NHS
Greater Manchester

Urgent Emergency Care - A&E experience - Get involved

Instructions

- Write as **clearly** as you can— these forms might be scanned
- Write your answers in the same language as this form

Accident and Emergency Departments Survey

This survey is one of the ways you can get involved in the NHS Greater Manchester engagement project.

Our engagement document sets out the work so far on Accident and Emergency departments services, including:

- How we are engaging.
- How you can be invovled

To be able to fully answer the questions in the survey it is important that you read the background information. You can also ring or email us and request that we send you a copy by post or email.

This survey has been created by NHS Greater Manchester. For our privacy notice, please visit: the NHS Greater Manchester integrated care website.

The questions are also available to answer online via the QR code.

If you need any help to complete or return the survey, please contact our team on 07786 673762 where you can leave a voicemail for us, or you can send a WhatsApp message (including voice notes) or text message on the same number. Alternatively, you can email us at gmhscp.engagement@nhs.net

1. **How are you answering this survey?** (optional)

   **Only choose one option.*

   ○ As the patient
   ○ As a family member
   ○ As a member of staff
   ○ As a member of the public
   ○ Other

   If 'Other', please specify

Your Pathway

2. **Where in Greater Manchester do you live?** (optional)

   **Only choose one option.*

   ○ Bolton
   ○ Bury
   ○ Manchester
   ○ Oldham
   ○ Rochdale
   ○ Salford
   ○ Stockport
   ○ Tameside
   ○ Trafford
   ○ Wigan
   ○ Somewhere else (please tell us where):○ Other

   If 'Other', please specify

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3. **Which Accident and Emergency Departments are you feeding back on?** (optional)

   **Only choose one option.*

   ○ Fairfield General Hospital ○ Manchester Royal Infirmary
   ○ North Manchester General Hospital ○ Royal Bolton Hospital
   ○ Royal Oldham Hospital ○ Salford Royal Hospital
   ○ Stepping Hill Hospital ○ Tameside General Hospital
   ○ Wigan, Royal Albert Edward Infirmary ○ Wythenshawe hospital

4. **How long ago did you visit A&E?** (optional)

   **Only choose one option.*

   ○ Im in A&E now ○ Less than a week ago
   ○ Longer than a week, but less than a month ago ○ 1-3 months ago
   ○ 4-6 months ago ○ 7-9 months ago
   ○ 10-12 months ago ○ 13-15 months ago
   ○ 16-18 months ago ○ More than 18 months ago

5. **What time of day did you arrive at A&E?** (optional)

   **Only choose one option.*

   ○ Morning (8:00am to 12:00pm)
   ○ Afternoon (12:01pm to 6:00pm)
   ○ Evening (6:01pm to 12:00am)
   ○ Night (12:01am to 7:59am)

6. **Can you tell us why you went to A&E?** (optional)

7. **How long was your wait time before being treated (after initial triage)?** (optional)

   **Only choose one option.*

   ○ Less than 1 hour
   ○ 2-5 hours
   ○ 6-8 hours
   ○ 9-11 hours
   ○ 12-14 hours
   ○ 15-18 hours
   ○ 19-24 hours
   ○ Over 24 hours

8. **How did you get to A&E?** (optional)

**Only choose one option.*

○ Ambulance
○ Taxi
○ Public Transport
○ Car/Van/Motorcycle (driven by family/friend/carer)
○ Car/Van/Motorcycle (driven by yourself)
○ Patient Transport Services
○ Walking
○ Other

If 'Other', please specify

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9. **Which of the following services did you use before visiting A&E?** (optional) Please select all that apply:
(If you came straight to hospital, please select 'None of the above')

**Choose as many as you like*

☐ NHS 111
☐ GP / Doctors Surgery
☐ 999
☐ Pharmacy
☐ Optician
☐ Dentist
☐ NHS Website (for information)
☐ None of the above
☐ Other

If 'Other', please specify

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10. Where would you find information that would help you make a decision on where to go for help with an illness or condition (optional)

**Choose as many as you like*

- ☐ Community groups or other community settings
- ☐ Friends and family
- ☐ Google or internet search
- ☐ Posters or leaflets
- ☐ Online groups
- ☐ Radio
- ☐ Social media
- ☐ TV
- ☐ Other

If 'Other', please specify

_____

11. Do you think a visit to A&E could have been avoided if you had been able to access another health service (e.g. GP, dentist)? (optional)

**Only choose one option.*

- ○ Yes
- ○ No
- ○ Not Sure

12. Please tell us more: (optional)

-Why were you unable to access other services?

-Do you think your condition could have been treated somewhere else?

13. How many times have you visited A&E over the past 18 months? (optional)

**Only choose one option.*

- ○ 1
- ○ 2-5
- ○ 6-10
- ○ 11-15
- ○ 16-20
- ○ Over 20 times

14. Have you heard of any of the services below? (optional)

For each row, mark one circle with a cross to indicate your preference.

	I have not heard of this service	I have heard of this service but i don't know what it does	I have heard of this services and I know what it does	I have used these services before	Not sure
Minor Ailments Scheme	○	○	○	○	○
NHS 111	○	○	○	○	○
Out-of-hours (OOH) GP services	○	○	○	○	○
Pharmacy First services	○	○	○	○	○
Same day Emergency Care	○	○	○	○	○
Urgent Eyecare services	○	○	○	○	○

Urgent Treatment Centre (UTC)	○	○	○	○	○

15. In the future, would you consider going to any of the services above before attending A&E for the same condition? (optional)

**Only choose one option.*

○ Yes

○ No

○ Not sure

16. Please tell us why you answered in that way? (optional)

Its important that we understand why people would or would not use these services (if appropriate).

