



## East of England Homecare Patient Satisfaction Questionnaire – Overview

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Delivering real value for

the NHS in the East of England

Working to deliver procurement benefits for NHS Trusts in Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk

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## Introduction

Current practice sees many homecare providers operate individual surveys with often limited NHS consultation or sharing of findings. This compartmentalised approach severely limits the ability to benchmark results between homecare providers. A coordinated approach driven by a standard questionnaire for all homecare providers has the potential to deliver significantly greater outputs with fewer patient contacts and reduced overall resource requirement through removal of duplicated workload.

Chief Pharmacists across the East of England (EoE) region commissioned the East of England NHS Collaborative Procurement Hub (EoECPH) to undertake a homecare patient satisfaction questionnaire, using guidance in the Royal Pharmaceutical Society (RPS) Handbook<sup>1</sup>, to support compliance with the RPS Professional Standards<sup>2</sup> (standards 2.3.5<sup>3</sup> and 8.2.5<sup>4</sup>). A regional level approach on behalf of member trusts was agreed as the most efficient approach utilising the centralised homecare governance model established in the East of England. This paper details the process undertaken, regional level results and recommendations for future questionnaires.

## Objectives

- To support member trusts to meet relevant professional standards.
- To collect NHS patient feedback for all homecare services managed by EoE member trusts.
- To adapt the template questionnaire published in the handbook for use in the East of England by patients receiving all levels of homecare service, including nursing elements, across multiple suppliers.
- To undertake comparative analysis of feedback responses between suppliers and NHS trusts, allowing benchmarking of patient satisfaction in snapshot and, with future questionnaires, over time.
- To identify potential areas of improvement within existing services.
- To share results widely with relevant stakeholders including NHS, Homecare Providers, Pharma companies and Patients.
- To promote greater collaboration with industry for future collection of patient feedback.

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<sup>1</sup> Handbook for Homecare Services in England – May 2014 – Royal Pharmaceutical Society - <http://www.rpharms.com/support-pdfs/homecare-services-handbook.pdf>

<sup>2</sup> Professional Standards for Homecare Services in England – Sept 2013 – Royal Pharmaceutical Society - <http://www.rpharms.com/support-pdfs/homecare-standards-final-sept-13.pdf>

<sup>3</sup> “Regular patient satisfaction surveys are performed to monitor and guide improvement in homecare services.”

<sup>4</sup> “Feedback from patients, service users and colleagues inform the development of homecare services.”

## Scope

The scope of this exercise included all homecare services where prescriptions originate from an acute, community or mental health trust. This includes services procured through:

- National NHS Framework Agreements
- Regional NHS Framework Agreements
- Pharma funded services
- Local trust arrangements

Mental health patients treated under Risperdal Consta and Xepilon pharma scheme services were excluded as patients do not have direct contact with the homecare provider under these models and therefore would not be able to provide the required response to the questionnaire.

## Methodology

The paragraphs below outline the methodology used for this patient feedback exercise. It does not constitute guidance or recommendations for any future questionnaires in its own right.

### Design:

The template published in the Royal Pharmaceutical Society (RPS) Handbook for Homecare Services was adapted for use by the East of England Homecare Sourcing Group whose membership includes representation from member trusts homecare teams. It was agreed that no patient identifiable data should be requested for completion on the questionnaire. It was acknowledged that patients might provide some data voluntarily but that this would be at their own risk. Scoring methodology used from 1 (Poor) to 5 (Excellent); values 2-4 did not have text prompts. A single summary free text question was asked at the end of the questionnaire to allow a full patient response and minimise burden at analysis stage. The survey was designed in both greyscale and colour for flexibility whilst minimising printing costs where necessary. See Appendix 3.

### Adaptations to the published standard questionnaire in the handbook

| Change   | Reason   |
|--|--|
| <b>Removed "Name:" field</b>   | Trusts requested an anonymous questionnaire design.  |
| <b>Added "Name of Hospital:" field</b>   | Necessary to differentiate responses.  |
| <b>"Delivery times" split to "Choice of Delivery Arrangements" and "Punctuality and completeness of deliveries".</b> | Considered less ambiguous. (See "lessons learnt")  |
| <b>Added further explanation for each question point.</b>  | Aimed to ensure consistent interpretation and completion.  |
| <b>Added "Training provided by the Homecare Provider's nurse"</b>  | Aimed to capture nursing service elements where applicable.  |
| <b>Added "Administration of treatment by Homecare Provider's nurse"</b>  | Aimed to capture nursing service elements where applicable.  |
| <b>Added "Would you recommend this Homecare service to others?"</b>  | Considered a useful metric for satisfaction. (See "lessons learnt")  |
| <b>Comments boxes amalgamated into a single box at the end of the questionnaire.</b>                                 | Simplifies data entry and analysis stages whilst maintaining opportunity for patients to provide a free text response.   |
| <b>Removed priority (important/not important scoring)</b>  | Considered to send wrong message to patient e.g. that we are unable to deliver all of the basic listed elements to a satisfactory standard. Focus is determined by satisfaction response rather than perceived importance. |

**Distribution:**

Each participating homecare provider printed the agreed questionnaire and distribution was undertaken by single mailshot per provider giving a snapshot patient view over a restricted time period. Questionnaires were distributed in hardcopy to all “active” EoE homecare patients by the homecare providers on behalf of the EoECPH and all EoE trusts; thereby eliminating the requirement for any further transfer of patient data between organisations. Pre-paid envelopes were supplied by the homecare providers to patients for return of completed questionnaires; these were addressed to the provider’s head office and marked prior to mailout for later identification.

**Collection:**

Responses were primarily collated by the homecare provider (unopened) and forwarded in bulk to the EoECPH for data entry. Agreement was reached between the trusts, EoECPH and Healthcare at Home (HaH) for data entry of their questionnaires to be completed by Sciensus Ltd (wholly owned by HaH) due to the high volume response predicted and limited NHS resource. A random sample of 1% of HaH response data was verified with hardcopy to ensure accuracy of transcription.

