

NHS Urgent and Emergency Care survey

**Findings from the mixed-mode
pilot**

September 2022



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Executive Summary

1.1 Background and methods

The NHS Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of health services. The programme currently comprises the Urgent and Emergency Care (UEC) Survey, Community Mental Health Survey, Maternity Survey, Adult Inpatient Survey and Children and Young People's Survey.

The strategic direction for the NPSP sets out CQC's ambitions to create a digital method of survey delivery. The CQC commissioned Ipsos to advise on and transform the existing programme from a paper-based method to a mixed-mode solution.

This pilot was conducted to analyse the feasibility of transitioning the UEC Survey to a mixed-mode method. The Maternity Survey and Adult Inpatient Survey have both now transitioned to a mixed-mode method following successful pilots. The Community Mental Health Survey will undergo the transition in 2023. The Children and Young People's Survey has remained a paper-based survey following its mixed-mode pilot in 2019, as further investigations are required before this survey can be successfully transitioned to mixed-mode.

There are two questionnaires for the UEC Survey: Type 1 (A&E) and Type 3 (Urgent Treatment Centres). The mainstage UEC Survey currently includes three mailings containing paper questionnaires in the first and third mailings, and patients do not have the option to complete the questionnaire online.

The pilot employed an experimental approach, comparing an experimental group with a control group. Within the experimental group, the mixed-mode method (combining both online and paper methodologies) was tested. Within the control group, the current mainstage protocol was adopted. Table 1.1. details the respective survey protocols for the two pilot groups.

Table 1.1: Survey protocol of control and experimental group

Week	Experimental group	Control group
Week 1	Contact 1.0: Letter with URL	Contact 1.0: Letter with questionnaire
	Contact 1.1: SMS despatched 3 days later	
Week 2	Contact 2.0: 1 week after contact 1.0, letter with URL	Contact 2.0: 1 week after contact 1.0, letter only
	Contact 2.1: SMS despatched 3 days later	
Week 4	Contact 3.0: 2 weeks after contact 2.0, letter (No URL) and mail questionnaire	Contact 3.0: 2 weeks after contact 2.0, letter and mail questionnaire
	Contact 3.1: SMS despatched 3 days later	

1.2 National level

In general, push-to-web surveys tend to deliver lower response rates than equivalent mail ones. The findings of this pilot are therefore encouraging, as the mixed-mode method produced higher overall response rates than the postal method for both Type 1 and Type 3 patients (across demographic groups).

The availability of a mobile number appears to be an important driver of response with participants being more likely to respond to the survey when a mobile number is available in the sample (and thus a SMS reminders could be sent, in addition to the mailings).

The availability of a mobile number is also an important driver of *online* response. For both Type 1 and Type 3 patients, having a mobile number available in the sample increases online response in the mixed mode group. This difference remained when demographic differences between those with a mobile number and those without a mobile number were controlled for.

The pilot findings also demonstrate that the mixed-mode method improves the representativity of the data.

- For Type 1 participants, the mixed-mode approach mitigates the non-response bias associated with the paper-only approach for the majority of demographic groups, with the exception of males and people from mixed ethnic backgrounds (where the postal-only approach introduces less non-response bias than the mixed-mode approach).
- For Type 3 participants, the mixed-mode approach delivers data that is better representative of people from Asian or Asian British ethnic backgrounds. However, the postal-only approach is more representative than the mixed-mode approach among people from Mixed ethnic backgrounds.

1.3 Trust level

Differences at trust level are generally consistent with differences at the national level in terms of response rates for both Type 1 and Type 3 trusts. Response rates in the mixed-mode groups are generally higher than in the postal only groups. There is more variation in the demographic profile at the trust level due to the smaller sample sizes compared with the national level but similar patterns are evident between the pilot groups.

Analysis at trust level shows that the pattern seen in the national data – that online response is closely associated with availability of mobile within the sample – is generally consistent across trusts. This corroborates the national level analysis and suggests that a move to the mixed-mode method would not lead to additional variation between trusts.

1.4 Para data

The para data from the online survey suggests that the patients involved in the pilot seem to have found the survey straightforward to complete. It was generally completed in one sitting and took 10 minutes or less to finish.

The days the reminders arrived, particularly the SMS reminders, were associated with peaks in online survey completion rates. This suggests that the SMS reminders were a particularly effective way of encouraging patients to take part online.

Smartphones were the device most commonly used to access the online survey. Therefore, any future online survey will need to ensure it is designed using 'mobile-first' principles.

1.5 Next steps

Decisions need to be made on the potential of moving the Urgent and Emergency Care Survey to a mixed-mode method.

The pilot demonstrated that the mixed-mode method has the potential to produce higher overall adjusted response rates across the majority of demographic groups. However, this is contingent on mobile number availability as demonstrated by the lower response rates among patients who did not have a mobile phone number available in the sample.

The impact of moving to a mixed-mode method on response rates is therefore dependent on the proportion of patients for whom a mobile phone is available in the sample. Data collected from the 2020 Urgent and Emergency Care survey.

Therefore, it would seem feasible to move to a mixed-mode method for the UEC survey.

2 Introduction

The National Patient Survey Programme (NPSP), commissioned by the Care Quality Commission (CQC), allows patients and the public to feed back on their recent experiences of services. The programme comprises the Urgent and Emergency Care (UEC) Survey, Community Mental Health Survey, Maternity Survey, Adult Inpatient Survey and Children and Young People's Survey.

The NPSP is designed to capture the views of representative samples of patients in a systematic way from all eligible NHS trusts in England. The data feeds into CQC's regular monitoring tools and is also used by a range of other stakeholders such as NHS England, the Department of Health and Social Care, Integrated Care Systems and NHS trusts themselves. Other statistics users include local authorities, academics, researchers and third sector organisations.

The strategic direction for the NPSP reflects CQC's ambitions to create a digital method of survey delivery. To improve accessibility to the survey, address falling response rates and reduce non-response bias, CQC is currently transitioning the NPSP from postal methods to mixed-mode methods, in which online methods are used alongside postal methods. CQC has commissioned the Coordination Centre for Mixed Methods (CCMM) at Ipsos to manage this transition.

This report presents findings from the UEC Survey mixed-mode method pilot, which was designed to explore the impact of transitioning the survey from a postal method to mixed-mode methods, and thereby ascertain whether mixed-mode methods should be adopted in the mainstage survey.

There are three inter-related topics that the pilot is designed to explore. It will provide insight into whether the transition to mixed-mode methods:

1. makes the survey more cost effective;
2. maintains or improves the quality of the survey data; and,
3. provides data that is comparable across trusts.

As the sample month for the pilot (and for subsequent mainstages) will be changing from September/August to January/February to measure experiences during winter pressures, the CQC and CCMM agreed at the scoping phase of the pilot that trends would be broken. As a result, the pilot did not aim to understand the impact of the new methodology on trends.

Each of these three broad research questions, and the sub-questions they imply, are detailed further in chapter 3 of this report.

3 Methods

The current mainstage UEC Survey includes three mailings containing paper questionnaires in the first and third mailings, and patients do not have the option to complete the questionnaire online. This pilot was conducted to analyse the feasibility of transitioning the UEC Survey to a mixed-mode method.

The Maternity Survey and Adult Inpatient Survey have both now transitioned to a mixed-mode method following successful pilots. The Community Mental Health Survey will undergo the transition in 2023. The Children and Young People's Survey has remained a paper-based survey following its mixed-mode pilot in 2019, as further investigations are required before this survey can be successfully transitioned to mixed-mode.

One notable difference between the UEC survey and other surveys within the programme is the division of the sample into two distinct patient groups: Type 1 (A&E) and Type 3 (Urgent Treatment Centre) patients, and these patients receive different versions of the questionnaire. Appendices A and B include copies of each questionnaire.

The pilot employed an experimental approach, comparing an experimental group with a control group. Within the experimental group, the mixed-mode method (combining both online and paper methodologies) was tested. Within the control group, the current mainstage protocol was adopted.

As a note, fieldwork for the survey is normally conducted by approved contractors and trusts. However, for the purposes of the pilot, all fieldwork was conducted centrally by Ipsos.

3.1 Sampling

3.1.1 Selection of trusts for pilot survey

The pilot was designed to achieve a sample size of c.23,000 across 10 trusts. Based on expected response rates, this sample size was considered large enough to enable comparison between the old and new methods with reasonable statistical confidence.

Initially, 50 urgent and emergency care providers were approached to gather interest in participation. As 17 trusts expressed an interest in participation, a selection of ten trusts was made on criteria agreed with the CQC (trust type, IMD quintile, response rate quintile, CQC rating, and region).

Further, to ensure there was a large enough Type 3 sample size to draw conclusions during analysis, trust selection was skewed to recruit three Type 1 only trusts, and seven trusts with Type 1 and 3 sites.

Following trust selection, and prior to the commencement of fieldwork, one trust withdrew their participation citing competing time pressures and an inability to adequately prepare for their involvement. Therefore, in total, nine NHS trusts took part in the UEC pilot (two trusts had only Type 1 departments, and seven trusts had both Type 1 and Type 3 departments).

3.1.2 Sampling period

For the pilot, the sample period was changed from September to February (**1 - 28 February 2022**). A decision was made to shift the timing for trusts to draw their samples to focus on the impact of winter pressures on patients' experiences of urgent and emergency care. This was deemed to be particularly important this year as the NHS was expected to experience additional pressures from the impact of the COVID-19 pandemic.

As is done for the mainstage, trusts displayed posters during the sampling period, to provide patients with the opportunity to opt-out of their details being shared with Ipsos for the purpose of the survey. Trusts were also encouraged to issue local press releases and make use of social media to raise awareness of the survey.

3.1.3 Drawing the pilot samples

Trusts drew patient samples using largely the same protocol as for the mainstage survey (the only deviation being the inclusion of mobile numbers where available). This meant drawing a sample of patients who were:

- aged 16 and over at the time of drawing the sample; AND,
- attended a Type 1 or Type 3 urgent or emergency care service between 1st February and 28th February 2022 (the sample period). Type 3 trusts could also include attendances from January 2022 if they were unable to reach the eligible sample size from February alone.

After all eligible patients from the trust were compiled, a random selection of these patients was performed by each trust to select 1,876 records for Type 1 trusts, and 1,000 records for Type 3 trusts. As such, trusts that had both Type 1 and Type 3 departments submitted a sample of 2,876 patients (1,876 Type 1 records and 1,000 Type 3 records). Following DBS checks prior to fieldwork, this resulted in a total pilot sample size of 23,869 patients; comprising 16,871 Type 1 patients and 6,998 Type 3 patients.

The Demographic Batch Service (DBS) and internal checks by trusts were used to ensure that all patients were alive and that the trust did not have a record of their death from a subsequent admission or visit to the hospital. Trusts were required to conduct local and DBS checks at the time of drawing the sample and again in advance of the first mailing. Trusts were then required to repeat local checks prior to all subsequent mailings/ SMS messages and were encouraged to conduct further DBS checks also.

3.2 Data collection methods

The pilot sample was stratified by trust, gender, age and IMD before being randomly allocated into two groups – a control and an experimental group. The groups were assigned so that 50% were in the control group, with the remaining 50% assigned to the experimental group. The groups were then assessed across the sample variables provided, including gender, age, ethnicity, and IMD quintiles, to ensure there was an equal split across both groups.

The pilot sample (n = 23,869) was randomly allocated to two groups, with the following contact protocols.

1. **Control group** (sample n = c. 8,435 for Type 1 and c. 3,500 for Type 3) received three paper mailings with questionnaires included in the first and third mailing, as in the current mainstage survey.
2. **Experimental group** (sample n = c. 8,436 for Type 1 and 3,498 for Type 3) received three mailings (with a paper questionnaire included only in the third mailing), and an SMS reminder three days after each mailing.

When designing the experimental contact protocols, there were several considerations to weigh up.

- An offline data collection mode (typically paper-based) is currently essential in addition to an online data collection mode. This helps reduce the non-coverage and non-response bias typically observed in online surveys.
- However, to realise the cost efficiency savings associate with online survey completion, it is necessary to ensure a reasonably large proportion of the participants respond online rather than by post.

