

URGENT CARE QUESTIONNAIRE

If you agree to take part in the survey, please complete the questionnaire and send it back in the **FREEPOST** envelope provided.

For each question, please cross ☒ clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box. Sometimes you will find that the box you have crossed has an instruction to go to another question.

Don't worry if you make a mistake; simply fill in the box ☐ and put a cross ☒ in the correct box. Taking part in this survey is voluntary. **Your answers will be treated in confidence.**

Please remember, this questionnaire is about your **most recent** visit to the Urgent Treatment Centre (UTC) at the NHS Trust named in the accompanying letter. The Urgent Treatment Centre may also be known as an Urgent Care Centre (UCC) or Minor Injury Unit (MIU). Throughout this questionnaire, the term 'Urgent Treatment Centre' is used.

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, or Minor Injury Unit (MIU).

1 Before attending this Urgent Treatment Centre, did you go to or contact any other service for help with your condition?

This could include contacting NHS 111 online / telephone, a pharmacy or a GP practice for help with your condition.

- 1 ☐ Yes..... **Go to 3**
2 ☐ No..... **Go to 2**

2 What was your reason(s) for attending this Urgent Treatment Centre first for help with your condition?

Please cross X in all the boxes that apply to you.

- 1 ☐ My condition was urgent..... **Go to 5**
2 ☐ I did not think my GP practice would be able to help..... **Go to 5**
3 ☐ The Urgent Treatment Centre is easy to get to..... **Go to 5**
4 ☐ I wanted to be seen on the same day..... **Go to 5**
5 ☐ I did not want to go to A&E..... **Go to 5**
6 ☐ I did not know where else to go... **Go to 5**
7 ☐ A different reason..... **Go to 5**
8 ☐ Don't know / can't remember..... **Go to 5**

3 Before going to this Urgent Treatment Centre, where did you go to, or contact, for help with your condition?

Please cross X in all the boxes that apply to you.

- 1 ☐ 999 emergency service
2 ☐ NHS 111 telephone service
3 ☐ NHS 111 online service
4 ☐ Pharmacist
5 ☐ GP practice
6 ☐ GP out-of-hours service
7 ☐ A different Urgent Treatment Centre/ Urgent Care Centre/ Minor Injuries Unit / Walk-In Centre
8 ☐ Dental Services
9 ☐ Mental Health Services (community mental health, crisis team, mental health charity or support group)
10 ☐ Somewhere else

4 What was the **MAIN** reason for going to the Urgent Treatment Centre following your contact with these service(s)?

Please cross X in one box only.

- 1 ☐ The service(s) took/told me to go to the Urgent Treatment Centre
- 2 ☐ I couldn't get an appointment quickly enough for my needs
- 3 ☐ I am not registered with a GP
- 4 ☐ My condition became worse
- 5 ☐ I was not satisfied with the help I received
- 6 ☐ I wanted to be seen on the same day
- 7 ☐ A different reason

5 Before your most recent visit to the Urgent Treatment Centre, had you previously been to any Urgent Treatment Centres about the **same condition**?

- 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

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 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 ☐ Don't know / can't remember
- 6 ☐ Not applicable

WAITING

8 How long did you wait for your **first assessment** with a health professional?

This is also known as triage.

- 1 ☐ I did not have to wait **Go to 9**
- 2 ☐ 0 – 15 minutes **Go to 9**
- 3 ☐ 16 – 30 minutes **Go to 9**
- 4 ☐ 31 – 60 minutes **Go to 9**
- 5 ☐ More than 60 minutes **Go to 9**
- 6 ☐ I did not have a first assessment **Go to 10**
- 7 ☐ Don't know / can't remember.. **Go to 9**

9 After your first assessment, did the health professional tell you what would happen next?

Please cross X in all the boxes that apply to you.