Patients receiving services from four out of the five participating homecare providers (HaH as the exception) were offered the opportunity to complete the questionnaire online using a web link printed on the covering letter (*See Appendix 1 – Online Questionnaire Completion*). The link directed patients to an online version of the questionnaire hosted by survey monkey. No additional patient identifiable or contact information was collected from patients using this communication route.

**Analysis:**

Free text responses were categorised by EoECPH against a list of 40 service elements and common complaints / incidents to allow generalised analysis of these unique fields. Data analysis was performed by EoECPH on behalf of local trusts using a single, consistent report design for all providers’ data. There was collaboration with all stakeholders, including homecare providers, to identify best graphical and tabular representation designs for use. Sample sizes and standard deviation values were included into reports to factor in sample size, range and outliers. Analysis was applied at both regional and local data levels.

**Distribution & Publication:**

Document outputs from this work include:

- East of England Homecare Patient Satisfaction Questionnaire – Overview [ *Public domain* ]
- Local Trust Data Analysis Reports [ *Restricted access. Member trusts only* ]
  - Interpretation Guidance for “Local Trust Data Analysis Report”
  - Supporting data spreadsheet for “Local Trust Data Analysis Report”

The “Local Trust Data Analysis Reports” consists of:

| Title   | Chart Type                 | Scope/Description   |
|---|----------------------------|---|
| <b>Total number of responses</b>                                | Table                      | By participating <b>homecare provider (HC)</b>  |
| <b>Would you recommend this homecare services to others?[1]</b> | Pie chart                  | Yes/No – Count & percentage.<br>Amalgamation of all HCs   |
| <b>Average overall service score</b>                            | Column / line – Dual Chart | <b>Average (Mean)</b> score by HC [column].<br>Standard deviation by HC [line]. Sample size indicated per HC. |

|   |                      |   |
|---|----------------------|---|
| <b>Text Comments – Positive vs Negative</b>                     | Stacked Column Chart | Count of free-text comments categorised as positive or negative by HC. Also shown as percentage per HC.           |
| <b>Average Scores</b>   | Column Chart         | Average score per numerically scored question by HC. Sample size indicated per HC.                                |
| <b>Would you recommend this homecare services to others?[2]</b> | Stacked Column Chart | Yes/No – Count & percentage by HC.  |
| <b>Overall Service – Positive vs Negative</b>                   | Stacked Column Chart | Count and percentage of Positive (score 4-5) Satisfactory (3) Negative (1-2) by HC. Sample size indicated per HC. |
| <b>Text Categorisation</b>                                      | Column Chart         | Count of text comments by category. One per HC.   |
| <b>Total number of responses by therapy area</b>                | Table                | By HC.  |

## Timeline

The project started in March 2014 with objective, method and design discussions. The questionnaire was conducted in Q2 2014/15 with the first patients of the first homecare participating homecare provider contacted in August 2014. The majority of responses were received by end of November 2014 and data entry completed by early February 2015.

## Lessons Learnt

The following bullet points, recorded throughout this exercise, summarise the key learning points which the EoECPH will consider prior to undertaking future questionnaires. Additionally, it is hoped that other organisations and individuals may benefit from the learning points identified.

### **Design:**

- Tighten questions to refer to single specific service element – adding further questions where necessary in order to do so e.g. “Punctuality and Completeness of deliveries” are two different elements and could be scored independently.
- Inclusion of recommendation question beneficial though could be further improved through incorporation of the NHS England Friends and Family test questions as an agreed standard wording.
- Change “Name of treatment” to “Name of Medication delivered by Homecare Provider” & “Diagnosis treated with medication delivered by Homecare Provider”.
- A large volume of patients provided illegible, unrelated or no information in the fields provided e.g.
  - 455/5058 (9%) unmatchable for “Name of Hospital”
  - 928/5058 (18%) unmatchable for “Name of Treatment”
- Consider inclusion of “importance” questions for enhanced specification options only to help trusts identify where available funding is best directed.
- Consider appropriateness of questions relating to nurse training provided by the homecare provider where this may have taken place months / years prior.
  - An independent, short, targeted questionnaire following receipt of these services may be more appropriate.

- Ensure formalised proofreading by multiple individuals ahead of publication. The British public will identify any mistake and highlight it.

#### **Distribution:**

- Homecare providers identified that given the single region scope of this particular exercise, distribution via routine deliveries (as referenced in many local contracts and originally planned) would not be appropriate. We recognised that this route would also restrict the number of patients surveyed or greatly extend the duration the questionnaire is live.
- Costs incurred by homecare providers to undertake this questionnaire in addition to existing company surveys are significant and would be passed to the NHS if adopted routinely.
  - Administrative costs (stationary and staff resource) quotes received circa £1.50 – 2.50 per questionnaire
  - Postage costs associated with the mail out and subsequent use of homecare providers pre-paid envelope for patient response.
- A rolling questionnaire based on x% sample per month may be considered as more effective method of monitoring patient satisfaction in closer to real time rather than an annual snapshot. However, this process may add significant administrative burden for both NHS and industry.
- Homecare provider's active patient lists are not always accurate. Instances of questionnaires directed to deceased patients are inevitable unless data quality is improved through better communication between NHS and homecare providers.
- Where patient email addresses are held on file by the homecare provider. Emailing of online questionnaire to reduce inconvenience to patient and minimise administrative burden of collection and data entry could be considered.

