

Homecare Medicines Services: Patient Satisfaction Survey Guidance

History

Version	Date	Reason for change	Person responsible for change
V1	12/06/2018	New	NHMC

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Definitions

<i>Active [homecare patient]</i>	A patient who is registered and not on hold
Clinical Referring Centre	Any organisation that refers patients to a Homecare Provider to receive a Homecare Medicines Service
Commissioner / Service Sponsor	The ultimate funder of the product and/or Homecare Medicines Service; typically, the Manufacturer, NHS England, NHS Wales, NHS Scotland, Health & Social Care Services in Northern Ireland or a Clinical Commissioning Group.
Cover Letter	Template Cover Letter (page 6)
Homecare Medicines Services	A service that delivers ongoing medicine supplies and where necessary associated care, typically initiated by a hospital prescriber, direct to a patient's home with their consent. The purpose of the homecare medicines delivery service is to improve patient care and increase their choice of location for their clinical treatments
Homecare Provider	The legal entity responsible for co-ordinating the delivery/and or administration of the medicine to the patient in their home, or other suitable location
Manufacturer	The Marketing Authorisation Holder of a pharmaceutical product (medicine / device)
<i>On Hold [homecare patient]</i>	A patient who is receiving treatment, who is temporarily suspended from treatment
Questionnaire	Template Patient Satisfaction Questionnaire (page 7)
NHMC	National Homecare Medicines Committee
NCHA	National Clinical Homecare Association

Introduction

The National Homecare Medicines Committee (NHMC) formed a project group with the National Clinical Homecare Association (NCHA) and other stakeholders to review and update the Template Homecare Patient Satisfaction Questionnaire published in the Royal Pharmaceutical Society's Handbook for Homecare Services in England – May 2014.

The project scope also included development of a template covering letter and updated guidance for use. This aims to ensure patient feedback is captured both efficiently and effectively across all Providers and that intelligence gathered is shared appropriately between stakeholders in the common interest of improving patient experience.

This document includes:

- Template Cover Letter ("Cover Letter") (page 6)
- Template Patient Satisfaction Questionnaire ("Questionnaire") (page 7)

Guidance for Use

This patient satisfaction questionnaire is primarily, but not exclusively, intended for use by Homecare Providers, capturing data on behalf of themselves, Clinical Referring Centres and the Commissioner/Service Sponsor. Homecare providers may undertake this patient satisfaction survey using their preferred operational processes subject to adherence to the criteria set out below.

1. General

- 1.1. All Active homecare patients should receive an annual patient satisfaction questionnaire and covering letter where appropriate and practicable.
- 1.2. Patient satisfaction surveys may be undertaken once per year or on rolling basis throughout the year.
- 1.3. Clinical Referring Centres must be given the opportunity to review the timing and their patients' participation in a patient satisfaction survey with the authority to opt out where appropriate.

2. Sampling

- 2.1. Where applicable, patient sampling should be undertaken on a randomised basis.
- 2.2. The NHMC may request the sampling plan for review as part of National Supplier Engagement Meetings or similar.
- 2.3. Patients may be reasonably excluded from the survey where, due to exceptionally low volume of Active patients on a service, there is a risk the patient's identity may be inappropriately identified against their questionnaire response. Alternative bespoke methods of seeking patient feedback in such cases should be considered.
- 2.4. For the avoidance of doubt, patients must not be specifically included nor excluded from samples on unreasonable grounds e.g. anticipated positive/negative response or active/resolved complaint.

3. Cover Letter

- 3.1. Patient Satisfaction Questionnaires must be accompanied by a Cover Letter (or equivalent for electronic questionnaires) which must describe:
 - 3.1.1. the organisation collecting the information;
 - 3.1.2. other organisations the information provided will be shared with (Note: “your referring hospital” is considered acceptable to aid administration);
 - 3.1.3. what the information will be used for;
 - 3.1.4. where comments requiring individual response should be directed;
 - 3.1.5. the anonymous nature of the questionnaire where the respondent is not asked for any personal data;
 - 3.1.6. how any personal data provided will be used for follow-up communication where the questionnaire response calls into question the safety and effectiveness of the patient’s treatment and the respondent’s consent to this by provision of such information;
 - 3.1.7. Contact details for support to aid completion of the questionnaire.
- 3.2. Wherever reasonably appropriate, the standard wording as provided in the template cover letter must be used.
- 3.3. Minor format changes to the Cover Letter may be made to accommodate organisational branding.

4. Questionnaire

- 4.1. The patient satisfaction questionnaire is broadly structured in five parts:
 - Friends and Family Test
 - Overall service satisfaction
 - Category specific satisfaction
 - Customer services
 - Deliveries
 - Nursing / clinical services (where applicable)
 - Hospital management
 - [Individual Homecare Provider Specific questions] - Optional
 - Service Details
 - Free-text review
- 4.2. Homecare providers must include all questions and response options (including order) as set out in the template.
- 4.3. Minor format changes to the Questionnaire may be made to accommodate:
 - 4.3.1. organisational branding;
 - 4.3.2. use of Optical Mark Recognition (OMR), or;
 - 4.3.3. use of online/electronic response capture;however, this must not fundamentally alter how the questionnaire as a whole, or any individual question, may be reasonably interpreted by the responder.

- 4.4. As required, Homecare Providers are permitted to include additional questions into the questionnaire template in the location identified. These additional questions must not duplicate or overlap the mandatory questions already set out in the template. Whilst there is no defined maximum number of additional questions, consideration should be given to maintain a reasonable overall length of the questionnaire.

