

Ms Lorri Connors
Herts Urgent Care
Head of Business Development
Ascots Lane
Welwyn Garden City
Herts
AL7 4HL

**Herts Urgent Care
Out-of-Hours - Home Visits**

January 2010



Innovation Centre
University of Exeter
P O Box 51
Exeter
EX4 4WT

t 01392 252740
f 01392 256289

e enquiries@cfep.co.uk

Ms Lorri Connors
Herts Urgent Care
Head of Business Development
Ascots Lane
Welwyn Garden City
AL7 4HL

05 January 2010

Dear Ms Connors

Please find enclosed your report outlining patient feedback from the Out-of-Hours Patient Questionnaire (OPQ).

This report has been updated with the aim to illustrate feedback in a clearer and easier to assimilate format.


A summary report showing scores achieved from the evaluation questions has been provided for quick reference, however for maximum benefit reflection on all the feedback in the report is advised.

Please contact Matthew Taylor on 01392 252740 or matthew.taylor@cfep.co.uk if you require further information about your report.

I hope the report gives you useful feedback about how patients rated your organisation and its service, and provides you with a good basis for reflection.

Please contact me if you require any further information about your results.

Yours sincerely



Helen Powell
Data Manager

Report Contents

Introduction	1
Evaluation questions: summary of scores (table 1)	2
Evaluation questions: frequency distribution of ratings (table 2)	3
Evaluation questions: scores and benchmarks (table 3, graph 1)	4,5
Evaluation questions: comparison of scores with previous reports (table 4)	6
Report questions: results	7
Free text responses: patient comments	12
Supporting documents: score explanation and explanation of quartiles	Appendix 1
Supporting documents: sample questionnaire	Appendix 2

This survey was designed to give you an insight into how your Out-of-Hours service is viewed by your patients. The report outlines the information that has been collected and analysed from patients using your service in the form of graphs and tables. Explanation on how to interpret this information can be found in the report. Benchmarks are provided where applicable. From the report you will be able to clearly pinpoint areas where you performed well and also those areas where you feel that improvements may be needed. A summary page has been incorporated into the report for quick reference but it is advisable to take time to assimilate all the feedback in order for you to get the best overall picture of performance.

Details of your survey

Data for this survey was collated in January 2010. 100 patient questionnaires were sent out and 26 completed questionnaires were returned giving a response rate of 26.00%. Your organisation has done a total of 52 surveys, evaluation question scores for the current and last 3 surveys is displayed on page 6.

Benchmarks

Benchmarks have been provided to give you some sense of your performance in relation to other out of hours providers. However, you should be aware that as it is not a mandatory requirement for all out of hours providers to carry out this survey, benchmark data may not provide the overall picture of performance nationally.

The benchmarks have been derived from data from 52 surveys involving more than 1589 questionnaires from 17 providers across the UK between 2006 and 2009 with 8 or more responses.

Table1	Your mean score (%)	Benchmark mean (%)	Performance Band
Question			
Initial telephone contact			
Q 1c Initial telephone contact	44	56	4
Q 4b Speed of initial contact	46	55	4
Q 5a Information provided by GP	48	51	3
Q 5b Ease of contact of OOH	47	56	4
Q 5c Manner of treatment by call op	58	62	3
Q 5d Explanation of next step by call op	54	62	4
About the health professional who called back			
Q 6b Speed of call back	37	44	4
Visiting health professional			
Q 8a Warmth of greeting	53	60	4
Q 8b Ability to listen	56	63	4
Q 8c Explanations	56	61	4
Q 8d Reassurance	51	59	4
Q 8e Confidence in their ability	56	61	4
Q 8f Express your concerns	51	60	4
Q 8g Respect shown to you	65	68	3
Q 8h Length of consultation	54	58	4
Q 8i Consideration shown	55	60	4
Q 8j Concern shown	64	61	2
Q 8k Recommendation to others	64	62	2
Q 8l Satisfaction with help	63	64	3
Post consultation			
Q 9a Getting medicines	53	51	2
Q 9b If worsening condition	55	58	3
Q 9c When to contact GP about call	54	54	2
Overall Score			
Overall Score	54	55	3

