



2010 Patient Survey – Results Summary

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Introduction

Background

A different approach was trialled for this year's survey. Frustrated by the difficulty in obtaining service improvement ideas from the previous surveys, which consisted of highly structured questions seeking a 'score' from a limited range of options, this year's questions were deliberately open. Patients and their carers were asked to describe their experiences of the various aspects of the hospice services and were prompted to say how they might have been improved.

It was recognised that this could result in a large amount of free-format text, making analysis difficult, but it was felt that the small numbers involved in the patient cohort made the exercise achievable. It would not be a practicable approach for (say) a large scale hospital survey. A copy of the survey form is attached as Appendix A

The response

The overall response has been disappointing, with fewer returns than last year. In particular the response from community patients was very low. Forms are left with these patients, together with a stamped, addressed envelope, and it is likely they are put to one side and then forgotten. It is also possible that patients now suffer survey overload (all hospital teams now conduct patient surveys) and are reluctant to spend precious time completing yet another one.

However, although the number of returns was disappointing the overall quality of the responses was very good. We take the view that specifically mentioned topics – good and bad – carry more weight as the patient has obviously remembered them unprompted and not just reacted to the detail in the questions.

This report

The Partnership Group members assessed every comment and selected those that accurately represented the overall feedback for this report. Many responses named and praised individual staff members; these have been anonymised for this report.

One issue that has become apparent this year is that the distinction between the different hospice services and locations is becoming blurred: patients are assessed and spend time in day services before becoming community patient, others are day service or community patients yet attend the IPU for a period. It is apparent from several responses that patients' view the hospice holistically and their experiences cross these departmental boundaries. The implications of this should be considered and discussed prior to next year's survey.

Comments about all departments are very upbeat and demonstrate the value patients place on the services they receive. All Hospice staff should be congratulated as the comments show just how much patients and families appreciate the excellent work they do.

The results

Inpatient Unit (IPU) – total number of returns = 9

The lower number of returns and the less detailed responses may reflect the fact that IPU patients are generally very poorly and may not have the ability or the desire to complete surveys. Nonetheless, some interesting views were elicited.

Q2 Referral to the Hospice.

A variety of referral sources were mentioned (Macmillan nurses, hospital CNS, Essex County Hospital ward, specialist Hospice nurse, Royal Free Hospital in Hampstead) indicating a broad awareness of and willingness to utilise the Hospice services. In all cases the timing was thought to be right. One patient said their experience would have been improved if they had had more information about medication. No further details were given but the patient was referred due to concerns about medication prescribed by the GP.

Comments of particular note:

“I was seriously ill when taken to St Helena Hospice at Colchester and remember little of my arrival. However I am aware of a fantastic team of nursing staff who with dedicated care have improved my condition considerably. The service offered could not be improved upon, it is an amazing achievement by all.”

“Referral made by Royal Free Hospital Hampstead. Timing was right for me. Saw doctors every day so knew my situation at all times. Care was wonderful, nothing was too much trouble. All staff were happy, kind and helpful.”

Q3. First Impressions

All seemed to have a positive impression of their first visit. Impressions were: *“professional and caring”*, *“looked nice and comfortable”* and *“calm atmosphere”* and particular mention was made that it was not only for the patient but their carer as well. There were no suggestions for improvement; most commenting that it is excellent as it is.

Q4 Information

Most responses said the information they were given was either very good or first class. One patient said they had been admitted very quickly and had not received any written information but had been given very thorough information verbally. One patient has memory problems and couldn't remember what they had received.

Q5. Attitude

Overwhelmingly positive, the comments mentioned *“very nice staff – very caring”* and *“always felt as if I was respected as an individual by the staff. One comment of note said: “I have a wide experience of hospitals to such a degree it has resulted in my employment by a*

local university (as a NHS 'expert' patient.). This hospice is entitled to be very proud of its many achievements in providing such excellent staff and facilities."

