Homecare Medicines Services:

Patient Satisfaction Questionnaire Guidance

History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Reason for change</th>
<th>Person responsible for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>12/06/2018</td>
<td>New</td>
<td>NHMC</td>
</tr>
<tr>
<td>V2</td>
<td>23/7/2020</td>
<td>NHS Friends and Family Test updated; additional questions on remote clinical services</td>
<td>Proposed by NCHA approved by NHMC</td>
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</tbody>
</table>
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Definitions

<table>
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<tr>
<th>Term</th>
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<tbody>
<tr>
<td>Active [homecare patient]</td>
<td>A patient who is registered and not on hold</td>
</tr>
<tr>
<td>Clinical Referring Centre</td>
<td>Any organisation that refers patients to a Homecare Provider to receive a Homecare Medicines Service</td>
</tr>
<tr>
<td>Commissioner / Service Sponsor</td>
<td>The ultimate funder of the product and/or Homecare Medicines Service; typically, the Manufacturer, NHS England, NHS Wales, NHS Scotland, Health &amp; Social Care Services in Northern Ireland or a Clinical Commissioning Group.</td>
</tr>
<tr>
<td>Cover Letter</td>
<td>Template Cover Letter (page 6)</td>
</tr>
<tr>
<td>Homecare Medicines Services</td>
<td>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</td>
</tr>
<tr>
<td>Homecare Provider</td>
<td>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</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>The Marketing Authorisation Holder of a pharmaceutical product (medicine / device)</td>
</tr>
<tr>
<td>On Hold [homecare patient]</td>
<td>A patient who is receiving treatment, who is temporarily suspended from treatment</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>Template Patient Satisfaction Questionnaire (page 7)</td>
</tr>
<tr>
<td>NHMC</td>
<td>National Homecare Medicines Committee</td>
</tr>
<tr>
<td>NCHA</td>
<td>National Clinical Homecare Association</td>
</tr>
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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 Questionnaire 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:

   - NHS 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 questionnaire 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. Collating responses

5.1. Respondents are asked not to provide personal data, so responses should be anonymous. If respondents provide patient identifiable data in the free text fields that data must be redacted from any survey report. If responses containing patient identifiable data raise patient safety concerns, these should be reported to the relevant clinical team. If the response with patient identifiable data is known to be related to a manufacturer funded patient support programme, there may be a requirement to follow up any potential adverse drug event or adverse drug reaction.

5.2. To obtain the most benefit from the questionnaire responses, consideration should be given to reporting response combinations to related questions. For example

A response indicating experience of both face-to-face and remote clinical services, coupled with a response that the respondent is happy to have only face-to-face appointments in future would imply a level dissatisfaction with the remote service even if the overall satisfaction with clinical service was positive.

6. Reporting

6.1. 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 it’s closing date.

6.2. 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 it’s closing date.

6.3. Aggregated reports should be available to regional specialists, the NHMC or other appropriate national NHS entities on reasonable request.

6.4. 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.
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 questionnaire 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]
Have your say to improve your Homecare Service

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

Thinking about your homecare service
Overall, how was your experience of our service?

<table>
<thead>
<tr>
<th>Very good</th>
<th>Good</th>
<th>Neither good nor poor</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

Some detailed questions about parts of the homecare service

Customer Services

<table>
<thead>
<tr>
<th>How satisfied are you with:</th>
<th>Extremely dissatisfied</th>
<th>Fairly dissatisfied</th>
<th>Neither satisfied or dissatisfied</th>
<th>Fairly satisfied</th>
<th>Extremely satisfied</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>the way your services are arranged and information provided</td>
<td></td>
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<td></td>
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<tr>
<td>the ease of contacting your customer service team</td>
<td></td>
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<td></td>
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<tr>
<td>the way any queries are answered or any problems are sorted out</td>
<td></td>
<td></td>
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<tr>
<td>the way any complaints or concerns are handled</td>
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<tr>
<td>the helpfulness and courtesy of the customer service team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the overall quality of the customer service team</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>
Delivery

Please tick (✓)

<table>
<thead>
<tr>
<th>How satisfied are you with:</th>
<th>Extremely dissatisfied</th>
<th>Fairly dissatisfied</th>
<th>Neither satisfied or dissatisfied</th>
<th>Fairly satisfied</th>
<th>Extremely satisfied</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>the choice of delivery time that was offered to you</td>
<td></td>
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<tr>
<td>the punctuality of your deliveries</td>
<td></td>
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<tr>
<td>the accuracy and completeness of supplies delivered</td>
<td></td>
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<tr>
<td>the helpfulness and courtesy of the person making the delivery</td>
<td></td>
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<tr>
<td>the collection of waste/unused equipment</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>the overall quality of the delivery service</td>
<td></td>
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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 face to face or remotely via a telephone patient support service, video call, internet or mobile phone app. If you don’t have a nursing / clinical support service please move on to the next question.

Please tick (✓)

<table>
<thead>
<tr>
<th>How satisfied are you with:</th>
<th>Extremely dissatisfied</th>
<th>Fairly dissatisfied</th>
<th>Neither satisfied or dissatisfied</th>
<th>Fairly satisfied</th>
<th>Extremely satisfied</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>the timeliness of arrival or contact (e.g. telephone call)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>the professionalism and politeness of clinical staff</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>the confidence in the quality of support and advice you receive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the overall quality of our nursing and clinical support services you receive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was your nursing / clinical support service was delivered remotely or face-to-face?

- Remotely
- Face to Face
- Both
- Don’t know

What sort of appointments would you be happy to have in the future? Tick all that apply.

- Face to Face
- Telephone
- Video

Template Patient Satisfaction Questionnaire
RPS Handbook for Homecare Services - Appendix 5a - Version 3
23 July 2020
### Hospital Management of Homecare Medicine Services

<table>
<thead>
<tr>
<th>How satisfied are you with:</th>
<th>Extremely dissatisfied</th>
<th>Fairly dissatisfied</th>
<th>Neither satisfied or dissatisfied</th>
<th>Fairly satisfied</th>
<th>Extremely satisfied</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>the information your hospital provided about your therapy and the prescribed medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>the information your hospital provided about the available homecare service.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the information provided about who can be contacted in your hospital if you have a query or concern</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the way any complaints or concerns are handled by your hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[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