

NOUS Survey

FREEPOST RTEG-JRZR-CLZG,
NHS Leeds CCG,
Suites 2-4, WIRA House,
Leeds LS16 6EB

August 2019

Non Obstetric Ultrasound (NOUS) Engagement Patient Survey 2019**Introduction**

NHS Leeds Clinical Commissioning Group (CCG) is responsible for buying and planning health services across Leeds, and we are committed to providing the best possible service at all times.

We are currently reviewing how Non Obstetric Ultrasound (NOUS) services are provided across Leeds.

In order to help us to provide the best services, we want to find out what is most important to our patients.

We want to know what mattered most to you when choosing which service (or provider) to go to for your ultrasound appointment.

We would therefore be grateful if you could help us by completing and returning this brief questionnaire.

Please complete the following survey and then either hand back your form to the reception staff, or take home with you to complete later. The survey should be returned in an envelope with the FREEPOST address on the front. There is no postal charge to send this letter.

If you would like to fill in this survey online, please go to
www.smartsurvey.co.uk/s/NOUS2019/

If you need this information in another language or format, please contact the CCG Engagement team by telephone at 0113 843 5470, or by email at leedsccg.comms@nhs.net

Many thanks!

Non Obstetric Ultrasound (NOUS) Engagement Questionnaire

Please tell us who you are:

<input type="radio"/>	I am a NOUS patient
<input type="radio"/>	I am a relative, friend or carer of a NOUS patient
Other (please state).....	

A. When choosing to have your appointment here today, please tell us how important each of these considerations were:

1) The service was close to home, or to work

<input type="radio"/>	Very Important
<input type="radio"/>	Quite Important
<input type="radio"/>	Not very Important

2) I could get to the appointment easily using public transport

<input type="radio"/>	Very Important
<input type="radio"/>	Quite Important
<input type="radio"/>	Not very Important

3) It was easy to park nearby

<input type="radio"/>	Very Important
<input type="radio"/>	Quite Important
<input type="radio"/>	Not very Important

4) I was able to get my appointment quickly

<input type="radio"/>	Very Important
<input type="radio"/>	Quite Important
<input type="radio"/>	Not very Important

5) The quality and reputation of this particular provider

<input type="radio"/>	Very Important
<input type="radio"/>	Quite Important
<input type="radio"/>	Not very Important

B. Since booking your appointment, please tell us if:-

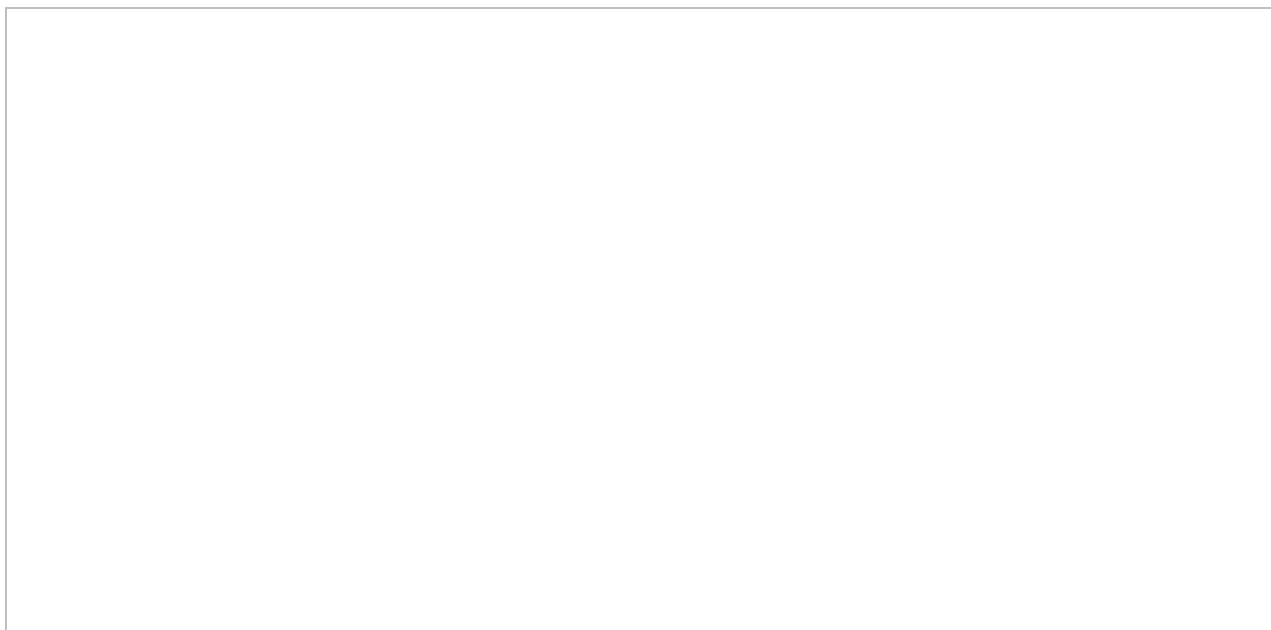
1) You were given all the information you needed before your appointment

<input type="radio"/>	Yes
<input type="radio"/>	No

2) You were treated with dignity and respect by the staff

<input type="radio"/>	Yes
<input type="radio"/>	No

Is there anything else you'd like to tell us about what mattered most to you about your appointment at the Non Obstetric Ultrasound service?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their feedback on what mattered most to them about their appointment at the Non Obstetric Ultrasound service.

