Out of Hours (GP) Questionnaire

The current Out of Hours service contract is coming to an end. We would like to use this opportunity to find out if the current service is meeting your needs, and what your expectations are for obtaining healthcare when GP and community services are closed.

Instructions: Please answer ALL the questions that apply to you by ticking the box that most closely resembles your experience. There are no right or wrong answers. The answers provided will be used to help to influence the development of the new Out of Hours service.

1. Do you know how to contact the Out of Hours Service?

☐ *Yes* ☐ *No* Go to Question 37

2. Have you used the Out of Hours service in the last 12 months?

☐ *Yes* ☐ *No* Go to Question 37

3. Did you contact the Out of Hours service for:

☐ *Yourself* ☐ *Your child / children* ☐ *Your partner / spouse* ☐ *Other relative / friend*

4. Did you wait a while before calling the Out of Hours service?

☐ *Yes* Go to Question 5. ☐ *No* Go to Question 6

5. If you did delay calling, why was this?

☐ *You considered the condition not serious enough*
☐ *You wanted to see if the condition worsened*
☐ *You did not want to waste anyone's time*
☐ *You were unsure where to go*

Other - please state: _____

6. How long do you think it took for your call to be answered?

☐ *less than 30 secs* ☐ *30 - 60 secs* ☐ *More than 60 secs*

How do you rate this:

☐ *Very poor* ☐ *Poor* ☐ *Acceptable* ☐ *Good* ☐ *Excellent*

7. **Please rate the following:**

	Very poor	*Poor*	*Acceptable*	*Good*	*Excellent*
Helpfulness of the person who took your call	☐	☐	☐	☐	☐
How much you felt **listened to** during the call	☐	☐	☐	☐	☐

8. **Were you told how long you would have to wait before a health professional called you back?**

☐ *Yes* ☐ *No*

9. **Did you wait for the health professional to call you back?**

☐ *Yes* ☐ *No*

10. **What did you do instead?**

☐ *Went to the Walk-in Centre* ☐ *Went to the GP the next day* ☐ *Called an ambulance*

☐ *Went to the Pharmacy* ☐ *Went to A & E (Accident and Emergency)*

Other:

11. **How long did it take for you to receive a call from a health professional** (This could be a doctor, nurse, paramedic, etc)**?**

☐ *Less than 20 mins* ☐ *20 - 60 mins* ☐ *More than 60 mins*

How do you rate this?

☐ *Very poor* ☐ *Poor* ☐ *Acceptable* ☐ *Good* ☐ *Excellent*

12. **Did you feel able to describe your problem over the phone?**

☐ *Definitely not* ☐ *No, not really* ☐ *Yes to some extent* ☐ *Yes, definitely*

How comfortable did you feel describing your/the patients problem over the phone?

☐ *Very comfortable* ☐ *Comfortable* ☐ *Acceptable* ☐ *Uncomfortable* ☐ *Very uncomfortable*

13. **What was the outcome of your most recent contact with Out of Hours service?**

☐ *Telephone advice only* ☐ *Walk-in Centre visit*

☐ *CNCS (Out Of Hours Centre) visit* ☐ *Home visit*

14. **Were you happy with the outcome?**

☐ *Yes* ☐ *No*

Please give a reason for your answer:

15. **Which health professional carried out the consultation?** (This includes telephone consultation as well as face-to-face) - *(Please tick all that apply)*

☐ *Doctor* ☐ *Nurse* ☐ *Paramedic* ☐ *Don't know*

Other - please state: _____

16. **How long did the consultation last?**

☐ *Less than 10 mins* ☐ *10 - 20 mins* ☐ *More than 20 mins*

How do you rate this?

☐ *Very poor* ☐ *Poor* ☐ *Acceptable* ☐ *Good* ☐ *Excellent*

17. **Please rate the following:**

	Very poor	*Poor*	*Acceptable*	*Good*	*Excellent*	*N/A*
The thoroughness of the health professional	☐	☐	☐	☐	☐	☐
The accuracy of the diagnosis	☐	☐	☐	☐	☐	☐
The treatment given	☐	☐	☐	☐	☐	☐
The advice and information given	☐	☐	☐	☐	☐	☐
The health professionals manner / attitude	☐	☐	☐	☐	☐	☐
How much you felt you / the patient were listened to	☐	☐	☐	☐	☐	☐
How much you felt things were explained to you / the patient	☐	☐	☐	☐	☐	☐
The dignity and respect you / the patient were shown	☐	☐	☐	☐	☐	☐