To balance these considerations, as has been the case in previous NPSP pilot surveys, in the experimental group, the paper questionnaire was not included until the third mailing. Furthermore, SMS reminders were incorporated into the contact protocol for those who had a mobile number available (84.1% for Type 1 and 86.8% for Type 3). This has been demonstrated to encourage online response in the 2019 Adult Inpatient and 2019 Maternity Pilot Studies. To maximise the effectiveness of the SMS reminders, they were carefully integrated with the postal reminders and included a direct link to the survey questionnaire, thereby bypassing the need for recipients to type in the URL.

The final contact protocols for the control and experimental groups are detailed in Table 2.1.

Table 3.1: Contact protocol for control and experimental groups

Week	Control	Experimental
Week 1	Letter with paper questionnaire	Letter with URL for online survey SMS reminder 3 days later
Week 2	Letter only (no URL)	Letter with URL for online survey SMS reminder 3 days later
Week 4	Letter with paper questionnaire	Letter with paper questionnaire (no URL) SMS reminder 3 days later

Fieldwork ran for 12 weeks from 3 May 2022 to 26 July 2022 and fieldwork timings for each group are summarised in the following table.

Table 3.2: Fieldwork timings for the Urgent and Emergency Care pilot

Mailing number	Control	Experimental
Mailing 1	03-May	03-May
SMS 1	N/A	06-May
Mailing 2	10-May	10-May
SMS 2	N/A	13-May
Mailing 3	24-May	24-May
SMS 3	N/A	27-May

3.3 Material design

In addition to piloting the mixed-mode method, the questionnaire and materials were adapted to bring them in line with industry best practice and ensure they were appropriate for the experimental method.

In redeveloping the questionnaire and materials for the UEC pilot, we drew on learnings from other NPSP surveys that have transitioned to mixed-mode; particularly the Adult Inpatient Survey as this patient population shares demographic similarities with the UEC patient population. This insight was supplemented by a range of engagement activities, with patients and stakeholders, undertaken between June 2021 and September 2021.

The updated questionnaire and materials were used in both the experimental and the control groups (with minimal tailoring as necessary) to ensure that any difference in response rate could be attributed to the change in method rather than the materials.

Copies of all materials are included in the appendices.

3.3.1 Questionnaire

The questionnaire was kept as similar as possible to the 2020 Urgent and Emergency Care mainstage questionnaire, for consistency. However, to ensure the questionnaire was more appropriate for those taking part online, some questions were altered slightly. Some demographic questions were also updated to bring them in line with the other NPSP mixed-mode surveys. Full details on the questionnaire changes can be found in the appendices.

The online survey was set-up to be device-agnostic, meaning that it could be used on a variety of devices, such as mobile phones, tablets and desktops. Patients were able to either follow the link provided in the SMS reminders, or log-in using the details provided in their letter.

3.3.2 Supporting materials

For the Urgent and Emergency Care pilot, the following materials were developed:

- **Cover letters:** consisting of an initial invitation letter and two further reminder letters
- **Text for the SMS reminders:** three versions to be sent 3 days after the previous mailing (where mobile phone numbers were available)

In both cases, the materials were adapted from existing materials utilised on previous CQC mixed-mode mainstage surveys. This is because these materials have undergone thorough testing to optimise the mixed-mode method.

4 Analysis

As discussed in Chapter 3, the sample for the Urgent and Emergency Care survey is divided into two patient groups: Type 1 patients and Type 3 patients. As these patients receive different versions of the questionnaire, data from each questionnaire was processed and analysed separately. Therefore, the analysis presented on this report was conducted twice: once for the Type 1 data and once for the Type 3 data.

4.1 Data cleaning

Before analysis commenced, data were cleaned according to the same rules as the mainstage survey. For more information on this please refer to the 2020 mainstage survey documentation¹. However, where multiple completes for one individual were provided, the online survey was given priority, followed by the most complete paper survey.

Only minimal cleaning was necessary for the data from the online questionnaire. This is because routing was automated, and multi-coding was disabled at single-code questions and for incompatible responses at multi-code questions. One open-ended question was included in the online survey to gather feedback on any issues experienced completing the survey online. These free-text comments were analysed (with the findings reported in section 9.7) and reviewed according to a safeguarding protocol.

4.2 Weighting

As part of the analysis process, the data were weighted to reflect the weighting specification used on the 2020 Urgent and Emergency Care mainstage survey. However, all analysis presented in this report is conducted on unweighted data.

4.3 Methods of analysis

Three primary methods of analysis have been used throughout this report.

- 3. Descriptive statistics** including frequencies, means and standard deviations are used as appropriate to summarise and describe the data.
- 4. Chi-square tests** are used to identify whether there are statistically significant differences between two groups of interest (e.g. experimental and control groups). We use chi-square tests rather than t-tests because the outcome variables for the intended analysis are categorical (t-tests require a continuous outcome variable).
- 5. Regression analysis** is used to understand the impact that a variable (e.g., mobile number availability) has on an outcome variable (e.g., response rate), while accounting for demographic differences (e.g., age) between groups. Binary logistic regression is

¹ <https://nhssurveys.org/wp-content/surveys/03-urgent-emergency-care/03-instructions-guidance/2020/Data%20Cleaning%20Guidance.pdf>

used because the outcome variables of interest (e.g., response rate) are binary variables (e.g., each participant either completed the survey or they didn't).

5 Response rates

One factor that influences whether or not the transition to the mixed-mode method will make the survey more cost-effective is the overall response rate.

On average, mixed-mode surveys have lower response rates than postal surveys. Where this is the case, the lower response rate means that to achieve the same number of responses that a postal survey would achieve a larger initial sample would be required². This, in turn, increases postage and printing costs.

In this chapter we explore the extent to which the transition to the mixed-mode method results in a lower response rate, and the extent to which this is reflected across different demographic groups.

5.1 Response rates by pilot group

In this section we seek to explore whether there is a difference in overall response rate by pilot group. Table 5.1 shows the breakdown of response across the pilot groups. Adjusted response rates are calculated on the base of eligible issued sample (i.e. the total issued sample minus the total number of postal 'undeliverable' and 'other ineligible' cases³).

Among Type 1 patients, the adjusted response rates were 28.1% for the experimental group and 25.8% for the control group. Among Type 3 patients, the adjusted response rates were 29.1% for the experimental group and 25.4% for the control group.

² It is worth noting that response rates do not necessarily correlate with non-response bias: Messer, B. L. and Dillman, D. A. (2011). Surveying the general public over the Internet using address-based sampling and mail contact procedures. *Public Opinion Quarterly*, 75, 429-457

³ Because the initial invitation was sent by post only, postal 'undeliverables' were treated as ineligible. SMS undeliverables were treated as eligible since they could still have received the postal invitation. Other ineligible includes reported as deceased.

Table 5.1: Overall response rates by pilot group

	Type 1				Type 3			
	Control		Experimental		Control		Experimental	
	N	%	N	%	N	%	N	%
Issued sample	8,435	100	8,436	100	3,500	100	3,498	100
Undeliverable	248	2.9	234	2.8	46	1.3	54	1.5
Other ineligible	5	0.1	3	0.0	0	-	0	-
Eligible issued sample	8,182	96.9	8,199	97.1	3,454	98.7	3,444	98.5
Opt-out	42	0.5	73	0.9	16	0.5	22	0.6
Died after fieldwork started	8	0.1	6	0.1	0	-	0	-
No response	6,024	71.4	5,816	68.9	2,560	74.1	2,421	70.3
Complete (adjusted)	2,108	25.8	2,304	28.1	878	25.4	1,001	29.1

Chi-square tests were performed to examine the relation between pilot group and adjusted response rate.

- For Type 1, the relation between these variables was significant, $\chi^2(1, N = 16,375) = 11.368, p < .001$. Type 1 participants in the experimental group were more likely to respond than those in the control group.
- For Type 3, the relation between these variables was also significant, $\chi^2(1, N = 6,898) = 11.562, p < .001$. Type 3 participants in the experimental group were more likely to respond than those in the control group.

For both Type 1 and Type 3 patients, the mixed-mode method produced higher response rates than the postal method.

5.2 Response rates by demographics within pilot group

As shown in the Table 5.2 (Type 1) and Table 5.3 (Type 3), the higher overall response rate that is associated with the experimental group is also apparent across the majority of demographic groups for both Type 1 and Type 3 patients. In particular:

- Among Type 1 respondents, the experimental group had statistically significant higher response rates than the control group among female patients, White patients, patients living in the first and second most deprived area quintiles, and patients aged 16-65. The experimental group had lower response rates than the control group among those aged 65+.

- Among Type 3 respondents, the experimental group had higher response rates than the control group among male patients, female patients, Asian or Asian British patients, patients living in the second and fifth most deprived area quintiles, and patients aged 16-65. There were no cases in which the experimental group had statistically significantly lower response rates than the control group.

Table 5.2: Type 1 adjusted response rates by demographics

	Control	Experimental	Percentage point difference	Base (control)	Base (experiment)
Gender					
Male	25.4%	26.8%	1.40	3,797	3,802
Female	26.1%	29.2%*	3.10	4,382	4,394
Ethnicity					
White	27.3%	29.2%*	1.90	6,207	6,214
Mixed	18.5%	15.9%	-2.60	81	69
Asian or Asian British	17.9%	23.8%	5.90	234	210
Black or Black British	17.2%	22.1%	4.90	204	231
Arab or other ethnic group	17.4%	23.1%	5.70	213	221
IMD quintile					
1 (Most deprived)	17.6%	21.2%*	3.60	2,171	2,189
2	23.3%	26.4%*	3.10	1,865	1,849
3	28.4%	28.1%	-0.30	1,487	1,492
4	29.4%	31.3%	1.90	1,341	1,372
5 (Least deprived)	36.4%	39.2%	2.80	1,287	1,262
Age					
16-35	8.4%	12.8%*	4.40	2,491	2,495
36-50	15.3%	21.6%*	6.30	1,582	1,580
51-65	30.4%	35.6%*	5.20	1,643	1,654
65+	46.9%	42.7%*	-4.20	2,463	2,467

* Indicates statistically significant difference compared to the control group at 5% significance level (2-sided test, no control for other variables).

Table 5.3: Type 3 adjusted response rates by demographics

	Control	Experimental	Percentage point difference	Base (control)	Base (experiment)
Gender					
Male	21.8%	25.2%*	3.4%	1,662	1,654
Female	28.8%	32.7%*	3.9%	1,791	1,790
Ethnicity					
White	27.5%	30.0%	2.5%	2,377	2,434
Mixed	18.9%	11.1%	-7.8%	37	36
Asian or Asian British	15.7%	27.0%*	11.3%	127	111
Black or Black British	16.7%	25.0%	8.3%	72	76
Arab or other ethnic group	18.1%	27.3%	9.2%	94	77
IMD quintile					
1 (Most deprived)	17.0%	18.3%	1.3%	535	557
2	23.1%	28.0%*	4.9%	911	892
3	28.6%	31.9%	3.3%	697	678
4	26.7%	30.5%	3.8%	622	616
5 (Least deprived)	30.4%	35.0%*	4.6%	677	692
Age					
16-35	9.2%	12.3%*	3.1%	1,396	1,386
36-50	18.1%	23.5%*	5.4%	802	805
51-65	34.6%	41.5%*	6.9%	676	673
65+	63.8%	62.6%	-1.2%	580	580

* Indicates statistically significant difference compared to the control group at 5% significance level (2-sided test, no control for other variables).

These findings demonstrate that the positive impact of the mixed-mode method on adjusted response rates is present across a broad range of demographic groups. This in turn suggests that the move to the mixed-mode method may reduce non-response bias. This is explored further in Chapter 8.

6 Use of SMS reminders

A second factor that can increase the cost-effectiveness of the mixed-mode survey is the use of SMS reminders in addition to postal reminders. SMS reminders were incorporated into the contact regime for both Type 1 and Type 3 experimental groups, so that patients with a mobile phone number in the sample received SMS reminders. Whether the use of SMS reminders is cost effective depends on the impact of these SMS reminders on response rates.

In this chapter we explore whether SMS reminders lead to increased response rates, and whether this impact persists when demographic differences between those with and those without a mobile in the sample are controlled for.