Q6. Medical care

The majority of comments specifically mentioned that the patient felt fully involved with their care. One patient said they had "*Never been treated as well (or) as holistically anywhere else*" but another patient said their treatment had made things worse, although did not specify in what way. Another patient, with memory loss, explained how the hospice staff had worked with her sister to manage her care.

Q7. Personal Needs

There are several examples of good attention to patients' personal needs, such as "*Because of my illness I am always cold. Nurses put a duvet on my bed including blankets and gave me a hot pad. It made such a difference to me. Nothing was too much trouble.*" One patient praised the emotional support they had received as "amazingly good". However one comment referred to pain relief not always being met when required while another said the staff tried very hard but were sometimes hindered by staffing issues.

When asked about improvements, it was suggested that a games room would be nice with jigsaws, playing cards etc.

Q8 The Environment

Universally appreciated, as shown by the following comments: "*Very nice, especially the gardens. I was moved from a single room to a shared one and had a wonderful view of the grounds*", "*I have a single room. The decorations are pleasant and cheerful. The gardens are superb, an oasis of peace*" and "*Happy with shared room. Not very ill so like shared room. Garden is lovely, restful, decoration very soothing.*"

Catering and cleaning continue to attract very positive comments: "*All very good. Catering cannot do enough for me. Cleaning very thorough*" and "*Catering is very good. As I can only eat small meals with reduced ingredients everything was varied and beautifully presented.*"

Q9 Communication

Most of the comments related to communication between staff within the Hospice and were extremely positive. Comments such as: "*Very good. Everyone in loop knew what was happening. Very smooth changeover between nurses, doctors and everyone else including catering staff*" and "*Team work – everyone knowing your situation*" were typical. It is also good to know that progress has been made, one comment pointing out that "*All coordination is brilliant and much improved since my mother was here in 2002*". However communication with other agencies still seems to be an issue on occasions. Two comments indicated there were issues with getting timely test results from the hospitals and in transferring medicine management from hospital/hospice to GP. It was recognised that the latter was not a Hospice issue but a "*loose end in the overall care package*".

Q10 Anything Else

A patient questioned why Wivenhoe didn't have a much greater knowledge of the Hospice. This awareness issue came up in a different way in the following comment: *"I was unaware of this hospice and the considerable care provided to other local people although I appreciate(d) in general terms the good work carried out."*

At a more basic level, another patient suggested that *"having disposable toilet seat covers would be a good idea"*.

However, the other comments reiterated the excellence of the Hospice care and the feeling of peace they found there.

Colchester Day Services – total number of returns = 18

As expected, the responses from Day Services patients were more comprehensive bearing in mind they tend to be fitter and have used the services for a longer period than IPU patients. The feedback on the Colchester services was overwhelmingly good and it is obvious that patients value the contribution the services make to their lives.

Q2 Referral

Referrals were made from various sources, Macmillan nurses, hospital CNSs, hospital consultants and GPs. There was one referral from Broomfield hospital. From the patient's comments it appears this was not as smooth as the more usual referral paths, saying that it appeared to be done *".. as a matter of course"*. Most thought the timing of their referral was right except for one who thought the hospital should have referred them earlier. There was a lot of praise for the speed and prompt handling of the referrals; a typical comment being *"Impressed with the speed at which it was arranged once the need was recognised"*. There was gratitude at being offered transport to and from the hospice and at involving family members in the initial discussions. Several comments mentioned the patient's anxiety prior to their referral and how quickly they were put at ease: *"I was in shock at seriousness of (my) diagnosis but reassured. I was given support leaflets from NHS and advised about the help from Colchester hospice for which I have been so grateful."* and *"At first I was not very happy. Now I am happy – I look forward to my visits on Fridays"*. One patient, referred by their GP said *"I would have liked more information on the role of the hospice because I was scared that I only had a very short time to live."*

When asked about improvements there were suggestions that more information about the Hospice would have been helpful. One patient's experience was not good: *"Colchester General Hospital told me that my condition was terminal and that they would refer me to the hospice. Which they failed to do so I made contact with the hospice myself."*

Q3 First Impressions

"I was very impressed on my first visit. Everyone was so friendly and attentive. We were offered tea or coffee on arrival and introduced to all the other patients and staff. Drinks were served during the morning and lunch at 12:30. Another first day lady and I were taken around the grounds in the afternoon and also visited the hospice."