Benchmarks are based on data from 52 surveys involving more than 1589 patient questionnaires from 17 providers across the UK between 2006 and 2009 with 8 or more responses

1	Your mean score for this question falls in the highest 25% of all mean scores
2	Your mean score for this question falls in the highest 50% of all mean scores
3	Your mean score for this question falls in the lowest 50% of all mean scores
4	Your mean score for this question falls in the lowest 25% of all mean scores

Table 2

Question

		Very Poor	Fair	Good	Very Good	Excellent	Blank	n/a
Q 1c	Initial telephone contact	1	4	9	10	2	0	0
Q 4b	Speed of initial contact	0	4	11	8	3	0	0
Q 5a	Information provided by GP	0	4	9	9	3	1	0
Q 5b	Ease of contact of OOH	1	4	6	13	2	0	0
Q 5c	Manner of treatment by call op	1	2	7	9	7	0	0
Q 5d	Explanation of next step by call op	0	2	10	10	4	0	0
Q 6b	Speed of call back	0	8	8	9	1	0	0
Q 8a	Warmth of greeting	1	1	10	10	4	0	0
Q 8b	Ability to listen	0	2	7	14	3	0	0
Q 8c	Explanations	1	0	8	14	3	0	0
Q 8d	Reassurance	1	2	8	12	3	0	0
Q 8e	Confidence in their ability	0	2	9	10	5	0	0
Q 8f	Express your concerns	2	2	6	12	4	0	0
Q 8g	Respect shown to you	0	2	6	9	9	0	0
Q 8h	Length of consultation	1	2	6	14	3	0	0
Q 8k	Recommendation to others	1	2	3	12	8	0	0
Q 8l	Satisfaction with help	0	3	4	12	7	0	0
Q 9a	Getting medicines	1	3	4	7	5	0	6
Q 9b	If worsening condition	0	3	6	13	3	0	1
Q 9c	When to contact GP about call	0	3	6	11	3	1	2

Table 3 Question		Your mean score (%)	Benchmark mean (%)	Quartile of national means (%)				
				Min	Lower quartile	Median	Upper quartile	Max
Initial telephone contact								
Q 1c	Initial telephone contact	44	56	33	52	56	59	71
Q 4b	Speed of initial contact	46	55	24	51	54	58	75
Q 5a	Information provided by GP	48	51	30	47	51	54	67
Q 5b	Ease of contact of OOH	47	56	33	52	56	58	75
Q 5c	Manner of treatment by call op	58	62	47	56	62	63	76
Q 5d	Explanation of next step by call op	54	62	46	58	61	63	75
About the health professional who called back								
Q 6b	Speed of call back	37	44	11	39	44	48	70
Visiting health professional								
Q 8a	Warmth of greeting	53	60	37	59	62	64	75
Q 8b	Ability to listen	56	63	38	60	65	67	83
Q 8c	Explanations	56	61	33	58	62	66	83
Q 8d	Reassurance	51	59	37	56	60	63	79
Q 8e	Confidence in their ability	56	61	33	57	63	67	77
Q 8f	Express your concerns	51	60	37	56	60	64	78
Q 8g	Respect shown to you	65	68	46	65	70	73	83
Q 8h	Length of consultation	54	58	33	56	60	62	73
Q 8i	Consideration shown	55	60	33	56	61	67	75
Q 8j	Concern shown	64	61	36	57	63	67	77
Q 8k	Recommendation to others	64	62	29	58	63	67	79
Q 8l	Satisfaction with help	63	64	38	59	66	69	80
Post consultation								
Q 9a	Getting medicines	53	51	29	46	51	56	72
Q 9b	If worsening condition	55	58	33	54	58	62	76
Q 9c	When to contact GP about call	54	54	20	46	54	58	73
Overall Score								
	Overall Score	54	55	36	52	55	57	68

