

Urgent Care Questionnaire (Scored Questionnaire)

This survey is about the urgent medical attention you received on your **most recent** visit to the NHS Trust named in the letter enclosed with this questionnaire. The department you visited might have been called an **Urgent Treatment Centre (UTC)**, **Urgent Care Centre (UCC)** or **Minor Injury Unit (MIU)**. You might also think of it as **A&E**. These are places that you can go to for minor injuries or illnesses instead of going to A&E. Throughout the questionnaire, we will use the term 'Urgent Treatment Centre'.

What you tell us is confidential and taking part is voluntary.

WHAT TO DO

Put a cross clearly inside one box using a black or blue pen.

If you make a mistake, just fill in the box and put a cross in the correct box.

If you cannot answer a question, or do not want to answer it, just leave it blank and go to the next question.

Please remember not to write your name or address anywhere on the questionnaire.

When you have filled in as much as you can, please return it in the Freepost envelope provided.

NEED MORE HELP?

For help completing the questionnaire, please call the survey helpline on **<insert helpline number here>** or email **<insert helpline email here>**

If you have concerns about the care you or others have received please contact the Care Quality Commission (CQC) on 03000 61 61 61.

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 (UCC) or Minor Injury Unit (MIU). You might also think of it as A&E.

1. Was this Urgent Treatment Centre the **first** service you went to, or contacted, for help with your condition?

1 Yes → **Go to 4**

2 No → **Go to 2**

(Q1 not scored)

2. Before going to this Urgent Treatment Centre, where did you go to, or contact, for help with your condition? **(Cross ALL that apply)**

1 999 emergency service

2 NHS 111 telephone service

3 NHS 111 online service

4 A&E department

5 Pharmacist

6 GP practice

7 GP out-of-hours service

8 A different Urgent Treatment Centre / Urgent Care Centre/ Minor Injuries Unit / Walk-in Centre

9 Somewhere else

(Q2 not scored)

3. What was the **MAIN** reason for going to the Urgent Treatment Centre following your contact with the service(s) above? **(Cross ONE only)**

1 The service(s) (above) referred / took me

2 I couldn't get a GP appointment quickly enough

3 I am not registered with a GP

4 My condition became worse

5 I was not satisfied with the help I received

6 A different reason

(Q3 not scored)

4. Were you given enough privacy when discussing your condition with the **receptionist**?

1 Yes, definitely **10**

2 Yes, to some extent **5**

3 No **0**

4 I did not discuss my condition with a receptionist **-**

5. Before your most recent visit to this Urgent Treatment Centre, had you previously been to **the same** Urgent Treatment Centre about **the same condition** or something related to it?

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

(Q5 not scored)

WAITING

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

(Q6 not scored)

7. How long did you wait before you **first spoke** to a health professional? *This does not include staff screening for coronavirus at the entrance to the Urgent Treatment Centre.*

1 0 - 15 minutes **10**

2 16 - 30 minutes **7.5**

3 31 - 60 minutes **5**

4 More than 1 hour but no more than 2 hours **2.5**

5 More than 2 hours **0**

6 Don't know / can't remember **-**

Please see additional scoring notes on Page 9

8. Did the health professional explain what would happen next?
- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |
| 4 | <input type="checkbox"/> I did not need an explanation | - |
| 5 | <input type="checkbox"/> Don't know / can't remember | - |

9. Sometimes, people will first talk to a health professional and be examined later. **From the time you arrived**, how long did you wait **before being examined**?

- | | | | |
|---|--|------------|----|
| 1 | <input type="checkbox"/> I did not have to wait | → Go to 11 | 10 |
| 2 | <input type="checkbox"/> Up to 15 minutes | → Go to 10 | 8 |
| 3 | <input type="checkbox"/> 16 – 30 minutes | → Go to 10 | 6 |
| 4 | <input type="checkbox"/> 31 – 60 minutes | → Go to 10 | 4 |
| 5 | <input type="checkbox"/> More than 1 hour but no more than 2 hours | → Go to 10 | 2 |
| 6 | <input type="checkbox"/> More than 2 hours | → Go to 10 | 0 |
| 7 | <input type="checkbox"/> Don't know / can't remember | → Go to 10 | - |

Please see additional scoring notes on Page 9

10. Were you informed **how long** you would have to wait to be examined?

- | | | |
|---|---|----|
| 1 | <input type="checkbox"/> Yes, but the wait was shorter | 10 |
| 2 | <input type="checkbox"/> Yes, and I had to wait about as long as I was informed | 10 |
| 3 | <input type="checkbox"/> Yes, but the wait was longer | 5 |
| 4 | <input type="checkbox"/> No, I was not informed | 0 |
| 5 | <input type="checkbox"/> Don't know / can't remember | - |