#### **Collection:**

- Data entry is very resource intensive. It is unlikely that the EoECPH (and perhaps the wider NHS) is capable of inputting this data routinely on a large scale with current resources.
  - Numerical data input approximately 150 per hour (10 questions)
    - For this exercise approximately 1500 questionnaire responses were entered by the EoECPH equating to ~100 hours.
  - Free text data input time significantly higher but heavily varied by patient. Also requires categorisation as well as data entry.
    - For this exercise 668 text comments entered (Excluding categorisation) by EoECPH equated to ~11hours.
- The majority of patient responses received within first 8 weeks following mail shot. Questionnaire could be closed off at around this point for reporting purposes though a small trickle of response may continue through for many months after. Responses should always be processed to take any necessary action identified by the content of the patient's response though may not be included in the final report.

#### **Analysis:**

- The anonymous nature chosen for this exercise led to numerous instances of identification of complaints / incidents / requests for assistance without any method of identifying patient for corrective action.
  - Pseudo-anonymisation should be considered (currently offered by HaH) to allow identification of patient where necessitated. This practice was dismissed by some EoE



- trust Information Governance (IG) leads therefore prior discussions with these leads and Caldicott Guardians would be necessary to agree boundaries and responsibilities.
- Alternatively, it may be considered appropriate to add a patient demographic data section to the questionnaire, clearly identified as non-mandatory.
  - Some patients will provide patient identifiable data whether requested or not.
  - Variation in sample sizes should be considered when comparing suppliers against each other. Concern was raised by some providers as to the interpretation of the final reports displaying direct comparison of average scores to ensure sample size and data spread is considered. Data specialists from both NHS and providers should be engaged to ensure appropriate conclusions are drawn from the responses received.

#### **Distribution & Publication:**

- For this exercise, staff resource restrictions and experimental, first time processes meant that publication of the results was delayed to the point where data relevance to current practice could be questioned. Nationally approved processes should support a faster turnaround from data collection to publication.
- No agreement was reached regarding public sharing of supplier comparison with local level detail for benchmarking. Concerns were raised about how this data may be used by competitors. Further discussions are required with all stakeholders. Regional level comparison was undertaken and published.
- Reports were not provided to pharma industry as planned (with the exception of one provider where a common concern was identified in the responding patients' comments). In future, appropriately processed reports should be made available to pharma to maximise the effective outputs from the patient's feedback. This shared benefit should be reflected in any commercial discussions relating to cost performing questionnaire.
- Data should be shared with patients in a two-fold process:
  - Letter of thanks for completion of the survey with headline summary of findings and any responding actions. Sending to all patients may prompt improved response rate to future questionnaires.
  - Headline summary data available to patients as part of the informed consent process at registration stage.

## Summary

Overall the regional homecare patient satisfaction questionnaire undertaken in the East of England was successful in providing an invaluable perspective of the quality of services delivered to NHS patients. Significant resource was required by both the NHS and the homecare providers to undertake this work; the EoECPH would like to thank participating homecare providers for their involvement and continued support.

Results indicate a healthier market in terms of patient service quality than is often considered; a significant majority of responding patients are happy with the service received from their provider. Responses show that the homecare market caters for a widely varied scope of patients with equally varied needs which adds complexity against the overarching aims for standardisation.

These findings should not be seen to belittle the risks and failings that all parties involved with the homecare market are all too familiar with; instead simply adds an element of perspective.



## Recommendations

Patient feedback is a vital part of delivering an ongoing effective service. This is recognised by every stakeholder in the homecare medicines services market including NHS, Homecare providers and Pharma. Open collaboration with each of these parties toward further development of national guidance and documentation which caters for the varying needs is required to best collect and utilise this patient feedback data.

- A patient should receive no more than one general homecare service questionnaire per year. *Nb. Additional questionnaires may be required relating to one time only service provisions e.g. nurse training for self-administration.*
- NHS stakeholders should agree a standard list of NHS derived questions consistently applied by all providers.
- Homecare providers should be identified as the best placed stakeholder and commissioned to provide the questionnaire on behalf of all stakeholders incorporating:
  - The standard NHS question set
  - Additional homecare provider data requirements
  - Pharma data requirements

Additional questions to fulfil homecare provider / pharma requirements should not duplicate or, where possible, overlap the standard NHS set. National level NHS consultation may be considered appropriate for any additional questions prior to issue to the patient.

- Data collection and entry should be undertaken by the homecare provider.
- NHS stakeholders should agree a standard analysis report based on the standard NHS question set.
- All stakeholders should agree appropriate reports and data levels to be available to each participating stakeholder, including appropriate levels of confidentiality.
- Patients should have access to high level data as part of information provided to allow informed consent and should also be informed of service improvements made as a result of their feedback to promote support of future questionnaires.
- Costs should be shared by all participating stakeholders including NHS, homecare providers and Pharma.
- Data should be scalable for use at national, regional and local level service reviews.

## Appendix 1 – Regional Level Results

### Patient Quotes



### Overall Response Spread

The response ratio achieved with this questionnaire was in line with expectation for all participating homecare providers.

| Supplier                  | No. Patients Questioned | Responses Received | Response ratio |
|---------------------------|-------------------------|--------------------|----------------|
| <b>Bupa</b>               | 1792                    | 676                | 38%            |
| <b>Evolution</b>          | 1661                    | 530                | 32%            |
| <b>Fresenius</b>          | 605                     | 284                | 47%            |
| <b>Healthcare at Home</b> | 8037                    | 3469               | 43%            |
| <b>Polarspeed</b>         | 201                     | 99                 | 49%            |
| <b>Total</b>              | <b>12296</b>            | <b>5058</b>        | <b>41%</b>     |

As shown above, Evolution Homecare has the lowest response ration of all participating providers. A key factor in this is likely to be the volume of HIV and Hepatitis patients treated by this company in relation to the whole patient cohort. These patients are generally more concerned with confidentiality and may have chosen not to complete the questionnaire despite being anonymous.