Benchmarks are based on data from 52 surveys involving more than 1589 patient questionnaires from 17 providers across the UK between 2006 and 2009 with 8 or more responses

Home Visits : Evaluation questions: scores and benchmarks

Herts Urgent Care

05-January-2010
Number Surveyed:26

Graph 1: Evaluation question mean scores in ascending order of performance with benchmarks

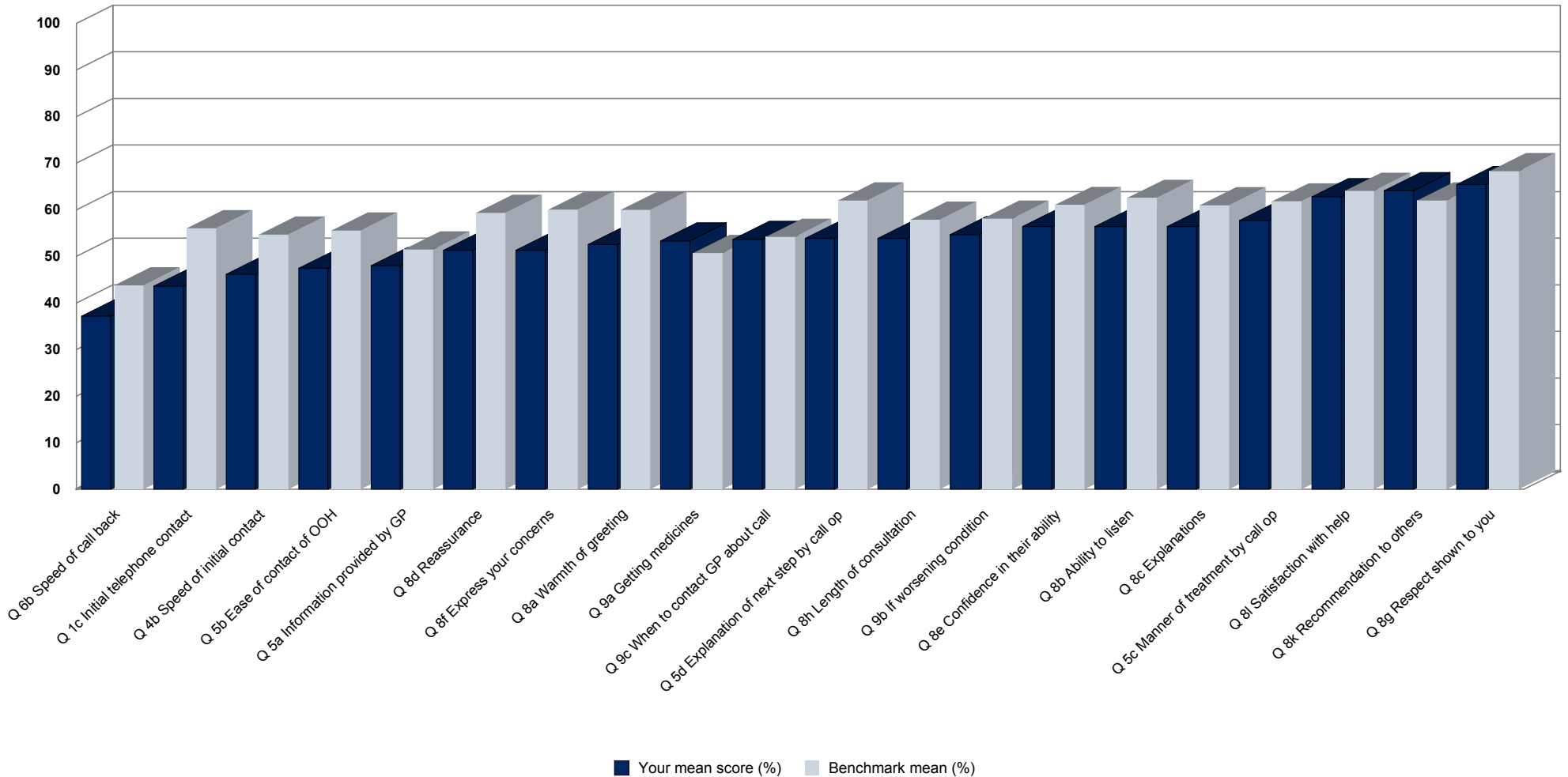


Table 4 Mean percentage scores for current and previous reports

	05/01/10 28513	30/09/09 28419	06/08/09 28080	26/06/08 23845
Q 1c Initial telephone contact	44	41	54	44
Q 4b Speed of initial contact	46	43	50	53
Q 5a Information provided by GP	48	48	46	47
Q 5b Ease of contact of OOH	47	48	48	52
Q 5c Manner of treatment by call op	58	52	55	59
Q 5d Explanation of next step by call op	54	53	56	62
Q 6b Speed of call back	37	26	35	39
Q 8a Warmth of greeting	53	52	50	64
Q 8b Ability to listen	56	56	57	64
Q 8c Explanations	56	53	56	62
Q 8d Reassurance	51	56	53	62
Q 8e Confidence in their ability	56	56	55	61
Q 8f Express your concerns	51	58	52	64
Q 8g Respect shown to you	65	60	60	74
Q 8h Length of consultation	54	58	55	59
Q 8i Consideration shown	55	60	53	59
Q 8j Concern shown	64	56	58	61
Q 8k Recommendation to others	64	58	55	63
Q 8l Satisfaction with help	63	60	57	68
Q 9a Getting medicines	53	61	39	51
Q 9b If worsening condition	55	46	48	57
Q 9c When to contact GP about call	54	56	44	55
Overall	54	53	52	58

Herts Urgent Care

The total number of responses in these tables may not equal the total number of patients surveyed (see top right of page)