11. Overall, how long did your visit to the **Urgent Treatment Centre** last?

- | | | |
|---|---|-----|
| 1 | <input type="checkbox"/> Up to 1 hour | 10 |
| 2 | <input type="checkbox"/> More than 1 hour but no more than 2 hours | 6.7 |
| 3 | <input type="checkbox"/> More than 2 hours but no more than 4 hours | 3.3 |
| 4 | <input type="checkbox"/> More than 4 hours | 0 |
| 5 | <input type="checkbox"/> Can't remember | - |

SEEING THE HEALTH PROFESSIONAL

12. Did you have **enough time** to discuss your condition with the health professional?

- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |

13. While you were in the Urgent Treatment Centre, did a health professional explain your condition and treatment in a way you could understand?

- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, completely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |
| 4 | <input type="checkbox"/> I did not need an explanation | - |

14. Did the health professional listen to what you had to say?

- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |

15. If you had any anxieties or fears about your condition or treatment, did a health professional discuss them with you?

- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, completely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |
| 4 | <input type="checkbox"/> I did not have any anxieties or fears | - |

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

- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |

17. Did health professionals talk to each other about you as if you weren't there?

- 1 Yes, definitely 0
- 2 Yes, to some extent 5
- 3 No 10
- 4 Not applicable -

YOUR CARE AND TREATMENT

18. While you were at the Urgent Treatment Centre, how much information about your condition or treatment was given to **you**?

- 1 Not enough 5
- 2 Right amount 10
- 3 Too much 5
- 4 I was not given any information about my condition or treatment 0

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

- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No 0

20. Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?

- 1 Yes, definitely 0
- 2 Yes, to some extent 5
- 3 No 10

21. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No 0
- 4 I was not well enough to be involved in decisions about my care -

TESTS

22. Did you have any tests (such as x-rays, scans or blood tests) when you visited the Urgent Treatment Centre?

- 1 Yes → Go to 23
- 2 No → Go to 26

(Q22 not scored)

23. Did a member of staff explain why you needed these test(s) in a way you could understand?

- 1 Yes, completely 10
- 2 Yes, to some extent 5
- 3 No 0

24. Before you left the Urgent Treatment Centre, did you get the **results** of your tests?

- 1 Yes → Go to 25 10
- 2 No → Go to 26 0
- 3 I was told that the results of the tests would be given to me at a later date → Go to 26 -
- 4 Don't know / can't remember → Go to 26 -

25. Did a member of staff explain the **results of the tests** in a way you could understand?

- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No 0
- 4 Not sure / can't remember -

PAIN

26. Do you think the staff did everything they could to help control your pain?

- 1 Yes, definitely 10
- 2 Yes, to some extent 5
- 3 No 0
- 4 I was not in pain while I was in the Urgent Treatment Centre -
- 5 Can't say / don't know -

ENVIRONMENT AND FACILITIES

27. In your opinion, how clean was the Urgent Treatment Centre?
- | | | |
|---|---|-----|
| 1 | <input type="checkbox"/> Very clean | 10 |
| 2 | <input type="checkbox"/> Fairly clean | 6.7 |
| 3 | <input type="checkbox"/> Not very clean | 3.3 |
| 4 | <input type="checkbox"/> Not at all clean | 0 |
| 5 | <input type="checkbox"/> Can't say | - |
28. While you were in the Urgent Treatment Centre, did you see any of the following?
- | | 1 Yes | 2 No | 3 Don't know |
|--|--------------------------|--------------------------|--------------------------|
| For each response option: | 10 | 0 | - |
| 1 Social distancing measures (such as markers on the floor or signage at the entrance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Handwashing with hand sanitiser or soap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Staff disposing of gloves and plastic aprons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Cleaning of surfaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Tissues available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Waste bins provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Please see additional scoring notes on Page 10**
29. While you were in the Urgent Treatment Centre, did you feel threatened by other patients or visitors?
- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, definitely | 0 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 10 |
30. Were you able to get suitable food or drinks when you were at the Urgent Treatment Centre?
- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes | 10 |
| 2 | <input type="checkbox"/> No | 0 |
| 3 | <input type="checkbox"/> I was told not to eat or drink | - |
| 4 | <input type="checkbox"/> I did not know if I was allowed to eat or drink | - |
| 5 | <input type="checkbox"/> I did not want anything to eat or drink | - |

LEAVING THE URGENT TREATMENT CENTRE

31. What happened at the end of your visit to the Urgent Treatment Centre?
- | | | |
|---|--|------------|
| 1 | <input type="checkbox"/> I was admitted to or transferred to a hospital ward | → Go to 38 |
| 2 | <input type="checkbox"/> I was sent to A&E | → Go to 38 |
| 3 | <input type="checkbox"/> I went home / somewhere else | → Go to 32 |

