

Using patient experience to monitor and improve our trauma and orthopaedics service for **hip** and **knee replacement** patients

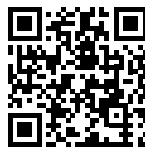
We understand you or a loved one have recently had an operation, referred to clinically as ‘arthroplasty’, to reconstruct one of your joints (hip or knee) at The Royal Hampshire County Hospital (RHCH), Winchester.

As we have centralised this service to improve waiting times, length of stay and improve consultant cover seven days a week, we would like your feedback to help us understand what went well and what we might try and improve.

We would be very grateful if you could complete this short survey and return it in the freepost envelope or send it freepost to: **Freepost Hampshire Hospitals**. It should only take you three to five minutes to complete.

You can fill the survey in online if you prefer, **scan the QR code** to go straight to the online survey or go to:

www.surveymonkey.co.uk/r/TO-RHCH.



All feedback is anonymous unless you choose to leave your name and contact details because you would like someone to contact you about your experience.

1. Are you:

- The patient
- Answering on behalf of the patient (eg relative, friend or carer)
- Answering as a relative, friend or carer
- Other, please specify

2. Which do you consider to be your local hospital:

- Basingstoke and North Hampshire Hospital
- Royal Hampshire County Hospital Winchester
- Other – please specify

3. What is the start of your postcode?

4. How did you travel to RHCH for your operation?

- NHS patient transport
- Voluntary services patient transport
- I was given a lift
- Taxi
- Bus / train
- Other, please specify

5. Would you have made other travel arrangements if your operation had been at your local hospital?

- Not applicable as this was my local hospital
- No, I would have made the same arrangements
- Yes (please specify)

6. Thinking about your overall experience, how would you rate the service you received:

- Very Good
- Good
- Neither Good nor Poor
- Poor
- Very Poor
- Don't Know

7. Please tell us as concisely as possible, why you gave your rating of the experience received.

8. Thinking about carers, family members and friends, how did these new ways of working impact on them:

- Positive impact
- Acceptable impact; they understood the benefits
- Minimal negative impact
- Significant negative impact

If you answered: minimal or significant negative impact, please tell us why?

Note: You can use the additional space overleaf to tell us more about your experience and if you would like someone to contact you to discuss it, please leave your name and contact details. Alternatively, you can contact the Patient Advice & Liaison Service (PALS) via telephone on 01256 486766 or via email at customercare@hft.nhs.uk

9. Please can you tell us up to three things you feel went well and up to three things you feel we could improve.

Did well:

Could improve:

If you wish, please use the space below to tell us more about your experience. If you would like someone to call you to discuss your experience in more detail, please also leave your name, preferred contact details.

Name (Optional)

Contact details (Optional)

To help us understand whether we are reaching all those who may use our services to ensure everyone has equal access to those services, it would be really helpful if you could answer the following questions.

1. Are you:

- Female
- Male
- Prefer not to say

2. Your age group:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 17 or under | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

3. Your ethnic background:

- | | |
|--|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> Any other ethnic background (please specify below): | |

4. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, please tell us about your disability below:

5. Your religion or belief:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Other religion or belief |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Islam | |

6. You would describe your sexuality as:

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Heterosexual/
Straight | |

7. Are you a carer?

- No
- Yes, for child/children under 18 years living at home
- Yes, for a relative or person living with you
- Yes, for a relative or person living elsewhere