if some patients did not respond to the question

Report Questions	Number of Responses	% of Responses
Q 1a Who did you first call?		
GP	14	54%
NHS Direct	8	31%
Other	4	15%
Q 1b How many calls		
One	20	77%
Two	4	15%
More than two	2	8%
Q 2a Contacted for yourself?		
Yes	8	31%
No	18	69%
Q 2b Patient's relationship		
My son/daughter	5	28%
My parent	6	33%
My spouse/partner	6	33%
My friend	0	0%
Other	1	6%
Q 3 Use of the service		
First time	12	46%
Once before	6	23%
Twice or more	8	31%
Q 4a Time to answer phone		
0-30 seconds	8	31%
31-60 seconds	16	62%
More than 1 minute	2	8%
Q 6a Time before phone back		
0-10 min	3	12%
11-20 min	9	35%
21-40 min	10	38%
41-60 min	3	12%
> 1 hour	1	4%

Herts Urgent Care

The total number of responses in these tables may not equal the total number of patients surveyed (see top right of page)
if some patients did not respond to the question

Report Questions	Number of Responses	% of Responses
Q 7a Visiting professional		
Doctor	23	96%
Nurse	0	0%
Paramedic	1	4%
Don't know	0	0%
Q 7b Length of consultation		
< 5 min	0	0%
5-9 min	6	24%
10-15 min	13	52%
16-20 min	4	16%
>20 min	2	8%
Q 10a Cope with life		
Much better	4	16%
Better	11	44%
Same or Less	10	40%
Q 10b Understand your illness		
Much Better	4	15%
Better	14	54%
Same or Less	8	31%
Q 10c Cope with your illness		
Much Better	3	12%
Better	12	50%
Same or Less	9	38%
Q 10d Keep yourself healthy		
Much Better	2	8%
Better	10	40%
Same or Less	13	52%
Q 10e Confident about your health		
Much Better	1	4%
Better	7	30%
Same or Less	15	65%

