



Community ENT Services survey

Patient Experience Survey – Community Ear, Nose and Throat Services

Cannock Chase, and Stafford and Surrounds Clinical Commissioning Groups would like to gather the views of patients to understand the expectations from existing services and to find out what is important to you when using community ENT Services.

We are particularly interested to learn from patients and their family/carers with experience of this service. We would value your views and opinions to help to shape future provision, including improvements you might like to suggest.

Any feedback you provide would be greatly appreciated.

Please read this Data Protection Act Statement which explains how we will use the information we are collecting from you.

Data Protection Statement

The information you supply will be stored and processed by Midlands and Lancashire Commissioning Support Unit (MLCSU) in accordance with the Data Protection Act 2018. It will be used to analyse the questionnaire responses, check the analysis is fair and accurate and help us to gather feedback more effectively in the future.

Any reports published using this information will not contain any personally identifiable information. We will provide anonymised and aggregated responses to the Clinical Commissioning Groups.

Any queries about your involvement with this survey can be emailed to: mlcsu.researchservices@nhs.net.

Q1 (*) Please tick here to confirm you have read and accept the terms outlines within the Data Protection Act Statement as above.

Q2 1. In which locality is the GP you are registered with?

- Cannock
- Cannock Chase Hospital
- Cheslyn Hay
- Essington
- Great Wyrley
- Rugeley
- Stafford
- Brewood
- Coventry
- Eccleshall
- Great Haywood
- Gnosall
- Penkridge
- Stone
- Wheaton Aston
- Other – (Please specify in the box below)

Q3 2. What symptoms caused your GP to refer you to the Community ENT service?

- Ear pain/discharge
- Excess wax
- Ear infection (outer)
- Ear Infection (middle)
- Perforation of eardrum
- Mastoid cavities requiring examination/cleaning
- Tinnitus (ringing in ears)
- Dizziness/Vertigo
- Nasal blockage and/or facial pain
- Nasal polyps
- Chronic rhinitis
- Recurrent nosebleed
- Glue ear
- Sleep apnoea
- Snoring
- Recurrent tonsillitis (for advice)
- Globus sensation of throat obstruction/lump
- Intermittent hoarseness for 3 weeks or more

Q4 3. Are you?

- Attending a first appointment?
- Attending a follow-up appointment?
- A family member of the patient
- A carer of someone receiving treatment from the service
- Likely to be discharged from the service
- Other – (Please state in the box below)

Q5 4. Please indicate when you last received treatment at this service (if applicable)

Q6 5. Do you wear hearing aid(s)?

- Yes
- No

Q7 If you answered yes, please indicate below how many

- One
- Two

Q8 6. Have you been told what your diagnosis is?

- Yes
- No

Q9 If you answered yes, please indicate which diagnosis below

- Ear infection
- Excess wax
- Perforation of ear drum
- Tinnitus
- Conditions causing dizziness/vertigo such as Meniere's, labyrinthitis
- Nasal polyps
- Chronic rhinitis
- Recurrent nose bleed
- Glue ear
- Sleep apnoea
- Recurrent tonsillitis (for advice)
- Globus
- Intermittent hoarseness

Q10 **7. Which site did you/the patient visit?**

- Cannock
- Stafford

Q11 **8. How would you rate your current experience?** (Where 1 is very poor and 5 is very good)

1 = Very Poor 2 = Poor 3 = Satisfactory 4 = Good 5 = Very Good

Waiting time for an
appointment (from GP
referral to
appointment)

The location of the
service

Q12 9. Please answer the following questions:

	Yes	No	Don't know	Not applicable
My GP explained that someone would contact me to arrange my ENT appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I arranged my appointment, I was given a choice of time slots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I arranged my appointment, I was given a choice of clinic venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received written confirmation of my appointment, including the time, date and venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew who to contact if I had a problem with my appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have found it easy to contact someone about my appointment(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was told about how I needed to prepare for my appointment e.g. 1. I had to apply drops before my appointment; e.g. 2. I might not be able to drive myself after the appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clinician explained my condition and his/her plan for my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the explanation that the clinician has given me regarding my condition/ diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given the opportunity to ask questions about anything I didn't understand or was uncertain of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been given information to self-manage my symptoms/conditn should they reoccur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13 **10. When attending the consultation, did you/the patient receive a leaflet or any written information relating to your diagnosed condition or treatment options?**