All comments were positive, particular points being the calm atmosphere, the friendliness of the staff and the attempts to make them feel welcome: *"Little touches such as tea-lights make it all the more welcoming"*. The patient referred from Broomfields Hospital said they had attended an initial meeting without really knowing why and would have liked some information on *".. what the hospice was about"*.

Q4 Information

Patients who had received information thought it was informative and very helpful but several said they had not received any or could not remember receiving any. The patient referred by their GP would have liked information about the hospice prior to their initial visit.

One patient found the amount of written information “*rather overwhelming*” whereas another commented that they “*Did not really need the written information as the verbal discussion answered all questions*”. However there are several comments along the lines of: “*The Patient Information Guide is well produced and very helpful to a new patient worried about his future prospects and treatment*”.

Q5 Attitude

Staff should be extremely pleased with the response to this question. Commonly used phrases were: “*respected as an individual*”, “*caring, patient and considerate*”, “*nothing is too much trouble*”, “*most helpful*” and, “*polite and helpful*”. The “Broomfields’ patient, whose experience had such a poor beginning, admitted that “*I have more or less fitted into the system. I feel that it is beneficial and have come to enjoy the contact. The staff have been kindly and I feel happy in their company*”.

Typical comments were: “*With the counselling I received and the sympathetic attitude of the staff and helpers I overcame my depression and dark thoughts I entertained*” and “*The staff attitude was good and I was respected as an individual. I have had help from other patients as we are all in the same boat together. We all deal with our problems in a different way*”. One patient thought “*everything very positive*” but went on to say that “*some activities are somewhat disorganized*”.

The only suggestion for improving the experience: “*I would like a bacon sandwich in the day centre every time I visit with my coffee in the morning*” was possibly made somewhat tongue-in-cheek. However, the smell of a bacon sandwich can even make a vegetarian salivate and would probably be a nice occasional treat.

Q6 Medical Care

Several aspects of care were mentioned: “*Initially hospice had only limited involvement in medical care/therapies eg. assistance in giving better balance. Now totally involved in pain management – I am much happier with this*”; “*I took part in the relaxation, art and reflexology, all of which I found beneficial*”; “*Relaxation classes are good and helpful. I particularly value my times with the Counsellor and always feel better after my talks with her*” and “*I have had some foot care, it helped me a great deal and I could move my toes again. I haven’t been able to do this for over a year*”. Benefit from fatigue management, physiotherapy and medication advice was also specifically mentioned. A typical comment was: “*I felt fully involved in any decisions made about my case and problems seemed to be trivial after discussing them*”.

Q7 Personal Needs

It is obvious that patients appreciate the personal attention to their needs, praising the staff for being “*Always ready to listen and have a chat*”. The chaplaincy was specifically mentioned “*I have gained from my talks with X - volunteer chaplain - good discussions, didn’t make it all religious! As mentioned, (I) gained much emotional support from X*” and one patient said “*It would be helpful to know how the chaplaincy is organized*”. Car transport and the drivers are much appreciated, as always.

When asked what could improve the experience one patient suggested they *“Would like more physical training eg. walks round garden. I would like to be able to have a bath each visit. I would like more games/entertainment”*.

Q8. Environment

“The hospice environment is so peaceful, it’s like another world. The surroundings are so beautiful”, sums up the feelings about the environment. The gardens are repeatedly praised as is the calming atmosphere.

Catering was said to be good, lovely and *“offering good value”* but there were several comments criticising the Friday lunch: *“Friday lunch – I can’t recommend it. It is tasteless and badly presented”* and *“.. catering on Friday is not as good as Tuesday”*. A more general comment was *“..though food not as good as it used to be”*.

