



Patient Experience Survey

At East & North Hertfordshire NHS Trust we are continually trying to improve the quality of care and service we provide for our patients. As part of this process we are looking at the services provided for children and young people within the Paediatric Community Services. One of the best ways we can provide excellent services is to get valuable feedback from the families, children and young people who regularly use our services to act as a yardstick against which we can measure our success. Please do spare a moment to complete this survey as it will help us to identify areas for improvement and so achieve the highest standard of patient care. Once completed, the form can be placed in the box provided.

All completed questionnaires will be treated in **strict confidence** and all the information you supply will remain **anonymous**.

If you have any issues you would like to discuss please contact Jacinta Dunlea, Deputy Nursing Service Manager at Lister Hospital, 01438 314333 Ext 4990.

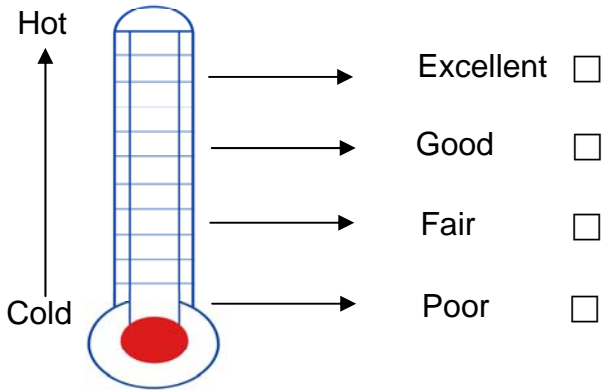
There is no obligation on you to take part in this survey and your/your child's treatment will not be affected in any way if you choose not to participate. However, the information that you can give would be of great value to us and may also benefit other children and their families.

Please complete this audit tool by ticking the relevant boxes and adding any comments where necessary.

Clinic						
Date of clinic attended/service received: / /						
Which clinic did you/your child attend or which service did you receive? In the table below please tick the box against the clinic you attended/service received and then tick where it was located.						
Clinic/Appointment	Attended/ service received?	Lister	QEII Tewin Ward	Hertford County	Danestrete CDC	Not applicable
CDC clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDAC (Autism multiagency clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD multiagency clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD nurse specialist clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD nurse telephone service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down Syndrome clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy specialist nurse clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special school clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology Outreach clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Specify:						

Overall, how would you rate the quality of service received:

Comments



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To what extent would you agree or disagree with the following statements:

	Yes definitely	Yes to some extent	No	Not applicable
I was given useful information before attending the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My/My child's difficulties/diagnosis was well explained to me by the Specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Specialist made an active attempt to include me/my child in the discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Specialist included me/my child in the discussions and listened to my views.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the end of the appointment I had a clear understanding of my/my child's difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given a care package and advised about services that will support me/my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was/my child and I were treated with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Not at all	Don't know
How likely is it that you would recommend this service to friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you/your child like best about the service you/your child received?

What did you/your child like least about the service you/your child received?

Do you have any other comments you would like to make about the service you/your child received.

About You/Your child

I am a Carer/Parent Child's age: I am a Young Person Your age:

Other (eg Social Worker, CLA medical) Please specify:

Thank you for your help.

Please place this survey in the box provided or hand it to a receptionist.