Yes

No

Q14 **11. If yes, was it informative and easy to follow?**

Yes

No

Q15 **12. Would you recommend this service to friends and family?**

Yes

No

Q16 **13. If no, please can you specify your reasons?**

Q17 **14. If you had to visit a routine ENT service, where would you prefer to receive your treatment?**

(You may tick more than one option)

Hospital

Community setting /Health Centre

GP Practice

Other – (Please state in the box below)

Q18 **15. How long do you think is a reasonable time to wait for a routine ENT appointment?**

Up to 2 weeks

Up to 4 weeks

Up to 6 weeks

Up to 8 weeks

Q19 **16. Please outline one thing which made your/the patient's experience of using Community ENT services good.**

(What was it, where did it happen, why did you have the appointment, eg. staff were friendly, easy to understand, appointment was on time etc)

Q20 **17. Please outline one thing which made your/the patient's experience of using Community ENT services disappointing.** (What was it, where did it happen, why did you have the appointment, eg. parking is difficult, called into appointment late, unclear explanations)

Q21 **18. Would you be happy to have a much lesser waiting time by receiving a follow up consultation over the phone, rather than attending the clinic location? For example, to get test results?**

- Yes
- No
- I don't know

About you: We would like to know a little more about you. The following questions will help us understand more about who has responded to this survey. This will help us to ensure we have listened to as many different people as possible. You can leave this section blank if you wish.

Q22 19. Your age?

- 16 - 19
- 20 - 24
- 25 - 29
- 30 - 34
- 35 - 39
- 40 - 44
- 45 - 49
- 50 - 54
- 55 - 59
- 60 - 64
- 65 - 69
- 70 - 74
- 75 - 79
- 80 and over
- Prefer not to say

Q23 20. What is your gender?

- Male
- Female
- Intersex
- Prefer not to say
- Other (please specify in the box below)

Q24 21. Is the gender you currently identify as the same as your gender at birth?

- Yes
- No
- Prefer not to say

Q25 **22. What is your ethnicity?**

White

- British
- Irish
- Polish
- Other European (please specify in the box below)

Q26 **Mixed multi-ethnic**

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed multi-ethnic (please specify in the box below)

Q27 **Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other Asian or Asian British (please specify in the box below)

Q28 **Chinese**

- Thai
- Philippine
- Vietnamese
- Other Chinese (please specify in the box below)

Q29 **Black**

- Caribbean
- African
- Other Black (please specify in the box below)

Q30 Gypsy and traveller

- Irish gypsy
- Romany
- Other Gypsy and traveller (please specify in the box below)

Q31 Prefer not to say

- Prefer not to say

Q32 Other (please specify in the box below)

- Other (please specify in the box below)

Q33 23. What is your religion/belief?

- Hinduism
- Christianity
- Judaism
- Buddhism
- Islam
- Sikhism
- Prefer not to say
- Other (please specify in the box below)

Q34 24. What is your sexual orientation?

- Heterosexual
- Bisexual
- Lesbian/gay woman
- Gay man
- Prefer not to say

Q35 **25. What is your relationship status?**

- Married
- Single
- Divorced
- Separated
- Widowed
- Civil partnership
- Prefer not to say
- Other (please specify in the box below)

Q36 **26. Do you have a disability? The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12-month period or longer) or substantial adverse effects on their ability to carry out day-to-day activities.**

- Physical impairment (please specify in the box below)

- Q37 Sensory impairment (please specify in the box below)

- Q38 Mental health need (please specify in the box below)

- Q39 Learning disability or difficulty (please specify in the box below)

Q40 **27. Are you pregnant or had a child in the last 12 months (The Equality Act 2010 protects women who are pregnant or have given birth within a 26-week period)? Please tick as appropriate:**

- I am currently pregnant
- I have given birth in the last 6 months
- I have given birth in the last 6-12 months
- I am not pregnant, or given birth in the last year
- Not applicable
- Prefer not to say

Thank you for taking the time to complete this survey

If you need to return this survey by post please send to address below.

Claire McHugh (Commissioning Support Manager)
Stafford & Surrounds Clinical Commissioning Group, Number 2, Staffordshire Place, Stafford, ST16 2LP.