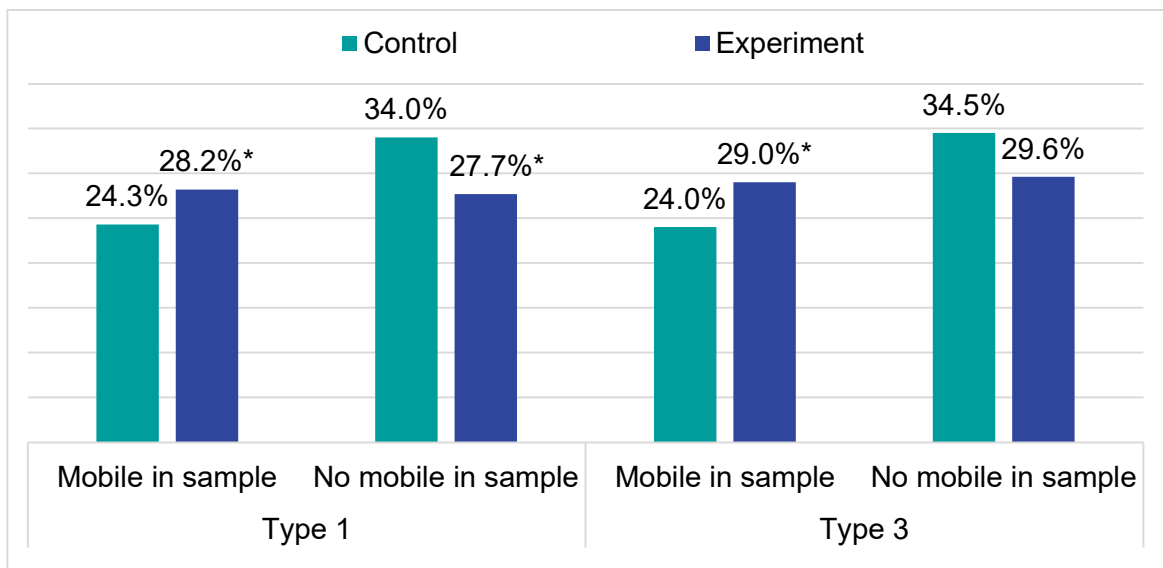
It is assumed that where a mobile number was included in the sample for a participant in the experimental group (84.1% for Type 1 and 86.8% for Type 3), the participant will have received SMS reminders. Therefore, throughout the chapter, we use 'mobile number availability' as a proxy for SMS reminders.

6.1 Impact of SMS reminders on response rates

Figure 6.1 shows how adjusted response rates differed by mobile number availability across the control and experimental groups. Chi-square tests were performed to examine the relationship between mobile number availability and adjusted response rate for each pilot group. For both Type 1 and Type 3:

- Among those with a mobile number available, response rates are higher in the experimental group than in the control group. For Type 1: $X^2(1, N = 13,859) = 27.385, p < .001$. For Type 3: $X^2(1, N = 5,991) = 18.732, p < .001$.
- Among those with no mobile number available, response rates were higher in the control group than in the experimental group (although this difference was not statistically significant for Type 3). For Type 1: $X^2(1, N = 2,516) = 11.742, p < .001$, Type 3: $X^2(1, N = 907) = 2.457, p = .118$.

Figure 6.1: Adjusted response rate by mobile number availability within pilot group



Base:

Type 1, Mobile in sample (Control = 6,920, Experimental = 6,939); Type 1, no mobile in sample (Control = 1,259, Experimental = 1,257); Type 3, Mobile in sample (Control = 2,999, Experimental = 2,992); Type 3, No mobile in sample (Control = 455, Experimental = 452).

* Indicates statistically significant difference compared to the control group at 5% significance level (2-sided test, no control for other variables).

These findings imply an interaction effect between mobile number availability and pilot group, such that response rates are higher in the experimental group than the control group when a mobile is available but lower in the experimental group than the control group when there is no mobile number available. Although this conclusion seems intuitive, it may be the case that demographic differences between those with a mobile in the sample and those without a mobile in are the underlying cause of this apparent interaction, rather than the difference in methodology per se.

6.2 Impact of SMS reminders controlling for demographics

To explore differences in demographics by mobile number availability, Table 6.1 shows the demographic profile of those with and without mobile numbers in the sample.

Statistical testing (indicated in the table by asterisks) demonstrates extensive differences in the sample profiles across the range of demographic variables. Most notably, the proportion of sampled patients aged 65+ is much higher among those without a mobile in the sample (65.5% of Type 1 and 34.7% of Type 3 patients), than among those with a mobile in the sample (24.2% of Type 1 and 14.1% of Type 3 patients).

Table 6.1: Profile of patients with and without mobile number available in sample (control and experimental groups combined)

	Type 1		Type 3	
	Mobile number available	No mobile number available	Mobile number available	No mobile number available
Gender	14,190	2,681	6,073	925
Male	46.3%*	48.6%	48.1%*	49.8%
Female	53.7%*	51.4%	51.9%*	50.2%
Ethnicity	14,190	2,681	6,073	925
White	75.1%*	79.8%	70.1%*	66.4%
Mixed	1.0%*	0.2%	1.0%	1.1%
Asian or Asian British	3.0%*	1.1%	3.7%*	1.5%
Black or Black British	3.0%*	0.6%	2.3%*	1.1%
Arab or other ethnic group	2.9%*	1.5%	2.7%*	1.0%
Not stated	14.9%*	16.8%	20.1%*	29.0%
IMD quintile	14,144	2,664	6,059	917
1 (Most deprived)	27.6%*	21.5%	15.2%*	20.6%
2	22.9%	22.2%	26.0%	27.9%
3	18.1%	19.4%	19.7%*	21.9%
4	16.2%*	18.8%	18.7%*	13.3%
5 (Least deprived)	15.1%*	18.1%	20.4%*	16.2%
Age	14,190	2,681	6,073	925
16-35	32.8%*	16.5%	41.2%*	35.1%
36-50	21.4%*	7.4%	24.6%*	15.2%
51-65	21.6%*	10.6%	20.1%*	14.9%
65+	24.2%*	65.5%	14.1%*	34.7%

* Indicates statistically significant difference compared to the proportion that has no mobile number available at 5% significance level.

Given the differential response across demographics groups (as shown in Tables 5.2 and 5.3), these demographics must be controlled for before definite conclusions can be made about the impact of mobile number availability on response rates. However, the previous chi-square analysis in section 6.1, does not account for these differences. Therefore, binary logistic regression was performed to identify the impact of mobile number availability on adjusted response rate once age, gender, IMD, trust and ethnicity were controlled for.

- For Type 1, pilot group remains a statistically significant predictor of adjusted response rate, both where mobile is available (OR=.790, $p < .001$) and where no mobile is available (OR=1.416, $p < .001$).
- For Type 3, pilot group remains a statistically significant predictor of adjusted response rate, both where mobile is available (OR=.773, $p < .001$) but not where there is no mobile number available (OR=1.331, $p = .95$).

Overall, these findings support the previous finding that, response rates are higher in the experimental group than the control group when a mobile is available but lower in the experimental group than the control group when there is no mobile number available, and that this is not a side-effect of demographic differences between those who do and those who do not have a mobile phone available in the sample.

The reason that the experimental group has higher overall response rates despite this interaction, is that the proportion of patients without a mobile number in the sample is low. Therefore, the vast majority of sampled patients (84.1% for Type 1 and 86.8% for Type 3) are subject to the positive impact on response rates associated with the experimental approach.

These findings demonstrate that, where SMS reminders are sent, they have a significant positive impact on response rates; driving the higher overall response rates associated with the mixed-mode approach. However, in cases where there is no mobile number available – and therefore no SMS reminders - response rates are lower in the experimental group than the control group.

7 Completion mode

A third factor that influences whether or not the transition to the mixed-mode method will make the survey more cost effective is the proportion of participants who complete the survey online. Higher proportions of online responses are associated with lower costs associated with printing questionnaires, return postage, scanning and paper storage.

In this chapter we explore whether SMS reminders lead to increased proportion of participants within the experimental group completing the survey online.

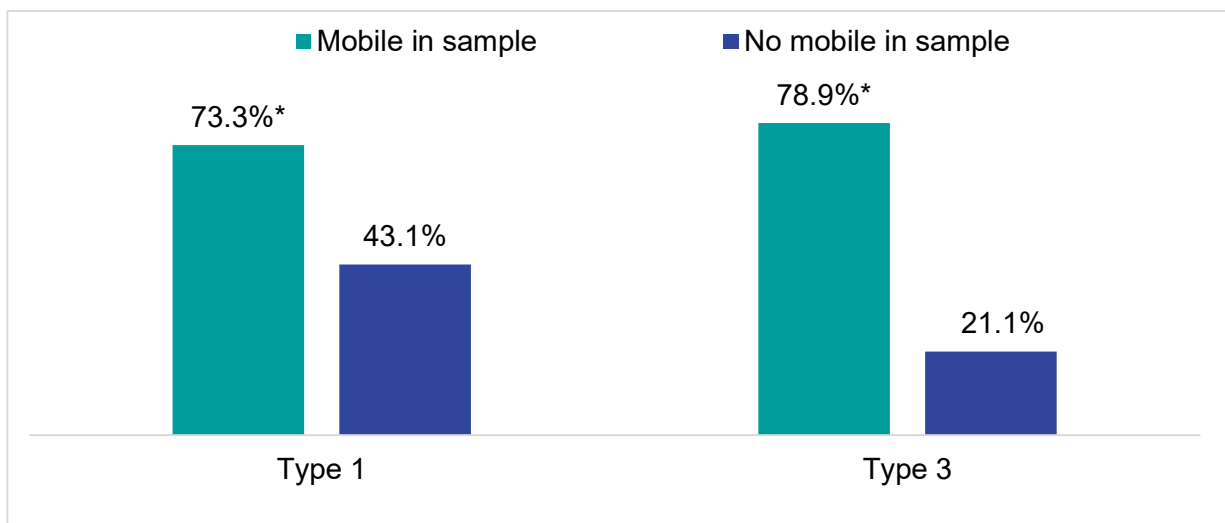
7.1 Impact of SMS reminders on completion mode

Within the experimental group, 73.3% of Type 1 participants and 74.8% of Type 3 participants completed the survey online. Further, 38.2% of Type 1 participants and 39.2% of Type 3 participants accessed the online survey via the SMS, indicating that, as well as driving overall response rates (as demonstrated in section 4.2), SMS also increase the proportion of participants who complete the survey online.

Figure 7.1 shows how online response rates differed by mobile number availability. Chi-square tests were performed to examine the relation between online response rate and availability of a mobile in the sample.

- Among Type 1 patients, the proportion of participants responding online was higher when a mobile was available, $\chi^2(1, N = 2,300) = 190.369, p < .001$.
- Among Type 3 patients, the proportion of participants responding online was also higher when a mobile was available, $\chi^2(1, N = 1,001) = 56.886, p < .001$.

Figure 7.1: Online response by mobile number availability



Base: Type 1 (Mobile in sample = 1,952, No mobile in sample = 348); Type 3 (Mobile in sample = 867, No mobile in sample = 134).

* Indicates statistically significant difference compared to the proportion that has no mobile number available at 5% significance level.

Binary logistic regression was performed to explore whether mobile number availability continues to predict online response once age, gender, ethnicity, IMD, and Trust are controlled for.

- For Type 1, mobile number availability remains a statistically significant predictor of online response when demographics are controlled for (OR = 4.066, $p < .001$).
- For Type 3, mobile number availability remains a statistically significant predictor of online response when demographics are controlled for (OR = 3.458, $p < .001$).

Overall, this indicates that SMS reminders significantly increase the proportion of participants who complete the survey online, and that this is not a side-effect of demographic differences between those who do and those who do not have a mobile phone available in the sample.

7.2 Impact of SMS reminders on completion mode by demographic

As shown in Table 7.1 (Type 1) and Table 7.2 (Type 3), the higher online response rate among those with a mobile number in the sample is consistent across demographic groups for both Type 1 and Type 3 patients. Chi-square tests of independence demonstrate that, for many demographic groups, there are statistically significant differences in likelihood to respond online by whether or not a mobile number is available in the sample. This indicates that across many demographic groups the inclusion of a mobile number is an important driver of response.