Many thanks for completing our survey!

Equality Monitoring Questionnaire

We deliver a wide range of services and we need to know who is benefiting from our services and who might be missing out. We would really appreciate you answering the questions below by ticking the boxes that you feel most describes you. Some questions may feel personal, but the information we collect will be kept confidential, secure and kept separately from any personal information you might have provided elsewhere.

Please tick here if you would prefer not to answer any of the equality monitoring questions

- I would prefer not to answer any of the equality monitoring questions

What is your postcode?

What is your age?

- Under 16 16-25 26-35 36-45
 46-55 56-65 66-75 76-85
 86+ Prefer not to say

Are you disabled?

(The Equality Act 2010 defines disability as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse affect on a person's ability to carry out normal day to day activities'.)

- Yes No Prefer not to answer

If yes, what type of impairment? (tick all that apply)

- Long-standing illness
 Physical impairment
 Learning disability
 Mental health condition
 Hearing impairment
(such as deaf or hard of hearing)
 Visual impairment
(such as blind or partially sighted)
 Prefer not to answer
 Other (please specify):

What is your ethnic background?

- Prefer not to say

White

- British (English/ Welsh/Scottish/Northern Irish)
 Irish
 Gypsy or Traveller
 European
 Any other white background (please state)

Mixed or Multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed or Multiple ethnic (please state)

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background (please state)

Black, African, Caribbean or Black British

- African/
 Caribbean
 Any other Black, African or Caribbean background (please state)

Other ethnic group

- Arab
 Any other ethnic group (please state)

Pregnancy and maternity

(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)

Are you pregnant at this time?

- Yes No Prefer not to say

Have you recently given birth (within a 26 week period)?

- Yes No Prefer not to say

Are you a parent or carer of a child or children under the age of five years old

- Yes No

What is your religion or belief?

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

What is your sexual orientation?

- Bisexual (both sexes)
 Gay man (same-sex)
 Lesbian/gay woman (same-sex)
 Heterosexual/straight (opposite sex)
 Prefer not to say
 Other (please specify):

What is your relationship status?

- Civil Partnership
 Co-habiting (live with partner)
 Divorced
 Married
 Widowed
 Prefer not to say
 Other (please specify):

What is your employment status? (please tick all that apply)

- Student At college At university
 Employed - Full time
 Employed - Part time
 In receipt of state benefits
(e.g. Personal Independence Payment, Universal Credit)
 Unemployed – Looking for work
 Unemployed – Unable to work
 Unemployed – Not looking for work
 Apprenticeship/training
 Retired
 Prefer not to answer
 Other (please specify):

Are you a carer?

(A carer is someone who provides unpaid support/care for a family member, friend, etc. who needs help with their day to day life; because they are disabled, have a long-term illness or they are elderly.)

- Yes No Prefer not to say

Do you have unpaid responsibilities for children as a parent/grandparent/guardian?

- Yes No Prefer not to say

Would you describe yourself as homeless?

- Yes No Prefer not to say

What is your gender?

- Female Male Prefer not to say
 Other (please state):

Are you transgender?

(Is your gender different to the gender you were given at birth?)

- Yes No Prefer not to say

Find out more about the work of the NHS Leeds CCG

Please share your contact details below if you would like to receive a copy of the engagement report and see what people have said. Your details will be stored in our system securely for one year and will only be used for the above purpose and any updates regarding this project.

Your personal information will be kept separate from the answers and your response to the questions will be anonymous.

Please be aware that if you provide us with personal information in your survey responses it may mean that your survey answers are no longer anonymous.

What are your contact details? Please note that you do not have to fill in your personal details to complete this survey.

Name

Address

Email

Telephone

GP practice

If you would like to find out more about any future changes to your local health services please tick this box to join our community network (if you tick the box below, we will be in contact with you shortly after the engagement has closed).

I would like to find out more about future changes to my local health services

How did you hear about this survey (please select one option)?

Social media

NHS Trust

CCG website

At an event (such as a drop-in event)

Voluntary sector organisation

Other (please state)

For office use only
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