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Herts Urgent Care
Out-of-Hours - Home Visits

March 2010



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23 March 2010

Dear Mrs Jackson

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

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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 March 2010. 99 patient questionnaires were sent out and 38 completed questionnaires were returned giving a response rate of 38.38%. 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	47	56	4
Q 4b Speed of initial contact	41	55	4
Q 5a Information provided by GP	42	51	4
Q 5b Ease of contact of OOH	43	56	4
Q 5c Manner of treatment by call op	52	62	4
Q 5d Explanation of next step by call op	52	62	4
About the health professional who called back			
Q 6b Speed of call back	31	44	4
Visiting health professional			
Q 8a Warmth of greeting	49	60	4
Q 8b Ability to listen	54	63	4
Q 8c Explanations	51	61	4
Q 8d Reassurance	49	59	4
Q 8e Confidence in their ability	48	61	4
Q 8f Express your concerns	54	60	4
Q 8g Respect shown to you	56	68	4
Q 8h Length of consultation	48	58	4
Q 8i Consideration shown	48	60	4
Q 8j Concern shown	53	61	4
Q 8k Recommendation to others	50	62	4
Q 8l Satisfaction with help	56	64	4
Post consultation			
Q 9a Getting medicines	44	51	4
Q 9b If worsening condition	47	58	4
Q 9c When to contact GP about call	50	54	3
Overall Score			
Overall Score	49	55	4

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	7	9	14	5	2	0
Q 4b	Speed of initial contact	1	8	11	14	2	2	0
Q 5a	Information provided by GP	2	6	11	13	3	3	0
Q 5b	Ease of contact of OOH	2	5	13	13	3	2	0
Q 5c	Manner of treatment by call op	1	3	12	18	4	0	0
Q 5d	Explanation of next step by call op	1	3	11	15	5	3	0
Q 6b	Speed of call back	3	7	14	7	2	5	0
Q 8a	Warmth of greeting	2	2	14	16	4	0	0
Q 8b	Ability to listen	2	1	12	16	6	1	0
Q 8c	Explanations	1	3	13	17	4	0	0
Q 8d	Reassurance	1	5	13	13	6	0	0
Q 8e	Confidence in their ability	1	7	9	16	5	0	0
Q 8f	Express your concerns	1	3	12	16	6	0	0
Q 8g	Respect shown to you	1	2	12	15	7	1	0
Q 8h	Length of consultation	1	4	14	12	5	2	0
Q 8k	Recommendation to others	1	5	12	13	6	1	0
Q 8l	Satisfaction with help	1	2	11	17	6	1	0
Q 9a	Getting medicines	2	4	13	6	6	3	4
Q 9b	If worsening condition	1	5	15	7	7	3	0
Q 9c	When to contact GP about call	1	3	14	7	7	3	3

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	47	56	33	52	56	59	71
Q 4b	Speed of initial contact	41	55	24	51	54	58	75
Q 5a	Information provided by GP	42	51	30	47	51	54	67
Q 5b	Ease of contact of OOH	43	56	33	52	56	58	75
Q 5c	Manner of treatment by call op	52	62	47	56	62	63	76
Q 5d	Explanation of next step by call op	52	62	46	58	61	63	75
About the health professional who called back								
Q 6b	Speed of call back	31	44	11	39	44	48	70
Visiting health professional								
Q 8a	Warmth of greeting	49	60	37	59	62	64	75
Q 8b	Ability to listen	54	63	38	60	65	67	83
Q 8c	Explanations	51	61	33	58	62	66	83
Q 8d	Reassurance	49	59	37	56	60	63	79
Q 8e	Confidence in their ability	48	61	33	57	63	67	77
Q 8f	Express your concerns	54	60	37	56	60	64	78
Q 8g	Respect shown to you	56	68	46	65	70	73	83
Q 8h	Length of consultation	48	58	33	56	60	62	73
Q 8i	Consideration shown	48	60	33	56	61	67	75
Q 8j	Concern shown	53	61	36	57	63	67	77
Q 8k	Recommendation to others	50	62	29	58	63	67	79
Q 8l	Satisfaction with help	56	64	38	59	66	69	80
Post consultation								
Q 9a	Getting medicines	44	51	29	46	51	56	72
Q 9b	If worsening condition	47	58	33	54	58	62	76
Q 9c	When to contact GP about call	50	54	20	46	54	58	73
Overall Score								
	Overall Score	49	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