| Trust   | No. of Responses Received |
|---|---------------------------|
| Norfolk and Norwich University Hospital NHS Foundation Trust    | 866                       |
| Cambridge University Hospitals NHS Foundation Trust             | 829                       |
| Mid Essex Hospital Services NHS Trust                           | 438                       |
| Other - Undefined   | 392                       |
| The Ipswich Hospital NHS Trust                                  | 371                       |
| Peterborough and Stamford Hospitals NHS Foundation Trust        | 242                       |
| West Hertfordshire Hospitals NHS Trust                          | 238                       |
| Southend University Hospital NHS Foundation Trust               | 228                       |
| The Princess Alexandra Hospital NHS Trust                       | 201                       |
| Colchester Hospital University NHS Foundation Trust             | 193                       |
| Basildon and Thurrock University Hospitals NHS Foundation Trust | 191                       |
| Luton and Dunstable NHS Foundation Trust                        | 153                       |
| West Suffolk NHS Foundation Trust                               | 147                       |
| The Queen Elizabeth Hospital King's Lynn NHS Trust              | 124                       |
| James Paget University Hospitals NHS Foundation Trust           | 116                       |
| Hinchingbrooke Health Care NHS Trust                            | 89                        |
| Papworth Hospital NHS Foundation Trust                          | 86                        |
| East And North Hertfordshire NHS Trust                          | 76                        |
| Bedford Hospital NHS Trust                                      | 62                        |
| Anglian Community Enterprise                                    | 16                        |
| <b>Grand Total</b>  | <b>5058</b>               |

| Therapy Area  | No. of Responses Received |
|---|---------------------------|
| Biologic  | 2435                      |
| Other – Undefined ( <i>includes illegible/blank/unmatched</i> ) | 911                       |
| Multiple Sclerosis  | 540                       |
| Renal   | 471                       |
| Growth Hormone  | 175                       |
| HIV   | 141                       |
| Oral Chemotherapy   | 80                        |
| Pulmonary Hypertension  | 63                        |
| Osteoporosis  | 61                        |
| Hepatitis   | 51                        |
| Enzyme Replacement Therapy                                      | 41                        |
| Immunology  | 23                        |
| Haemophilia   | 22                        |
| Injectable Chemotherapy   | 14                        |
| Parkinson's Disease   | 10                        |
| Parenteral Nutrition  | 8                         |
| Idiopathic Pulmonary Fibrosis                                   | 6                         |
| Iron Therapy  | 6                         |
| <b>Grand Total</b>  | <b>5058</b>               |

### Volume of Text Comments

| Homecare Provider      | Responses Received | Number of Text Responses | % Total Responses |
|------------------------|--------------------|--------------------------|-------------------|
| Bupa Home Healthcare   | 676                | 323                      | 48%               |
| Evolution Homecare     | 530                | 255                      | 48%               |
| Fresenius Medical Care | 284                | 85                       | 30%               |
| Healthcare at home     | 3469               | 1842                     | 52%               |
| Polarspeed             | 99                 | 1                        | 1%                |
| <b>Total</b>           | <b>5058</b>        | <b>2506</b>              | <b>49%</b>        |

### Online Questionnaire Completion

Patients receiving services from four out of the five participating homecare providers were offered the opportunity to complete the questionnaire online as described above (Method – Collection).

| Homecare Provider      | Number of Online Responses            | Online Responses vs Total (%) |
|------------------------|---------------------------------------|-------------------------------|
| Bupa Home Healthcare   | 52                                    | 7.69%                         |
| Evolution Homecare     | 34                                    | 6.42%                         |
| Fresenius Medical Care | 6                                     | 2.11%                         |
| Healthcare at home     | <i>*Online completion not offered</i> |                               |
| Polarspeed             | 2                                     | 2.02%                         |
| <b>Total</b>           | <b>94</b>                             | <b>5.92%</b>                  |

\*Online questionnaire completion is not currently used as a standard collector for HaH (Sciensus) and there was some minor concern raised by HaH as to survey monkey privacy policy. It was agreed that the weblink would be excluded from the covering letter provided to patients served by HaH.

### Sample Size

It should be recognised that there is significant variation of sample size between each homecare provider. This is to be expected given the known variance in market share though does not always make for simple statistical comparison. Average scores calculated from a small sample size can be more significantly skewed by outlier results than that of a larger sample.

To help trusts to interpret the data the sample size has been included for reference as well an indication of the standard deviation which indicates the spread of actual scores around the mean average. The larger the standard deviation the wider the spread of actual scores is.

### Regional – Suppliers Combined

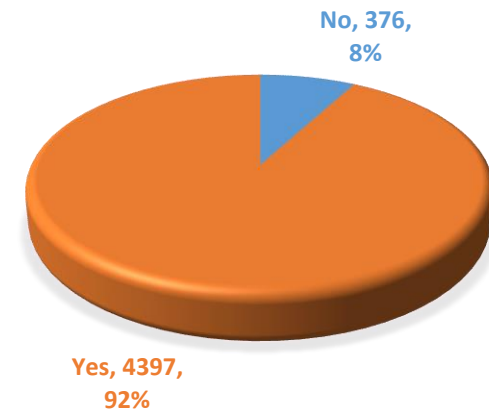
**92%** (4397) of 4773 responding patients **would recommend** their homecare provider to others.