18. **Did the Out of Hours service give you any medication at the time of the appointment?**

☐ *Yes* ☐ *No*

19. **Did the Out of Hours service give you a prescription for any medication?**

☐ *Yes* ☐ *No*

20. **Was the medication easy to obtain?**

☐ *Very easy* ☐ *Quite easy* ☐ *Neither easy or difficult* ☐ *Quite difficult* ☐ *Very Difficult*

21. **Do you think the Out of Hours staff knew enough about your medical history?**

☐ *Definitely not* ☐ *Possibly not* ☐ *Not sure* ☐ *Yes, possibly* ☐ *Yes, definitely*

22. **Did you have any problems understanding the health professional?** e.g. because of language barriers, explanation of the condition

☐ *Yes* ☐ *No*

23. **Is English your first language?** *(if no, were you offered additional help?)*

- ☐ *Yes*
- ☐ *No - help was offered within 15 minutes of ringing*
- ☐ *No - help was offer more than 15 minutes after ringing*
- ☐ *No - no help was needed*
- ☐ *No - no help was offered*

24. **Do you have a hearing impairment?** *(If yes, were you offered additional help)*

- ☐ *No*
- ☐ *Yes - help was offered*
- ☐ *Yes - help was not needed*
- ☐ *Yes - no help was offered*

25. **Do you have a visual impairment?** *(If yes, were you offered additional help)*

- ☐ *No*
- ☐ *Yes - help was offered*
- ☐ *Yes - help was not needed*
- ☐ *Yes - no help was offered*

26. **Did you have any issues regarding disabled access?** *(If yes, were you offered additional help)*

- ☐ *No*
- ☐ *Yes - help was offered*
- ☐ *Yes - no help was needed*
- ☐ *Yes - no help was offered*

27. **Did you have to attend the CNCS (Out Of Hours Centre) :**

- ☐ *Yes*
- ☐ *No* Go to question 32.

28. **Did you have any problems getting to the CNCS (Out Of Hours Centre)?**

- ☐ *Public transport*
- ☐ *Childcare*
- ☐ *Personal safety*
- ☐ *Cost*
- ☐ *Too ill or in too much pain to travel*
- ☐ *Access to a car*

Other - please state: _____

29. **How long did it take you to travel to CNCS (Out Of Hours Centre)?**

- ☐ *Less than 15 mins*
- ☐ *15 - 29 mins*
- ☐ *30 - 59 mins*
- ☐ *1 hour or more*

How do you rate this?

- ☐ *Very poor*
- ☐ *Poor*
- ☐ *Acceptable*
- ☐ *Good*
- ☐ *Excellent*

30. **On arrival at the CNCS (Out Of Hours Centre) were you told how long you would have to wait?**

- ☐ *Yes*
- ☐ *No*

31. **How long did you wait?**

- ☐ *Less than 20 mins*
- ☐ *20 - 39 mins*
- ☐ *40 - 59 mins*
- ☐ *1-2 hours*
- ☐ *over 2 hours*

How do you rate this?

- ☐ *Very poor*
- ☐ *Poor*
- ☐ *Acceptable*
- ☐ *Good*
- ☐ *Excellent*

32. **Did you have a home visit?**

☐ *Yes* ☐ *No* Go to question 35.

33. **If a home visit was required, how long did you have to wait?**

☐ *Up to 1 hour* ☐ *1 - 2 hours* ☐ *More than 2 hours*

How do you rate this?

☐ *Very poor* ☐ *Poor* ☐ *Acceptable* ☐ *Good* ☐ *Excellent*

34. **Do you feel you were kept informed about the home visit?** e.g. expected time of arrival, if running late

☐ *Yes - as much as was needed*

☐ *No - I would have liked a follow-up phone call*

35. **What is your overall rating of the Out of Hours Service?**

☐ *Very poor* ☐ *Poor* ☐ *Acceptable* ☐ *Good* ☐ *Excellent*

36. **Was your case managed with sufficient urgency?**

☐ *Definitely not* ☐ *No, I don't think so* ☐ *Yes, I think so* ☐ *Yes Definitely* ☐ *N/A*