Cleanliness was said to be fine, spotless, satisfactory or excellent.

All suggestions for improvements were related to the catering: *“I would like meals with more sauces (gravy)”*; *“I found helpings of food were rather large but when I asked for smaller portions this was adhered to. Some clients did complain regards the food, I found when I ordered from the menu there was always something I could choose from. I was disappointed when the baked potato and salad was taken off during the winter”*; *“A little more choice please, not only main meal and baked potatoes”* and *“Better meals on Fridays”*.

Q9 Communication

Inter-agency communication still seems to be an issue for patients as evidenced by the extremely grateful tone of the comments once Hospice staff have intervened. For example, *“As I’m under three departments it is not always easy to have good co-ordination. The hospice have helped remedy this and follow up any lapses in communication. This has really helped me”*. Hospice staff were generally seen as expert in dealing with other agencies such as GPs, social services etc. Patients really seem to appreciate the personal nature of the services, praising aspects such as the car transport (*“.. important and makes one feels safe”*) and home visits.

Patient’s individual issues are highlighted by the following experience *“.. I have had invaluable help getting prescriptions from my GP when the surgery would not supply as they wanted me to see the GP. I am unable to attend surgery as I have no transport”*.

An important point was made by a patient with hearing impairment: *“Not everyone realizes the need to look towards a deaf person when talking to him”*.

Q10 Anything Else

Nothing needs to be added to the following comments:

“I was fearful about the experience but everybody has made me feel so much better”

“I had to come to the Day Centre for a blood transfusion. I was greeted with open arms and made to feel very welcome by doctor, nurses and volunteer staff”

The way in which my adult children were involved from the start was appreciated so much by them and by me”

“I love the friendly atmosphere. The day hospice is the only contact I have with other people, apart from visits from son and a friend when they can visit. We are all in the same boat and are able to laugh and joke”

“Although I am not very mobile yet everyone came to me and spoke. All have the kindest natures and there is a happy atmosphere with a lot of laughter”

“I am extremely deaf which makes communication difficult. I would like to stress how very understanding and kindly the staff are to this problem”

“It has been so good to me in every way. I am not going to pretend I am going to miss coming very much but there are other people who need care as I have had”.

Tendring Day Services – total number of returns = 12

There were fewer returns from Tendring Day Services patients although the quality was good with many patients providing very comprehensive responses. Staff should be pleased by the extremely positive views of their patients. Of particular note is the frequent praise for the catering, an area that elicited some criticisms last year.

Q2. Referral

Comments were similar to those from Colchester patients. Referrals were made from a variety of sources and were actioned promptly: *“Very happy, referred within 1 hour”*. There was praise for the initial contact: *“I then met up at the Hospice with two staff and my needs were discussed. This was all very helpful and there was nothing that did not impress me”*. Not surprisingly, some patients tended to feel anxious: *“I was a little bit scared thinking Hospice, but after seeing what they do for you and all the activities you can do I felt better”*. Not all referrals went smoothly, as shown by this experience: *“Referral was made through specialist nurse at Colchester General Hospital. I was told a Macmillan nurse would contact me to have a chat in my home. This was not so. I received a phone call from the Tendring Centre to make an appointment at the Centre for an interview. This I could not do straight away as I had to find someone who could give me a lift etc.”*.

There was one suggested improvement. One patient *“Would have liked to have been shown round the Hospice when I first came”*.

Q3 First Impressions

These were described as either excellent or very good. For example, *“From the instant you’re introduced you’re made to feel like a human being and not a number”*. The following experience seems to start rather negatively yet ends very upbeat – probably a not uncommon tale: *“Day centre Clacton, first visit! Taken to lounge, sat next to someone rather than sit on my own as I wished. Spent morning answering questions for my personal file. Stayed for lunch (very nice), chatted to other patients. After lunch X (nurse 10 yrs at Centre) offered to show me around building. I was very impressed by the design and layout. After X took us all for a meditation which was most enjoyable and relaxing”*.