Your Experience

This next set of questions asks about your experience of waiting in A&E

These questions will ask you to rate elements of your visit on a scale of 'Very Good' to 'Very Poor'.

You can also select 'Not Sure' or 'N/A', or skip the question.

17. How would you rate the quality of the following facilities at the A&E department? (optional) You might want to think about:

- Is the area clean and tidy?
- Is there enough availability for everyone? (e.g. enough seats, toilets, food and drink)
- Can you access all the facilities?

For each row, mark one circle with a cross to indicate your preference.

	Very good	Quite good	Neither good nor poor	Quite poor	Very poor	Not Sure/Cannot remember	Not Applicable
Environment	○	○	○	○	○	○	○
Food and Drink	○	○	○	○	○	○	○
Internet access	○	○	○	○	○	○	○
Parking	○	○	○	○	○	○	○
Phone charging	○	○	○	○	○	○	○
Seating and comfort	○	○	○	○	○	○	○
Toilets	○	○	○	○	○	○	○

18. Here is space to share any information or thoughts about the quality of facilities (optional)

19. How would you rate the quality of the following information and communications at A&E?

(optional)

You might want to think about:

- Is it obvious where everything is?
- Do you know who to speak to if you have a question?

For each row, mark one circle with a cross to indicate your preference.

	Very good	Quite good	Neither good nor poor	Quite poor	Very poor	Not Sure/Cannot remember	Not Applicable
Communication with staff	○	○	○	○	○	○	○
Information about discharge/follow-on treatment	○	○	○	○	○	○	○
Knowing where to go (e.g signs, arrows, floor markings ect)	○	○	○	○	○	○	○
Information about your care	○	○	○	○	○	○	○
Updates about your care/wait time	○	○	○	○	○	○	○

20. Here is space to share any information or thoughts about the quality of information

(optional)

21. How could the hospital improve your experience of waiting in A&E? (optional)

22. Is there anything else you would like to tell us about A&E that you haven't been covered?
(optional)

About you

Our "About you" page has 12 equality monitoring questions.

We need your help to monitor our engagement and who is answering our surveys. We want to make sure our diverse communities across Greater Manchester get involved.

Information shared is anonymous and we do not link the information you share with anything that could identify you. Please scroll past any questions that you do not want to answer or feel you cannot answer.

These questions are optional and if you do not want to answer them you can click next which will take you to the end of the survey.

23.How old are you? (optional)

_____

24.What is your ethnicity? (optional)

Please describe your ethnicity background however best fits you

_____

25.How do you identify your gender? (optional)

_____

25.a Is your current gender identity the same as the gender you were described at birth?

(optional)

**Only choose one option.*

- ○ Yes
- ○ No
- ○ Dont know
- ○ Prefer not to say

26. What is you relationship status? (optional)

**Only choose one option.*

- ○ Co-habiting - Living with partner
- ○ Married / Civil Partnership
- ○ Single
- ○ Widow
- ○ Prefer not to say
- ○ Other

If 'Other', please specify

_____

27. What is you religion? (optional)

**Only choose one option.*

- ○ Athiest / None
- ○ Baha`i
- ○ Buddhist
- ○ Christian
- ○ Hindu
- ○ Jain
- ○ Jewish
- ○ Muslim
- ○ Pagan
- ○ Sikh
- ○ Zoroastrian
- ○ Prefer not to say
- ○ Other

If 'Other', please specify

_____

28. Which of the following options best describes how you think of yourself? (optional)

**Only choose one option.*

- ○ Asexual
- ○ Bisexual
- ○ Gay Man
- ○ Heterosexual / Straight
- ○ Lesbian / Gay Woman
- ○ Pansexual
- ○ Prefer not to say
- ○ Other

If 'Other', please specify

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29. Do you consider yourself to have a disability? (optional)

(A disability is a condition that affects an individual's ability to carry out normal day-to day activities. It can be a mental health or physical condition, visible or hidden, it can last 12 months or longer and be recurring.)

**Only choose one option.*

- ○ Yes
- ○ No
- ○ Prefer not to say

30. If you answered "Yes" to having a disability can you tell us more about your disability?

(optional)

If you answered "no" or "prefer not to say" please scroll down to the next question.

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31. What is your employment status? (optional)

**Only choose one option.*

- ○ Employed / Self Employed
- ○ Unemployed
- ○ A student
- ○ Apprenticeship scheme or training
- ○ Long term sick or disabled
- ○ Homemaker looking after the family
- ○ In receipt of benefits
- ○ Voluntary work
- ○ Retired
- ○ Prefer not to say
- ○ Other

If 'Other', please specify

32. Are you or have you ever been a member of HM Armed Forces? (Regular or Reservist)

(optional)

**Only choose one option.*

- ○ Yes, I am a current serving member of the Armed Forces
- ○ Yes, I am an Armed Forces Veteran (someone who has previously served in HM Armed Forces - regular or reservist)
- ○ No
- ○ Prefer not to say

33. Are you a carer? (optional)

**Only choose one option.*

- ○ Yes
- ○ No
- ○ Prefer not to say