Same Day Emergency Care Survey for Non SDEC users

NHS England and NHS Improvement have established a project group to try and develop a list of practical ideas for hospitals that offer Same Day Emergency Care to implement to improve the experience of care. This will benefit those who use the service and also those who work within the service.

What is Same Day Emergency Care (SDEC)?

SDEC is the delivery of same day care for emergency patients who would otherwise be admitted to hospital.

Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

Same day emergency care is sometimes called Ambulatory Care.

Patients can be referred to SDEC treatment through different routes, including:

- From emergency departments
- Direct referral from GPs
- · Direct transfer from ambulance services
- Direct referral from NHS 111

We need your help!

In order to develop a list of practical ideas that can improve experience of care we need to understand what a good experience of care is. We would like your help to understand what matters to you when you use a hospital service.

The survey should take no more than 10 minutes to complete.

Please do not include any personal information in this questionnaire. This feedback will be shared with a project group to understand if there are any themes coming out of all the feedback we receive. We may share some comments internally within NHS England and NHS Improvement. This feedback will not go back directly to the hospital you have visited but they will be able to access the practical ideas that are developed as part of this project. We will not identify you or anyone else. All your feedback will be kept anonymous.

The closing date is **Sunday 27th March.**

Thank you for your help

Overall Expereince

1.	ase look at this list below and think about what is most important to you wher ng a hospital service? Please identify your top 3 .
	A Comfortable clean and attractive environment
	Being involved in your care and treatment
	Privacy
	The right medical staff
	Friendly, caring and respectful staff
	Staff who know about you and any needs you have (e.g. access, cultural, mental health)
	Staff meeting the needs you have
	Knowing what to expect from the service before you arrive
	A friendly welcome and being told what to expect
	Being kept informed of how long you will be waiting
	There is good signposting or directions to services to help find your way
	Knowing where to get food and drink from
	Having easy access to toilets
	Getting a quick diagnosis
	Being told about any new treatment and next steps for you
	Being able to ask questions about your diagnosis and treatment
	Quick and easy discharge
	Receiving any new medication quickly and easily
	Being clear about what happens once you have left the hospital
	Having easy access and support with mobility to get to the service
	Something else – please tell us about this:

2. What is one of the most important to you when using a hospital service that is not listed above?
3. Please think about a time when you have received a good experience of care in a hospital service in the last 5 years. Please name one thing that made that experience positive for you.
4. If you could make one change to improve a hospital service you have experienced what would that be?

5.	We would love to hear more about your experiences and ideas for improvement. If you are interested in joining a small 1 hour online focus group in Mid-March 2022 to share your experience please provide contact details – email/phone number in the box below or email england.peadmin@nhs.net and we will get back to you.

Population Demographics

The following questions will help us to understand how experiences vary between different groups of the population. We will keep your answers completely confidential. None of the answers in the questions below will be published.

6. What age are you?
O Under 16
O 17-24
<u></u>
35-44
O 45-54
○ 55-64
O 65-74
74-84
85 or over
7. Do you have any long-term physical or mental health conditions, disabilities or illnesses? By long term, we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.
○ Yes
○ No
On't know / can't say
Prefer not to say

8.	Which, if any, of the following long-term conditions do you have? Please tick to all the boxes that apply.
	Alzheimer's disease or other cause of dementia
	Arthritis or ongoing problem with back or joints
	Autism or autism spectrum condition
	Blindness or partial sight
	A breathing condition such as asthma or COPD Cancer (diagnosis or treatment in the last 5 years)
	O Deafness or hearing loss
	○ Diabetes
	A heart condition, such as angina or atrial fibrillation
	High blood pressure
	○ Kidney or liver disease
	A learning disability
	A mental health condition
	A neurological condition, such as epilepsy
	A stroke (which affects your day-to-day life)
	Another long-term condition or disability
	O I do not have any long-term conditions
9.	Do any of these conditions reduce your ability to carry out your day-to-day activities?
	Yes, a lot
	Yes, a little
	No, not at all

10.	Do you look after, or give any help or support to family members, friends, neighbours or others because of either their long-term physical or mental ill-health a disability, or problems related to old age?
	○ No
	Yes, 1-19 hours a week
	Yes, 20-49 hours a week
	Yes, 50 or more hours a week
	O Prefer not to say

What is your ethnic group? (Tick ONE only)

11.	11. Asian or Asian British		
	\bigcirc	Indian	
	\bigcirc	Pakistani	
	\bigcirc	Bangladeshi	
	\bigcirc	Chinese	
	\bigcirc	Any other Asian background	
12.	Bla	ck, Black British, Caribbean or African	
	\bigcirc	Caribbean	
	\bigcirc	African	
	\bigcirc	Any other Black, Black British, Caribbean or African Background	
13.	Mix	ked or Multiple ethnic groups	
	\bigcirc	White and Black Caribbean	
	\bigcirc	White and Black African	
	\bigcirc	White and Asian	
	\bigcirc	Any other Mixed or Multiple ethnic background	
14.	Otł	ner ethnic group	
	\bigcirc	Arab	
		Any other ethnic group, please indicate	

15. Any other ethnic group, please indicate
16. White
English, Welsh, Scottish, Northern Irish or British
○ Irish
Gypsy or Irish Traveller
Roma
Any other White background
Prefer not to say
17. Which of the following best describes you?
○ Femal
○ Male
O Non-binary
Prefer to self -describe
Prefer not to say
18. Prefer to self-describe as

19. Is your gender identity the same as the sex you were registered at birth?	
○ Yes	
○ No	
Prefer not to say	
20. Which of the following best describes how you think of yourself?	
Heterosexual or Straight	
Gay or lesbian	
○ Bisxual	
Other	
Prefer not to say	
21. Which, if any, of the following best describes your religion?	
O No religion	
Buddhist	
Christian (including Church of England, Catholic, Protestant, and other Christian denominations)	
○ Hindu	
○ Jewish	
O Muslim	
Sikh	
Other	
Perfer not to say	

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