

## 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. Before attending this Urgent Treatment Centre, did you go to or contact any other services for help with your condition? (e.g. 999, NHS 111, A&E or a GP practice).

1  Yes → Go to 3

2  No → Go to 2

(Q1 not scored)

2. Why did you go to this Urgent Treatment Centre first for help with your condition? (Cross ALL that apply)

1  My condition was urgent → Go to 5

2  I did not think my GP practice would be able to help with my condition → Go to 5

3  I could not get a GP appointment → Go to 5

4  The Urgent Treatment Centre is easy to get to → Go to 5

5  I went to the Urgent Treatment Centre last time I needed help → Go to 5

6  I did not know where else to go → Go to 5

7  I did not want to go to A&E → Go to 5

8  A different reason → Go to 5

9  Don't know → Go to 5

(Q2 not scored)

3. 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 (Q3 not scored)

4. What was the **MAIN** reason for going to the Urgent Treatment Centre following your contact with the service(s) you selected at Q3?

(Cross ONE only)

1  The service(s) referred / took me

2  I couldn't get a GP appointment quickly enough

3  I was told to go to a GP, but I am not registered with one

4  My condition became worse

5  I was not satisfied with the help I received

6  A different reason

(Q4 not scored)

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)

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. 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 -

## WAITING

8. How long did you wait before you **first spoke** to a health professional?

- 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

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  I did not have to wait → Go to 12 **10**
- 2  Up to 15 minutes → Go to 10 **8**
- 3  16 – 30 minutes → Go to 10 **6**
- 4  31 – 60 minutes → Go to 10 **4**
- 5  More than 1 hour but no more than 2 hours → Go to 10 **2**
- 6  More than 2 hours → Go to 10 **0**
- 7  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  Yes **10**
- 2  No **0**
- 3  Don't know / can't remember **-**

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

- 1  Yes **10**
- 2  No **0**
- 3  This was not necessary **-**
- 4  Don't know / can't remember **-**

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

- 1  Up to 1 hour **10**
- 2  More than 1 hour but no more than 2 hours **6.7**
- 3  More than 2 hours but no more than 4 hours **3.3**
- 4  More than 4 hours **0**
- 5  Can't remember **-**

## SEEING THE HEALTH PROFESSIONAL

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

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

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 **10**
- 2  Yes, to some extent **5**
- 3  No **0**
- 4  I did not need an explanation **-**

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

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

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

- 1  Yes, completely **10**
- 2  Yes, to some extent **5**
- 3  No **0**
- 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 10
- 2  Yes, to some extent 5
- 3  No 0
18. 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 -
19. When you were at the Urgent Treatment Centre, did you have a family member, friend or carer with you?
- 1  Yes → Go to 20
- 2  No → Go to 21
- (Q19 not scored)
20. 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 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not want a family member, friend or carer to talk to a health professional -

## YOUR CARE AND TREATMENT

21. While you were at the Urgent Treatment Centre, did staff help you with your **communication needs**? (e.g. any language needs or communication needs related to a disability, sensory loss or impairment).
- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not need this -
- 5  Don't know / can't remember -

22. 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
23. Were you given enough privacy when **being examined or treated**?
- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
24. 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
25. 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

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

26. 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 27 10
- 2  Yes, to some extent → Go to 27 5
- 3  No → Go to 27 0
- 4  I did not have any tests → Go to 28 -

27. 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 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I was given the results after I left the Urgent Treatment Centre -
- 5  Not sure / can't remember -

## PAIN

28. 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

29. In your opinion, how clean was the Urgent Treatment Centre?

- 1  Very clean 10
- 2  Fairly clean 6.7
- 3  Not very clean 3.3
- 4  Not at all clean 0
- 5  Can't say -

30. While you were in the Urgent Treatment Centre, did you feel threatened by other patients or visitors?

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

31. Were you able to get suitable food or drinks when you were at the Urgent Treatment Centre?

- 1  Yes 10
- 2  No 0
- 3  I was told not to eat or drink -
- 4  I did not know if I was allowed to eat or drink -
- 5  I did not want anything to eat or drink -

## LEAVING THE URGENT TREATMENT CENTRE

32. 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 40
- 2  I was sent to A&E → Go to 40
- 3  I was discharged and sent home / somewhere else → Go to 33

(Q32 not scored)

## INFORMATION

33. Did a member of staff tell you about what **symptoms to watch for** regarding your illness or treatment after you went home?