Herts Urgent Care

The total number of responses in these tables may not equal the total number of patients surveyed (see top right of page)
if some patients did not respond to the question

Report Questions Number of Responses % of Responses

Q 10f Able to help yourself

Much Better	2	8%
Better	9	36%
Same or Less	14	56%

Herts Urgent Care

The total number of responses in these tables may not equal the total number of patients surveyed (see top right of page)
if some patients did not respond to the question

<u>Demographic Questions</u>	Number of Responses	% of Responses
Q 11a Gender		
Female	16	64%
Male	9	36%
Q 11b Age		
Under 12 yrs	0	0%
16 - 24 yrs	0	0%
25 - 59 yrs	4	17%
Over 60 yrs	19	83%
Q 11c Ethnic group		
White - British	20	77%
White - Irish	0	0%
White - any other background	4	15%
Mixed - White and Black Caribbean	0	0%
Mixed - White and Black African	0	0%
Mixed - White and Asian	0	0%
Mixed - any other background	0	0%
Asian or Asian British - Indian	0	0%
Asian or Asian British - Pakistani	1	4%
Asian or Asian British - Bangladeshi	0	0%
Asian or Asian British - any other background	0	0%
Black or Black British - Caribbean	1	4%
Black or Black British - African	0	0%
Black or Black British - Other	0	0%
Chinese or other ethnic group - Chinese	0	0%
Chinese or other ethnic group - Other	0	0%
Q 11d Accommodation		
Owner occupied/mortgage	12	50%
Rented or other arrangement	12	50%

Herts Urgent Care

The total number of responses in these tables may not equal the total number of patients surveyed (see top right of page)
if some patients did not respond to the question

<u>Demographic Questions</u>	Number of Responses	% of Responses
Q 11f Patient description		
Employed full or part time	2	8%
Unemployed and looking for work	0	0%
At school or in full time education	0	0%
Unable to work due to long term sickness	1	4%
Looking after the home/family	2	8%
Retired from paid work	17	68%
Other (please specify)	3	12%
Q 12 Long-standing illness		
Yes	18	72%
No	7	28%

<u>Report Questions</u>	Number of Responses	% of Responses
Q13.1 Physical disability		
Physical disability	6	100%
Learning disability	0	0%
Sensory disability	0	0%
Deaf	0	0%
Mental disability	0	0%
Other	0	0%

Any comments about how this service could improve

25 - 59 yrs

- | | |
|--------|--|
| Female | Make it easier for a doctor to come to your house - this took some persuasion. |
| Female | The phone line needs to be improved! The receptionist couldn't hear me, so understandably hung up. |

Over 60 yrs

- | | |
|--------|---|
| Female | Could be a little quicker than 3 to 6 hours. |
| Male | The doctor was very good. The receptionist was not the politest person I have spoken to. |
| Male | The information provided by GP surgery to service was either out-of-date or difficult for the doctor to obtain. |

Not specified

- | | |
|--------|---|
| Female | My parent was in extreme pain, and suffered for about five and a half hours before a doctor arrived. Calls were made requesting a doctor a few times, but were advised that other patients needed them first. Five and a half hours is far too long for a patient to wait. It seems the elderly are not given the consideration they deserve. An animal would have received quicker attention. My parent died a few days later. |
| Female | It took a lot of persuasion to get a doctor to come out. I almost begged. |
| Male | The service is fine. |

Any comments about how the doctor/nurse/paramedic could improve?

