

Urgent Care Questionnaire

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

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

WHAT TO DO

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

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

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

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

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

NEED MORE HELP?

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

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

ARRIVAL

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

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

1 Yes → Go to 4

2 No → Go to 2

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

1 999 emergency service

2 NHS 111 telephone service

3 NHS 111 online service

4 A&E department

5 Pharmacist

6 GP practice

7 GP out-of-hours service

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

9 Somewhere else

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

1 The service(s) (above) referred / took me

2 I couldn't get a GP appointment quickly enough

3 I am not registered with a GP

4 My condition became worse

5 I was not satisfied with the help I received

6 A different reason

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

1 Yes, definitely

2 Yes, to some extent

3 No

4 I did not discuss my condition with a receptionist

5. Before your most recent visit to this Urgent Treatment Centre, had you previously been to **the same** Urgent Treatment Centre about **the same condition** or something related to it?

1 Yes, within the previous week

2 Yes, between one week and one month earlier

3 Yes, more than a month earlier

4 No

5 Don't know / can't remember

WAITING

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

1 Yes

2 No

3 Don't know / can't remember

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

1 0 - 15 minutes

2 16 - 30 minutes

3 31 - 60 minutes

4 More than 1 hour but no more than 2 hours

5 More than 2 hours

6 Don't know / can't remember

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

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

9. Sometimes, people will first talk to a health professional and be examined later. **From the time you arrived**, how long did you wait **before being examined**?

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

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

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

11. Overall, how long did your visit to the **Urgent Treatment Centre** last?

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

SEEING THE HEALTH PROFESSIONAL

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

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

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

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

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

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

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

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

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

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

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

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

YOUR CARE AND TREATMENT

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

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

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

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

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

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

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

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

TESTS

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

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

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

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

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

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

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

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

PAIN

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

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

ENVIRONMENT AND FACILITIES

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

LEAVING THE URGENT TREATMENT CENTRE

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

INFORMATION

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

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

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

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

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

OVERALL

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

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

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

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

0 1 2 3 4 5 6 7 8 9 10

0	1	2	3	4	5	6	7	8	9	10

ABOUT YOU

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

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

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

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

Include problems related to old age.

- 1 Yes → **Go to 42**
- 2 No → **Go to 44**

42. Do you have any of the following?

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

- 1 Breathing problem, such as asthma
- 2 Blindness or partial sight
- 3 Cancer in the last 5 years
- 4 Dementia or Alzheimer's disease
- 5 Deafness or hearing loss
- 6 Diabetes
- 7 Heart problem, such as angina
- 8 Joint problem, such as arthritis
- 9 Kidney or liver disease
- 10 Learning disability
- 11 Mental health condition
- 12 Neurological condition
- 13 Autism or autism spectrum condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition

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

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

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

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

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

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

- 1 Yes
- 2 No

46. Are you male or female?

- 1 Male
- 2 Female

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

(Please write in) e.g.

1	9	6	4
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48. What is your religion?

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

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

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

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

a. WHITE

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

b. MIXED / MULTIPLE ETHNIC GROUPS

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

c. ASIAN / ASIAN BRITISH

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

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

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

e. OTHER ETHNIC GROUP

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

ANY OTHER COMMENTS

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

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

THANK YOU VERY MUCH FOR YOUR HELP

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

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

No stamp is needed.