- 1  Yes, completely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not need this type of information -

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? (Cross ALL that apply)

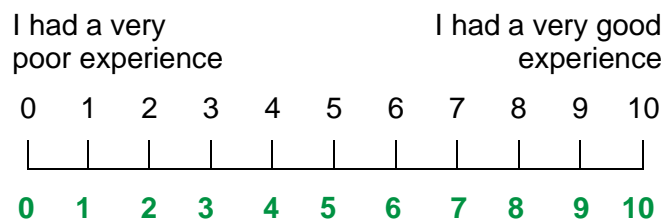
- 1  Yes, to contact my GP 10
- 2  Yes, to contact 111 services 10
- 3  Yes, to contact an Urgent Treatment Centre 10
- 4  Yes, to contact another service 10
- 5  No 0
- 6  Don't know / can't remember -

35. Did staff give you enough information to help you care for your condition at home?
- 1  Yes, definitely 10
- 2  Yes, to some extent 5
- 3  No 0
- 4  I did not need this type of information -
36. Before you left, did a member of staff discuss your transport arrangements for leaving the Urgent Treatment Centre?
- 1  Yes 10
- 2  No 0
- 3  It was not necessary -
- 4  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? (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 -
38. 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 -
39. If you had contact with care and support services after leaving the Urgent Treatment Centre, did the health or social care staff have information about your visit?
- 1  Yes 10
- 2  No 0
- 3  Don't know / can't remember -
- 4  I did not contact care and support services -

## OVERALL

40. 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

### 41. Overall... (please circle a number)



The entire 'About You' section (Q42 to Q52) is not scored

## ABOUT YOU

42. 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.

43. 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 44
- 2  No → Go to 46

44. 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  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  Stroke (which affects your day-to-day life)
- 15  Another long-term condition

45. 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

46. 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

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.

47. At birth were you registered as...

- 1  Male
- 2  Female
- 3  Intersex
- 4  I would prefer not to say

48. Is your gender the same as the sex you were registered as at birth?

- 1  Yes
- 2  No, please write your gender below

- 3  I would prefer not to say

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

**(Please write in)** e.g.

1	9	6	4
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50. 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

51. 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



52. 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, 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.



## Scoring rules for Questions 8 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), Q8 and Q9 are not scored.
- If response to Q6 is 2 (no), scoring would be as presented for Q8 and Q9.

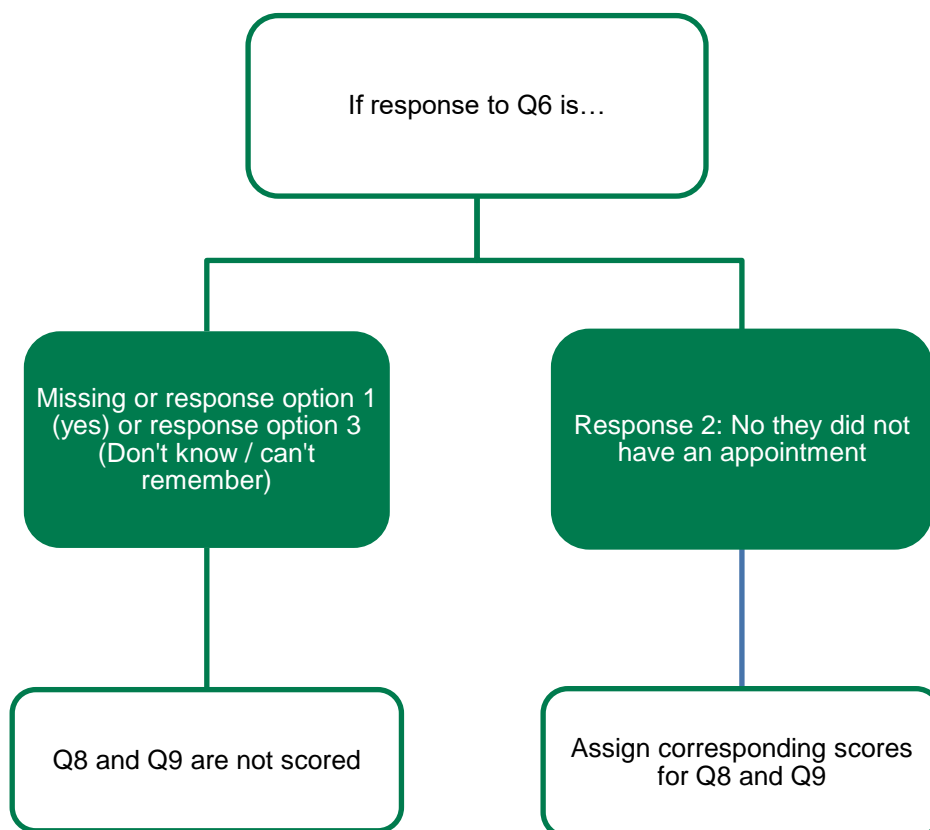


Figure 1. Rules for scoring Q8 and Q9