25 - 59 yrs

- | | |
|--------|---------------------------|
| Female | The doctor was excellent. |
| Female | All fine. |

Over 60 yrs

- | | |
|--------|--|
| Female | I don't think the doctor could improve. The doctor was easy to speak to and the medicines prescribed worked quite well. |
| Male | The doctor was very good. |
| Male | The doctor left abruptly after a short examination of my spouse which was partially in private. I would like to have known the doctor was leaving and also known the diagnosis. My spouse died 2 days later. |

Not specified

- | | |
|--------|--|
| Female | When the doctor finally arrived, we were very satisfied with the manner in which my parent was dealt. |
| Male | The doctor should have had access to my medical history (laptop), as they missed diverticulitis for gastritis. I was dehydrating and should have been advised to drink more. |

Supporting documents : Score Explanation

Each individual score for the evaluation questions is expressed as a mean (average) for all patients who completed the question. These scores are expressed as a percentage of the maximum possible score, so the best possible score in each case is 100%. Not specified responses (items left blank) are not used in the score calculations. The overall score is the mean percentage score of all evaluation questions for all patients who completed the questionnaire.

All questions follow a five point rating scale ranging from -33.3333% to 100%.

	Very Poor	Fair	Good	Very Good	Excellent	Not Specified
Percentage Score (%)	-33.3333	0	33.3333	66.6667	100	n/a

The following example uses data from your question Q 1c

Number of Patients Surveyed:26

Questions	Rating					
	Poor	Fair	Good	Very Good	Excellent	Not Specified
Q 1c Initial telephone contact	1	4	9	10	2	0

$$(1 \times -33.3333) + (4 \times 0) + (9 \times 33.3333) + (10 \times 66.6667) + (2 \times 100)$$

26 - 0

=44% mean
percentage score

Explanation of Quartiles

In statistics a quartile is any one of the three values that divide data into four equal parts, each part represents $\frac{1}{4}$ of the sampled population.

Quartiles comprise:

Lower quartile, below which lies the lowest 25% of the data

The median, cuts the data set in half

Upper quartile, above which lies the top 25% of the data

	Your mean score (%)
Q 1c Initial telephone contact	44

Means and quartiles (%)					
National mean	Minimum	Lower quartile	Median	Upper quartile	Maximum
56	33	52	56	59	71

Based on our most current benchmarks, your mean score of 44% falls between the Minimum and the lower quartile which is the lowest 25% of all means



You can help this Out-Of-Hours' Service improve its care

- {provider name} welcomes your honest feedback
- If you are completing the questionnaire on behalf of someone else, please make sure you read the instructions very carefully throughout the questionnaire and respond on their behalf
- If you are answering the questions on behalf of a child under 12, please give us your honest judgement of the child's experience

Please mark the box like this with a blue or black ball-point pen. If you change your mind just cross out your old response and make your new choice

INITIAL TELEPHONE CONTACT

If you did not call the service yourself, please complete by discussing each item with the person who made the initial call to the Out-of-Hours' service

1a Who did you first call?

- GP Surgery NHS Direct Other

1b How many calls did you make before you spoke to an Out-of-Hours' service receptionist?

- One Two More than two

1c How do you rate this?

- Very poor Fair Good Very good Excellent

2a Did you contact the service for yourself?

- Yes No

2b If no, what was the patient's relationship to you? They were...

- My son/daughter My parent My spouse/partner My friend Other

3 How often have you used this service in the past?

- First time Once before Twice or more

4a How long did the receptionist take to answer the phone (after any pre-recorded messages)?

- 0 to 30 seconds 31 to 60 seconds More than 1 minute

4b How do you rate this?

- Very poor Fair Good Very good Excellent

Please rate the following:

	Very poor	Fair	Good	Very good	Excellent
5a Your satisfaction with the information provided by your GP practice about how to contact the Out-of-Hours' service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b The ease of contacting the Out-of-Hours' service by telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c The manner in which you were treated by the first person you spoke to on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d How well the receptionist explained what would happen next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey provided by





You can help this Out-Of-Hours' Service improve its care

- {provider name} welcomes your honest feedback
- If you are completing the questionnaire on behalf of someone else, please make sure you read the instructions very carefully throughout the questionnaire and respond on their behalf
- If you are answering the questions on behalf of a child under 12, please give us your honest judgement of the child's experience

Please mark the box like this with a blue or black ball-point pen. If you change your mind just cross out your old response and make your new choice

INITIAL TELEPHONE CONTACT

If you did not call the service yourself, please complete by discussing each item with the person who made the initial call to the Out-of-Hours' service

1a Who did you first call?