It should be noted that the base size for some of the demographic groups tested is small (particularly for ethnic minority groups in the 'no mobile number available' cells). This may mean that there are differences between some groups that the analysis is not powerful enough to identify.

Table 7.1: Type 1 online response rate by mobile number availability and demographics (experimental group only)

	Mobile number available	No mobile number available	Percentage point difference	Base (mobile)	Base (no mobile)
Gender					
Male	40.7%*	18.2%	22.5	1,621	363
Female	43.5%*	20.3%	23.2	2,011	413
Ethnicity					
White	41.3%*	17.9%	23.8	2,851	660
Mixed	32.0%	0.0%	32.0	25	1
Asian or Asian British	41.4%	20.0%	21.4	87	5
Black or Black British	47.6%	0.0%	47.6	84	2
Arab or other ethnic group	56.8%	28.6%	28.2	81	7
IMD quintile					
1 (Most deprived)	43.0%*	20.0%	20.3	712	135
2	42.5%*	10.4%	32.1	769	154
3	42.2%*	15.9%	26.3	703	138
4	40.0%*	27.7%	12.3	663	159
5 (Least deprived)	43.2%*	21.3%	21.9	775	188
Age					
16-35	53.3%	35.5%	17.8	499	31
36-50	51.8%	34.4%	17.4	552	32
51-65	44.9%*	23.0%	21.9	1,014	74
65+	33.7%*	17.4%	16.3	1,567	639

* Indicates statistically significant difference compared to the proportion that has no mobile number available at 5% significance level.

Table 7.2: Type 3 online response rate by mobile number availability and demographics (experimental group only)

	Mobile number available	No mobile number available	Percentage point difference	Base (mobile)	Base (no mobile)
Gender					
Male	42.8%*	23.2%	19.6	280	29
Female	43.3%*	21.7%	21.6	404	36
Ethnicity					
White	42.1%*	23.2%	18.9	487	53
Mixed	33.3%	0.0%	33.3	3	0
Asian or Asian British	44.0%	44.0%	0.0	22	22
Black or Black British	48.3%	0.0%	48.3	14	0
Arab or other ethnic group	51.4%	0.0%	51.4	19	0
IMD quintile					
1 (Most deprived)	41.3%*	11.5%	29.8	69	3
2	44.1%*	21.6%	22.5	164	19
3	41.0%*	18.8%	22.2	142	18
4	44.0%	30.6%	13.4	140	11
5 (Least deprived)	43.9%*	27.9%	16.0	167	19
Age					
16-35	48.3%*	26.5%	21.8	128	9
36-50	49.5%*	17.6%	31.9	157	3
51-65	43.2%	28.2%	15.0	205	11
65+	36.5%*	20.9%	15.6	194	42

* Indicates statistically significant difference compared to the proportion that has no mobile number available at 5% significance level.

For both Type 1 and Type 3 patients, online responses are higher in the experimental group where there is a mobile number available, but tend to be lower in the experimental group when there is no mobile number available. These differences do not appear to be linked to patient demographics. This indicates that SMS reminders are key to driving online uptake of the survey.

8 Data representativity

There are two ways in which the transition to a mixed-mode method can improve the representativity of the survey data.

- First, the use of SMS reminders can increase the representativity of the people that participate in the survey, thereby reducing any non-response bias.
- Second, the provision of alternative survey modes can increase the representativity of the people that participate in the survey, thereby reducing any non-response bias. For example, those who respond online tend to be younger on average than participants that respond by post.

As such, mixed-mode surveys can result in data that is more representative of the population it aims to represent. In this chapter, we explore the impact of demographics on response rate, and the extent to which the mixed-mode approach mitigates this impact.

8.1 Impact of pilot group on non-response bias

Given the finding that IMD, age and gender predict response within both the control and experimental groups, we next compare the demographic profile of participants responding in each group with the demographic profile of patients in the original sample. Differences between the achieved demographic profile of and the demographic profile of the original sample indicate the level of non-response bias associated with each of the pilot approaches.

Tables 8.1 (Type 1) and 8.2 (Type 3), show the breakdown of participants in the control group, participants in the experimental group and patients in the full sample by key demographics. It shows that, across both Type 1 and Type 3 departments, for the vast majority of demographics the profile of participants in the experimental group is closer to the sample profile than the profile of participants in the control group.

Table 8.1: Type 1 profile of participants who responded to the pilot (after all mailings)

	Control	Experiment	Sample
Age	2,108	2,304	16,871
16-35	10.0%*	13.9%*	30.2%
36-50	11.5%*	14.8%*	19.2%
51-65	23.7%*	25.6%*	19.8%
65+	54.8%*	45.7%*	30.8%
Gender	2,108	2,304	16,871
Male	45.8%	44.3%*	46.6%
Female	54.2%	55.7%	53.4%
Ethnicity	2,108	2,304	16,871
White	80.5%*	78.9%*	75.9%
Mixed	0.7%	0.5%*	0.9%
Asian or Asian British	2.0%*	2.2%	2.7%
Black or Black British	1.7%*	2.2%	2.6%
Arab or other ethnic group	1.8%*	2.2%	2.7%
Not stated	13.4%*	14.1%	15.2%
IMD quintile	2,102	2,298	16,808
1 (Most deprived)	18.2%*	20.2%*	26.6%
2	20.6%*	21.3%	22.8%
3	20.1%*	18.2%	18.3%
4	18.7%*	18.7%*	16.6%
5 (Least deprived)	22.3%*	21.5%*	15.6%

* Indicates statistically significant difference compared to the sample at 5% significance level.

Table 8.2: Type 3 profile of participants who responded to the pilot (after all mailings)

	Control	Experiment	Sample
Age	878	1001	6998
16-35	14.7%*	17.0%*	40.4%
36-50	16.5%*	18.9%*	23.3%
51-65	26.7%*	27.9%*	19.4%
65+	42.1%*	36.3%*	16.8%
Gender	878	1001	6998
Male	41.3%*	41.6%*	48.1%
Female	58.7%*	58.4%*	51.6%
Ethnicity	878	1001	6998
White	74.4%*	73.0%*	69.6%
Mixed	0.8%	0.4%*	1.0%
Asian or Asian British	2.3%*	3.0%	3.4%
Black or Black British	1.4%	1.9%	2.1%
Arab or other ethnic group	1.9%	2.1%	2.4%
Not stated	19.2%	19.6%	21.3%
IMD quintile	872	998	6998
1 (Most deprived)	10.4%*	10.2%*	15.9%
2	24.1%	25.1%	26.3%
3	22.8%	21.6%	20.0%
4	19.0%	18.8%	18.0%
5 (Least deprived)	23.6%*	24.2%*	19.8%

* Indicates statistically significant difference compared to the sample at 5% significance level.

Statistical testing (indicated in the table by asterisks) demonstrates a number of instances where the profile of the experimental group is comparable to the sample, but where the profile of

the control group is not. Specifically, for Type 1 participants, there is no statistically significant difference between the sample and experimental group breakdown for:

- People from Asian or Asian British ethnic backgrounds
- People from Black or Black British ethnic backgrounds
- People from Arab or other ethnic backgrounds
- People in the second and third most deprived IMD quintiles

This indicates that, for these demographic groups, the mixed-mode approach corrects the non-response bias introduced by the paper-only approach.

There are, however, a small number of demographic groups for which the mixed-mode approach increases the non-response bias in the achieved sample. Specifically, for Type 1 participants, there is no statistically significant difference between the control and the sample profile for males and people from Mixed ethnic backgrounds. In each of these cases there are statistically significant differences between the proportions in the experimental group and the sample. This indicates that for these demographic groups, the postal-only approach introduces less non-response bias than the mixed-mode approach.

Turning to look at non-response bias for Type 3 departments, there are fewer instances where the postal-only and mixed-mode approaches deliver different levels of non-response bias. The only instances are: among people from Asian or Asian British ethnic backgrounds - where the mixed-mode approach is more representative than the postal-only approach; and among people from Mixed ethnic backgrounds, where the postal-only approach is more representative than the mixed-mode approach.

Comparison of the sample breakdown of control and experimental groups against the original sample indicates that the experimental approach delivers lower non-response among people from ethnic minority backgrounds and people living in the 20% of areas with the highest deprivation.

However, the mixed-mode approach introduces greater levels of non-response among males and people from Mixed ethnic backgrounds than the postal approach.

9 Trust analysis

When reviewing the pilot results, it is important to check if the national findings are also visible at trust level, as this helps confirm that any changes present are as a result of the change of method and not due to chance. If certain types of trusts are exhibiting different results, this might suggest there is something about that type of trust that is causing a specific impact.

9.1 Response rates

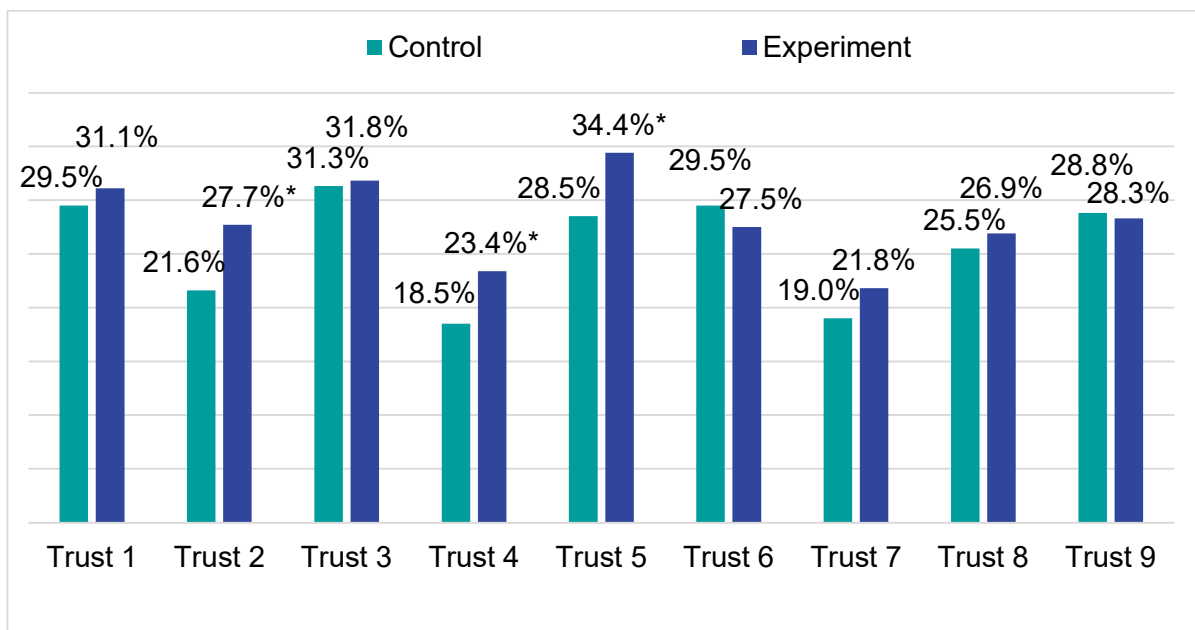
Earlier in the report we identified that at a national level, for both Type 1 and Type 3 patients, the experimental group achieved higher adjusted response rates than the control group.

Looking at Trust level data:

- For Type 1 (Figure 9.1), response rates for the experimental group are significantly higher than the control group in three trusts. There are no trusts in which the response rate for the experimental group is significantly lower than the control group.
- For Type 3 (Figure 9.2), response rates for the experimental group are significantly higher than the control group in two trusts. There are no trusts in which the response rate for the experimental group is significantly lower than the control group.