**84%** (3999) of 4744 responding patients scored their homecare provider's **overall performance** as either 4 or 5 (**Positive**)

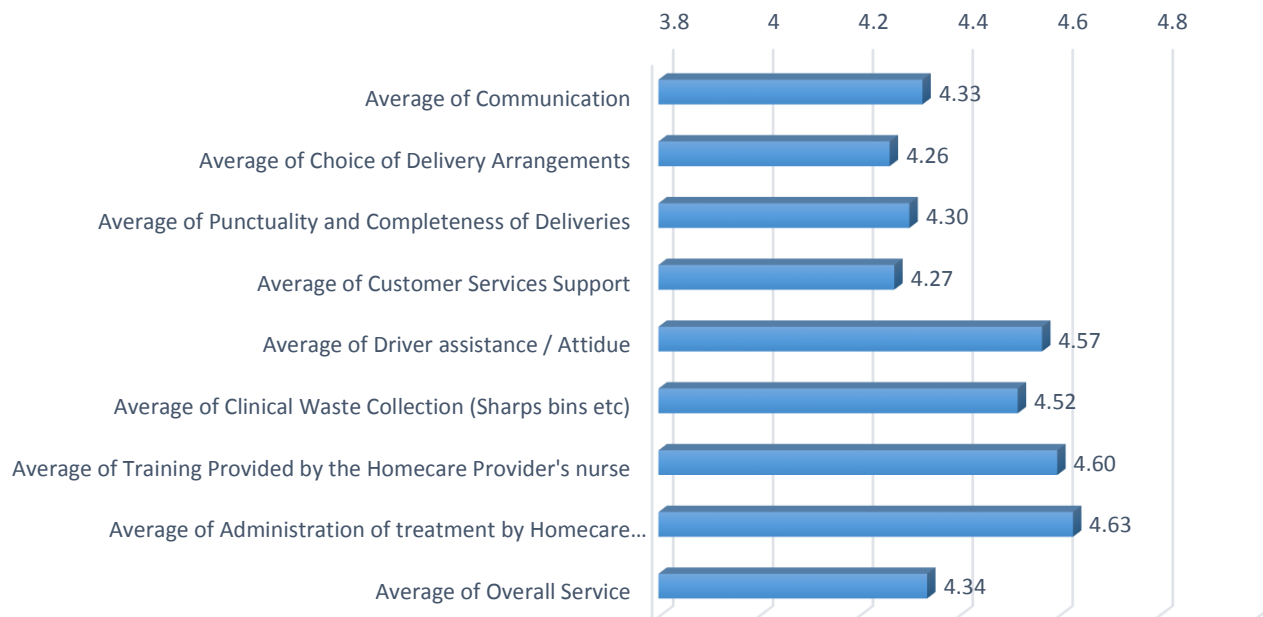
**Choice of delivery arrangements** achieved the lowest average score at **4.26 out of 5**. Closely followed by **Customer Services Support** at **4.27 out of 5**.

**6%** (303) of 4744 responding patients scored their homecare provider's **overall performance** as 1 or 2 (**Negative**)

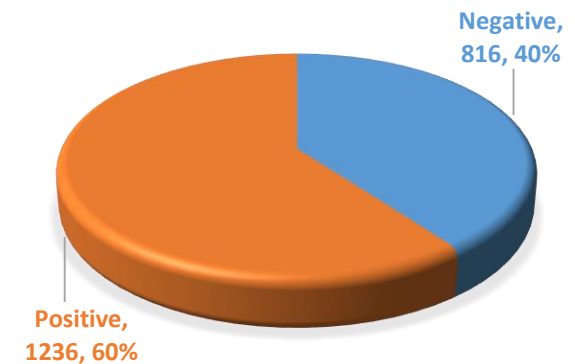
### WOULD YOU RECOMMEND THIS HOMECARE SERVICE TO OTHERS?



### Summary of Average Scores



### POSITIVE VS NEGATIVE COMMENTS



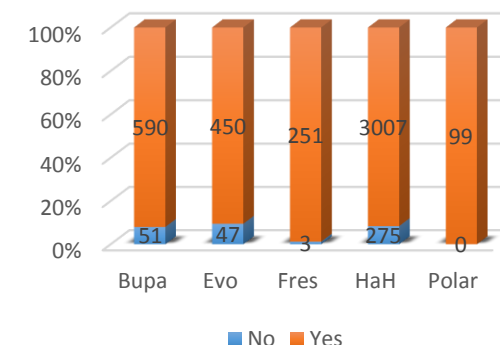
## Regional – Supplier Comparison

All participating homecare providers achieved an average Overall Service score over **4.2 out of 5**

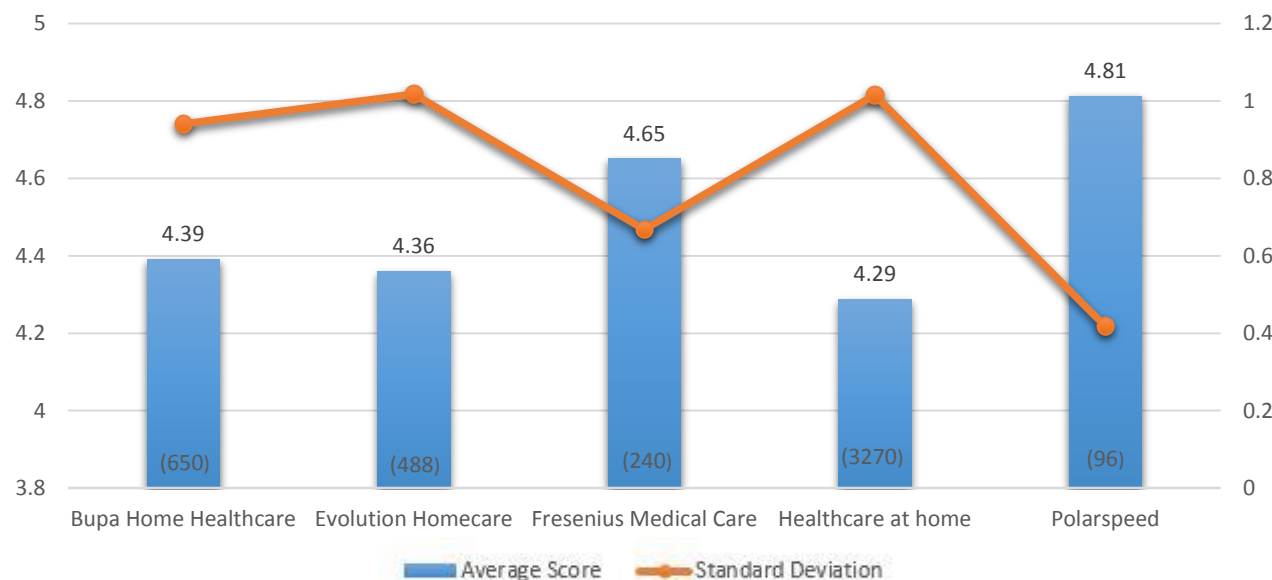
**0.52** average score points separate the highest and lowest average scores achieved by all providers.