- GP Surgery NHS Direct Other

1b How many calls did you make before you spoke to an Out-of-Hours' service receptionist?

- One Two More than two

1c How do you rate this?

- Very poor Fair Good Very good Excellent

2a Did you contact the service for yourself?

- Yes No

2b If no, what was the patient's relationship to you? They were...

- My son/daughter My parent My spouse/partner My friend Other

3 How often have you used this service in the past?

- First time Once before Twice or more

4a How long did the receptionist take to answer the phone (after any pre-recorded messages)?

- 0 to 30 seconds 31 to 60 seconds More than 1 minute

4b How do you rate this?

- Very poor Fair Good Very good Excellent

Please rate the following:

	Very poor	Fair	Good	Very good	Excellent
5a Your satisfaction with the information provided by your GP practice about how to contact the Out-of-Hours' service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b The ease of contacting the Out-of-Hours' service by telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c The manner in which you were treated by the first person you spoke to on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d How well the receptionist explained what would happen next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Survey provided by



POST CONSULTATION

This section should be completed by the patient, or after consulting with the patient, so that the answers reflect their views

Please rate the following:	Very poor	Fair	Good	Very good	Excellent	Not Applicable
9a The ease of getting any necessary medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b The instructions to you as to what to do if your condition became worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9c The advice given about if and when your usual GP practice should be contacted about this condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the Out-of-Hours' service help you feel...	Much better	Better	Same or less
10a Able to cope with life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b Able to understand your illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10c Able to cope with your illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d Able to keep yourself healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e Confident about your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10f Able to help yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

Questions 11a to 11f, relate to the person who was the patient

11a Are you? <input type="checkbox"/> Female <input type="checkbox"/> Male		11b How old are you? <input type="checkbox"/> Under 12 years <input type="checkbox"/> 16 – 24 years <input type="checkbox"/> 25 – 59 years <input type="checkbox"/> Over 60 years	
11c What ethnic group does the patient belong to? (Please tick one box)			
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background	Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
11d Is the patient's accommodation: (please tick one box) <input type="checkbox"/> Owner-occupied/ Mortgaged <input type="checkbox"/> Rented or other arrangements		11e What is the patients postcode? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
11f Which of the following best describes the patient (please tick one box)			
<input type="checkbox"/> Employed full or part time (includes self-employed) <input type="checkbox"/> Unable to work due to long term sickness <input type="checkbox"/> Other		<input type="checkbox"/> Unemployed and looking for work <input type="checkbox"/> Looking after the home/family	
<input type="checkbox"/> At school or in full time education <input type="checkbox"/> Retired from paid work			

Survey provided by



© CFEP UK Surveys, Peninsula Medical School and University of Manchester



12 Does the patient have any long-standing illnesses, disability or infirmity? By long-standing we mean anything that has troubled the patient over a period of time or that is likely to affect the patient over a period of time

Yes No

13 (Optional) So that we can ensure that our services are accessible to all, please indicate if the following applies to you

Physical disability Learning disability Sensory disability
(hearing or sight impaired)

Deaf (BSL is first language) Mental disability Other

If you have ticked other please provide details:

14 Any comments about how this service could improve?

15 Any comments about how the doctor/nurse/paramedic could improve?

SAMPLE

Thank you for completing this questionnaire
Please post it back in the freepost envelope provided
Your help is very much appreciated

Survey provided by



© CFEP UK Surveys, Peninsula Medical School and University of Manchester