. In advance of the 2022 survey, a trust webinar was held to further understand how SDEC was provided at trusts and how the patient data was collected and stored. This webinar highlighted a number of challenges for trusts to

identify and/or code patients in the sample as SDEC, it was also identified that SDEC provision is different at a local level.

Furthermore, as the national Covid-19 restrictions are no longer in place, (though we recognise a number of trusts will continue local adoption of trust infection control mechanisms), a decision was made to not request that trusts provide the coronavirus stream indicator.

10. Further information

For further information and documents for the 2022 Urgent and Emergency Care survey, please visit the [NHS Survey website](#).

For any questions, please contact the Survey Coordination Centre for Existing Methods at: emergency@surveycoordination.com

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Appendix A: UEC 2022 questionnaire changes mapped to the 2020 questionnaire

The following table provides a summary of changes for both Type 1 and Type 3 questionnaires in comparison with the 2020 Urgent and Emergency Care questionnaire. Response options are only present for questions where response options have changed.

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
Covering page	Covering page	No change
ARRIVAL	ARRIVAL	
Q1. Was this A&E department (Urgent Treatment Centre) the first place you went to, or contacted, for help with your condition?	<p>TYPE 1 Q1. Before attending A&E, did you go to or contact any other service for help with your condition? (e.g. 999, NHS 111 or a GP practice).</p> <p>TYPE 3 Q1. Before attending this Urgent Treatment Centre, did you go to or contact any other services for help with your condition? (e.g. 999, NHS 111, A&E or a GP practice).</p>	<p>Question amended</p> <p>This question was changed during cognitive testing to make it clear what other type of services patients could have contacted before going to A&E.</p>

	<p>TYPE 1</p> <p>Q2. Why did you go to this A&E department first for help with your condition? (Cross ALL that apply)</p> <p>1 - My condition was life threatening</p> <p>2 - I did not think my GP practice would be able to help with my condition</p> <p>3 - I could not get a GP appointment</p> <p>4 - I thought I might need tests, e.g. x-rays or blood tests</p> <p>5 - The A&E department is easy to get to</p> <p>6 - I went to A&E last time I needed help</p> <p>7 - I did not know where else to go</p> <p>8 - A different reason</p> <p>9 - Don't know</p> <p>TYPE 3</p> <p>Q2. Why did you go to this Urgent Treatment Centre first for help with your condition? (Cross ALL that apply)</p> <p>1 - My condition was urgent</p> <p>2 - I did not think my GP practice would be able to help with my condition</p> <p>3 - I could not get a GP appointment</p> <p>4 - The Urgent Treatment Centre is easy to get to</p> <p>5 - I went to the Urgent Treatment Centre last time I needed help</p> <p>6 - I did not know where else to go</p> <p>7 - I did not want to go to A&E</p> <p>8 - A different reason</p> <p>9 - Don't know</p>	<p>New question</p> <p>Question asks why patients went straight to A&E (or a UTC) without going to or contacting any other service first.</p> <p>Flagged by stakeholders as an important area in further understanding the patient pathway.</p>
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UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
Q2. Before going to this A&E department (Urgent Treatment Centre), where did you go to, or contact, for help with your condition? (Cross ALL that apply)	Q3. Before going to this A&E department (Urgent Treatment Centre), where did you go to, or contact, for help with your condition? (Cross ALL that apply)	No change
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) 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	Q4. What was the MAIN reason for going to A&E (the Urgent Treatment Centre) following your contact with the service(s) you selected at Q3? (Cross ONE only) 1 - The service(s) referred / took me 2 - I couldn't get a GP appointment quickly enough 3 - I was told to go to a GP, but I am not registered with one 4 - My condition became worse 5 - I was not satisfied with the help I received 6 - A different reason	Question and options amended Amended due to a change in position in the questionnaire Response option 3 was also amended to capture patients that were told to go to their GP by another service, but could not because they are not registered with one.
TYPE 1 ONLY Q4. Were you taken to A&E in an ambulance?		Question removed Removed as it was highlighted that this data is captured reliably elsewhere.
TYPE 1 ONLY 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?		Question removed Removed as it was highlighted that this data is captured reliably elsewhere.
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?	Q5. Before your most recent visit to A&E (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