Q4 Information

All replies acknowledged that they had received information, which was described as *“very good information with coverage of day to day services”*. One patient said the hospice *“Gave me all the information I needed both verbally and written, for me to read at my pace and time”*. There was one suggestion for improvement, requesting: *“More on counselling for my family. I think they would have liked that”*.

Q5. Attitude

“All staff from the manager etc etc made you feel at home and nothing was too much trouble for them. Even the volunteer drivers gave me a feel good factor”.

Staff attitude is described as respectful and chatty, first class, very good and welcoming. Patient appreciate that they can “..have a laugh and staff respect personal space” and that “everything was just made for me”.

“The hospice has given me such a lot of confidence and satisfaction. The staff attitude towards me has been very, very good and so has the doctor”.

Q6. Medical Care

Patients felt fully involved with their medical care: *“I have always felt fully involved in all discussions about my care and this is empowering to me as an individual”* and *“Very happy with advice and staff communication with my GP. Good to talk about aspects of my treatment with staff”*. One patient praised their treatment for lymphoedema, saying that *“.. my legs are much lighter now and walking improving every day”*.

Q7 Personal Needs

There are several examples of excellent attention to patients’ personal needs:

“Having assistance with forms (which always give me a mental block as you will gather from my attempt to complete these). Thanks to the assistance at Centre I have been given attendance allowance, plus blue badge which has been very helpful on both accounts.”

“Staff have been great and I was ‘fitted’ for a wheelchair with speed and this has made a big difference to my ability to access the local community.”

“First of all the staff noticed I needed a wheelchair and oxygen. Within one week I had them”.

Under the improvements question there was a request for music therapy, while one patient said they were *“Still waiting for OT assessment on my bathroom which I find hard to use, however staff have been off sick”*. A slightly poignant request was: *“More spiritual input would be nice. I am a ‘lapsed’ Christian and would like not to be”*.

Q8 Environment

Patients like the environment, commenting particularly on the gardens, communal areas and rooms. One patient thought *“The gardens are very nice and all the rooms are comfortable and very clean”* while another said *“Good seating – nice garden and general atmosphere”*.

The catering came in for much praise, being rated as very good or excellent. One patient, who obviously enjoyed the visits, said *“Excellent. Reception friendly and helpful. Always clean and tidy and the food is great. You can have whatever you feel like, great for me, I actually eat more here than at home”*.

A suggestion for improvement was to have an *“Indoor smoking area for when the weather is bad!”*

Q9 Communication

Mirroring the Colchester experience, patients appreciated the help from staff with their dealings with GPs and hospitals as evidenced by comments such as: *“I found it difficult to get my head around the coordination between Centre and surgery. You talk to X and I have a visit from Dr Halstead. Not used to such good service. Thanks”* and *“Very good coordination between hospice - GP - hospital”*. Communication within the hospice received some praise, as in *“Excellent communication between staff at all times, everyone is very friendly and in tune with how we may be feeling at any given time”*. As expected, car drivers were *“all polite and helpful”*.

Q10. Anything Else

“Had to cancel one visit to Centre as could not get a lift. The Centre phoned to see if I was okay, said to ring and they will arrange a lift should it happen again – this was so nice to hear”.

One response was received from a carer. This stated that their first impression was warm, friendly and most helpful while all the services were considered to be excellent.

Community Services – total number of responses = 10

The number of responses from Community patients is much lower than last year. As mentioned in the introduction the reason for this is unclear. However, those replies that were received frequently praised individuals by name; it is clear that their attitude, help and support is much appreciated.

Q2 Referral

Referrals were made by the patient's consultant, hospital or GP. One seems not to have gone as planned: *"First visit to hospice day centre there was no welcome introduction to explain what services were available"* whereas others were more impressed: *"Saw hospice nurse consultant very quickly (within 1 week) and she was very helpful and pleasant"* and *"I was referred by my oncologist for oesophageal cancer and pain in eating. X arrived on the appointed day and dealt with me very professionally and thoroughly"*

A carer added: *"Referral from hospital. I think our doctor should have referral (sic) us sooner, had more contact with the hospital. Once the hospice had contacted us things seemed better"*. Another carer commented: *"We were referred by the District Nurses and had our initial assessment with X. The meeting was primarily about getting Mum a place in Day Services which he did for the following week – excellent service!! X was very kind and gentle and provided us with very useful and helpful information. The visit was everything we could have hoped for"*.

