



# Ear, Nose and Throat (ENT), and ophthalmology community services and audiology and hearing aid services

## Service review and satisfaction survey – summer/autumn 2014

### What are these services?

<i>ENT services</i>	Q1-4	are concerned with all conditions of the ear, nose, throat and neck.
<i>Audiology</i>	Q5-10	is concerned with hearing and balance
<i>Hearing Aid services</i>	Q5-10	are concerned with the provision, fitting and maintenance of hearing aids
<i>Ophthalmology</i>	Q11-14	is the branch of medicine that deals with the structure and function of the eye and conditions that affect it e.g. sight

### What are we planning to do?

We are reviewing the community ENT and ophthalmology services in Leeds. We are also looking at how we can improve the way people access audiology and hearing aid services in the city. Part of this work will be to understand patient’s experience of using the services.

We will review the community ENT service for adults and children and the ophthalmology service for adults (children’s ophthalmology services are specialised and are only provided at the hospital). We will also gather patient experience of audiology and hearing aid services for adults (children’s hearing aid services are specialised and are only provided at the hospital). This work will help us understand how well the services are working so that we can improve the experience of our patients.

### Why we need your views

We are seeking the views of patients who use these services in the hospital and community. We are also keen to hear from their carers and the wider public. Your views will help us understand what people think of current services and help us make sure that the new services meet the needs of current and future patients and their carers.

**We value your views because they help us provide the services you need in the way you need them. Please take a couple of minutes to fill in this form and tell us what you think. You can also fill in this survey online here:**

[www.snapsurveys.com/wh/surveypreview.asp?k=140561163812](http://www.snapsurveys.com/wh/surveypreview.asp?k=140561163812)

**This survey is confidential and you don’t need to fill in your name.**

Name:

Tel:

Email:

Address:

Postcode:

GP Practice:

If you are interested in finding out more about our work, please tick the box below and fill in your contact details.

**I would like to find out more about engagement work at NHS Leeds West CCG**

### Are you completing this survey as:

A patient or the carer or parent of a patient

A member of public (Go to Q15)



## EAR, NOSE AND THROAT (ENT)

<b>1. Where do you access the service?</b>	Community <input type="radio"/>	Private <input type="radio"/>	Hospital <input type="radio"/>	N/A <input type="radio"/>	
<b>2. Name of the service you have used:</b> (eg. Meanwood Health Centre)	.....				
<b>3. To what extent do you agree with the following statements about the service?</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure or N/A</b>
a. I was happy with the time it took to see a clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It was easy to get to the clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Referrals between my GP, community and specialist services were straightforward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The service was responsive to my personal needs (e.g. disability)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was given a choice of where to access my appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was given choice of what time to attend my appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The clinician discussed what I could do to manage my condition at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The clinician gave me information about my condition which was appropriate to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Overall I am satisfied with my appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. Please tell us how your experience could have been improved</b>					
.....					

## AUDIOLOGY AND HEARING AID SERVICES

<b>5. Where did you go for your hearing test?</b>	.....				
<b>6. Where did you go for your hearing aid fitting?</b>	.....				
<b>7. Where do you go for your hearing aid maintenance?</b>	.....				
<b>8. What sort of hearing aid do you have?</b>	NHS <input type="radio"/>		Private <input type="radio"/>		
<b>9. To what extent do you agree with the following statements about the service?</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure or N/A</b>
a. I was happy with my wait to see a specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It was easy to get to the clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Referrals between my GP, community and specialist services were straightforward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Overall I was satisfied with my appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10. Please tell us how your experience could have been improved</b>					
.....					



## OPHTHALMOLOGY

<b>11. Where do you access the service?</b>	Community <input type="radio"/>	Private <input type="radio"/>	Hospital <input type="radio"/>	N/A <input type="radio"/>	
<b>12. Name of the service you have used:</b> (eg. Meanwood Health Centre)	.....				
<b>13. To what extent do you agree with the following statements about the service?</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure or N/A</b>
a. I was happy with my wait to see a clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It was easy to get to the clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Referrals between my GP, community and hospital services were straightforward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Overall I am satisfied with my appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14. Please tell us how your experience could have been improved</b>					