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
<p>TYPE 3 ONLY</p> <p>Q6. Did you have an appointment on your most recent visit to the Urgent Treatment Centre?</p>	<p>TYPE 3 ONLY</p> <p>Q6. Did you have an appointment on your most recent visit to the Urgent Treatment Centre?</p>	<p>Question remains the same, but question moved from 'Waiting' section to 'Arrival' section</p>
<p>TYPE 1 ONLY</p> <p>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.</p>		<p>Question removed</p> <p>Removed, as now deemed not necessary due to change in COVID-19 restrictions.</p>
<p>Q6/4. Were you given enough privacy when discussing your condition with the receptionist?</p>	<p>Q6/7. Were you given enough privacy when discussing your condition with the receptionist?</p>	<p>No change to question wording, but position of question moved to the end of the 'Arrival' section.</p>
WAITING	WAITING	
<p>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></p>	<p>Q7/8. How long did you wait before you first spoke to a nurse or doctor (health professional)?</p>	<p>Question amended</p> <p>The text in italics at the end of the question regarding screening for coronavirus was removed for 2022, as this was not deemed necessary to include due to local variation.</p>
<p>Q10/8. Did the nurse or doctor (health professional) explain what would happen next?</p>		<p>Question removed</p> <p>New question on being kept updated on their waiting time added instead.</p>
<p>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 by a doctor or nurse?</p>	<p>Q8/9 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 by a doctor or nurse?</p>	<p>No change</p>

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
Q12/10: 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	Q9/10. Were you informed how long you would have to wait to be examined? 1 - Yes 2 - No 3 - Don't know / can't remember	Question response options amended Answer options simplified in 2022 to make the question easier for respondents to answer.
	Q10/11. Were you kept updated on how long your wait would be? 1 - Yes 2 - No 3 - This was not necessary 4 - Don't know / can't remember	New question Asking whether patients were kept updated on how long their wait would be. Flagged in patient focus groups as key to a good waiting experience.
TYPE 1 ONLY Q13. While you were waiting, were you able to get the help with your condition or symptoms from a member of staff?	TYPE 1 ONLY Q11. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	No change
Q14/11: Overall, how long did your visit to A&E (the Urgent Treatment Centre) last?	Q12. Overall, how long did your visit to A&E (the Urgent Treatment Centre) last?	No change
DOCTORS AND NURSES / SEEING THE HEALTH PROFESSIONAL	DOCTORS AND NURSES / SEEING THE HEALTH PROFESSIONAL	
Q15/12. Did you have enough time to discuss your condition with the doctor or nurse (health professional)?	Q13. Did you have enough time to discuss your condition with the doctor or nurse (health professional)?	No change
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?	Q14. 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?	No change

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
Q17/14. Did the doctors and nurses (health professional) listen to what you had to say?	Q15. Did the doctors and nurses (health professional) listen to what you had to say?	No change
Q18/15. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse (health professional) discuss them with you?	Q16. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse (health professional) discuss them with you?	No change
Q19/16. Did you have confidence and trust in the doctors and nurses (health professional) examining and treating you?	Q17. Did you have confidence and trust in the doctors and nurses (health professional) examining and treating you?	No change
Q20/17. Did doctors or nurses (health professionals) talk to each other about you as if you weren't there?	Q18. Did doctors or nurses (health professionals) talk to each other about you as if you weren't there?	No change
	Q19. When you were in A&E (the Urgent Treatment Centre), did you have a family member, friend or carer with you? 1 - Yes 2 - No	New question Re-added after removal in 2020 due to visitor restrictions.
	Q20. 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 - I did not want a family member, friend or carer to talk to a health professional	New question Re-added after removal in 2020 due to visitor restrictions.
YOUR CARE AND TREATMENT	YOUR CARE AND TREATMENT	

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
	<p>Q21. While you were in A&E (at the Urgent Treatment Centre), did staff help you with your communication needs? (e.g. any language needs or communication needs related to a disability, sensory loss or impairment).</p> <p>1 - Yes, definitely 2 - Yes, to some extent 3 - No 4 - I did not need this 5 - Don't know / can't remember</p>	<p>New question</p> <p>Asking whether staff helped the patient with any communication needs they may have had.</p> <p>Highlighted by stakeholders as important to support the Accessible Information Standard.</p>
<p>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?</p>	<p>Q22. While you were in A&E (at the Urgent Treatment Centre), how much information about your condition or treatment was given to you?</p>	<p>No change</p>
<p>Q22/19. Were you given enough privacy when being examined or treated?</p>	<p>Q23. Were you given enough privacy when being examined or treated?</p>	<p>No change</p>
<p>TYPE 1 ONLY Q23. If you needed attention, were you able to get a member of medical or nursing staff to help you?</p>	<p>TYPE 1 ONLY Q24. If you needed attention, were you able to get a member of medical or nursing staff to help you?</p>	<p>No change</p>
<p>Q24/20. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?</p>	<p>Q25/24. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?</p>	<p>No change</p>
<p>Q25/21. Were you involved as much as you wanted to be in decisions about your care and treatment?</p>	<p>Q26/25. Were you involved as much as you wanted to be in decisions about your care and treatment?</p>	<p>No change</p>
<p>TESTS</p>	<p>TESTS</p>	

