

Tell us about your experience at outpatients

1. Outpatient clinic survey

Thank you for taking part in this survey.

Healthwatch Calderdale would like to know more about patients' experiences of using the new Electronic Patient Record system which has been introduced by the Calderdale and Huddersfield NHS Foundation Trust to record and store patient information safely.

Healthwatch Calderdale will be speaking to people attending outpatient clinics at Huddersfield Royal Infirmary and Calderdale Royal Hospital in November 2017 to find out what effect the system has had so far on their experience, so if you or a relative have booked an appointment to attend an outpatient clinic in the last couple of months please take the time to complete this survey.

We would like feedback on:

- Your experience of making the appointment
- Your experience if the appointment was changed
- Your experience when you attended the outpatient clinic

Don't worry if you don't have feedback about all of those things, we would like to hear your feedback on any of these areas, so you can fill in as many or as few questions as you would like to on this survey.

If you have any questions about this survey or if you need any support to complete it, please do not hesitate to give Healthwatch Calderdale a call on 01422 399433, or email info@healthwatchcalderdale.co.uk.

Please note that when we report on the findings of this engagement the information you have provided will be anonymised, which means that you will not be individually identified.

The deadline for completing this survey is Sunday 19th November 2017.

* 1. Which of these statements best describes you?

- I am a patient who has attended an outpatient appointment
- *I am a relative of, or carer for, the patient who has attended an outpatient appointment.*
- I am a patient who has got an appointment booked for an outpatient appointment
- *Other (please specify)*

If you are not the patient but are completing the survey for them please answer the following questions from their perspective not your own.

* 2. Where do you live?

- Calderdale
- Kirklees
- Other (please say)



Tell us about your experience at outpatients

2. Which hospital was visited?

* 3. Which hospital did you visit?

- Calderdale Royal Hospital
- Huddersfield Royal Infirmary
- Other (please specify)



Tell us about your experience at outpatients

3. Outpatient clinic details

4. Which Outpatient Clinic(s) did you attend?

- Audiology
- Breast surgery/ Breast follow-up
- Cardiology

- Clinical Haematology
- Colorectal Surgery
- Dermatology
- Diabetes
- Endocrinology
- Ear, nose & throat
- Gastroenterology
- General Medicine
- General Surgery
- Geriatric Medicine
- Gynaecology
- Hematology
- Maternity
- Neurology
- Oncology
- Ophthalmology
- Oral and Maxillofacial Surgery
- Paediatrics
- Pain Management
- Palliative medicine
- Psychology Services
- Physiotherapy
- Plastic Surgery
- Chest Clinic
- Rheumatology
- Spinal injuries
- Stroke medicine/ TIA
- Orthopaedic & Muscular Skeletal
- Upper gastrointestinal surgery
- Urology
- Vascular

Other



Tell us about your experience at outpatients

4. Before arrival at the outpatient clinic

5. How was your appointment originally booked?

- Via a GP at my surgery
- Online via the NHS e-Referral Service
- By phone via the NHS e-Referral Service line
- It was a routine follow-up appointment
- I don't know
- Other (please specify)

6. How easy was it to book the appointment?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- I don't know

Please explain your rating

7. Was the appointment changed after it was first booked?

- Yes
- No
- I don't know



Tell us about your experience at outpatients

5. Changes to appointments

8. How would you rate your experience of having your appointment changed?

- Good
- Fair
- Poor
- Not sure

Other (please specify)

9. Who changed the appointment?

- You
- The hospital or clinician
- I don't know
- Other - please give details



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6. Appointments changed by the hospital or clinician

10. What reason was given for changing the appointment?

11. How was the change communicated to you?

- By letter
- By text
- By phone

Other (please specify)



Tell us about your experience at outpatients

7. On arrival at the outpatient clinic

12. How did you register your arrival at the outpatient clinic?

- Via the appointment self check-in machine
- With the receptionist
- Other
- Not applicable

Other (please specify)

