

Dispensing Appliance Contractor Patient Questionnaire

This section is about why you contacted a supplier recently and the response you received

Q1. Why did you contact the supplier?

To submit a NHS prescription for: Yourself Someone else Both

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For some other reason (please write in the reason for contacting the supplier):

Q2. How do you normally contact your supplier?

I contact the supplier by:

Telephone

Fax

Post

Email

Face to face

Internet

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Q3. How easy did you find it to contact them?

Not at all easy

Fairly easy

Very easy

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Q4. If you have dealt with the supplier either by telephone, email or in person, based on your experience of this and other occasions, how would you rate them and the services listed below? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

Very Fairly Don't Fairly Very
good good know Poor Poor

- a) Were they polite and did they take the time to understand your needs?

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- b) Answering any queries you may have ☐ ☐ ☐ ☐ ☐
- c) Passing you on to someone who can advise ☐ ☐ ☐ ☐ ☐
- d) How would you describe their service? ☐ ☐ ☐ ☐ ☐

Q5. If you had a prescription dispensed, did the supplier who supplied the appliance provide you with a written note of the supplier's name, address & telephone number?

Yes No Don't know

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This Section is about the services you receive from this supplier

The next two questions are about occasions when the appliance was not available at the time requested. If this does not apply to you please go to question 8.

Q6. If there has ever been an occasion when the appliance was not available straightaway (based on your experience of this and other occasions you have used this supplier), please answer the following:

- a) Did you receive a written note of the appliance which is/was owed?

Yes No Don't know

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- b) Were you informed when it is/was expected to become available?

Yes No Don't know

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Q7. If the appliance was not in stock from the supplier, or if they were not able to provide an appliance customisation on request:

- a) Were you asked to agree that they should refer the prescription to someone able to supply the appliance or appliance customisation?

Yes No Don't know

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- b) Where you did not agree, did they provide the contact details of at least 2 other suppliers who were able to provide the appliance or appliance customisation?

Yes No Don't know

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This question is about repeat prescriptions, if this does not apply to you please go to question 9.

Q8. If you presented a repeat prescription, did the supplier

- a) Check to see if you still needed the appliance?

Yes No Don't know

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- b) Check that you were satisfied in using the appliance?

Yes No Don't know

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- c) Check that you were not suffering from any problems with the appliance or your stoma treatment?

Yes No Don't know

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This question is about customisation. If your appliance is not customised please go to question 10.

Q9. If the appliances you receive are customised in any way, how do you rate the overall quality of this service from your supplier?

Not at all satisfied Not very satisfied Fairly satisfied Very satisfied

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Q10. Some appliances may be delivered for patient convenience. Suppliers only have to deliver bulky packages, such as catheters. If your product is a bulky product, did the supplier offer to deliver the specified appliance to your home?

Yes No Not applicable

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Q11. The following questions are about appliances where delivery should be offered ie bulky packages. If this doesn't apply to you please go to question 12.

a) Was the delivery prompt and at a time agreed with you?

Yes No

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b) Did the package display any writing or other markings which could indicate its content

Yes No

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c) Did the vehicle in which the package was delivered convey the nature of the contents

Yes No

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d) Did you receive a reasonable supply of supplementary items? (such as disposable wipes and disposal bags)

Yes No

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Q12 If the supplier believes it is appropriate to do so, they can offer you an Appliance Use Review (AUR)

a) Have you ever been offered a review (AUR) by your supplier?

Yes No
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b) Have you ever been advised by your supplier that they cannot provide this service?

Yes No
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and if yes:

c) Did they give you contact details of at least two suppliers of appliances or pharmacies, who are able to arrange for the service to be provided?

Yes No
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Q13. If you have ever contacted the supplier's telephone care line out of hours, are the following services provided?

a) Either advice, or if not, the telephone number of NHS Direct or is their website address provided

Yes No Don't know
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Q14. Does the supplier provide the following?

A practice leaflet

a) containing information about their premises ie opening hours and access for disabled customers

Yes No Don't know
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b) containing information about the NHS services that they provide

Yes No Don't know

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Q15. Taking everything into account - the staff, the information materials, contact options, quality and reliability of delivery and the overall service provided - how would you rate the supplier who sent you this questionnaire?

Excellent

Very Good

Good

Fair

Poor

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Q16. If you have any comments about any of the questions above or how the service from this supplier could be improved, please write them in here:

Q17. If you have attended the premises of the supplier, how do you rate the following?

	Very good	Fairly good	Don't know	Fairly Poor	Very Poor
Cleanliness of the premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for the purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18. Have you ever visited the supplier's premises?

I have never visited the supplier's premises ☐

I have visited the supplier's premises ☐

These last few questions are just to help us categorise your answers

Q19. How old are you?

16-19 20-24 25-34 35-44 45-54 55-64 65+

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Q20. Are you: Male Female

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Q21. Which of the following apply to you?

You have, or care for, children under 16	<input type="checkbox"/>
You are a carer for someone with a longstanding illness or infirmity	<input type="checkbox"/>
Neither	<input type="checkbox"/>

Thank you for completing this questionnaire

CLINICAL GOVERNANCE SYSTEM ACCEPTABLE TO THE SECRETARY OF STATE

The text below outlines the requirements to fulfil paragraph 20 of The National Health Service (Pharmaceutical Services) (Appliances) (Amendment) Regulations 2009.

APPROVED PATIENT SATISFACTION SURVEY AND MANNER IN WHICH IT IS TO BE UNDERTAKEN

- Suppliers of appliances must undertake a patient satisfaction survey . . . annually.
- Contractors may add additional questions if they wish, provided they are related to healthcare service provision.
- The minimum number of returned surveys for analysis required each year is proportional to dispensing volume, as outlined in the table below:

Average monthly script volume (Items)	Minimum number of returned surveys
0-2,000	50
2,001-4,000	75
4,001-6,000	100
6,001-8,000	125
8,001- upwards	150

- The questionnaire must be free from adverts.
- The questionnaire shall be accompanied by, an explanation as to what it is for, how to complete it, options for it to be returned and what will be done with the responses provided.
- There must be at least two choices as to how questionnaires can be returned. This may include as one option either to return it to a location other than the supplier of appliances by post or replying electronically.
- The survey shall be distributed from the premises to which it refers.
- Surveys shall be distributed only to persons who have received NHS services from the supplier of appliances.

- Surveys shall be distributed in a way which reasonably reflects the supplier of appliances' business profile. For example,
 - ✓ it is unacceptable to survey all patients who have received an AUR but none who have not.
 - ✓ distribution should be over the opening hours of the supplier of appliances, including weekends and extended hours where applicable
 - ✓ where the supplier of appliances delivers a significant number of prescriptions to patients' homes, consideration needs to be given to ensure a suitable distribution of surveys to these patients.
- Responses should be analysed and strengths and areas for improvement identified.
- The supplier of appliances should undertake an approved patient survey each year, and having reflected on the results, should produce an action plan that:
 - a) summarises the results of the survey
 - b) reports on the activities undertaken in the past year to address patient experience issues
 - c) sets priorities for the next two years
 - d) describes how the supplier of appliances will report the findings to patients
 - e) describes the plans for achieving the priorities
 - f) considers the case for collecting additional information on patient experience, for example through surveys of patients with specific illnesses, or consultation with a patient group.

The summary / action plan should be shared with the PCT by a defined date each year.