**TYPE 3 COVERING SHEET – INSTRUCTIONS**

**THIS COVERING SHEET MUST BE REMOVED BEFORE SENDING LETTER TO PATIENTS.**

The availability of braille will be signposted on the mailing letters and multi-language sheet and administered at the request of the patient.

When you receive a request for a braille questionnaire, please take down the patients name and address and, if possible, the questionnaire’s bar code number.

Once requested, the following steps should be taken.

**Administering the request:**

1. Any highlighted yellow text on this **braille cover letter** should be personalised. Please also review any highlighted blue text and remove the text if it is not relevant. Please save this personalised version of the cover letter.
2. Both the cover letter and questionnaire can then be requested from the braille supplier. The **SCCEM will provide the contact details for a braille supplier**. Please send the personalised version of the cover letter (with text in yellow updated) to the braille supplier for printing. The braille supplier should not be provided with patient contact details. Therefore, the braille supplier will post braille materials back to the contractor or in-house trust. The braille questionnaire will be the same for all requests as it does not require personalisation.
3. Please attach the mailing information onto the covering letter or envelope with a sticker. Please also add the questionnaire number or barcode onto the questionnaire with a sticker. The questionnaire and covering letter should then be posted to the patient by the contractor or in-house trust.
4. In the mailing pack, the following documents should be included; braille cover letter, braille questionnaire, standard print questionnaire and freepost envelope.
5. We are monitoring requests of Braille questionnaires separately for UEC22. Any Braille requests should be logged in the weekly monitoring spreadsheet using the column **B\_Request**. On completion, please record this as **outcome 1** in the Outcome column. This will ensure the patient does not receive any further mailings.
6. **At the time of the patient** **requesting braille**, if it’s likely they will receive a further mailing (e.g. due to mailing deadlines or the multiple stages involved in producing braille materials) it is worth making them aware this will happen, but that a braille format will also be shared.
7. If the patient **does not take part in the survey**, the code should be left as **B\_Request** in the separate column and an outcome code 6 added.

**Processing the return:**

1. Braille questionnaires cannot be completed in braille. Therefore, this cover letter advises the patient to complete the questionnaire over the telephone. Alternatively, the standard print questionnaire could be completed and returned using the freepost envelope.
2. When the patient rings the helpline to complete the questionnaire please ask them for their name, the NHS Trust highlighted on the cover letter and the questionnaire bar code number to identify them from the correct sample. Their responses will then need to be inputted into the main data entry spreadsheet along with their sample information and coded with an outcome of 1.

[NAME OF NHS TRUST]

*You need to edit the text in square brackets and remove the yellow highlighting. The letter below should fit onto one side of A4 paper, and the Q&A section on a second sheet.*

[DATE]

Dear Sir/Madam,

Thank you for your interest in the 2022 Urgent and Emergency Care Survey. Please find enclosed a copy of the questionnaire in braille.

To take part in the survey, please contact us by phone where we will take down your responses to the questionnaire. You can contact the helpline on [Freephone] [HELPLINE NUMBER] [HELPLINE OPENING DAYS/TIMES]. Alternatively, please ask someone to complete the enclosed standard print questionnaire on your behalf and return it using the freepost envelope. Please ensure that they answer the questions based on your experiences.

The survey asks questions about the care and treatment you received in the Urgent Treatment Centre or Minor Injuries Unit at [Site name].

This national survey will help us and the Care Quality Commission to find out what was good about your care and if any improvements are needed. We are also sending this questionnaire to many other people, so please join them in completing this survey.

Your feedback is important as it is the best way for us to understand your recent experience of urgent care. Please remember your responses are confidential, this means that staff caring for you at [Site name] will not know who has taken part or how you responded.

Please see the separate sheet for more information or call [our Freephone helpline /us] on [phone number] [free of charge] if you have any questions. The line is open between [opening time] and [closing time], [days]. You can also email us on [XXXXXXXXXXX@XXXXXX.XXX].

Thank you for taking the time to complete this important survey.

Yours sincerely,

[CHIEF EXECUTIVE NAME]

Chief Executive,

[NHS TRUST NAME]

What if I do not want to take part?

This survey is voluntary. If you do not want to take part in this survey, please call our Freephone helpline [phone number] or email us on [XXXXXXXXXXX@XXXXXXXXX]. You will not have to give a reason why and this will not affect your care.

What is the Care Quality Commission?

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Surveys like this help CQC to find out where care is good or if it needs to improve. You can find out more about CQC’s work on its website: www.cqc.org.uk

What is the bar code / number for?

You have been given a unique number for this survey so that your name and address do not show on the questionnaire.

How is my personal data protected?

Your personal data are held in accordance with the General Data Protection Regulation and the NHS Confidentiality Code of Practice. If you would like more information about how [NHS trust name] or CQC use your personal information to keep it safe, and what your rights are under the law, please write to us, call [Freephone survey number] or email [XXXXXXXXXXX@XXXXXX.XXX]. Our privacy notice is available at [link to trust privacy notice].

To send out questionnaires to patients, [NHS trust name] selected a sample of people who had recently used their services. Personal data about your involvement in this survey is not used for any other purpose and is deleted once the survey process is complete. Your answers to the survey are not linked to your name or full address, but researchers analysing the results of the survey will use your postcode to undertake geographical analysis of overall results.

[IF CONTRACTOR USED]: Your contact details have been passed to [survey contractor], only so that they can send you this questionnaire and process your response. [Survey contractor] will process your answers in confidence and keep them separate from your contact details. [Survey contractor] will delete your contact details once the survey process is completed.

How will the results from the survey be used?

The results will be published on CQC’s website in autumn 2023. To see results from previous surveys, please go to: www.nhssurveys.org

We share data from the surveys with national bodies, including the Department of Health and Social Care and NHS England to help their work. Data may also be shared with approved university or charity research teams. Shared data never includes names or addresses. You can find more information about how data is shared at: http://nhssurveys.org/received-a-questionnaire/