5. Reporting

- 5.1. Where a survey is undertaken by a Homecare Provider, a report of results should be made available to the Clinical Referring Centre within a reasonable period following its closing date.
- 5.2. Where a survey is undertaken by a Clinical Referring Centre, a report of results should be made available to the Homecare Provider, and where applicable the independent Nursing Services Provider, within a reasonable period following its closing date.
- 5.3. Aggregated reports should be available to regional specialists, the NHMC or other appropriate national NHS entities on reasonable request.
- 5.4. Reports to Clinical Referring Centres should contain results categorised by Department/clinic and Medicine / Therapy Name based on Questionnaire fields of the same name. Where appropriate, aggregated reports should be categorised by Trust and/or Hospital Site using the "Hospital Name" Questionnaire field.

Template Covering Letter

[Logo]

Name and address of homecare provider

Have your say to improve your Homecare Service

Enclosed is a questionnaire about your satisfaction with the homecare services you receive from [insert homecare provider name]. We are seeking your feedback to monitor service performance and help identify potential service improvements on behalf of both your referring hospital and [insert homecare provider name]. The results will be shared with your referring hospital.

This questionnaire is not for managing your individual care and we are unable to follow up on individual points raised. If you would like to discuss any concerns about the service or treatment you receive, please contact your hospital or our customer services team in the usual way.

We do not ask for your name or any details which would identify you. However, if you do give information which identifies you, in some circumstances, relating to your safety and/or treatment effectiveness, we may need to contact you. By providing any details which would identify you, you are giving your consent for your information to be used for the purpose outlined above.

If you are the Parent / Guardian of a child or a carer of someone who may have difficulty completing this questionnaire, we would be grateful if you would assist them in filling out the questionnaire about their homecare service.

Please return your completed survey in the envelope provided, at your earliest convenience.

Should you need help to complete the questionnaire, please contact us on [Homecare Provider contact details]

Thank you.

[Signature – Homecare Provider]

Template Patient Satisfaction Questionnaire

Have your say to improve your Homecare Service

Are you: the patient Other (e.g. carer/family member)

The Friends and Family Test

We would like you to think about your recent experiences of our service.

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Extremely unlikely	Unlikely	Neither likely nor unlikely	Likely	Extremely likely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your overall ratings of the homecare service

Overall Satisfaction

What is your overall satisfaction with your homecare service?

Extremely dissatisfied	Fairly dissatisfied	Neither satisfied or dissatisfied	Fairly satisfied	Extremely satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some detailed questions about parts of the homecare service

Customer Services

How satisfied are you with:	Please tick (✓)					
	Extremely dissatisfied	Fairly dissatisfied	Neither satisfied or dissatisfied	Fairly satisfied	Extremely satisfied	Not applicable
the way your services are arranged and information provided						
the ease of contacting your customer service team						
the way any queries are answered or any problems are sorted out						
the way any complaints or concerns are handled						
the helpfulness and courtesy of the customer service team						
the overall quality of the customer service team						

Delivery

How satisfied are you with:	Please tick (✓)					
	Extremely dissatisfied	Fairly dissatisfied	Neither satisfied or dissatisfied	Fairly satisfied	Extremely satisfied	Not applicable
the choice of delivery time that was offered to you						
the punctuality of your deliveries						
the accuracy and completeness of supplies delivered						
the helpfulness and courtesy of the person making the delivery						
the collection of waste/unused equipment						
the overall quality of the delivery service						

Nursing / Clinical Support Services

Only complete this section if the homecare nurse, or other healthcare professional, visits you at home or otherwise supports you as part of your homecare service - this could be a telephone patient support service.

How satisfied are you with:	Please tick (✓)					
	Extremely dissatisfied	Fairly dissatisfied	Neither satisfied or dissatisfied	Fairly satisfied	Extremely satisfied	Not applicable
the timeliness of arrival or contact (e.g. telephone call)						
the professionalism and politeness of clinical staff						
the confidence in the quality of support and advice you receive						
the overall quality of our nursing and clinical support services you receive						

Hospital Management of Homecare Medicine Services

How satisfied are you with:	Please tick (✓)					
	Extremely dissatisfied	Fairly dissatisfied	Neither satisfied or dissatisfied	Fairly satisfied	Extremely satisfied	Not applicable
the information your hospital provided about your therapy and the prescribed medication.						
the information your hospital provided about the available homecare service.						
the information provided about who can be contacted in your hospital if you have a query or concern						
the way any complaints or concerns are handled by your hospital						

[Insert any homecare provider specific questions]

About your homecare service

Hospital Name

Department / Clinic Name

Homecare Medicine / Therapy Name

How long have you been receiving your current Homecare Service?

Less than 1 year 1-2 years 2-5 years 5-10 years over 10 years

Your review and suggestions for your homecare service

Give your opinion in your own words. The more detail you can give, the more useful your review will be. Do not write any personal details in this box.

We would like to use your anonymised comments in materials or reports.

Please tick this box if you are happy for your comments to be used in this way.

Comments containing the following will not be published, or will be edited:

- Names of individuals, mention of gender, or identifying features.
- Offensive, abusive, or inappropriate language or remarks.
- Complaints relating to clinical negligence which should first be addressed to the relevant hospital or clinic

Thank you for taking the time to review your homecare service