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
Q26/22. Did you have any tests (such as x-rays, scans or blood tests) when you visited A&E (the Urgent Treatment Centre)?		Question removed Simplified the test section to reduce the amount of routing.
Q27/23. 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	Q27/26. If you had any tests, did a member of staff explain why you needed them in a way you could understand? 1 - Yes, completely 2 - Yes, to some extent 3 - No 4 - I did not have any tests	Question amended Amended due to new format of questions about tests. New response option 4 was also added 'I did not have any test' was added as the previous routing question was removed.
Q28/24. Before you left A&E (the Urgent Treatment Centre), did you get the results of your tests?		Question removed Simplified the test section to reduce the amount of routing.
Q29/25. Did a member of staff explain the results of the tests in a way you could understand?	Q28/27. Before you left A&E (the Urgent Treatment Centre), did a member of staff explain the results of the tests in a way you could understand?	Question amended Wording amended to capture whether test results were explained to patients before leaving A&E/UTC. This change was as a result of removing previous routing question on whether they received their results before leaving A&E/UTC.
TYPE 1 ONLY 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?	TYPE 1 ONLY Q29. 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	
Q31. Do you think the hospital staff (staff) did everything they could to help control your pain?	Q30/28. Do you think the hospital staff (staff) did everything they could to help control your pain?	No change

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
HOSPITAL ENVIRONMENT AND FACILITIES / ENVIRONMENT AND FACILITIES	HOSPITAL ENVIRONMENT AND FACILITIES / ENVIRONMENT AND FACILITIES	
Q32/27. In your opinion, how clean was the A&E department (Urgent Treatment Centre)?	Q31/29. In your opinion, how clean was the A&E department (Urgent Treatment Centre)?	No change
Q34/29. While you were in A&E (the Urgent Treatment Centre), did you feel threatened by other patients or visitors?	Q32/30. While you were in A&E (Urgent Treatment Centre), did you feel threatened by other patients or visitors?	No change
Q33/28. While you were in A&E, did you see any of the following?		Question removed Highlighted as a lower priority area due to local variation in infection control measures. It was also flagged by trusts that patients may not observe all measures during their visit.
Q35/30. Were you able to get suitable food or drinks when you were in A&E (the Urgent Treatment Centre)?	Q33/31. Were you able to get suitable food or drinks when you were in A&E (the Urgent Treatment Centre)?	No change

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
LEAVING A&E / LEAVING THE URGENT TREATMENT CENTRE	LEAVING A&E / LEAVING THE URGENT TREATMENT CENTRE	
<p>TYPE 1 Q36. At the end of your visit to A&E, were you transferred to a hospital ward? 1 - Yes 2 - No</p> <p>TYPE 3 Q31. What happened at the end of your visit to the Urgent Treatment Centre?</p>	<p>TYPE 1 Q34. What happened at the end of your visit to A&E? 1 - I was admitted to or transferred to a hospital ward 2 - My hospital care continued at home / my place of residence (e.g. you take and submit readings of your heart rate, blood oxygen levels, temperature etc) 3 - I was discharged and sent home / somewhere else</p> <p>TYPE 3 Q32. What happened at the end of your visit to the Urgent Treatment Centre?</p>	<p>Type 1 question amended Type 3 question remains the same</p> <p>Question and answer options (for Type 1) amended to capture where patients went at the end of their A&E visit. Option 2 added to understand if respondent was transferred to a 'virtual ward'</p>
	<p>TYPE 1 ONLY Q35. While at home / your place of residence, did you get the care and support you needed? 1 - Yes, definitely 2 - Yes, to some extent 3 - No 4 - Can't say / don't know</p>	<p>New question</p> <p>This question is only asked if a patient's transferred to virtual ward – routed from previous question.</p>
<p>Medications (e.g., medicines, tablets, ointments)</p>	<p>Medications (e.g., medicines, tablets, ointments)</p>	
<p>Q37. Before you left A&E, were you prescribed any new medications?</p>	<p>Q36. Before you left A&E, were you prescribed any new medications?</p>	<p>No change</p>
<p>Q38. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?</p>	<p>Q37. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?</p>	<p>No change</p>

