

# 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 Injuries 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 Injuries 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 / online services  
 3  Accident & Emergency department (A&E)  
 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.. **Go to 6**
- 2  Yes, between one week and one month earlier..... **Go to 6**
- 3  Yes, more than a month earlier **Go to 6**
- 4  No..... **Go to 7**
- 5  Don't know / can't remember.... **Go to 7**

**6** What was your reason(s) for reattending the Urgent Treatment Centre about the same condition?

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

- 1  My condition was not improving
- 2  I did not get the help I needed on my last visit
- 3  I did not get the help I needed from another service I contacted
- 4  I was advised to go back to the Urgent Treatment Centre if I had concerns
- 5  I was asked to come back to the Urgent Treatment Centre for a planned visit
- 6  I needed help with my medication
- 7  I did not know which service to contact
- 8  A different reason

**7** 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

**8** 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

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

**10** Were you kept updated on how long you would have to wait to be examined or treated?

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

**11** 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

**12** 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....

**13** 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

**14** 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

**15** Did the health professional listen to what you had to say?

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

**16** 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

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

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

**18** 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

**19** While you were in the Urgent Treatment Centre, if you had any of the following individual needs, did staff take this into account?

	Yes	No	I did not need this
<b>Language needs</b> (e.g. translation, interpreter)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>Communication needs</b> (e.g. easy-read, large print)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>Religious or Cultural needs</b> (e.g. space to pray, same gender staff)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>Accessibility needs</b> (e.g. mobility needs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>Mental health needs</b> (e.g. a quiet space, emotional support)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

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

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

**22 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.

**23 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 24**
- 2  Yes, to some extent..... **Go to 24**
- 3  No..... **Go to 24**
- 4  I did not have any tests..... **Go to 25**

**24 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**

**25 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**

**26 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

**27 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**

**28 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 37**
- 2  I was sent to A&E..... **Go to 37**
- 3  I was discharged and sent home / to my place of residence..... **Go to 29**

## MEDICATIONS

Medications could include medicines, tablets or ointments.

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

- 1  Yes..... **Go to 30**  
2  No..... **Go to 31**

**30** 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

**31** 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 32**  
2  No..... **Go to 34**  
3  Don't know / can't remember **Go to 34**

**32** 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

**33** 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

**34** 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?

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

- 1  Yes, to contact my GP  
2  Yes, to contact 111 services  
3  Yes, to contact 999 emergency service  
4  Yes, to contact an Urgent Treatment Centre  
5  Yes, to contact A&E  
6  Yes, to contact mental health services  
7  Yes, to contact another service  
8  No  
9  Don't know / can't remember

**35** 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

**36** 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

**37** 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

**38** 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

**39** 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.

**40** 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.

**41** 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

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

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

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- 3  I would prefer not to say

**43 Do you have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?**

**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  Neurodivergence (other than autism or autism spectrum condition)
- 14  Neurological condition
- 15  Physical mobility condition
- 16  Stroke (which affects your day-to-day life)
- 17  Another long-term condition
- 18  I don't have a long-term condition
- 19  I would prefer not to say.....**Go to 45**

**44 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

**45 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

**46 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

**47 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

**48 Are you willing for your answers to be linked to your contact details and to be contacted by the Care Quality Commission or another organisation working on their behalf, 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. I understand this does not mean I have to take part in future research.
- 2  No, I do not want to be contacted for future research

**49 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.