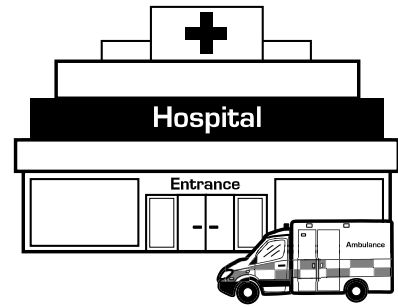


# We need your views on your relative, friend or client's recent visit to hospital



NHS Surrey and Surrey & Borders Partnership Foundation Trust are working to improve the experience of people with learning disabilities when they visit hospital.

Designated nurses with expertise in learning disabilities have been assigned to local hospitals to advise and assist staff to make sure that the person you care for had a safe, comfortable and successful visit.

Your views will help us identify what works and what doesn't. The results will be confidential and will be used by NHS Surrey to make sure that services improve.

We will not share any information with the hospital. Any opinions you express in the questionnaire will not influence the treatment you or your relative, client or friend receives in the future.

**Thank you in advance for taking time to complete this questionnaire**

## About your relative, client or friend

1. Your relative, friend or clients name : \_\_\_\_\_

2. Their date of birth : \_\_\_\_\_

3. Please describe their ethnicity :

**White:**

- British
- Irish
- Any other white background

**Mixed:**

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background (please specify)

Chinese

**Asian / Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please specify)

**Black / Black British**

- Caribbean
- African
- Any other Black background (please specify)

Any other ethnic group (please specify)

**4. Please describe any special needs they have :**

(please tick all that apply)

- Visual impairment
- Hearing impairment
- Requires support with continence
- Requires assistance with feeding
- Requires support with mobility
- Epilepsy
- Memory loss
- Communication difficulties
- Challenging behaviour
- Other (please say) \_\_\_\_\_

**5. Please state your relationship to the patient :**

- Family carer
- Support worker
- Friend
- Other (please say) \_\_\_\_\_

**Reason for visiting hospital**

**6. Why was your relative/friend/client visiting hospital?**

(please tick all that are applicable)

- Out patient appointment
- Emergency (A&E)
- Assessment before an operation
- Planned admission (the hospital had asked that you come in)
- Unplanned admission (the stay in hospital was not arranged)
- Other (please say) \_\_\_\_\_

## Satisfaction with the visit

### 7. Overall how did your relative/client/friend rate their visit to hospital?



very poor



poor



average



good



excellent

Say more here

### 8. Overall how did you rate their visit to hospital?



very poor



poor



average



good



excellent

Say more here

### 9. How would you rate the medical care from the doctors?



very poor



poor



average



good



excellent

Say more here

### 10. How were the attitudes and behaviour of the doctors?



very poor



poor



average



good



excellent

Say more here

**11. How would you rate the nursing care from the nurses?**



very poor



poor



average



good



excellent

Say more here

**12. How were the attitudes and behaviour of the nurses?**



very poor



poor



average



good



excellent

Say more here

**13. How were the attitudes and behaviour of other staff?**



very poor



poor



average



good



excellent

Say more here

**14. How comfortable was your relative, friend or client during their stay?**



very poor



poor



average






good



excellent






Say more here

**15. How well was their privacy respected during their stay?**

-  very poor     poor     average     good     excellent





Say more here

**16. Were you able to visit at convenient times?**

-  very poor     poor     average     good     excellent


Say more here

**17. Do you feel, as a supporter, you were listened to?**

-  very poor     poor     average     good     excellent

Say more here

**18. How well were you and the person you support involved in consent?**

-  very poor     poor     average     good     excellent

Say more here

**19. How were the facilities for you to stay over if you needed to?**



very poor



poor



average



good



excellent

Say more here

**20. Were you given enough information about procedures and tests?**



very poor



poor



average



good



excellent

Say more here

**21. How well did staff communicate with the person you support?**

Including using visual aids like photos or the hospital communication book



very poor



poor



average



good



excellent

Say more here

**22. How well did staff use information the person brought with them?**

E.g. : health action plan, communication passport, person centred plan.



very poor



poor



average



good



excellent

Say more here

**23. How well was the person supported with food and drink choices?**



very poor



poor



average



good



excellent

Say more here

**24. How was the help the person had with eating and drinking?**



very poor



poor



average



good



excellent

Say more here

**25. How would you rate the discharge arrangements from hospital?**



very poor



poor



average



good



excellent

Say more here

**26. How did this visit compare to other hospital visits in the past 3 yrs?**

The person I support hasn't visited hospital in the past 3 years



very poor



poor



average



good



excellent

Say more here

## Other information

**27. Did the person you support have contact with the learning disability nurse while they were in hospital?**

Yes

No

Say more here

## Are there any other comments you want to make?

**Thank you for filling in this questionnaire**

Please now send back to NHS Surrey at the following address:

You do not need a stamp

Freepost RRLU-LXBH-YGES  
Jo-anne Alner  
Surrey Primary Care Trust  
Guildford Rd  
Leatherhead  
KT22 9AE

