[Title, first name and surname here]

[Address 1] **Survey number:** **[PATIENT RECORD NUMBER]**

[Address 2] **Online password:** **[PASSWORD]**

[Address 3]

[Address 4]

[Postcode] [MAILING DATE]

Dear [Insert Title, First name and Surname here],

**This is your last chance to let us know your views**

In [MONTH] I asked you to take part in a survey about your experience of care and treatment at [SITE NAME]. You may also have received a text message about the survey. If you have already filled in the survey, thank you for your time, you do not need to do anything else.

**Please take part by [INSERT DATE OF LAST DAY OF FIELDWORK]**

The survey is being carried out by [CONTRACTOR/IN-HOUSE TRUST NAME] on behalf of the Care Quality Commission with support from the Trust. The survey asks questions about the care you received during your recent visit to the Accident and Emergency (A&E) department. The findings will help us understand what is good about patient care and whether any improvements are needed to our services.

**You can complete the survey online or on paper**

You can return the paper questionnaire to us in the Freepost envelope provided, or if you prefer you can still take part online. To take part online, please type the link below into the address bar at the top of your internet browser and then enter the survey number and online password to start the survey. Alternatively, you can scan the QR code below.

**[INSERT ONLINE SURVEY LINK]**

**Survey number:**

**[PRN]**

**Online password:**

**[PASSWORD]**

A blue and white computer and mobile devices

Description automatically generated

**[INSERT UNIQUE QR CODE HERE]**

Please see the back of this letter for information on how your answers will be used. If you have any questions or need help filling in the survey, please email **[[X](mailto:XXXXXXXXXXX@XXXXXX.XXX)X**[**XXXXXXXXX@XXXXXX.XXX**](mailto:XXXXXXXXXXX@XXXXXX.XXX)**]** or call our **Freephone** helpline on **[phone number]** [opening times].

We look forward to hearing from you soon - thank you for your time.

Yours sincerely,

[Chief Executive Signature]

[Chief Executive Name]

Chief Executive, [NHS Trust Name]

**Why are you carrying out this survey?**

The NHS Urgent and Emergency Care Survey will help this trust to improve urgent and emergency care services so they better meet patient needs. The findings from this study will be published in the autumn of 2024 at **www.cqc.org.uk/surveys**.

**Why have I been invited to take part?**

Your name was chosen from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at **[NHS TRUST PRIVACY STATEMENT ON WEBSITE]** and **https://www.cqc.org.uk/about-us/our-policies/privacy-statement**. For more information go to **www.nhssurveys.org/faq**.

<IN-HOUSE TRUSTS TO REMOVE PARAGRAPH> Your contact details have been passed to [CONTRACTOR], only so that they can invite you to take part in this survey. [CONTRACTOR] will **keep your contact details confidential** and destroy them once the survey is over.

**What happens to my answers?**

Your answers are put together with the answers of other people to provide results for your hospital and produce national results, and will be kept confidential by researchers at [CONTRACTOR/IN-HOUSE TRUST NAME] and the Survey Coordination Centre at Picker (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. Researchers analysing the results of the survey will use your postcode to undertake geographical analysis of overall results. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

**What is the survey number on the front of this letter used for?**

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven’t responded) and to link responses to trusts.

**Do I have to take part in the survey?**

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don’t need to give us a reason. If you do not wish to take part, contact us at [**Freephone] [HELPLINE NUMBER] or email [HELPLINE EMAIL]** stating “opt-out” and your Survey number (written on the front page of this letter). Alternatively, return the questionnaire blank in the FREEPOST envelope provided.

**Can someone help me fill in the questionnaire?**

If you would like someone to help you complete the survey it’s fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

**Who do I contact if I have a query or complaint about the survey?**

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call **Freephone [helpline number] or email [helpline email address].**