| Would you recommend this homecare service to others? |            |                   |                 |
|--|------------|-------------------|-----------------|
| Homecare Provider                                    | Yes (%age) | No. Yes Responses | Total Responses |
| Bupa Home Healthcare                                 | 92%        | 590               | 641             |
| Evolution Homecare                                   | 91%        | 450               | 497             |
| Fresenius Medical Care                               | 99%        | 251               | 254             |
| Healthcare at Home                                   | 92%        | 3007              | 3282            |
| Polarspeed Distribution                              | 100%       | 99                | 99              |

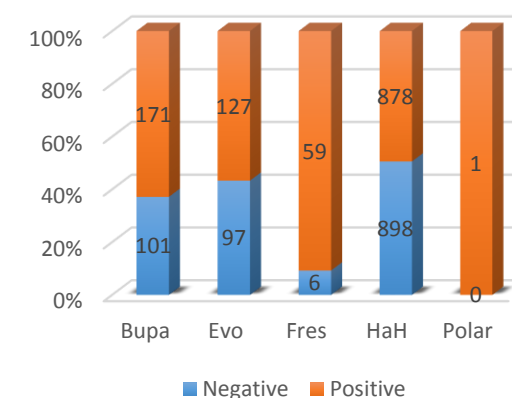
## Would you recommend this homecare service to others?