Q3 First Impressions

Initial impressions seem to have been very positive:

"The first visit from the St Helena Hospice nurse specialist, X, was very good and informative. X explained every question asked and has helped me with forms, appointments ever since"

"Nurses visit was very easy, she was easy to talk to and quickly assessed my situation despite a lot of form filling. The hospice has a tranquil relaxed atmosphere and the doctors spend as much time as needed".

"First visit by community nurse at my home was very good and helpful with medications and other information needed".

A carer said that *"The Community nurse came to our home and was lovely, made us feel we could ask anything"*, adding that *"We didn't know all this help existed"*.

Q4 Information

One patient couldn't remember whether information had been provided but the others thought the information, written and verbal, was comprehensive. A family member thought the information *"reads very well"* but had *"wished we were advised sooner"*.

Q5. Attitude

There is a pleasing theme of respect and treating people as individuals: *“Contact was at home: treated with great respect, sympathetic understanding of my personal need”* and *“I was totally respected as an individual. The staff had very nice smiles and were helpful and approachable”*.

It is clear that the service is valued: *“The hospice service to me is a brilliant one. Every question asked has been answered honestly. No staff has ever been disrespectful towards me”*.

A family member recalled that *“My first meeting was very good, we asked what we needed to know and the community nurse told us a lot about what might happen, also didn’t keep anything from us which we felt the doctors at the hospital had”*. Although the question was really concerned about the staff’s attitude it was satisfying to hear from one carer who said their attitude was now *“More relaxed, hopeful and safe at night”*.

Q6 Medical Care

One patient’s relief comes through in the comment *“At last I found someone who was taking an interest in me and assessed me thoroughly. We discussed matter together and I was fully involved.”* Another comment confirms the benefit for the patient: *“All medical care/therapies and after-care service from the hospice and all related staff has been wonderful and has improved my condition which has made me feel better”*.

It is obvious that personal medical care helps the carer as well. One wife said *“The medical care has helped my husband as X has spoken to Dr X and our GP to arrange more pain relief and sickness medication”*. A different family member commented that *“We have only been involved with the hospice since May 2010. We have been told about Mum’s care and what yourselves can offer us at home or at the hospice. It made us feel better to know we can ring anytime.”*

Q7 Personal Needs

Although one response said that all personal needs were met the others implied that the patients had not yet needed such support: *“We are confident, from advice given by X, the hospice can meet any/all future needs when and if they arise”* and *“The nurse is there for emotional support and it’s clear that she is approachable”*.

A carer said *“We have talked about our spiritual needs, any personal needs have also been spoken about. We have felt very comfortable with our nurse”*.

Q9 Communication

One patient thought that *“.. all the services communicate and coordinate to make every day run smoothly”* while another thought there was room for improvement: *“With regard to the hospital and hospice, very impressed. Community/GP services have been OK but could be better and more pro-active/preventative”*.

Carers really appreciate the support offered: *“They always phone up in the week to see if I want any respite care for my husband, so I have a few hours to do anything I need to”* and *“the hospice has done most of the communicating with our doctor which has made that part easier for me”*. One carer would have liked *“The doctors to have explained more”*.

Q10 Anything Else

“Only had first/initial contact visit with X so experience to date limited although meeting with X was positive and comforting”

“I think I am not sufficiently ill to take advantage of the hospice service but have been impressed so far”.

A carer/family member was pleased about the nurse *“talking to my husband to take his mind off his illness”* while another said that *“Everyone we met were very supportive and caring about my mum’s needs, and I was also offered counselling for myself or any family members should we want it”*.