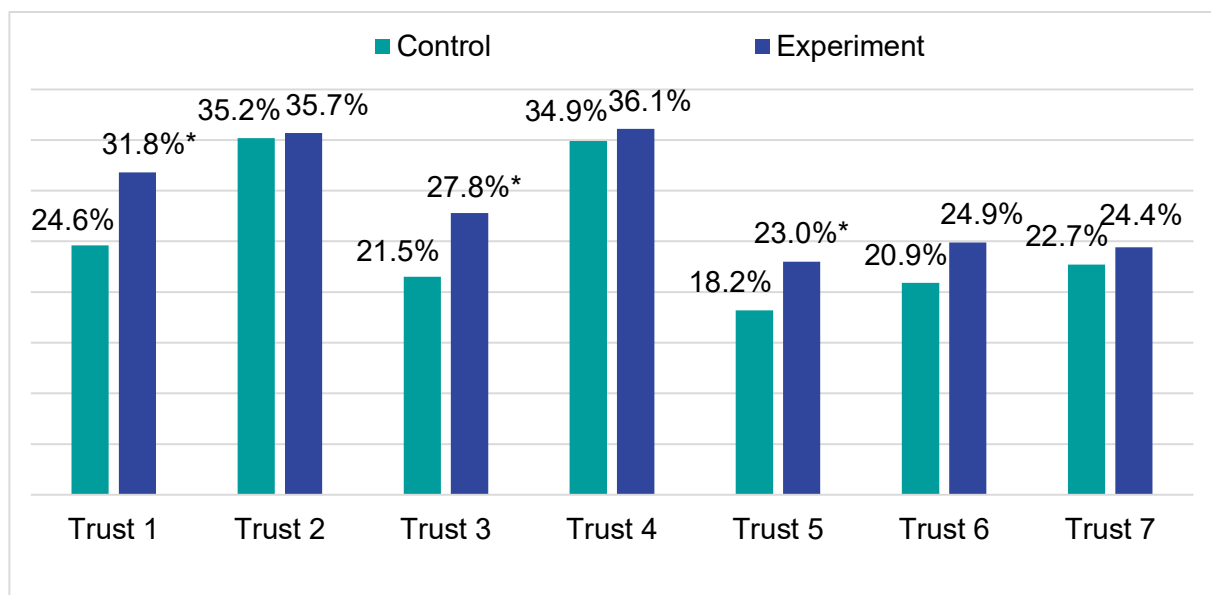
This small number of statistically significant differences is likely due to the low base sizes by trust. However, as can be seen in the following figures, the general trend across the pilot groups by trust is generally consistent with the national findings; response rates in the experimental group are higher than in the control group.

Figure 9.1: Type 1 adjusted response rates by pilot group within trust.



*Indicates statistically significant difference compared to the control at the 5% significance level.

Figure 9.2: Type 3 adjusted response rates by pilot group within trust.



*Indicates statistically significant difference compared to the control at the 5% significance level.

9.2 SMS reminders

Table 8.1 and Table 8.2 show the adjusted response rate for patients with and without mobile numbers, split by pilot group within trust. This analysis should be taken as indicative only given the relatively small base sizes for some trusts.

The data demonstrates that the pattern seen in the national data – that response rates are higher in the experimental group when a mobile is available, and higher in the control group where there is not a mobile number available – are generally consistent across trusts.

Table 9.1: Type 1 adjusted response rate by availability of mobile number within trust.

	Mobile			No mobile		
	Control	Experiment	Difference (percentage point)	Control	Experiment	Difference (percentage point)
Trust 1	28.70%	30.50%	1.80	38.20%	37.50%	-0.70
Trust 2	20.20%	27.90%	7.70	36.40%	25.90%	-10.50
Trust 3	30.20%	30.80%	0.60	36.70%	36.80%	0.10
Trust 4	17.50%	23.80%	6.30	30.70%	19.20%	-11.50
Trust 5	27.20%	35.20%	8.00	35.80%	29.70%	-6.10
Trust 6	28.00%	26.60%	-1.40	34.40%	30.50%	-3.90
Trust 7	18.70%	21.90%	3.20	22.40%	20.60%	-1.80
Trust 8	23.70%	26.80%	3.10	40.00%	27.60%	-12.40
Trust 9	26.70%	31.80%	5.10	32.00%	23.10%	-8.90

Type 3 adjusted response rate by availability of mobile number within trust.

	Mobile			No mobile		
	Control	Experiment	Difference (percentage point)	Control	Experiment	Difference (percentage point)
Trust 1	24.60%	31.10%	6.50	25.00%	42.90%	17.90
Trust 2	32.30%	33.30%	1.00	56.90%	54.50%	-2.40
Trust 3	20.70%	27.50%	6.80	33.30%	32.30%	-1.00
Trust 4	31.70%	34.20%	2.50	59.60%	50.90%	-8.70
Trust 5	17.90%	25.30%	7.40	19.50%	11.80%	-7.70
Trust 6	19.90%	25.10%	5.20	38.50%	21.40%	-17.10
Trust 7	20.20%	25.60%	5.40	27.20%	22.00%	-5.20

9.3 Completion mode

Figure 9.3 (Type 1) and Figure 9.4 (Type 3) show, for each trust, the proportion of participants that completed the survey online by the proportion of patients for whom a mobile number was available in the sample. This analysis should be taken as indicative only given the relatively small base sizes for some trusts.

The data demonstrates that the pattern seen in the national data – that online response is closely associated with availability of mobile within the sample – are generally consistent across trusts.

Figure 9.3: Type 1 online completion x mobile number availability within trust

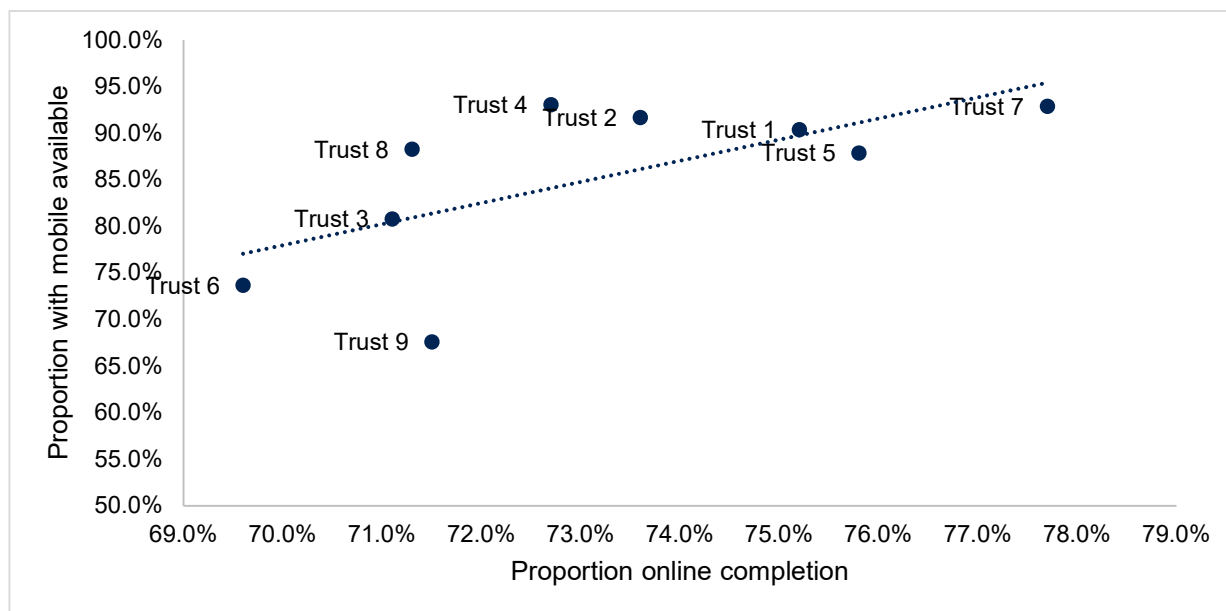
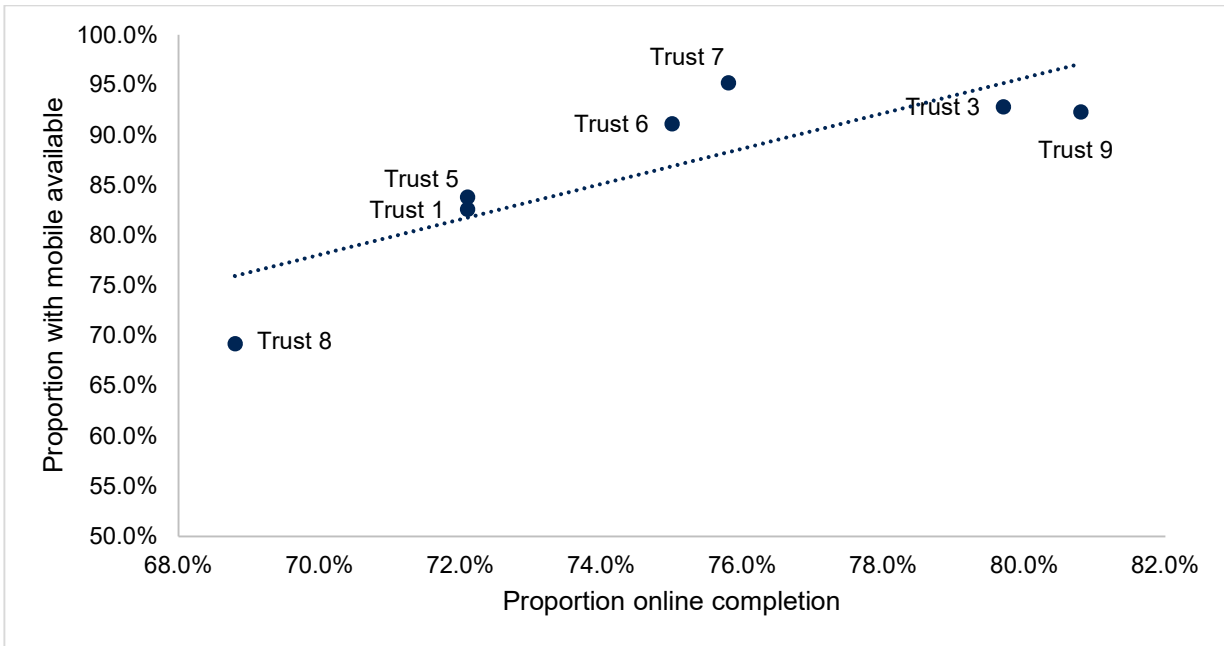


Figure 9.4: Type 3 online completion x mobile number availability within trust



In general, analyses at trust level were consistent with analysis at national level. Which suggests that moving to the mixed-mode method would not impact trust comparability.

10 Para data analysis

When conducting an online survey, a large amount of para data is available which, when analysed, can offer additional insight into how participants engage with the survey and help identify any potential problems.

10.1 Time taken to complete the survey online

For online completions, the median length of time to complete the survey was 10 minutes for both Type 1 and Type 3 patients. The survey was expected to take around 15 minutes to complete so this is considerably shorter than anticipated.⁴ Table 10.2 shows the full breakdown of time taken to complete the Type 1 and Type 3 surveys.

Table 10.1: Time taken to complete survey (online completes only)

Length	Type 1	Type 3
0-5 mins	6.0%	10.3%
6-10 mins	42.2%	50.6%
11-15 mins	27.3%	25.5%
16-20 mins	12.9%	6.7%
21-30 mins	7.6%	4.3%
31-60 mins	3.0%	2.4%
More than 1 hour	1.0%	0.4%

Base: All Type 1 online survey participants (1,691), and Type 3 online survey participants (750).

Of those who completed the Type 1 online survey, the majority of participants (84.2%) did so in one sitting. A further 3.6% accessed the survey twice and 12.3% accessed it three times or more.

For those who completed the Type 3 online survey, 83.5% of participants did so in one sitting. A further 3.7% accessed the survey twice and 12.7% accessed it three times or more.

10.2 Dates of accessing the survey online

The days with most online responses submitted correspond to the SMS message reminder dates. For the Type 1 survey:

- Nearly a quarter of online completes (24.9%) were received on 6th May (the day of the first SMS reminder). On this day, 76% of online completes were received via the SMS link.

⁴ Please note: Analysis examining time taken to complete the survey were conducted using the uncleaned online data file. This was done to ensure we were able to capture cases where a participant may have started the survey but not completed it.

- Another peak of online completes (16.3%) were received on 13th May (the day of the second reminder). On this day, 70% of online completes were received via the SMS link.
- The final peak of completes (7.1%) corresponds with the last SMS reminder, sent on 27th May. On this day, 94% of online completes were received via the SMS link.

Similarly, for the Type 3 survey:

- Over a quarter of online completes (26.0%) were received on 6 May (the day of the first SMS reminder). On this day, 71% of online completes were received via the SMS link.
- Another peak of online completes (16.0%) were received on 13 May (the day of the second reminder). On this day, 75% of online completes were received via the SMS link.
- The final peak of completes (7.3%) corresponds with the last SMS reminder sent on 27 May. On this day, 78% of online completes were received via the SMS link.

