



## Urgent Treatment Centre Patient Engagement

1. Have you used the Urgent Treatment Centre at Peterlee?
  - a) Yes
  - b) No

If no please go to Q 8

2. Have you used this service over night (between 12 midnight and 8am)?
  - a) Yes
  - b) No

If no please go to Q8

3. Why did you choose to attend overnight? Could this have waited until the morning with the right support?

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4. What was the age range of the patient?
  - a) 0-2 years
  - b) 2-5 years
  - c) 6-11 years
  - d) 12-16 years
  - e) 16-19 years
  - f) 20-65
  - g) 65 years +
  - h)

5. How did you make your appointment?
  - a) Through NHS 111
  - b) Walked in to the Urgent Treatment Centre

6. What did you attend the service for ;

Specific condition .....

**CCG rep to complete - Minor injury / Minor illness**

7. Do you think this condition could have been dealt with at home by a health care professional?

- a) Yes
- b) No
- c) Don't know

8. If we proposed to carry out these appointments between 12 midnight and 8am at your home instead of an UTC would this be suitable?

- a) Yes
- b) No
- c) Don't know

9. If we did provide these services via a home visit what would be the most important things for us to consider?

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## EQUALITY MONITORING

As a public sector organisation, it is important that the NHS finds out how different people experience services. These next questions ask for some information about you but, you DO NOT have to answer any questions if you don't want to.

- Are you**
- A woman
  - A man
  - Prefer not to say

**Does your gender identity match your sex as registered at birth?**

- Yes
- No
- Prefer not to say

- How old are you?**
- |   |  |
|---|--|
| <input type="checkbox"/> 17 years & under | <input type="checkbox"/> 18-29 years     |
| <input type="checkbox"/> 30-39 years      | <input type="checkbox"/> 40-49 years     |
| <input type="checkbox"/> 50-59 years      | <input type="checkbox"/> 60-69 years     |
| <input type="checkbox"/> 70-79 years      | <input type="checkbox"/> 80 years & over |

**Do you have any of the following?**

- Caring responsibilities for a family member, friend or neighbour
- Children under 16 years of age

**Do you have a physical or mental impairment, which has lasted or will last at least 12 months and affects your ability to carry out normal day-to-day activities?**

- Yes
- No

If Yes, please indicate the nature of the disability; \_\_\_\_\_

### **What is your ethnicity?**

These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality.

- White
  - Black / Black British
  - Asian or Asian British
  - Gypsy / Romany / Irish Traveller
  - Chinese
  - Mixed dual heritage
  - Another Background
  - Prefers not to say
  - Other, please specify
- 

### **Which of these best describes you?**

- Heterosexual/straight
- Bi-sexual
- Gay
- Lesbian

### **Which of the following best describes your religion?**

- No religion
- Christian (e.g.: Catholic, C of E, Methodist)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefers not to say

### **What are the first four digits of your postcode? E.g. DH1 3**

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- Prefer not to say