23-March-2010
Number Surveyed:38

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

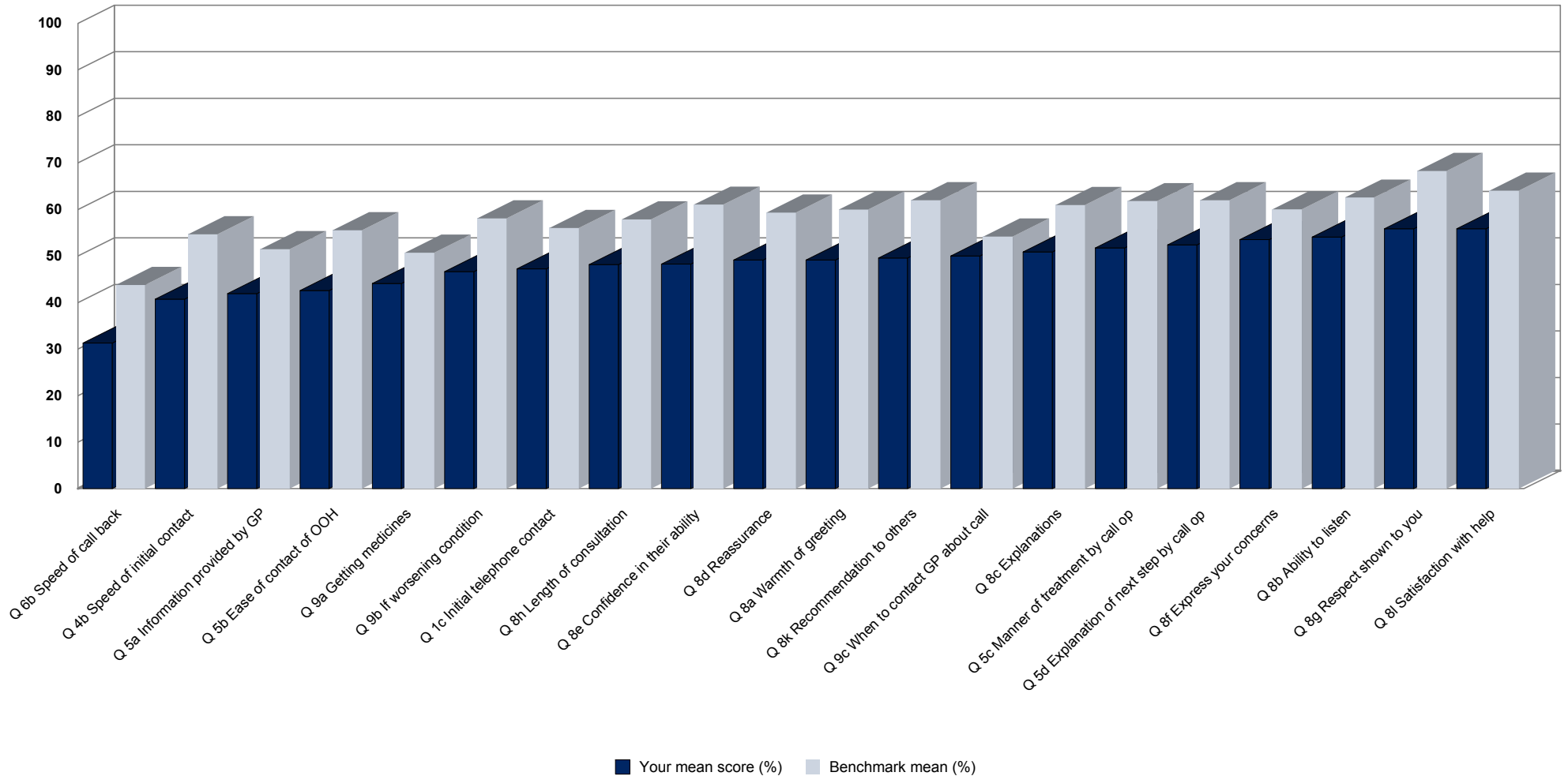


Table 4 Mean percentage scores for current and previous reports

	23/03/10 28955	05/01/10 28513	30/09/09 28419	06/08/09 28080
Q 1c Initial telephone contact	48	44	41	54
Q 4b Speed of initial contact	41	46	43	50
Q 5a Information provided by GP	43	48	48	46
Q 5b Ease of contact of OOH	43	47	48	48
Q 5c Manner of treatment by call op	52	58	52	55
Q 5d Explanation of next step by call op	53	54	53	56
Q 6b Speed of call back	32	37	26	35
Q 8a Warmth of greeting	50	53	52	50
Q 8b Ability to listen	55	56	56	57
Q 8c Explanations	52	56	53	56
Q 8d Reassurance	50	51	56	53
Q 8e Confidence in their ability	50	56	56	55
Q 8f Express your concerns	55	51	58	52
Q 8g Respect shown to you	57	65	60	60
Q 8h Length of consultation	50	54	58	55
Q 8i Consideration shown	50	55	60	53
Q 8j Concern shown	54	64	56	58
Q 8k Recommendation to others	50	64	58	55
Q 8l Satisfaction with help	57	63	60	57
Q 9a Getting medicines	44	53	61	39
Q 9b If worsening condition	47	55	46	48
Q 9c When to contact GP about call	51	54	56	44
Overall	49	54	53	52

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	25	66%
NHS Direct	11	29%
Other	2	5%
Q 1b How many calls		
One	30	83%
Two	5	14%
More than two	1	3%
Q 2a Contacted for yourself?		
Yes	14	38%
No	23	62%
Q 2b Patient's relationship		
My son/daughter	3	13%
My parent	5	21%
My spouse/partner	11	46%
My friend	0	0%
Other	5	21%
Q 3 Use of the service		
First time	18	47%
Once before	5	13%
Twice or more	15	39%
Q 4a Time to answer phone		
0-30 seconds	14	41%
31-60 seconds	14	41%
More than 1 minute	6	18%
Q 6a Time before phone back		
0-10 min	5	15%
11-20 min	7	21%
21-40 min	11	32%
41-60 min	5	15%