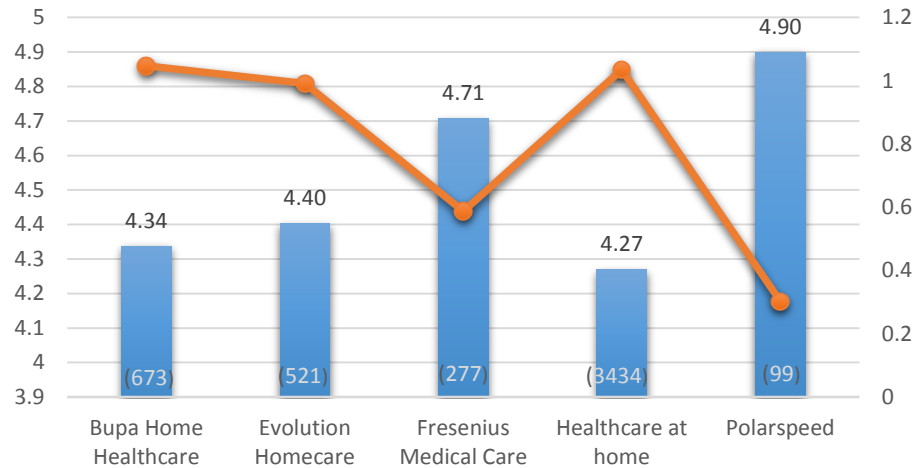
## Average Overall Service Score



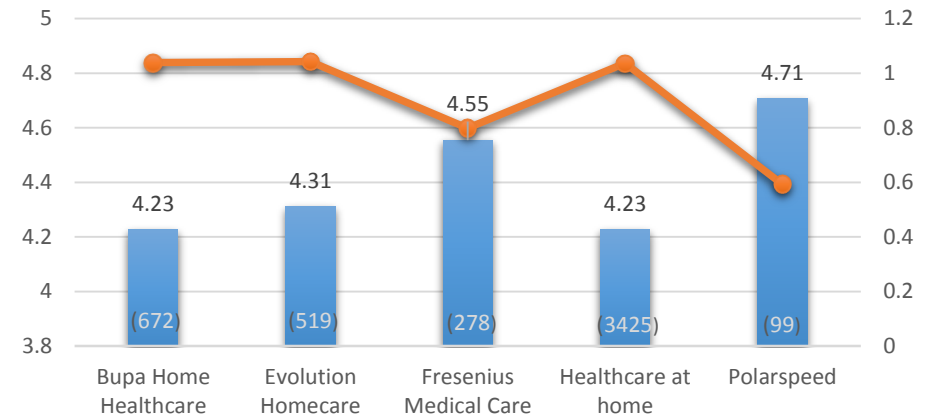
## Text Comments- Positive vs Negative



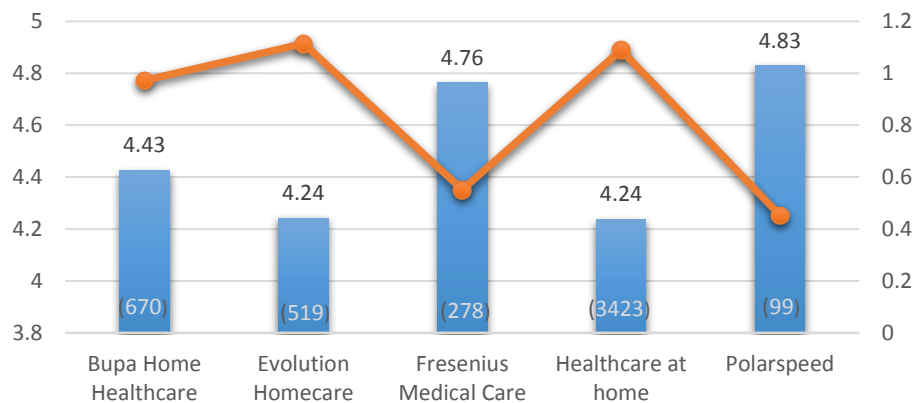
**Average Communication Score**



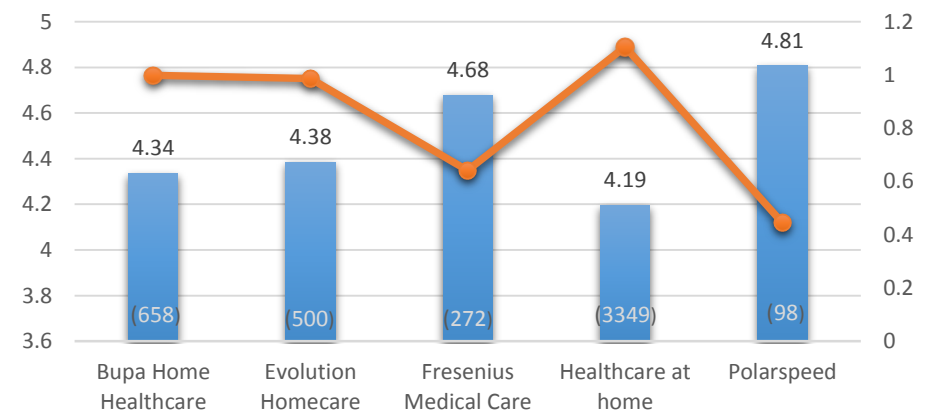
**Average Choice of Delivery Arrangements Score**



**Average Punctuality and Completeness of Deliveries Score**



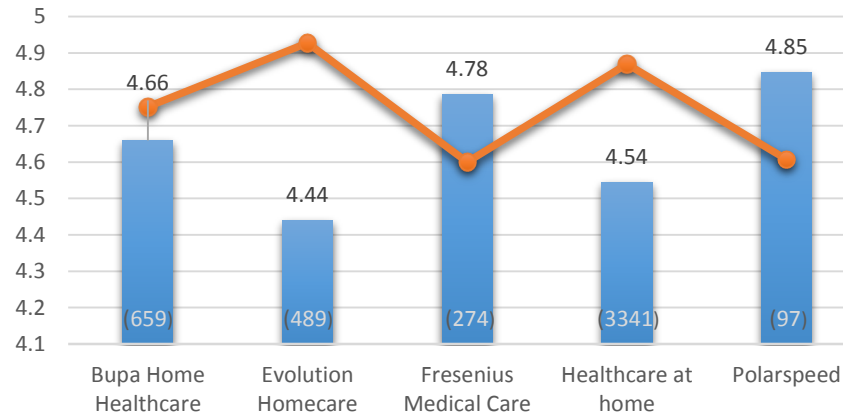
**Average Customer Services Support Score**



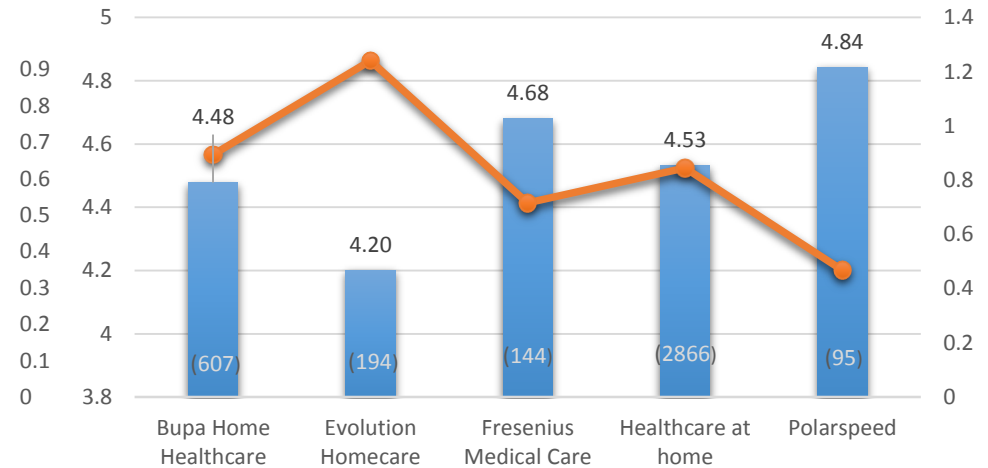
■ Average Score
 —●— Standard Deviation



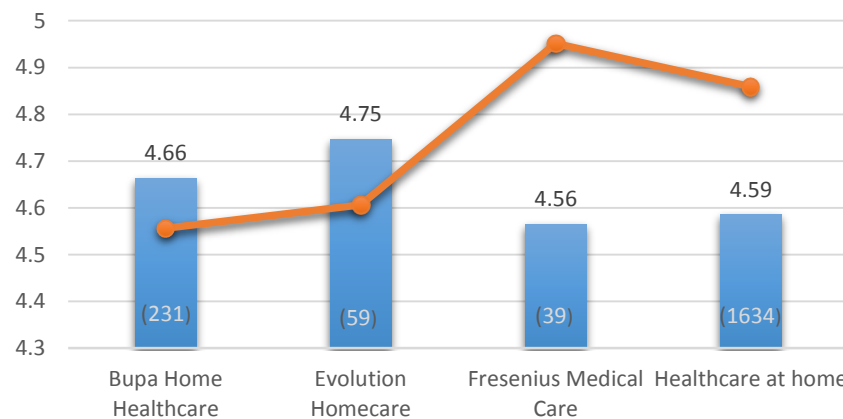
**Average Driver Assistance / Attitude Score**