(Q31 not scored)

INFORMATION

32. Did a member of staff tell you about what **symptoms to watch for** regarding your illness or treatment after you went home?
- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, completely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |
| 4 | <input type="checkbox"/> I did not need this type of information | - |
33. 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 | <input type="checkbox"/> Yes | 10 |
| 2 | <input type="checkbox"/> No | 0 |
| 3 | <input type="checkbox"/> Don't know / can't remember | - |
34. Did staff give you enough information to help you care for your condition at home?
- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes, definitely | 10 |
| 2 | <input type="checkbox"/> Yes, to some extent | 5 |
| 3 | <input type="checkbox"/> No | 0 |
| 4 | <input type="checkbox"/> I did not need this type of information | - |
35. Before you left, did a member of staff discuss your transport arrangements for leaving the Urgent Treatment Centre?
- | | | |
|---|--|----|
| 1 | <input type="checkbox"/> Yes | 10 |
| 2 | <input type="checkbox"/> No | 0 |
| 3 | <input type="checkbox"/> It was not necessary | - |
| 4 | <input type="checkbox"/> Don't know / can't remember | - |

36. Did a member of staff discuss with you whether you may need further health or social care services after leaving the Urgent Treatment Centre (e.g. services from GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)?

- 1 Yes 10
- 2 No, but I would have liked them to 0
- 3 No, it was not necessary to discuss it -

37. After leaving the Urgent Treatment Centre, was the care and support you expected available **when** you needed it?

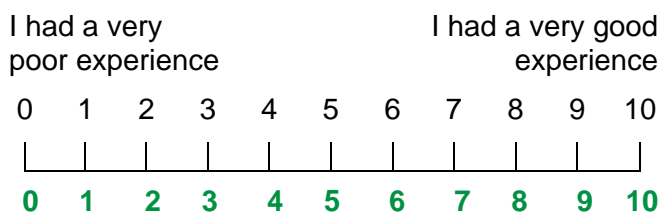
- 1 Yes 10
- 2 No 0
- 3 I did not expect any further care or support after I left -

OVERALL

38. 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 10
- 2 Yes, some of the time 5
- 3 No 0

39. Overall... **(please circle a number)**



The entire 'About You' section (Q40 to Q50) is not scored ABOUT YOU

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

- 1 The **patient** (named on the front of the envelope)
- 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

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

41. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?

Include problems related to old age.

- 1 Yes ➔ Go to 42
- 2 No ➔ Go to 44

42. Do you have any of the following?

Select **ALL** conditions you have that have lasted or are expected to last for 12 months or more.

- 1 Breathing problem, such as asthma
- 2 Blindness or partial sight
- 3 Cancer in the last 5 years
- 4 Dementia or Alzheimer's disease
- 5 Deafness or hearing loss
- 6 Diabetes
- 7 Heart problem, such as angina
- 8 Joint problem, such as arthritis
- 9 Kidney or liver disease
- 10 Learning disability
- 11 Mental health condition
- 12 Neurological condition
- 13 Autism or autism spectrum condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition

43. Do any of these reduce your ability to carry out day-to-day activities?

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

44. Have you experienced any of the following in the last twelve months? **(Cross ALL that apply)**

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

45. Around the time of your Urgent Treatment Centre visit, were you responsible for looking after, giving support to, or helping family members, friends, neighbours or others because of their:

- Long-term physical or mental ill health / disability, or
- Problems related to old age?

- 1 Yes
2 No

46. Are you male or female?

- 1 Male
2 Female

47. What was your **year** of birth?

(Please write in) e.g.

1	9	6	4
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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 how you think of yourself?

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

50. What is your ethnic group?
(Cross ONE box only)

a. WHITE

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

b. MIXED / MULTIPLE ETHNIC GROUPS

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

c. ASIAN / ASIAN BRITISH

- 9 Indian
- 10 Pakistani
- 11 Bangladeshi
- 12 Chinese
- 13 Any other Asian background, **write in...**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14 African
- 15 Caribbean
- 16 Any other Black / African / Caribbean background, **write in...**

e. OTHER ETHNIC GROUP

- 17 Arab
- 18 Any other ethnic group, **write in...**

ANY 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 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.

Scoring rules for Questions 7 and 9

The rules of scoring these questions are bulleted below and displayed in Figure 1.

- If response to Q6 is missing or is option 1 (yes) or option 3 (don't know), Q7 and Q9 are not scored.
- If response to Q6 is 2 (no), scoring would be as presented for Q7 and Q9.

