

Same Day Emergency Care (SDEC) Service - Feedback

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 (EDs)
- 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 Same Day Emergency Care hospital service.

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

Thank you for your help

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.

1. Please look at this list below and think about what is most important to **you** when using 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
- ☐

Other

2. Thinking about your recent visit to the Same Day Emergency Care Unit or Ambulatory Care Unit, how would you describe your overall experience of the service?

- ☐ Very Good
- ☐ Good
- ☐ Neither Good nor poor
- ☐ Poor
- ☐ Very Poor
- ☐ Don't know/ can't remember

Before you arrived

3. Who referred you to service?

- ☐ GP
- ☐ Emergency Department at the hospital
- ☐ NHS 111
- ☐ Paramedic or ambulance staff
- ☐ Other healthcare professional
- ☐ Returning after a previous visit
- ☐ Don't know / can't remember

4. Did you have any information about Same Day Emergency Care before you arrived?

- ☐ Yes
- ☐ No

5. If yes, where you get your information from?

- ☐ I was told by the service that referred me (GP, Emergency Department, 111, Paramedic or Ambulance, Other Healthcare Professional etc)
- ☐ I was given a leaflet
- ☐ I have attended before
- ☐ I work for the NHS or know someone who does
- ☐ I found out myself (for example searching on the internet)
- ☐ I didn't know what to expect

- ☐

Other

6. How do you feel about the quality of the information you were given before you arrived?

- ☐ It was great
- ☐ It was about right
- ☐ It could have been better
- ☐ It was not good enough
- ☐ Don't know / can't remember

7. Is there anything else you would like to tell us about your experience **before you arrived**?

8. Do you have any suggestions on how your experience **before you arrived** could have been improved?

When you arrived

9. How easy or difficult was it to find your way to the Same Day Emergency Care service when you arrived at the hospital?

- ☐ Very easy
- ☐ Easy
- ☐ Neither easy nor difficult
- ☐ Difficult
- ☐ Very difficult
- ☐ Don't know / can't remember

10. Did you feel the need to ask for help to find your way to the Same Emergency Care Service?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

11. Were you offered any support to help you make your way to the Same Day Emergency Care service?

- ☐ Yes - please tell us how (for example, you were shown the way, given a map, pointed in the right direction, provided with a wheelchair or support to get you there)
- ☐ No
- ☐ Don't know / can't remember

12. If you were offered any support to help you make your way to the service, please tell us about this:

13. Did you know what to expect from the Same Day Emergency Care service once you arrived?

☐ Yes, a member of staff in the department told me

☐ Yes, there was information in the waiting area

☐ Yes, I have attended before

☐ No, I didn't know what to expect

☐

Other

14. Were you told how long you would have to wait to be assessed in the Same Day Emergency Care service?

☐ Yes

☐ No

☐ Don't know / can't remember

15. Is there anything else you would like to tell us about the **arrival process**?

16. Do you have any suggestions on how your experience **of the arrival process** could have been improved?

While you were at the Same Day Emergency Care Service

17. How do you feel about the length of time you had to wait to be assessed and treated?

- ☐ It was about right
- ☐ It was a little too long
- ☐ It was much too long
- ☐ Don't know / can't remember

18. While you were waiting, were you kept informed about what treatment you were waiting for?

- ☐ Yes
- ☐ No
- ☐ Don' know / can't remember

19. While you were waiting, were you kept informed about how long you might have to wait?

- ☐ Yes
- ☐ No
- ☐ Don' know / can't remember

20. Thinking about your time in the Same Day Emergency Care service area, do you have any feedback about **how clean the area was**?

21. Thinking about your time in the Same Day Emergency Care service area, do you have any feedback about **comfort, e.g. the seating**?

22. Thinking about your time in the Same Day Emergency Care service area, do you have any feedback about **food and drink**?

23. Thinking about your time in the Same Day Emergency Care service area, do you have any feedback about **access to toilets**?

24. Were you able to find your way to other departments if you needed to?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember
- ☐ I didn't need to go to other departments

25. Were you given enough privacy and dignity when being examined or treated?

- ☐ Yes, at all times
- ☐ Yes, some of the time
- ☐ No, not at all

26. If you have any additional needs, were these met?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Don't know / can't remember
- ☐ I don't have any additional needs

27. If you are happy to share this information, please tell us how your needs were met?

28. Thinking about when you were given your diagnosis, which of the below statements apply to your experience? (Choose all the apply)

- ☐ It was explained well to you
- ☐ I was confident to ask questions and get clarification on things I wasn't sure about
- ☐ I was given helpful information about my diagnosis
- ☐ I was given details of support services that might help me
- ☐ All my questions were answered
- ☐ It was not well explained to me
- ☐ I didn't have the opportunity to ask questions
- ☐ I was not given helpful information about my diagnosis
- ☐ I went home not able to remember the details of my diagnosis
- ☐ Anything else you'd like to tell us about your experience?

29. Is there anything else you would like to tell us about your time **in the Same Day Emergency Care service**?

30. Do you have any suggestions on how your experience **in the Same Day Emergency Care Service** could have been improved?

Discharge

31. How do you feel about the length of time you had to wait to be discharged?

- ☐ It was about right
- ☐ It was a little too long
- ☐ It was much too long
- ☐ Don't know / can't remember

32. Did you find the discharge process quick and easy?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

33. If No, what could have improved this for you?

34. Were you informed about the next steps for you after your discharge?

- ☐ Yes, I was fully informed of next steps
- ☐ Yes, to some extent
- ☐ No, not at all
- ☐ Don't know / can't remember

35. Did any healthcare professional check you had support once you left the hospital?

- ☐ Yes
- ☐ No
- ☐ Don't know / can't remember

36. Is there anything else you want to tell us about your experience of **discharge** from the Same Day Emergency Care service?

37. Do you have any suggestions on how your experience of **discharge** could have been improved?

38. 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 March 2022 to share your experience please provide contact details – email/phone number in the box below or email england.peadmin@nhs.net (<mailto: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.

39. What age are you?

- ☐ Under 16
- ☐ 17-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 74-84
- ☐ 85 or over

40. 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
- ☐ Don't know / can't say
- ☐ Prefer not to say

41. 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)
- ☐ 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
- ☐ I do not have any long-term conditions

42. 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

43. 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 / 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
- ☐ Prefer not to say

What is your ethnic group?

44. Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

45. Black, Black British, Caribbean or African

- ☐ Caribbean
- ☐ African
- ☐ Any other Black, Black British, Caribbean or African Background

46. Mixed or Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple ethnic background

47. Other ethnic group

- ☐ Arab
- ☐

Other

48. White

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other White background
- ☐ Prefer not to say

49. Which of the following best describes you?

- ☐ Femal
- ☐ Male
- ☐ Non-binary
- ☐ Prefer to self -describe
- ☐ Prefer not to say

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

51. Which of the following best describes how you think of yourself?

- ☐ Heterosexual or Straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other
- ☐ Prefer not to say

52. Which, if any, of the following best describes your religion?

- ☐ No religion
- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ Prefer not to say

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