



# Patient, Carer & Family Feedback

Thank you for your interest in giving feedback on the services provided by St John's Hospice, Lancaster. We are committed to both providing high quality & consistent care and also developing & improving the services we offer.

Completing this short survey will help with this and also provide valuable feedback to the Staff & Volunteers who work hard to make a difference to Patient's lives.

Alternatively, you can complete the survey online by going to:

**[www.sjhospice.org.uk/patientfeedback](http://www.sjhospice.org.uk/patientfeedback)**

I am answering the survey:

Date completed:

- as a Patient       on behalf of a Patient

*dd / mm / yyyy*

***Please complete as much of the survey as possible.***

## PART 1 - Questions about the hospice services you experienced

The hospice service I used was:

- Inpatient Ward       Day Services / Day Therapy       Hospice at Home       Clinical Nurse Specialist

Please rate the following statements regarding your treatment:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I felt safe & comfortable when being treated by the Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was involved in planning my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes to my care plan were first discussed with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood the advice given about the medication I am / should be taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could communicate my level of pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pain management I received met my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood how to raise concerns and who to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I knew how to make a complaint if something was wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I felt the care & treatment provided supported my independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate the following statements regarding how the Hospice impacted living with your condition:**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>N/A</b>
I had access to the help I required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My needs were met and I was allowed my to make choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how & where to seek further help & advice on my treatment if I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Hospice made a positive difference to how I cope with my condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could access the required care & treatment when I needed it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, my care was consistent & co-ordinated regardless of whether I was in the Hospice or not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate the way the Hospice might have helped:**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>N/A</b>
I was told what other support was available in the local area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know who, where & how to contact help when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food & drink provided whilst in the Hospice met my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to request a copy of my medical records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was given useful information about the services available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How would you rate the Hospice regarding the help provided to maintain your independence:**

	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Very Good</b>	<b>N/A</b>
Equipment (e.g. walking frames)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology (e.g. iPads on the Ward)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Please rate how the St John's Hospice Staff helped:**

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	N/A
I was treated with kindness, compassion & respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was given emotional support when I needed it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was given useful information about the services available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My views & opinions were listened to & respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My information was treated with confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My privacy & dignity was respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt supported during referral, transfer between services and discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Did you make a complaint about your treatment or the services provided by St John's Hospice ?**

Yes       No

**Please rate how your Complaint was treated:**

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	N/A
I was confident & respected making a complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The treatment plan changed after I raised my concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PART 2 - General questions about how you view the Hospice

**I am aware of the following services:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Inpatient Ward care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day Services / Day Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice at Home support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Nurse Specialist advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bereavement support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finally, how would you rate the Hospice overall relating to:

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	N/A
Services provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to complete this survey. This information forms part of St. John's Hospice regular survey of patient and relative/carer views on the quality of treatment and care.

The Hospice staff are always interested in hearing about any negative responses or if you have suggestions for improvements so we can learn from your experiences. We would welcome the opportunity to discuss your feedback if you would kindly share your contact details below.

### PART 3 - Your Details

Name

Address

Phone Number

Email Address

Name of patient (if completing on their behalf)

Please return your completed survey to St John's Hospice either via the post or by handing it in at our Reception Desk - Open 7 days a week from 8am until 9pm.

**St John's Hospice, Slyne Rd, Lancaster, LA2 6ST**

If you have any questions regarding this survey please contact **The Quality and Governance team** at St John's Hospice by calling **01524 382538**