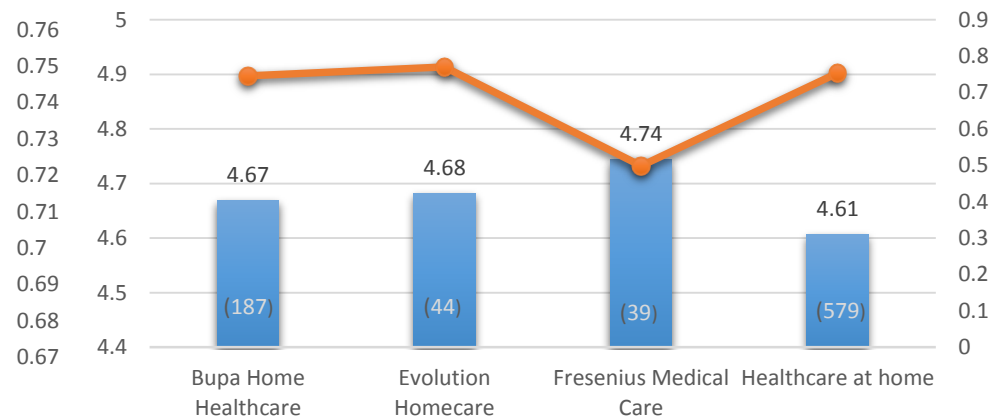
**Average Clinical Waste Collection Score**



**Average Training by the Homecare Provider's Nurse**



**Average Administration of Treatment By Homecare Provider's Nurse**




■ Average Score    — Standard Deviation

## Appendix 2 – Participating Organisations

| Homecare Providers      |
|-------------------------|
| Bupa Home Healthcare    |
| Evolution Homecare      |
| Fresenius Medical Care  |
| Healthcare at home      |
| Polarspeed Distribution |

| NHS Trusts  |
|---|
| Anglian Community Enterprise                                    |
| Basildon and Thurrock University Hospitals NHS Foundation Trust |
| Bedford Hospital NHS Trust                                      |
| Cambridge University Hospitals NHS Foundation Trust             |
| Colchester Hospital University NHS Foundation Trust             |
| East And North Hertfordshire NHS Trust                          |
| Hinchingbrooke Health Care NHS Trust                            |
| James Paget University Hospitals NHS Foundation Trust           |
| Luton and Dunstable NHS Foundation Trust                        |
| Mid Essex Hospital Services NHS Trust                           |
| Norfolk and Norwich University Hospital NHS Foundation Trust    |
| Papworth Hospital NHS Foundation Trust                          |
| Peterborough and Stamford Hospitals NHS Foundation Trust        |
| Southend University Hospital NHS Foundation Trust               |
| The Ipswich Hospital NHS Trust                                  |
| The Princess Alexandra Hospital NHS Trust                       |
| The Queen Elizabeth Hospital King's Lynn NHS Trust              |
| West Hertfordshire Hospitals NHS Trust                          |
| West Suffolk NHS Foundation Trust                               |

## Appendix 3 - Questionnaire Design


  
 East of England NHS Collaborative Procurement Hub

## NHS Homecare Patient Satisfaction Questionnaire

|                            |                              |                    |  |
|----------------------------|------------------------------|--------------------|--|
| Name of Homecare Provider: | <i>[Pre-Populated Field]</i> | Name of Treatment: |  |
|----------------------------|------------------------------|--------------------|--|

|                   |  |
|-------------------|--|
| Name of Hospital: |  |
|-------------------|--|

How do you currently rate your homecare provider's performance in the following areas:  
Please circle ONE score, where 1 = POOR and 5 = EXCELLENT

**Communication**  
eg. How well they communicate with you about delivery times, supply issues and other information useful to you.

Poor Excellent  
(Please Circle)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Choice of Delivery Arrangements**  
eg. How flexible the delivery arrangements are to fit in with your life.

Poor Excellent  
(Please Circle)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Punctuality and Completeness of deliveries**  
eg. Whether deliveries are received within the agreed time window and with all expected products/items.

Poor Excellent  
(Please Circle)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Customer Services Support**  
eg. How good are they at answering your queries and sorting out your problems when you contact them.

Poor Excellent  
(Please Circle)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Driver assistance / attitude**  
eg. How pleasant, helpful and professional the delivery drivers are.

Poor Excellent  
(Please Circle)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

**Clinical Waste Collection (Sharps bins etc) - Leave blank if not applicable**  
eg. How your used sharps (needles) collection is managed.

Poor Excellent  
(Please Circle)

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

Please continue overleaf



East of England NHS Collaborative Procurement Hub

**Training provided by the Homecare Provider's nurse - Leave blank if not applicable**

*eg. How effective / efficient the training was.*

|      |                 |   |   |   |           |
|------|-----------------|---|---|---|-----------|
| Poor | (Please Circle) |   |   |   | Excellent |
| 1    | 2               | 3 | 4 | 5 |           |

**Administration of treatment by Homecare Provider's nurse - Leave blank if not applicable**

*Eg. Whether the nurse arrives at the agreed time and you feel confident and relaxed whilst receiving your treatment.*

|      |                 |   |   |   |           |
|------|-----------------|---|---|---|-----------|
| Poor | (Please Circle) |   |   |   | Excellent |
| 1    | 2               | 3 | 4 | 5 |           |

**Overall Service**

*eg. Whether the service is convenient, problem free and easy for you to manage around your day to day life.*

|      |                 |   |   |   |           |
|------|-----------------|---|---|---|-----------|
| Poor | (Please Circle) |   |   |   | Excellent |
| 1    | 2               | 3 | 4 | 5 |           |

**Would you recommend this Homecare service to others?**

|                 |     |
|-----------------|-----|
| (Please Circle) |     |
| No              | Yes |

Please use the box below to provide any feedback or comments about your existing service. You can also suggest possible changes to improve the service provided.

*To ensure confidentiality, please do not include any personal information in your response.*

Thank you for your time