> 1 hour	6	18%

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	35	95%
Nurse	0	0%
Paramedic	2	5%
Don't know	0	0%
Q 7b Length of consultation		
< 5 min	1	3%
5-9 min	10	27%
10-15 min	12	32%
16-20 min	4	11%
>20 min	10	27%
Q 10a Cope with life		
Much better	6	18%
Better	15	44%
Same or Less	13	38%
Q 10b Understand your illness		
Much Better	6	17%
Better	10	29%
Same or Less	19	54%
Q 10c Cope with your illness		
Much Better	6	17%
Better	11	31%
Same or Less	18	51%
Q 10d Keep yourself healthy		
Much Better	6	18%
Better	10	29%
Same or Less	18	53%
Q 10e Confident about your health		
Much Better	3	9%
Better	11	33%
Same or Less	19	58%

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>Report Questions</u>	Number of Responses	% of Responses
Q 10f Able to help yourself		
Much Better	6	18%
Better	8	24%
Same or Less	20	59%

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	19	53%
Male	17	47%
Q 11b Age		
Under 12 yrs	0	0%
16 - 24 yrs	2	6%
25 - 59 yrs	9	26%
Over 60 yrs	24	69%
Q 11c Ethnic group		
White - British	34	94%
White - Irish	0	0%
White - any other background	0	0%
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	1	3%
Asian or Asian British - Pakistani	0	0%
Asian or Asian British - Bangladeshi	0	0%
Asian or Asian British - any other background	0	0%
Black or Black British - Caribbean	1	3%
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	22	63%
Rented or other arrangement	13	37%

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	6	16%
Unemployed and looking for work	0	0%
At school or in full time education	1	3%
Unable to work due to long term sickness	3	8%
Looking after the home/family	1	3%
Retired from paid work	22	59%
Other (please specify)	4	11%
Q 12 Long-standing illness		
Yes	25	68%
No	12	32%

