[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 [Title, first name and surname here],

**Taking part will help [SITE NAME]**

I recently sent you a letter asking you to take part in a survey about your experience at the Urgent Treatment Centre or Minor Injuries Unit. 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 send us your feedback so your voice can be heard**

The survey asks questions about the care you received during your recent visit. Your answers will help us understand what is good about patient care and whether any improvements are needed to our services.

**Please take part online as soon as possible.** You can do this on a computer, tablet or a smartphone. It should take about 15 minutes. Type the website address below into the address bar at the top of your internet browser. Enter the survey number and online password to start the survey. Alternatively, scan the QR code to complete the survey online.

**[INSERT ONLINE SURVEY LINK]**

**Survey number:**

 **[PRN]**

**Online password:**

 **[PASSWORD]**



**[INSERT UNIQUE QR CODE HERE]**

**Your information will be kept confidential**

This survey is being carried out by [CONTRACTOR IN-HOUSE TRUST NAME] on behalf of the Care Quality Commission with support from this Trust. None of the staff who cared for you will know who has taken part and it will not affect your care in any way. If you have any questions, need help filling in the questionnaire or do not want to take part**,** please send an email to: **[HELPLINE EMAIL]** or call us on **[Freephone] [HELPLINE NUMBER]** [HELPLINE OPENING DAYS/TIMES].

Thank you very much for giving some of your time to help the NHS.

Yours sincerely,

[Chief Executive Signature]

[Chief Executive Name]

Chief Executive, [NHS Trust Name]