13. When you registered your arrival were all your personal details correct?

- Yes
- No
- I don't know
- Not applicable

Other (please specify)



Tell us about your experience at outpatients

8. Your visit to the outpatient clinic

14. As your details were incorrect how easy was it to get them corrected there and then?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- I did not try to get them corrected

Other (please specify)



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9. Access to your information at the Outpatient Clinic

15. Did you feel the clinicians had all the information they needed during your appointment?

- Yes
- No
- I don't know
- Not applicable

Other (please specify)

16. What impact did this have on your appointment?

- A positive impact
- A negative impact
- No impact
- I don't know

Please explain your response:

17. If you had to visit another outpatient clinic as part of your appointment, could the staff there easily access the information they needed about you?

- Yes
- No
- I don't know
- I didn't have to attend another clinic

Other (please specify)

18. How did this impact your appointment?

- A positive impact
- A negative impact
- No impact
- I don't know

Please explain your response

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10. How would you rate your outpatient appointment?

19. Please rate your most recent outpatient appointment out of five stars.
(1 star = poor, 5 stars = excellent)

☆ ☆ ☆ ☆ ☆

20. How did your most recent outpatient appointment compare to previous ones?

- I have not had any previous outpatient appointments
- My most recent experience was better
- My most recent experience was about the same
- My most recent experience was worse

Please explain your response:

21. Please say how much you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
The outpatient staff were very helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not kept waiting a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was notified about any delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had enough time to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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11.

22. Do you have any other comments about your outpatient appointment?

No

Yes

Please add further information:

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12.

Thank you for completing this survey.

If you have any queries, or would like to speak to someone about it please contact Jo Budgen as below:

Jo Budgen, Healthwatch Calderdale, Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER

Tel: 01422 399433

Email: jo.budgen@healthwatchcalderdale.co.uk

Any feedback that we use when we report back on the results of this survey will be anonymised, with identifying personal data removed to ensure your confidentiality.

The deadline for completing the survey is Sunday 19th November 2017.

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13. Equality monitoring

It's really important to Healthwatch Calderdale and Healthwatch Kirklees that we ask as broad a range of people as possible for their views . To make sure that we do this, we ask people to give us some information about themselves, and we review this regularly to check we are not discriminating against any group of people by not asking for their views.

If you can, please take the time to give us this information.

23. What is the first part of your postcode? e.g. HD1, WF10, BD4, LS13, HX6

If you would prefer not to say, please leave the box blank

24. What gender are you?

Male

Transgender

Female

Prefer not to say

25. How old are you? e.g. 42

If you would prefer not to say, please leave the box blank

26. Which country were you born in?

If you would prefer not to say, please leave the box blank

27. Do you belong to any religion or belief?

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say
- Other (please specify)

28. What is your ethnicity?

- Arab
- Gypsy or Irish Traveller
- White British
- Any other White background
- Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian Background
- Black British
- Caribbean
- African
- Any other Black background
- Any other Mixed/Multiple ethnic background
- Any other ethnic group

29. Do you consider yourself to be disabled?

- Yes No Prefer not to say



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14.

30. Types of impairment:

If you selected yes to the question above, please tick all that apply

- Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)
- Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition (such as depression or schizophrenia)
- Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

31. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes No Prefer not to say

32. Are you pregnant?

- Yes No Prefer not to say

33. Have you given birth in the last 6 months?

- Yes No Prefer not to say

34. What is your sexual orientation?

- Bisexual (both sexes)
- Gay (same sex)
- Heterosexual/straight (opposite sex)
- Lesbian (same sex)
- Other
- Prefer not to say



Tell us about your experience at outpatients

15.

Again, thank you for taking the time to complete this survey today.

Healthwatch Calderdale is pulling together the feedback that people have shared with Healthwatch across Calderdale and Kirklees. Please note that any views you share will remain confidential, and no personal identifiable information will be shared when reporting on the findings of the engagement.

If you would like to know more about the results of this survey or if you want more information about what will happen to your feedback please contact us info@healthwatchcalderdale.co.uk