<u>Report Questions</u>	Number of Responses	% of Responses
Q13.1 Physical disability		
Physical disability	11	100%
Learning disability	0	0%
Sensory disability	0	0%
Deaf	0	0%
Mental disability	0	0%
Other	0	0%
Q16 Happy to be contacted		
yes	0	0%
no	0	0%

Any comments about how this service could improve

25 - 59 yrs

63926	-	Reduce the time to arrive at the call out.
37007	Female	When my carers have telephoned the out-of-hours service, the doctors/nurses have been very helpful and very prompt in coming to see me. I am very satisfied with the service they have provided.
56088	Female	The recent visit was good. Previous call outs were not so good. There were long periods before any call back from doctors, and then several hours before they visited, therefore more communication would be better.

Over 60 yrs

36606	Female	Prefer to see my own GPs who understand my medical condition.
69096	Female	I don't know behind the scenes, but at 1.20 am I feel I could have had a phone call. I don't honestly feel the doctor knew where or how to examine me.
	Female	The only thing I would like to change is that people need a lot of help, because I have problems doing everything myself.
	Female	The time scale between receptionist call and visit. The time indicated by the reception and actual arrival was bettered.
55080	Female	Waited over 6 hours before doctor arrived.
64738	Female	Don't ever phone you people on a Sunday.
52330	Male	Hard to obtain access to medicines and get them delivered.
	Male	Visiting doctors and out-of-hours' GP service both a long way from where we live - long journey and time.
70761	Male	Satisfied.
61163	Male	I was not totally aware of the facility of the NHS direct.
50815	Male	I was very unwell breathing-wise at the time, as my chemist had not renewed my nebulizer drugs' prescription on time, but the doctor that came brought some and gave me a prescription which my family got for me.

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

25 - 59 yrs

	Male	GP should look at each patient cases different and not all the same.
72174	Male	Ensure the doctor is available (on shift) when they give a time frame for calling back for further assistance.

Over 60 yrs

38355	-	From initial call to arrival of doctor/health professional, the time taken was too long. Better and prompt response would be desirable. The doctor who attended was very courteous and very good.
	Female	We are very lucky to have good people who help. There should be a doctor and paramedic more local, especially in bad weather. It would then make it easier for old people who might get taken ill or fall and hurt themselves. I hope you can do what you can.

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

Over 60 yrs

70761	Male	Satisfied.
50815	Male	No improvement needed. I am confident you are doing a very difficult job, but necessary at inconvenient hours. Very efficient. I am very pleased. Thank you very sincerely.
68106	Male	Would like to be able to get chosen GP appointment more often, instead of seeing different ones each time.
	Male	The doctor, though very pleasant, actually treated the effects, rather than the cause of the infection, which eventually lead to my spouse being re-admitted to the hospital after two further consultations with the GPs (doctor's understanding of English may have contributed to this).

Not specified

48431	Male	Both the doctor and paramedics were open, honest and used a friendly manner, which was over and above what was expected of them working in a professional manner. This was especially so of the paramedics.
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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:38

Questions	Rating					
	Poor	Fair	Good	Very Good	Excellent	Not Specified
Q 1c Initial telephone contact	1	7	9	14	5	2

$$(1 \times -33.3333) + (7 \times 0) + (9 \times 33.3333) + (14 \times 66.6667) + (5 \times 100)$$

38 - 2

=47% 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	47

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 47% 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

sample only
Please do not copy

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"/>

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Rev 2.1



ABOUT THE HEALTH PROFESSIONAL WHO CALLED YOU BACK (e.g. nurse, doctor, paramedic)
 This section should be completed by the patient, or after consulting with the patient, so that the answers reflect their views

6a How long did it take for a doctor, nurse or paramedic to call you back (in minutes)?
 0 to 10 11 to 20 21 to 40 41 to 60 More than an hour

6b How do you rate this?
 Very poor Fair Good Very good Excellent

ABOUT THE PERSON YOU SAW (e.g. nurse, doctor, paramedic)
 The next section should be completed by the patient, or after consulting with the patient, so that the answers reflect their views