- 1 ☐ Yes, I was told that I would need tests (e.g. x-rays, scans, blood or urine tests)
- 2 ☐ Yes, I was told I needed to go to another department
- 3 ☐ Yes, I was told I would be admitted
- 4 ☐ Yes, I was told to wait to be examined / treated
- 5 ☐ No
- 6 ☐ This was not necessary
- 7 ☐ Don't know / can't remember

10 Were you informed how long you would have to wait to be examined or treated?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ This was not necessary
- 4 ☐ Don't know / can't remember

11 Were you kept updated on how long your wait would be?

Please cross X in all the boxes that apply to you.

- 1 ☐ Yes, by a member of staff
- 2 ☐ Yes, via an electronic screen
- 3 ☐ Yes, other
- 4 ☐ No
- 5 ☐ This was not necessary
- 6 ☐ Don't know / can't remember

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

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

13 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

HEALTH PROFESSIONALS

Thinking about your experience in the Urgent Treatment Centre only....

14 Did you have enough time to discuss your condition and treatment with the health professional?

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

15 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

16 Did the health professional listen to what you had to say?

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

17 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

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

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

19 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 ☐ Not applicable

YOUR CARE AND TREATMENT

20 Do you have any communication needs?

This includes language needs related to translation support, a disability, sensory loss or impairment.

Please cross X in all the boxes that apply to you.

- 1 ☐ Translation / interpreter Go to 21
- 2 ☐ Sign language/Braille materials Go to 21
- 3 ☐ Easy read materialsGo to 21
- 4 ☐ Large print materialsGo to 21
- 5 ☐ Other Go to 21
- 6 ☐ I do not have any communication needs..... Go to 22

21 While you were in the Urgent Treatment Centre, did staff help you with your communication needs?

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

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

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

23 If you needed help to take medication for any pre-existing medical conditions, did staff help you?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I was told not to take my medication(s)
- 4 ☐ I did not need help to take my medication(s)
- 5 ☐ Not applicable

24 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 did not want to be involved in decisions about my care

TESTS

Tests could include X-rays, scans, blood tests or urine tests.

25 If you had any tests, did a member of staff explain why you needed them in a way you could understand?

- 1 ☐ Yes, completely.....Go to 26
- 2 ☐ Yes, to some extent.....Go to 26
- 3 ☐ No.....Go to 26
- 4 ☐ I did not have any tests.....Go to 27

26 Before you left the Urgent Treatment Centre, 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
- 5 ☐ I was given the results after I left the Urgent Treatment Centre

PAIN

27 Do you think the staff helped you to 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 ☐ Don't know / can't remember

ENVIRONMENT AND FACILITIES

28 While you were in the Urgent Treatment Centre, did you feel safe around other patients or visitors?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I was not around other patients or visitors

29 While you were at the Urgent Treatment Centre, were you able to get food or drinks?

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

LEAVING THE URGENT TREATMENT CENTRE

30 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 39](#)
- 2 ☐ I was sent to A&E[Go to 39](#)
- 3 ☐ I was discharged and sent home / to my place of residence.....[Go to 31](#)

MEDICATIONS

Medications could include medicines, tablets or ointments.

31 Before you left the Urgent Treatment Centre, were you prescribed any new medications?

- 1 ☐ Yes.....[Go to 32](#)
- 2 ☐ No.....[Go to 33](#)

32 Thinking about any new medication you were to take at home, were you given any of the following?

Please cross X in all the boxes that apply to you.

- 1 ☐ An explanation of the purpose of the medication
- 2 ☐ An explanation of side effects
- 3 ☐ An explanation of how to take the medication
- 4 ☐ Written information about the medication
- 5 ☐ I was given medication but no information

INFORMATION

33 Before you left the Urgent Treatment Centre, did health professionals give you information on how to care for your condition at home?

This includes any verbal, written or online information.