Overall, these findings suggest that the SMS were key to driving online, and overall, response, as found elsewhere in this report.

10.3 Online survey access modes

The most popular device for accessing the online survey was a smartphone. For the Type 1 survey, 60.9% of online survey completions were by smartphone, while for the Type 3 survey, 57.3% of online survey completions were via smartphone. This reaffirms the importance of ensuring any future survey is designed to be “mobile first” meaning participants can easily complete the survey on a smartphone.⁵

Table 10.2: Devices used of those who completed the online survey

Device used	Type 1 (n=1685)	Type 3 (n=749)
Smartphone	60.9%	57.3%
Desktop	25.4%	28.2%
Tablet	5.6%	5.2%
Unknown	9.8%	9.3%
Total	100%	100%

10.4 Free-text analysis

Participants completing the survey online were able to provide free-text comments to the following question: “Please let us know if you experienced any issues completing the survey”. Across both Type 1 and Type 3 samples, 402 participants submitted a free-text response (292 Type 1 participants, 110 Type 3 participants).

⁵ For more details on “mobile first” design, see here: <https://www.ipsos.com/ipsos-mori/en-uk/mobile-first-best-practice-guide>

The comments predominately focused on the care individuals had received (241 comments, equating to 60%), experiences of completing the survey online (101 comments, 25%), or the questionnaire itself (33 comments, 8%).

Where participants left feedback regarding the care they had received, in the vast majority of cases this was to relay a negative experience, particularly around waiting times (73 comments) and staff attitudes. A small number of the free-text comments highlighted positive experiences of good care.

Where comments were left regarding experiences of completing the survey online, the majority were simply to say they had not experienced any issues (79 of the 101 comments made about online completion). A few participants commented that they had experienced difficulties with accessing the online survey with the information provided in the invitation letters. Other comments about completing the survey online included individuals explaining that they had completed the survey on behalf of the patient.

Feedback on the questionnaire itself mainly focused on question answer choices not adequately reflecting participants' experiences (24 of the 33 comments made about the questionnaire referenced this). Many participants referred to the lack of free-text boxes to explain their answers or elaborate on their experiences (nine comments). Other comments referred to the survey being too long (six comments), questions being irrelevant (two comments), and finding the survey too intrusive (one comment).

A few comments were made about the survey administration which were not specific to online completion – a few participants complained about the volume of letters received (three comments), and one participant relayed that the letters had been sent to the wrong address. In some cases, the individual completing the online survey commented that it was inappropriate for the patient because they were unable to complete it themselves (three comments).

Overall, the patients involved in the pilot seem to have found the survey straightforward to complete – it was generally done in one sitting and took 10 minutes or less to finish.

It is clear that the SMS reminders drove people to complete the survey online. The majority of online completes were received on the days that SMS reminders were sent, and large proportions of participants accessed the survey via the SMS link.

11 Next steps

The findings from this pilot will help inform key decisions around the future of the UEC survey.

This decision will be based on the following key elements; response rates and online response rates of the experimental groups, the cost and sample size associated with the revised response rates, the impact on comparability of results between trusts and demographic profile differences.

11.1 Feasibility of moving to the mixed-mode method

The pilot demonstrated that, across both Type 1 and Type 3 samples:

- The mixed-mode method produced higher overall adjusted response rates than the postal-method. These higher adjusted response rates were widespread, appearing across the majority of demographic groups.

However, the higher response rates did not extend to patients who did not have a mobile phone number available in the sample. In these cases, the mixed-mode method delivered lower response rates than the postal-only method. This indicates that SMS reminders are the primary driver of the higher response rates associated with the mixed-mode method.

The impact of moving to a mixed-mode method on response rates is therefore dependent on the proportion of patients for whom a mobile phone is available in the sample. **Indicative calculations based on the Type 1 response rates indicate that, in order for a mixed-mode method survey to achieve overall response rates equal to or greater than a postal-only method survey, at least 60% of patients must have a mobile number within the sample.**

- The mixed-mode method will impact on the demographic profile of participants – in some ways becoming more representative (notably by ethnicity and deprivation), but in other ways becoming less representative (notably by gender). **The benefits of moving to the mixed-mode method are therefore dependent on ambitions for analysis of the survey data in the future.**
- In general, analyses at trust level were consistent with analysis at national level. Which suggests that **moving to the mixed-mode method would not impact trust comparability.**
- Based on the pilot findings, cost analysis has been conducted on the impact of moving the survey to the mixed-mode method. The costs associated with moving to the mixed-mode survey **are comparable to the postal-only method survey.** As such, costs are not considered to be a barrier to transitioning the survey.

Based on the above, it would seem feasible to move to a mixed-mode method for the UEC survey.

Appendices

Appendix A: Type 1 Questionnaire (paper version)



NHS ACCIDENT AND EMERGENCY (A&E) DEPARTMENT QUESTIONNAIRE

What is the survey about?

This survey is about your **most recent** visit to the Accident and Emergency Department at the hospital named in the letter enclosed with this questionnaire.

The department may also be referred to as **Casualty, Emergency Department or A&E**. It does not include other wards or units that you might have been moved to whilst you were at the hospital, such as an inpatient ward. Throughout this questionnaire the term 'A&E' is used.

Your views are very important in helping us find out how good A&E services are and how they can be improved.

Completing the 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. By following the instructions carefully, you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply 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.

Taking part in this survey is voluntary. **Your answers will be treated in confidence.** Please do not write your name or address anywhere on the questionnaire.

Questions or help?

For help completing the questionnaire, please call the survey helpline on **0800 124 4878** or email **cqcsurveys@ipsos.com**.

ARRIVAL

Please remember, this questionnaire is about your **most recent visit** to the A&E department at the hospital named in the letter.

1 Was this A&E department the first service you went to, or contacted, for help with your condition?

- 1 Yes.....Go to 4
- 2 No.....Go to 2

2 Before going to this A&E department, 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 A different A&E department
- 5 Pharmacist
- 6 GP practice or GP out-of-hours service
- 7 Urgent Treatment Centre / Minor Injuries Unit / Walk-in Centre
- 8 Somewhere else



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3 What was the MAIN reason for going to A&E following your contact with these service(s)?

Please cross X in one box only.

- 1 These service(s) 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

4 Were you taken to A&E in an ambulance?

- 1 Yes.....Go to 5
- 2 No.....Go to 6

5 Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?

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

6 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

7 Before your most recent visit to A&E, had you previously been to the same A&E department 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

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WAITING

8 How long did you wait before you first spoke to a nurse or doctor?

This does not include staff screening for coronavirus at the entrance to A&E.

- 1 0 – 15 minutes
- 2 16 – 30 minutes
- 3 31 – 60 minutes
- 4 More than 60 minutes
- 5 Don't know / can't remember

9 Did the nurse or doctor explain what would happen next?

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

10 From the time you arrived, how long did you wait before being examined by a doctor or nurse?

This does not include talking to a doctor or nurse before being examined.

- 1 I did not have to wait..... Go to 13
- 2 1 – 30 minutes..... Go to 11
- 3 31 – 60 minutes..... Go to 11
- 4 More than 1 hour but no more than 2 hours.....Go to 11
- 5 More than 2 hours but no more than 4 hours.....Go to 11
- 6 More than 4 hours..... Go to 11
- 7 Don't know / can't remember...Go to 11

11 Were you informed how long you would have to wait to be examined?

- 1 Yes, but the wait was shorter
- 2 Yes, and I had to wait about as long as I was informed
- 3 Yes, but the wait was longer
- 4 No, I was not informed
- 5 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 A&E 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 but no more than 6 hours
- 5 More than 6 hours but no more than 8 hours
- 6 More than 8 hours but no more than 12 hours
- 7 More than 12 hours
- 8 Don't know / can't remember

DOCTORS AND NURSES

Think about your experience in A&E only.

14 Did you have enough time to discuss your condition and treatment with the doctor or nurse?

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

15 While you were in A&E, did a doctor or nurse 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 doctors and nurses 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 doctor or nurse 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 doctors and nurses examining and treating you?

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

19 Did doctors or nurses talk to each other about you as if you weren't there?

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

YOUR CARE AND TREATMENT

20 While you were in A&E, how much information about your condition or treatment was given to you?

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

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

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

22 If you needed attention, were you able to get a member of medical or nursing staff to help you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, I could not find a member of staff to help me
- 4 A member of staff was with me all the time
- 5 I did not need attention

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

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

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 was not well enough to be involved in decisions about my care and treatment

TESTS

25 Did you have any tests (such as x-rays, scans or blood tests) when you visited A&E?

- 1 Yes.....Go to 26
- 2 No.....Go to 30

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

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

27 Before you left A&E, did you get the results of your tests?

- 1 Yes.....Go to 28
- 2 No.....Go to 29
- 3 I was told that the results of the tests would be given to me at a later date.....Go to 29
- 4 Don't know/can't remember...Go to 30

28 Did a member of staff explain the results of the tests in a way you could understand?

- 1 Yes, definitely.....Go to 30
- 2 Yes, to some extent.....Go to 30
- 3 No.....Go to 30
- 4 Don't know / can't remember...Go to 30

29 If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

PAIN

30 Do you think the hospital staff did everything they could to help control your pain?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was not in pain while I was in A&E
- 5 Don't know / can't remember

HOSPITAL ENVIRONMENT AND FACILITIES

31 In your opinion, how clean was the A&E department?

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

32 While you were in A&E, did you see any of the following?

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

- 1 Social distancing measures (such as markers on the floor or signage at the entrance)
- 2 Handwashing with hand sanitiser or soap
- 3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear)
- 4 Staff disposing of gloves and plastic aprons
- 5 Cleaning of surfaces
- 6 Tissues available
- 7 Waste bins provided
- 8 Don't know / can't remember

33 While you were in A&E, did you feel threatened by other patients or visitors?

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

34 Were you able to get suitable food or drinks when you were in A&E?

- 1 Yes
- 2 No
- 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 A&E

35 At the end of your visit to A&E, were you transferred to a hospital ward?

- 1 Yes.....Go to 45
- 2 NoGo to 36

MEDICATIONS

Examples of medications include medicines, tablets or ointments.

36 Before you left A&E, were you prescribed any new medications?

- 1 Yes.....Go to 37
- 2 No.....Go to 39

37 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

38 Did a member of staff tell you about medication side effects to watch for?

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

INFORMATION

39 Did a member of staff tell you about what symptoms to watch for regarding your condition or treatment after you went home?

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

40 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?

- 1 Yes
- 2 No
- 3 Don't know / can't remember

41 Did staff give you enough information to help you care for your condition at home?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

42 Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?

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

43 Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?

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

44 After leaving A&E, was the care and support you expected available when you needed it?

- 1 Yes
- 2 No
- 3 I did not expect any further care or support after I left A&E

OVERALL

45 Overall, did you feel you were treated with respect and dignity while you were in A&E?

- 1 Yes, all of the time
- 2 Yes, some of the time
- 3 No

46 Overall, how was your experience while you were in A&E?

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.

- 1 0 – I had a very poor experience
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7
- 9 8
- 10 9
- 11 10 – I had a very good experience

ABOUT YOU

47 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

The following questions will help us to understand how experiences vary between different groups of the population. We will keep your answers completely confidential. Please remember, all the questions should be answered from the point of view of the person named on the letter.

48 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 Neurological condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition
- 16 None of the above.....Go to 50
- 17 I would prefer not to say.....Go to 50

49 Thinking about the condition(s) you selected, 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

50 Have you experienced any of the following in the last 12 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

51 Around the time of your A&E 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?

Don't count anything you do as part of your paid employment.

- 1 Yes
- 2 No

52 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.

53 At birth were you registered as...

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

54 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

55 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

56 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

Please turn over



57 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 Any other White background, please 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, please write in

c. ASIAN / ASIAN BRITISH

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

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

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

e. OTHER ETHNIC GROUP

- ¹⁷ Arab
- ¹⁸ Any other ethnic group, please write in
- ¹⁹ I would prefer not to say

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.

If you do not have your **FREEPOST** envelope, please return the questionnaire to [INSERT FREEPOST ADDRESS HERE].