Summary

This is the first survey in its new unstructured format and the Partnership Group members would like to thank those members of staff who assisted in carrying it out. We are interested to know your thoughts on its strengths and weaknesses. Comments should be sent or emailed to the Hospice, for the attention of Jane Elliott.

The comments expressed by patients and carers/family members in this report will make pleasant, albeit unsurprising, reading. All involved with the hospice are to be congratulated on achieving such a high level of satisfaction with the services and the standard of care provided.

We are aware that some patients and family members may be uncomfortable with or unable to complete written forms yet still have valuable views and comments about their experience of Hospice services. To address this, the Hospice is arranging some ‘focus group’ sessions in 2011 at which all patients, carers and family members will have the opportunity to talk about their experiences. It is hoped that relevant comments from the sessions can be incorporated in this report.

St Helena Hospice 2010 Service User Survey

We are trying a different sort of survey this year, with fewer questions which allow you to describe your experiences of using the Hospice services. Forms can be completed by patients and carers/family members - we are interested in all your stories.

The information you give us will be used to influence how the hospice services develop and some quotes may be used in Hospice literature. All the responses are anonymous.

Please hand the completed form, in the envelope provided, to reception at either Colchester or Clacton or mail it to St Helena Hospice, Barncroft Close, Colchester CO4 9JU. Please ensure your response is received by 31st August 2010.

Q1a. Are you a patient or a carer/family member?

(Please tick one box) Patient Carer/ Family member

Q1b. Do you attend the Hospice at Colchester or Tendring or receive Hospice services at home ? (Please tick boxes as appropriate)

Q2a. Referrals – this question is concerned with your first contact with the hospice, how the referral was arranged and whether the timing was right for your situation. Please describe your referral for hospice services, including anything that particularly impressed you and anything that did not work as well as you would have liked.

Q2b. Please tell us about anything that could have made your experience better.

Q3a. Please describe your first impressions of the Hospice service. This could be the first visit by one of our Community Nurses or your initial visit to the Hospice.

Q3b. Please tell us about anything that could have made your first impressions better.

Q4a. The hospice should have given you some information, examples could be: Patient Information Guide, Inpatient Admissions Guide or the Day Services Guide.
Please let us have your opinion of the hospice information.

Q4b. Was there any information you would have liked that was not provided?

Q5a. This question is about how the hospice made you feel, the staff's attitude towards you and whether you were respected as an individual.
Please describe your experience of being involved with the Hospice, whether at home, at a Hospice Day Centre, or in the Inpatient Unit.

Q5b. Please tell us about anything that could have made your experience better.

Q6a. This question is about the medical care and therapies provided by the Hospice.
Please tell us whether you felt fully involved in the decisions about your care and whether it made you feel better.

Q6b. Please tell us about anything else you think we could have done to help you.

Q7a. This question is about the way the Hospice was able to respond to your personal needs, such as your comfort and emotional or spiritual support.
Please describe your experience of the Hospice's ability to meet your personal needs.

Q7b. Please mention anything that could have made your experience better.

Q8a. This question is for anyone who has attended any part of the Hospice. If you only receive services in your home please ignore this and go to Q9.
Please tell us what you think of the hospice environment, such as the shared rooms, your room, the decorations, the garden etc.

Q8b. What do you think of the Hospice services, such as such as reception, catering and housekeeping/cleaning?

Q8c. Please tell us about any improvements you would have liked to see.

Q9a. There are many people, at the Hospice and outside, involved in your care. This question is about how well they communicate and coordinate to provide you with a good service.
Please describe any examples of good and/or poor coordination you have experienced.

Q9b. Was there anything that could have been done to improve your experience?

Q10a Anything else?

Please describe any other aspects of your Hospice experience that come to mind.

Q10b. Is there one thing, no matter how small, that could have made your experience better?

Thank you for taking the time to complete this form. Please place it in the envelope provided and return it to St Helena Hospice Reception or post it to St Helena Hospice, Barncroft Close, Colchester CO4 9JU.