<b>15. Please tell us about how you want to access community services</b>						
<b>a. What THREE factors are most important when we choose the location of community services?</b>						
All services in one place <input type="radio"/>		Venues in different part of the city <input type="radio"/>				
Good public transport links <input type="radio"/>		Parking available nearby <input type="radio"/>				
Local amenities nearby (shops, cafes etc) <input type="radio"/>		Other (please specify): <input type="radio"/>				
<b>b. What do you think is an acceptable distance to travel when you access a community service?</b>						
Up to one mile <input type="radio"/>	1-5 miles <input type="radio"/>	6-10 miles <input type="radio"/>	Over 10 miles <input type="radio"/>	No preference <input type="radio"/>		
<b>c. How would you prefer to travel to your appointment?</b>						
Bus <input type="radio"/>	Cycle <input type="radio"/>	Walk <input type="radio"/>	Car (driver) <input type="radio"/>	Car (passenger) <input type="radio"/>		
Train <input type="radio"/>	Taxi <input type="radio"/>	Other <input type="radio"/>	(please state)			
<b>d. What days would be most convenient for you to attend an appointment? (tick all that apply)</b>						
Mon <input type="radio"/>	Tues <input type="radio"/>	Wed <input type="radio"/>	Thurs <input type="radio"/>	Fri <input type="radio"/>	Sat <input type="radio"/>	Sun <input type="radio"/>
<b>e. What times would be most convenient for you to attend an appointment? (tick all that apply)</b>						
Mornings before 9 <input type="radio"/>	Morning after 9 <input type="radio"/>	Afternoons <input type="radio"/>		Evenings (after 6) <input type="radio"/>		

<b>16. Please share any other thoughts you have about the ENT, audiology, hearing aid and ophthalmology services in Leeds</b>

Please return this survey by **10 October 2014** to **Chris Bridle, FREEPOST RTEG-JRZR-CLZG, NHS Leeds West Clinical Commissioning Group, Suites 2-4, WIRA House, Ring Road, West Park, LEEDS LS16 6EB**. For more information call **(0113) 8435473**.

Thank you for taking the time to fill in this survey. We will share the results of this engagement in the next few months. If you would like to know the outcome and how you have influenced the decision we make please ensure you have filled in your details on the front of this form. Alternatively visit our website for regular updates. [www.leedswestccg.nhs.uk/getting-involved](http://www.leedswestccg.nhs.uk/getting-involved)



# Equality Monitoring Form

My postcode is:	My GP surgery is:
-----------------	-------------------

### What gender are you?

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
---------------------------------	-------------------------------	--

### Transgender - is your gender identity different to the sex you were assumed to be at birth?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
------------------------------	-----------------------------	--

### Pregnancy and Maternity

<input type="checkbox"/> I am pregnant	<input type="checkbox"/> I have given birth within the last 26 weeks
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Prefer not to say

### What is your age?

<input type="checkbox"/> Under 16	<input type="checkbox"/> 16 - 25	<input type="checkbox"/> 26 - 35
<input type="checkbox"/> 36 - 45	<input type="checkbox"/> 46 - 55	<input type="checkbox"/> 56 - 65
<input type="checkbox"/> 66 - 75	<input type="checkbox"/> 76 - 85	<input type="checkbox"/> 86 +
<input type="checkbox"/> Prefer not to say		

### What is your sexual orientation?

<input type="checkbox"/> Bisexual (both sexes)	<input type="checkbox"/> Heterosexual/straight (opposite sex)	<input type="checkbox"/> Lesbian/gay woman (same sex)
<input type="checkbox"/> Gay man (same sex)	<input type="checkbox"/> Prefer not to say	

### Do you consider yourself to belong to any religion?

<input type="checkbox"/> Buddhism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam	<input type="checkbox"/> Judaism	<input type="checkbox"/> Sikhism
<input type="checkbox"/> No religion	<input type="checkbox"/> Prefer not to say	
Other (please state)		

### What is your ethnic background?

Asian, or Asian British	Black, or Black British	Mixed/ multiple Ethnic groups	White	Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> African	<input type="checkbox"/> Asian & White	<input type="checkbox"/> British	<input type="checkbox"/> Arab
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Black African & White	<input type="checkbox"/> Gypsy/Traveller	<input type="checkbox"/> Other
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other	<input type="checkbox"/> Black Caribbean & White	<input type="checkbox"/> Irish	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	
If any other ethnic background, please state here:			<input type="checkbox"/> Prefer not to say	

### Do you consider yourself to have a disability? Please tick all that apply

Under the Equality Act 2010 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.

<input type="checkbox"/> Long-standing illness or health condition e.g. cancer, diabetes, HIV, etc		
<input type="checkbox"/> Learning disability/difficulty	<input type="checkbox"/> Mental Health condition	<input type="checkbox"/> Physical or mobility Visual
<input type="checkbox"/> Hearing	<input type="checkbox"/> Visual	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> Prefer not to say		

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
------------------------------	-----------------------------	--