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
Q39. Did a member of staff tell you about medication side effects to watch for?	Q38. Did a member of staff tell you about medication side effects to watch for?	No change
Information	Information	
Q40/32. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	Q39/33. Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	No change
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)? 1 - Yes 2 - No 3 - Don't know / can't remember	Q40/34. Did hospital (member of staff) tell you who to contact if you were worried about your condition or treatment after you left A&E (the Urgent Treatment Centre)? (Cross ALL that apply) 1 - Yes, to contact my GP 2 - Yes, to contact 111 services 3 - Yes, to contact A&E (Urgent Treatment Centre) 4 - Yes, to contact another service 5 - No 6 - Don't know / can't remember	Response options amended, and question changed to multi-response format Answer options were expanded to gather data on what services patients were being told to contact by hospital staff. This was flagged as a key area by stakeholders involved in Integrated Care Systems.
Q42/34. Did staff give you enough information to help you care for your condition at home?	Q41/35. Did staff give you enough information to help you care for your condition at home?	No change
Q43/35. Before you left the hospital (Before you left), did a member of staff discuss your transport arrangements for leaving A&E (the Urgent Treatment Centre)?	Q42/36. Before you left the hospital (Before you left), did a member of staff discuss your transport arrangements for leaving A&E (the Urgent Treatment Centre)?	No change

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
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)?	Q43/37. 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)	No change
Q45/37. After leaving A&E (the Urgent Treatment Centre), was the care and support you expected available when you needed it?	Q44/38. After leaving A&E (the Urgent Treatment Centre), was the care and support you expected available when you needed it?	No change
	Q45/39. If you had contact with care and support services after leaving A&E (the Urgent Treatment Centre), did the health or social care staff have information about your visit? 1 - Yes 2 - No 3 - Don't know / can't remember 4 - I did not contact care and support services	New question Asking if care and support services that the patient may have contacted after leaving A&E or the UTC had information about the patient's visit. Highlighted as important area by stakeholders to understand integrated care.
OVERALL	OVERALL	
Q46/38. Overall, did you feel you were treated with respect and dignity while you were in A&E (the Urgent Treatment Centre)?	Q46/40. Overall, did you feel you were treated with respect and dignity while you were in A&E (the Urgent Treatment Centre)?	No change
Q47. Overall...	Q47/Q41. Overall...	No change
ABOUT YOU	ABOUT YOU	
Q48/40. Who was the main person or people that filled in this questionnaire?	Q48/42. Who was the main person or people that filled in this questionnaire?	No change

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
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.	Q49/43. 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
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.	Q50/44. 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.	No change
Q51/43. Do any of these reduce your ability to carry out day-to-day activities?	Q51/45. 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)	Q52/46. Have you experienced any of the following in the last twelve months? (Cross ALL that apply)	No change
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?		Question removed Removed as data deemed no longer necessary to capture by NHS England
	Sex and gender questions guidance text: <i>The following two questions ask about your sex and gender. Your answers will help us understand whether experiences vary between different groups of the population. Your answers will be kept confidential and not linked to your medical records.</i>	New guidance text for the following sex and gender questions

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
	Q53/47. At birth were you registered as... 1 - Male 2 - Female 3 - Intersex 4 - I would prefer not to say	New question New gender questions have been included following redevelopment work on the Adult Inpatients 2020 Survey.
	Q54/48. Is your gender the same as the sex you were registered as at birth? 1 - Yes 2 - No, please write your gender below 3 - I would prefer not to say	New question New gender questions have been included following redevelopment work on the 2020 Adult Inpatient Survey.
Q54/46. Are you male or female?		Question removed Removed as the sex and gender questions are now asked in a different format
Q55/47. What was your year of birth? e.g. 1964	Q55/49. What was your year of birth? e.g. 1964	No change
Q56/48. What is your religion?	Q56/50. What is your religion?	No change
Q57/49. Which of the following best describes how you think of yourself	Q57/51. Which of the following best describes your sexual orientation?	Question amended Sexual orientation question amended to reflect 2021 national Census wording.
Q58/50. What is your ethnic group? (Cross ONE box only)	Q58/52. What is your ethnic group? (Cross ONE box only)	No change
ANY OTHER COMMENTS		

UEC20 TYPE 1 and TYPE 3	UEC22 TYPE 1 and TYPE 3	Summary of changes
<p>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></p>	<p>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, NHS England 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></p>	<p>NHS England added</p>

Appendix B: Type 1 and Type 3 questionnaires

The 2022 Urgent and Emergency Care [Type 1 Accident and Emergency Department questionnaire](#) can be found [here](#).

The 2022 Urgent and Emergency Care [Type 3 Urgent Care questionnaire](#) can be found [here](#).