7a Which health professional visited you at home?
 Doctor Nurse Paramedic Don't know

7b How long did your consultation with the health professional last (in minutes)?
 Less than 5 minutes 5 to 9 minutes 10 to 15 minutes 16 to 20 minutes More than 20 minutes

Please rate the following:

	Very poor	Fair	Good	Very good	Excellent
8a The warmth of their greeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b Their ability to listen to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c Their explanation of things to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d The extent to which you felt reassured by them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e Your confidence in their ability to deal with your problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f The opportunity they gave you to express your concerns or fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g The respect they showed you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8h The length of consultation with this person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8i Their consideration of your personal situation in deciding treatment or advising you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8j Their concern for you as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8k The recommendation you would give to your friends about this person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8l Your overall satisfaction with the help given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sample only
 Please do not copy**

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...	Worse	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 only
Please do not copy**

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

11a Are you? Female Male

11b How old are you? Under 12 years 16 – 24 years 25 – 59 years Over 60 years

11c What ethnic group does the patient belong to? (Please tick one box)

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
<input type="checkbox"/> British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Any other
<input type="checkbox"/> Any other White background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black background	
	<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/> Any other Asian background		

11d Is the patient's accommodation: (please tick one box) Owner-occupied/ Mortgaged Rented or other arrangements

11e What is the patients postcode?

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"/> Unemployed and looking for work	<input type="checkbox"/> At school or in full time education
<input type="checkbox"/> Unable to work due to long term sickness	<input type="checkbox"/> Looking after the home/family	<input type="checkbox"/> Retired from paid work
<input type="checkbox"/> Other		

Survey provided by



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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 only
Please do not copy**

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

<p>11a Are you?</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>11b How old are you?</p> <p><input type="checkbox"/> Under 12 years <input type="checkbox"/> 16 – 24 years <input type="checkbox"/> 25 – 59 years <input type="checkbox"/> Over 60 years</p>																									
<p>11c What ethnic group does the patient belong to? (Please tick one box)</p> <table border="1"> <thead> <tr> <th>White</th> <th>Mixed</th> <th>Asian or Asian British</th> <th>Black or Black British</th> <th>Chinese or other ethnic group</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> British</td> <td><input type="checkbox"/> White and Black Caribbean</td> <td><input type="checkbox"/> Indian</td> <td><input type="checkbox"/> Caribbean</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Irish</td> <td><input type="checkbox"/> White and Black African</td> <td><input type="checkbox"/> Pakistani</td> <td><input type="checkbox"/> African</td> <td><input type="checkbox"/> Any other</td> </tr> <tr> <td><input type="checkbox"/> Any other White background</td> <td><input type="checkbox"/> White and Asian</td> <td><input type="checkbox"/> Bangladeshi</td> <td><input type="checkbox"/> Any other Black background</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Any other Mixed background</td> <td><input type="checkbox"/> Any other Asian background</td> <td></td> <td></td> </tr> </tbody> </table>		White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group	<input type="checkbox"/> British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> Any other	<input type="checkbox"/> Any other White background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black background			<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/> Any other Asian background		
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<p>11d Is the patient's accommodation: (please tick one box)</p> <p><input type="checkbox"/> Owner-occupied/ Mortgaged <input type="checkbox"/> Rented or other arrangements</p>	<p>11e What is the patients postcode?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>																									
<p>11f Which of the following best describes the patient (please tick one box)</p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/> Employed full or part time (includes self-employed)</td> <td><input type="checkbox"/> Unemployed and looking for work</td> <td><input type="checkbox"/> At school or in full time education</td> </tr> <tr> <td><input type="checkbox"/> Unable to work due to long term sickness</td> <td><input type="checkbox"/> Looking after the home/family</td> <td><input type="checkbox"/> Retired from paid work</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> </tbody> </table>		<input type="checkbox"/> Employed full or part time (includes self-employed)	<input type="checkbox"/> Unemployed and looking for work	<input type="checkbox"/> At school or in full time education	<input type="checkbox"/> Unable to work due to long term sickness	<input type="checkbox"/> Looking after the home/family	<input type="checkbox"/> Retired from paid work	<input type="checkbox"/> Other																		
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