37. **How would you like to access Out of Hours service in the future?**

☐ *As you do now* ☐ *Defined opening hours for access* ☐ *Drop-in options*

☐ *Telephone access* ☐ *Appointment System*

Other: _____

38. **Where would you like to access Out of Hours care?**

☐ *As you do now (same premises)* ☐ *On transport route* ☐ *Where there are good facilities e.g. parking*

☐ *Next to / near to hospital* ☐ *In the community* ☐ *At home (when needed)*

Other: _____

39. **What services would you like to see the Out of Hours service offer?**

☐ *Shared services with A & E* ☐ *Text messaging* ☐ *Links to 111*

☐ *Telephone access* ☐ *Online tools* ☐ *Links to other services*

Other: _____

40. **ANY OTHER COMMENTS**

_____

41. **Would like to continue to be involved in the Out of Hours service review, if yes, please provide your contact details below:**

- ☐ *Yes - please provide your contact details*
- ☐ *No*

Name

Address

Telephone

Email

The following information is collected for monitoring purposes only. It is kept in the strictest confidence and will not be shared with any other party.

The information required in the following questions is for that of the patient:

42. **Please insert the first four digits of your postcode:** (e.g. NG4, NG7, NG14, etc)

43. **Would you describe you / the patient as:**

- ☐ *Male*
- ☐ *Female*

44. **Please select the appropriate age category:?**

- ☐ *0-17*
- ☐ *18-24*
- ☐ *25-49*
- ☐ *50-64*
- ☐ *65-74*
- ☐ *75-84*
- ☐ *85+*

45. **Would you / the patient describe your ethnicity as:**

- ☐ *White British*
- ☐ *White Irish*
- ☐ *Other white background*
- ☐ *Indian*
- ☐ *Pakistani*
- ☐ *Bangladeshi*
- ☐ *Chinese*
- ☐ *Other Asian background*
- ☐ *Black Caribbean*
- ☐ *Black African*
- ☐ *Other Black background*
- ☐ *Mixed White & Black Caribbean*
- ☐ *Mixed White & Black African*
- ☐ *Mixed White & Asian*
- ☐ *Other mixed background*
- ☐ *Traveller / Gypsy*
- ☐ *Prefer not to say*

Any other ethnic background:

46. **Do you / the patient have a disability?**

- ☐ *Learning Disability / Difficulty*
- ☐ *Mental Health Condition*
- ☐ *Sensory Impairment*
- ☐ *Long Term Condition*
- ☐ *Physical Impairment*
- ☐ *No disability*

Any other disability:

47. **Are you / the patient:**

- ☐ *Heterosexual /straight*
- ☐ *Gay / Lesbian*
- ☐ *Bi-sexual*
- ☐ *Other*

48. **Are you / the patient:**

- ☐ *Married*
- ☐ *Single*
- ☐ *Living with partner*
- ☐ *Other*
- ☐ *Civil Partnership*
- ☐ *Divorced*
- ☐ *Widowed*

49. **How would you / the patient describe your religion / belief?**

- ☐ *Hinduism*
- ☐ *Islam*
- ☐ *Judaism*
- ☐ *Sikhism*
- ☐ *Jainism*
- ☐ *Agnostic*
- ☐ *Christianity*
- ☐ *Buddhism*
- ☐ *No religion / belief*

Any other religion / belief ☐

50. **Are you / the patient pregnant or have given birth within the last 12 months?**

- ☐ *Yes*
- ☐ *No*
- ☐ *Prefer not to say*

51. **Is your / the patients gender the one assigned at birth?**

- ☐ *Yes*
- ☐ *No*

52. **Do you / the patient live and work full time in the gender role opposite to that assigned at birth?**

- ☐ *Yes*
- ☐ *No*

53. **If English is not your / the patients first language, please state your preferred:**

☐

Thank you for completing this Out of Hours patient questionnaire. Your help is very much appreciated.

Please return the completed questionnaire to: Out of Hours Survey, NHS Nottinghamshire County, (FREEPOST RRZL-GBTT-RJUU), Birch House, Mansfield, Nottinghamshire, NG21 0HJ

Alternatively complete the survey online at www.nottspct.nhs.uk/my-voice/consultations

If you have any queries relating to any of the questions asked within the questionnaire, or wish to discuss further, please contact the Patient Advice and Liaison Service (PALS): Telephone 0800 028 3693

This questionnaire is based on one developed by CFEP - UK Surveys, University of Manchester