If you have concerns about the care you or others have received, please contact the Care Quality Commission on **03000 61 61 61**.

Appendix B: Type 3 Questionnaire (paper version)



NHS URGENT CARE QUESTIONNAIRE

What is the survey about?

This survey is about your **most recent** visit to the Urgent Treatment Centre at the NHS Trust named in the letter enclosed with this questionnaire.

The Urgent Treatment Centre may also be known as a **Minor Injury Unit (MIU)**, or you may 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 this questionnaire, the term 'Urgent Treatment Centre' is used.

Your views are very important in helping us find out how good Urgent Treatment Centre services are and how they can be improved.

Completing the 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. By following the instructions carefully, you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply 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.

Taking part in this survey is voluntary. **Your answers will be treated in confidence.** Please do not write your name or address anywhere on the questionnaire.

Questions or help?

For help completing the questionnaire, please call the survey helpline on **0800 124 4878** or email **cqcsurveys@ipsos.com**.

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 a Minor Injury Unit (MIU), or 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

2 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 A&E department
- 5 Pharmacist
- 6 GP practice or GP out-of-hours service
- 7 A different Urgent Treatment Centre / Minor Injuries Unit / Walk-in Centre
- 8 Somewhere else



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3 What was the **MAIN** reason for going to the Urgent Treatment Centre following your contact with these services?

Please cross **X** in one box only.

- 1 The service(s) 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

4 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 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

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

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
- 2 16 – 30 minutes
- 3 31 – 60 minutes
- 4 More than 1 hour but no more than 2 hours
- 5 More than 2 hours
- 6 Don't know / can't remember

8 Did the health professional explain what would happen next?

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

9 From the time you arrived, how long did you wait before being examined?

This does not include talking to a health professional before being examined.

- 1 I did not have to wait.....Go to 11
- 2 Up to 15 minutesGo to 10
- 3 16 – 30 minutes.....Go to 10
- 4 31 – 60 minutes Go to 10
- 5 More than 1 hour but no more than 2 hoursGo to 10
- 6 More than 2 hoursGo to 10
- 7 Don't know / can't remember Go to 10

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

- 1 Yes, but the wait was **shorter**
- 2 Yes, and I had to wait about as long as I was informed
- 3 Yes, but the wait was **longer**
- 4 No, I was not informed
- 5 Don't know / can't remember

11 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 Don't know / can't remember

SEEING THE HEALTH PROFESSIONAL

12 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

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 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation

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

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

15 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

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

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

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 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
- 2 Right amount
- 3 Too much
- 4 I was not given any information about my condition or treatment

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

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

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
- 2 Yes, to some extent
- 3 No

21 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 was not well enough to be involved in decisions about my care and treatment

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**

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

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

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

- 1 Yes..... **Go to 25**
- 2 No **Go to 26**
- 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
- 2 Yes, to some extent
- 3 No
- 4 Don't know / can't remember

PAIN

26 Do you think the staff did everything they could to help 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

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

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

28 While you were in the Urgent Treatment Centre, did you see any of the following?

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

- 1 Social distancing measures (such as markers on the floor or signage at the entrance)
- 2 Handwashing with hand sanitiser or soap
- 3 Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear)
- 4 Staff disposing of gloves and plastic aprons
- 5 Cleaning of surfaces
- 6 Tissues available
- 7 Waste bins provided
- 8 Don't know / can't remember

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

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

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

- 1 Yes
- 2 No
- 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

31 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 38
- 2 I was sent to A&EGo to 38
- 3 I was sent home / somewhere elseGo to 32

INFORMATION

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

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 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 Yes
- 2 No
- 3 Don't know / can't remember

34 Did staff give you enough information to help you care for your condition at home?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 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 Yes
- 2 No
- 3 It was not necessary
- 4 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?

For example, services from GP, physiotherapist or community nurse, or assistance from social 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

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

- 1 Yes
- 2 No
- 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
- 2 Yes, some of the time
- 3 No

39 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.

- 1 0 – I had a very poor experience
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7
- 9 8
- 10 9
- 11 10 – I had a very good experience

ABOUT YOU

40 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

The following questions will help us to understand how experiences vary between different groups of the population. We will keep your answers completely confidential. Please remember, all the questions should be answered from the point of view of the person named on the letter.

41 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 Neurological condition
- 14 Stroke (which affects your day-to-day life)
- 15 Another long-term condition
- 16 None of the above.....Go to 43
- 17 I would prefer not to say.....Go to 43

42 Thinking about the condition(s) you selected, 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

43 Have you experienced any of the following in the last 12 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

44 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?

Don't count anything you do as part of your paid employment.

- 1 Yes
2 No

45 What was your year of birth?
Please write in e.g.

1	9	6	4
---	---	---	---

--	--	--	--

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.

46 At birth were you registered as...

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

47 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

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

Please turn over



50 What is your ethnic group?
Please cross **X** in **ONE** box only.

a. WHITE

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background, **please write in**

b. MIXED / MULTIPLE ETHNIC GROUPS

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background, **please write in**

c. ASIAN / ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, **please write in**

d. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- African
- Caribbean
- Any other Black / African / Caribbean background, **please write in**

e. OTHER ETHNIC GROUP

- Arab
- Any other ethnic group, **please write in**
- I would prefer not to say

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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.

If you do not have your **FREEPOST** envelope, please return the questionnaire to [INSERT FREEPOST ADDRESS HERE].

If you have concerns about the care you or others have received, please contact CQC on **03000 61 61 61**.

Appendix C: Control Invitation Letters

Appendix C.1: Mailing 1 (Type 1)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Urgent and Emergency Care Survey about your recent visit to the Accident & Emergency (A&E) department at [SITE NAME].

Improving [SITE NAME]

The survey asks questions about the care and treatment you received during your recent visit to the A&E department. The findings will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part in the survey by filling in the enclosed questionnaire as soon as possible. It should take about 15 minutes and is straightforward to complete. You can return the questionnaire in the enclosed Freepost envelope. You do not need a stamp.

Your information will be kept confidential

The survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission in England with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page.

If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over 

C_M1_T1

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your hospital to improve A&E services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you in A&E will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix C.2: Mailing 2 (Type 1)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[ADDRESS 3]

[ADDRESS 4]

[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Taking part will help [SITE NAME]

I recently sent you a letter asking you to take part in a survey about your recent visit to the Accident & Emergency (A&E) department at [SITE NAME]. 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

If you have not taken part in the survey, please do so. The survey asks questions about the care you received during your recent visit to the A&E department. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please fill in the questionnaire we sent previously and return it in the Freepost envelope that was provided. If you have misplaced the questionnaire, another one will be sent to you soon.

Your information will be kept confidential

This survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over



C_M2_T1

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your hospital to improve A&E [services](#) so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital, and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you in A&E will know who has taken part. Neither your name nor full address will be linked to your [responses](#) and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix C.3: Mailing 3 (Type 1)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

This is your last chance to let us know your views

In [MONTH] I asked you to take part in a survey about your experience of attending the Accident & Emergency (A&E) department at [SITE NAME].

Please take part by [INSERT DATE OF LAST DAY OF FIELDWORK]

Taking part is voluntary but we would really like to hear about your experience so we can understand the experiences of as many people as possible. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part in the survey by filling in the enclosed questionnaire and returning it by [DATE]. It should take about 15 minutes, and you can return it in the enclosed Freepost envelope. You do not need a stamp.

Your information will be kept confidential

This survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over



C_M3_T1

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your hospital to improve A&E [services](#) so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your [hospital](#) and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you in A&E will know who has taken part. Neither your name nor full address will be linked to your [responses](#) and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who [haven't](#) responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are [really important](#) to us. If you choose not to take part, it will not affect your care and you [don't](#) need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey [it's](#) fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix C.4: Mailing 1 (Type 3)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Urgent and Emergency Care Survey about your recent visit to the Urgent Treatment Centre at [SITE NAME].

Improving [SITE NAME]

The survey asks questions about the care and treatment you received during your recent visit to the Urgent Treatment Centre. The findings will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part in the survey by filling in the enclosed questionnaire as soon as possible. It should take about 15 minutes and is straightforward to complete. You can return the questionnaire in the enclosed Freepost envelope. You do not need a stamp.

Your information will be kept confidential

The survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission in England with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page.

If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over 

C_M1_T3

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your Urgent Treatment Centre to improve services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your urgent and emergency care department, and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you at the Urgent Treatment Centre will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to Urgent Treatment Centres. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix C.5: Mailing 2 (Type 3)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Taking part will help [SITE NAME]

I recently sent you a letter asking you to take part in a survey about your recent visit to the Urgent Treatment Centre at [SITE NAME]. 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

If you have not taken part in the survey, please do so. The survey asks questions about the care you received during your recent visit to the Urgent Treatment Centre. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please fill in the questionnaire we sent previously and return it in the Freepost envelope that was provided. If you have misplaced the questionnaire, another one will be sent to you soon.

Your information will be kept confidential

This survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over 

C_M2_T3

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your Urgent Treatment Centre to improve [services](#) so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your urgent and emergency care department, and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you at the Urgent Treatment Centre will know who has taken part. Neither your name nor full address will be linked to your [responses](#) and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to Urgent Treatment Centres. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix C.6: Mailing 3 (Type 3)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]

[ADDRESS 1]

[ADDRESS 2]

[ADDRESS 3]

[ADDRESS 4]

[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

This is your last chance to let us know your views

In [MONTH] I asked you to take part in a survey about your experience of attending the Urgent Treatment Centre at [SITE NAME].

Please take part by [INSERT DATE OF LAST DAY OF FIELDWORK]

Taking part is voluntary but we would really like to hear about your experience so we can understand the experiences of as many people as possible. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part in the survey by filling in the enclosed questionnaire and returning it by [DATE]. It should take about 15 minutes, and you can return it in the enclosed Freepost envelope. You do not need a stamp.

Your information will be kept confidential

This survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,

SIGNATURE

[CHIEF EXECUTIVE NAME]

Chief Executive, [NHS TRUST NAME]

Please turn over 

C_M3_T3

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your Urgent Treatment Centre to improve services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your urgent and emergency care department, and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you at the Urgent Treatment Centre will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to Urgent Treatment Centres. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.


Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix D: Pilot invitation letters

Appendix D.1: Mailing 1 (Type 1)


[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]
Online password: [PASSWORD]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Urgent and Emergency Care Survey about your recent visit to the Accident & Emergency (A&E) department at [SITE NAME].

Improving [SITE NAME]

The survey asks questions about the care and treatment you received during your recent visit to the A&E department. The findings will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part online as soon as possible. This can be done on a computer, tablet or smartphone. It should take about 15 minutes and is straightforward to complete. 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.

	[INSERT ONLINE SURVEY LINK] Survey number: [PRN] Online password: [PASSWORD]
---	--

Your information will be kept confidential

The survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission in England with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page.

If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over 

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your hospital to improve A&E [services](#) so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your [hospital](#) and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you in A&E will know who has taken part. Neither your name nor full address will be linked to your [responses](#) and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who [haven't](#) responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are [really important](#) to us. If you choose not to take part, it will not affect your care and you [don't](#) need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey [it's](#) fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like a paper version of the questionnaire, you [don't](#) need to contact us, one will be sent in the next few weeks.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix D.2: Mailing 1 (Type 3)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

Online password: [PASSWORD]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Your chance to help the NHS

I am writing to ask you to take part in the NHS Urgent and Emergency Care Survey about your recent visit to the Urgent Treatment Centre at [SITE NAME].

Improving [SITE NAME]

The survey asks questions about the care and treatment you received during your recent visit to the Urgent Treatment Centre. The findings will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part online as soon as possible. This can be done on a computer, tablet or smartphone. It should take about 15 minutes and is straightforward to complete. 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.



Your information will be kept confidential

The survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission in England with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page.

If you have any questions or need help filling in the questionnaire, please send an email to: CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over

P_M1_T3

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your Urgent Treatment Centre to improve services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your urgent and emergency care department and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you at the Urgent Treatment Centre will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to Urgent Treatment Centres. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like a paper version of the questionnaire, you don't need to contact us, one will be sent in the next few weeks.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix D.3: Mailing 2 (Type 1)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

Online password: [PASSWORD]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Taking part will help [SITE NAME]

I recently sent you a letter asking you to take part in a survey about your recent visit to the Accident & Emergency (A&E) department. 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

If you have not taken part in the survey, please do so. The survey asks questions about the care you received during your recent visit to the A&E department. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part online as soon as possible. This can be done 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.