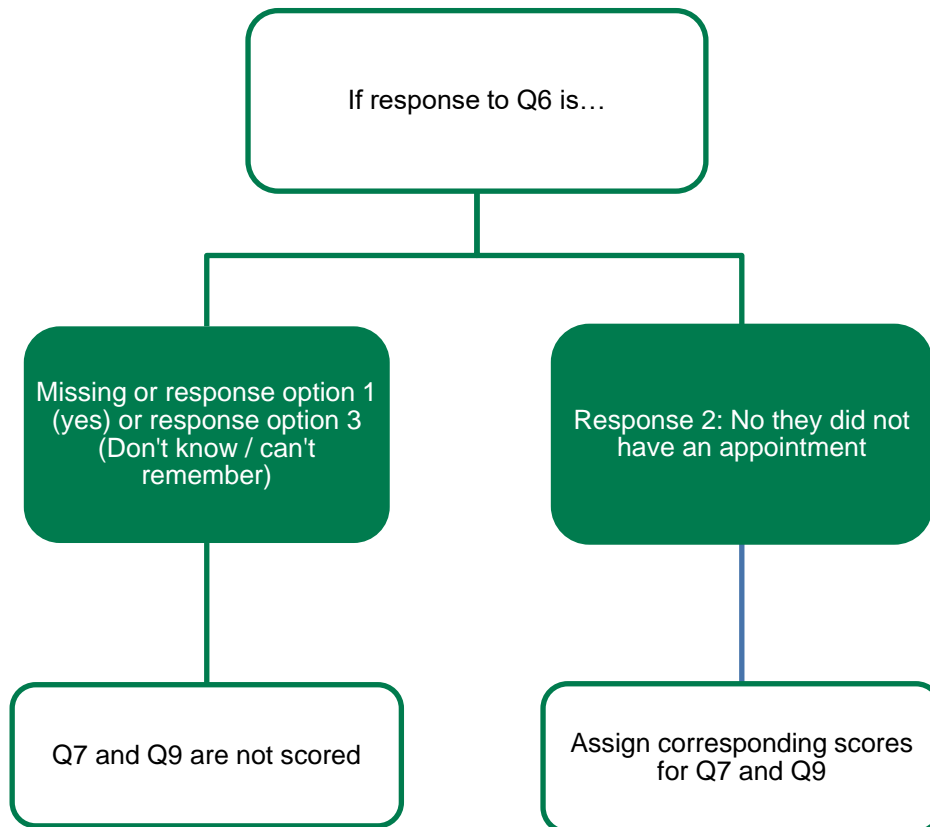


Figure 1. Rules for scoring Q7 and Q9

Scoring rules for Question 28

The rules of scoring this question are bulleted below and displayed in Table 1.

- Response option 1 (Yes) is scored 10, response option 2 (No) is scored 0 and response option 3 (Don't know) is not scored.
- Scores are assigned to each response option for each item in the grid.
- An overall score will be calculated for each respondent, by summing the score given for each item and dividing it by the total number of items which is 7. An example is shown in Table 1.
- An overall trust score will be calculated by summing the respondents' overall scores and dividing by the total number of respondents in the trust.
- An overall national score will be calculated by summing the trusts' overall scores and dividing by the total number of trusts.

Trust	ID	Q28_1	Q28_2	Q28_3	Q28_4	Q28_5	Q28_6	Q28_7	Overall Respondent Score
RTT	Res 1	10	10	0	10	0	-	10	$(10+10+0+10+0+10)/7 = 5.71$
RTT	Res 2	0	10	0	0	10	-	10	$(0+10+0+0+10+10)/7 = 4.29$
RTT	Res 3	10	0	10	0	-	10	0	$(10+0+10+0+10+0)/7 = 4.29$
RTT	Res 4	0	0	10	-	-	0	0	$(0+0+10+0+0)/7 = 1.43$
RTT	Res 5	-	10	-	0	10	10	10	$(10+0+10+10+10)/7 = 5.71$
Overall Trust Score									$(5.71+4.29+4.29+1.43+5.71)/5 = 4.29$
RPO	Res 6	-	0	0	10	-	0	-	$(0+0+10+0)/7 = 1.43$
RPO	Res 7	0	10	10	0	10	-	-	$(0+10+10+0+10)/7 = 4.29$
RPO	Res 8	10	10	0	0	0	10	0	$(10+10+0+0+0+10+0)/7 = 4.29$
RPO	Res 9	10	0	0	-	10	0	10	$(10+0+0+10+0+10)/7 = 4.29$
RPO	Res 10	0	0	-	10	0	0	10	$(0+0+10+0+0+10)/7 = 2.86$
Overall Trust Score									$(1.43+4.29+4.29+4.29+2.86)/5 = 3.43$
Overall National Score									$(4.29+3.43)/2 = 3.86$

Table 1. Example of scoring for Q28