- 1 ☐ Yes [Go to 34](#)
- 2 ☐ No [Go to 36](#)
- 3 ☐ Don't know / can't remember [Go to 36](#)

34 To what extent did you understand the information you were given on how to care for your condition at home?

- 1 ☐ Very well
- 2 ☐ Fairly well
- 3 ☐ Not very well
- 4 ☐ Not at all well
- 5 ☐ Don't know / can't remember

35 From the information you were given by health professionals, did you feel able to care for your condition at home?

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

36 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, to contact my GP
- 2 ☐ Yes, to contact 111 services
- 3 ☐ Yes, to contact an Urgent Treatment Centre
- 4 ☐ Yes, to contact A&E
- 5 ☐ Yes, to contact mental health services
- 6 ☐ Yes, to contact another service
- 7 ☐ No
- 8 ☐ Don't know / can't remember

37 Did a member of staff discuss with you whether you may need further health or social care services after leaving the Urgent Treatment Centre?

For example, services from a GP, physiotherapist, community nurse, assistance from social services, community mental health 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

38 If you contacted any health or social care services after leaving the Urgent Treatment Centre, was the care and support available when you needed it?

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

OVERALL

39 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

40 Overall, how was your experience while you were in the Urgent Treatment Centre?

Please give your answer on a scale of 0 to 10, where 0 means you had a very poor experience and 10 means you had a very good experience.

- 0 ☐ 0 – I had a very poor experience
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10 – I had a very good experience

ABOUT YOU

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

- 1 ☐ The **patient** (named on the letter)
- 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 or care worker

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

42 What was your **year of birth**?

Please write in e.g.

1	9	6	4
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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.

43 At birth were you assigned as...

- 1 ☐ Male
- 2 ☐ Female
- 3 ☐ Intersex (a person born with a reproductive anatomy that doesn't seem to fit the typical definitions of female or male)
- 4 ☐ I would prefer not to say

44 Is your gender different from the sex you were assigned at birth?

- 1 ☐ No
- 2 ☐ Yes, **please specify your gender**

- 3 ☐ I would prefer not to say

45 Do you have any of the following?
Please cross X in all the boxes that apply to you.

- 1 ☐ Autism or autism spectrum condition
- 2 ☐ Breathing problem, such as asthma
- 3 ☐ Blindness or partial sight
- 4 ☐ Cancer in the last 5 years
- 5 ☐ Dementia or Alzheimer's disease
- 6 ☐ Deafness or hearing loss
- 7 ☐ Diabetes
- 8 ☐ Heart problem, such as angina
- 9 ☐ Joint problem, such as arthritis
- 10 ☐ Kidney or liver disease
- 11 ☐ Learning disability
- 12 ☐ Mental health condition
- 13 ☐ Neurological condition
- 14 ☐ Physical mobility condition
- 15 ☐ Stroke (which affects your day-to-day life)
- 16 ☐ Another long-term condition
- 17 ☐ I don't have a long-term condition..... **Go to 47**
- 18 ☐ I would prefer not to say..... **Go to 47**

46 Do any of these conditions reduce your ability to carry out day-to-day activities?

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

47 Have you experienced any of the following in the last twelve months?
Please cross X in all the boxes that apply to you.

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

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 your sexual orientation?

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

50 Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission, for further research about your healthcare experience?

This information will not be passed onto your trust. The answers you have provided are still valuable regardless of whether you agree to be contacted about future research.

- 1 ☐ Yes, I am happy for my answers to be linked to my contact details and be contacted for further research.
- 2 ☐ No, I do not want to be contacted for future research

51 What is your ethnic group?

Please cross X in ONE box only.

a. WHITE

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

b. MIXED / MULTIPLE ETHNIC GROUPS

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

c. ASIAN / ASIAN BRITISH

- 10 ☐ Indian
- 11 ☐ Pakistani
- 12 ☐ Bangladeshi
- 13 ☐ Chinese
- 14 ☐ Any other Asian background, **please write in**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 15 ☐ African
- 16 ☐ Caribbean
- 17 ☐ Any other Black / African / Caribbean background, **please write in**

e. OTHER ETHNIC GROUP

- 18 ☐ Arab
- 19 ☐ Any other ethnic group, **please write in**

- 20 ☐ I would prefer not to say

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, 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.

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.