Your information will be kept confidential

This survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]

Chief Executive, [NHS TRUST NAME]

Please turn over

P_M2_T1

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your hospital to improve A&E services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you in A&E will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like a paper version of the questionnaire, you don't need to contact us, one will be sent in the next few weeks.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix D.4: Mailing 2 (Type 3)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

Online password: [PASSWORD]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

Taking part will help [SITE NAME]

I recently sent you a letter asking you to take part in a survey about your recent visit to the Urgent Treatment Centre. 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

If you have not taken part in the survey, please do so. The survey asks questions about the care you received during your recent visit to the Urgent Treatment Centre. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

Please take part online as soon as possible. This can be done 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.



Your information will be kept confidential

This survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. If you have any questions or need help filling in the questionnaire, please send an email to CQCSurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your Urgent Treatment Centre to improve services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your urgent and emergency care department and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you at the Urgent Treatment Centre will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to Urgent Treatment Centres. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like a paper version of the questionnaire, you don't need to contact us, one will be sent in the next few weeks.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.



Why are you carrying out this survey and why have I been invited?

The Care Quality Commission is the independent regulator of health and social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

The NHS Community Mental Health Survey will use the feedback you provide to help the trust improve community mental health services, so they better meet the needs of service users. The overall findings from this study will be published in the spring of 2022 and you will be able to see these results by visiting the website at <https://nhssurveys.org/>. Last year's survey can be found online at: <https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020>

Your name has been chosen as you used the community mental health services of [TRUST NAME] between 1st May – 31st July 2021.

Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. [TRUST NAME] is the data controller for this study and our privacy notice explains your rights about how your information is used, and how you can get in touch. You can see the notice at [\[privacy statement on Trust website\]](#). You can also find more information by visiting the frequently asked questions section of the survey website www.nhssurveys.org/faq.

The contact details you provided to the trust as part of your care have been passed to Ipsos MORI, only so that they can invite you to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will keep your contact details confidential and destroy them once the survey is over.



What happens to my answers?

Your answers are anonymised and then put together with the answers of other people to provide results for your trust and England as a whole. Your information will be kept confidential by the research team at Ipsos MORI. Your contact details will not be linked to your responses or shared with anyone else except in very rare cases where there is reason to believe that you or someone else is at serious risk of harm. This would only be the case if a comment is written on a questionnaire that requires us to follow up as part of our safeguarding duty. If comments on the questionnaire suggest you or someone else is at risk of serious harm, your details would be provided to the appropriate authority to investigate.

Nobody will be able to identify you in any results that are published. The trust will not know who has taken part.



What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to trusts. The survey number is not linked to your NHS number.



Do I have to take part in the survey?

Taking part in the survey is voluntary. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com stating "opt-out" and your Survey ID number (this number is written on the front page of this letter).



How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend, relative or carer to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.



Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

Appendix D.5: Mailing 3 (Type 1)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]

Online password: [PASSWORD]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

This is your last chance to let us know your views

In [MONTH] I asked you to take part in a survey about your experience of attending the Accident & Emergency (A&E) department at [SITE NAME]. You may also have received a text message about the survey.

Please take part by [INSERT DATE OF LAST DAY OF FIELDWORK]

Taking part is voluntary but we would really like to hear about your experience so we can understand the experiences of as many people as possible. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

You can complete the survey online or on paper

The enclosed questionnaire should take about 15 minutes to complete and you can return it to us in the Freepost envelope provided. If you prefer, you can still take part online. 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.



Your information will be kept confidential

This survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, please send an email to CQCSurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over

P_M3_T1

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your hospital to improve A&E services so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their hospital experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your hospital and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you in A&E will know who has taken part. Neither your name nor full address will be linked to your responses and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to hospitals. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are really important to us. If you choose not to take part, it will not affect your care and you don't need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey it's fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix D.6: Mailing 3 (Type 3)



[PERSONALISATION OF NHS TRUST]

[TITLE] [INITIAL] [LAST NAME]
[ADDRESS 1]
[ADDRESS 2]
[ADDRESS 3]
[ADDRESS 4]
[POSTCODE]

Survey number: [PATIENT RECORD NUMBER]
Online password: [PASSWORD]

[MAILING DATE]

Dear [TITLE] [LAST NAME],

This is your last chance to let us know your views

In [MONTH] I asked you to take part in a survey about your experience of attending the Urgent Treatment Centre at [SITE NAME]. You may also have received a text message about the survey.

Please take part by [INSERT DATE OF LAST DAY OF FIELDWORK]

Taking part is voluntary but we would really like to hear about your experience so we can understand the experiences of as many people as possible. Your answers will help us understand what is good about patient care and whether any improvements are needed. It will also help the Care Quality Commission understand the best ways of asking people about their experiences.

You can complete the survey online or on paper

The enclosed questionnaire should take about 15 minutes to complete and you can return it to us in the Freepost envelope provided. If you prefer, you can still take part online. 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.



Your information will be kept confidential

The survey is being carried out by Ipsos MORI on behalf of the Care Quality Commission with support from this NHS Trust. None of the staff who cared for you at [SITE NAME] will know who has taken part and it will not affect your care in any way. There is more information about the survey and confidentiality over the page. If you have any questions or need help filling in the questionnaire, please send an email to CQCsurveys@ipsos.com or call Ipsos MORI on Freephone 0800 124 4878 9am to 5pm Monday to Friday.

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

Yours sincerely,
SIGNATURE

[CHIEF EXECUTIVE NAME]
Chief Executive, [NHS TRUST NAME]

Please turn over

P_M3_T3

Why are you carrying out this survey?

The NHS Urgent and Emergency Care Survey will help your Urgent Treatment Centre to improve [services](#) so they better meet patient needs. This survey will also help the Care Quality Commission in England understand the best way of collecting information from patients on their experiences. The findings from this study will be published at www.nhssurveys.org in Autumn 2022.

Why have I been invited to take part?

Your name was chosen at random from a list of patients who had recently used the services of [SITE NAME]. Your personal data are held in accordance with the General Data Protection Regulation and Data Protection Act 2018. The [NHS TRUST NAME] and the Care Quality Commission are the data controllers for this study. Their privacy notices explain your rights about how your information is used, and how you can get in touch. You can see the notices at [NHS TRUST PRIVACY STATEMENT ON WEBSITE] and <https://www.cqc.org.uk/about-us/our-policies/privacy-statement>. For more information go to www.nhssurveys.org/faq. Your contact details have been passed to Ipsos MORI, only so that they can invite you by post and text message to take part in this survey. Ipsos MORI has not been given any information about your health. Ipsos MORI will **keep your contact details confidential** and destroy them once the survey is over.

What happens to my answers?

Your answers are put together with the answers of other people to provide results for your urgent and emergency care [department](#) and will be kept confidential by researchers at Ipsos MORI (who co-ordinate the survey on behalf of the Care Quality Commission). None of the staff who cared for you at the Urgent Treatment Centre will know who has taken part. Neither your name nor full address will be linked to your [responses](#) and nobody will be able to identify you in any results that are published. If comments on the questionnaire were to suggest that you or someone else is at serious risk of harm, your details would be provided to the appropriate authority to investigate, as part of our safeguarding duty.

What is the survey number on the front of this letter used for?

The survey number is used to identify who has responded to the survey (so that reminders are only sent to people who haven't responded) and to link responses to Urgent Treatment Centres. The survey number is not linked to your NHS number.

Do I have to take part in the survey?

Taking part in the survey is voluntary but your views are [really important](#) to us. If you choose not to take part, it will not affect your care and you [don't](#) need to give us a reason. If you do not wish to take part, contact us on Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

How can I take part?

If you would like someone to help you complete the survey [it's](#) fine to ask a friend or relative to help, but please make sure the answers are only about your experiences.

If you would like to complete the survey over the phone in another language, please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com for this to be arranged.

Who do I contact if I have a query or complaint about the survey?

If you would like to find out more about the survey, how your information will be used or to make a complaint please call Freephone 0800 124 4878 or email CQCsurveys@ipsos.com.

If you want a copy of the questionnaire in large print, call Freephone 0800 124 4878.

Appendix E: SMS

Appendix E.1: SMS 1

From: NHS Survey

We recently sent you a letter about your experience of **[SITE NAME] [A&E / Urgent Treatment Centre]**. Please click on the link to give feedback: **[unique link]**. You don't need to enter your log-in details. Any questions? Please call Freephone 0800 124 4878.

Appendix E.2: SMS 2

From: NHS Survey

[SITE NAME] [A&E / Urgent Treatment Centre] would welcome your feedback. Please tell us about your recent experience by completing the questionnaire: **[unique link]**. Any questions? Please call Freephone 0800 124 4878.

Appendix E.3: SMS 3

From: NHS Survey

Please help the NHS by telling us about your recent experience at **[SITE NAME] [A&E / Urgent Treatment Centre]**. Click on the link to complete the survey before it closes: **[unique link]**. Any questions? Please call Freephone 0800 124 4878.

Appendix F: Dissent Poster

Appendix F.1: Dissent Poster (Type 1)



How was your experience of the hospital?

NHS Urgent and Emergency Care Survey 2022

The hospital is conducting a survey to find out what patients think about their care here.

This is part of a national programme to **improve patients' experiences while in hospital**. Taking part in the survey is **voluntary** and all answers are **confidential**.

If you are selected to take part, you will receive a letter in the post and text message reminders.

If you **do not** want to take part, or have any questions about the survey please contact;

- Trust phone number (required)
- Trust email address (if available)
- Trust Address (if available)



Appendix F.2: Dissent Poster (Type 3)



How was your experience of urgent care?

NHS Urgent and Emergency Care Survey 2022

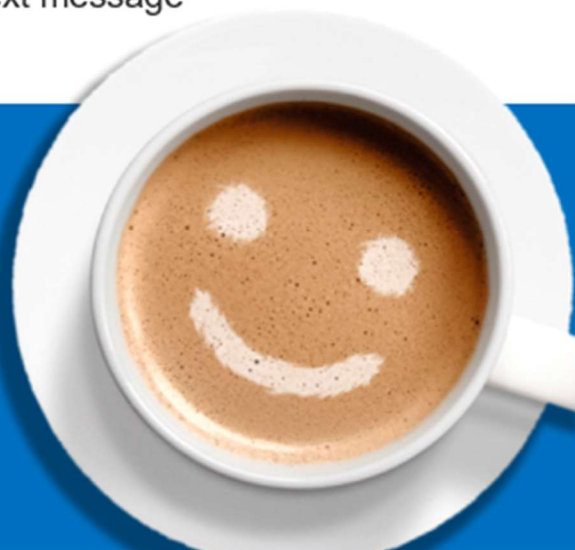
The urgent treatment centre is conducting a survey to find out what patients think about their care here.

This is part of a national programme to **improve patients' experiences while attending urgent treatment centres**. Taking part in the survey is **voluntary** and all answers are **confidential**.

If you are selected to take part, you will receive a letter in the post and text message reminders.

If you **do not** want to take part, or have any questions about the survey please contact;

- Trust phone number (required)
- Trust email address (if available)
- Trust Address (if available)



Appendix F: Changes to the questionnaire

The following changes were made to the mainstage 2020 Urgent and Emergency Care questionnaire to ensure its suitability for online completion and adherence to best-practice guidelines:

- It was put into the Coordination Centre for Mixed Method's template
- Q36 (overall experience) was updated to be appropriate for an online survey. This was to match the format of this question shown in the Maternity and Inpatients surveys.
- The free-text questions were removed (and an additional one added to the online survey to capture any issues associated with online completion)
- The gender question was updated to be inclusive
- The two long term condition questions were updated to match the approach followed on the Inpatient survey.
- Text on a small number of questions was updated based on the questionnaire review conducted as part of the initial scoping stage.

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.



ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.



Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.



ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.



The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.



HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



Fair Data

Ipsos is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos.com/en-uk
<http://twitter.com/IpsosUK>

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