

**2019**

**Community Specialist Palliative Care Team Survey**

**Please tell us what you think**

If you can tell us about your experience of the care given by the North London Hospice Community Specialist Palliative Care Team, it will help us develop our services in the future. (You may be visited at home by any of the following Team members; Clinical Nurse Specialists, Social Workers, Doctors and Physiotherapists.)

Please help us by filling out this short questionnaire and ticking the statement nearest to your view. You can also add any further comments if you wish. Your responses will remain anonymous.

If you need help completing the questionnaire, you may like to ask a relative, friend or someone from the Hospice to help you record your views.

(Please note that we may use any comments you make on our leaflets, website etc, but they remain anonymous.)

Thank you very much for helping us – it is greatly appreciated.

Registered Charity No. 285300

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| --- | --- | --- | --- |
|  |  |  | |
| **1. Did you start having home visits from our Community Team at the right time for you?**  **Comments:** | Yes | |  |
| Too soon | |  |
| Not soon enough | |  |
| Not sure | |  |
|  | | |
| **2. Do the Community Team introduce themselves?**  **Comments:** | Always | |  |
| Sometimes | |  |
| Never | |  |
| Not sure | |  |
|  | | |

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| --- | --- | --- |
| **3. Do the Community Team explain their roles?**  **Comments:** | Always |  |
| Sometimes |  |
| Never |  |
| Not sure |  |
| **4. Do you feel the Community Team treats you with:**  Always Sometimes Never Not Sure   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Compassion** |  |  |  |  | | **Understanding** |  |  |  |  | | **Courtesy** |  |  |  |  | | **Respect** |  |  |  |  | | **Dignity** |  |  |  |  |   **Comments:** | | |
| **5. Do the Community Team acknowledge and respect your cultural needs?**  **Comments:** | Always |  |
| Sometimes |  |
| Never |  |
| Not sure |  |
| Not applicable |  |
| **6. Have you had the opportunity to talk to staff about how your life has changed because of your illness and what this means to you?**  **Comments:** | Yes |  |
| No |  |
| Not sure |  |
| Not applicable |  |
|  |  |
| **7. If you ask questions, do you get an answer you can understand?**  **Comments:** | Always |  |
| Sometimes |  |
| Never |  |
| Not sure |  |
| I have no need to ask questions |  |
| **8. Are you involved as much as you want to be in decisions about your care and treatment?**  **Comments:** | Always |  |
| Sometimes |  |
| Never |  |
| Not sure |  |
|  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9. Please rate your overall experience of the following, provided by the Community Specialist Palliative Care Team.**  **E**xcellent Good Satisfactory Poor Not sure Not Applicable   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Relief of pain** |  |  |  |  |  |  | | **Relief of other symptoms** |  |  |  |  |  |  | | **Communication with you about your care** |  |  |  |  |  |  |   **Comments:** |  |

|  |  |  |
| --- | --- | --- |
| **10. If you need medication, do you have any problems accessing it?**  **Comments:** | Yes |  |
| No |  |
| Not sure |  |
| Not applicable |  |

|  |  |  |
| --- | --- | --- |
| **11. Would you know how to make a complaint or raise a concern about Hospice care, if you wanted to?**  **Comments:** | Yes |  |
| No |  |
| Not sure |  |
|  |  |
| **12. Do you trust the Hospice to hold your personal information securely and confidentially?**  **Comments:** | Yes |  |
| No |  |
| Not sure |  |
|  | |

|  |  |  |
| --- | --- | --- |
| **13. Overall, how do you rate the care you are receiving?**  **Comments:** | Excellent |  |
| Good |  |
| Satisfactory |  |
| Poor |  |
| Not sure |  |

|  |  |  |
| --- | --- | --- |
| **14. Would you recommend the service to friends or family?**  **Comments:** | Extremely likely |  |
| Likely |  |
| Neither likely or unlikely |  |
| Unlikely |  |
| Extremely unlikely |  |
| Don’t know / not applicable |  |
| **15. I live in the London Borough of:** | Barnet |  |
| Enfield |  |
| Haringey |  |

**P.T.O.**

**16. Do you have any more comments or suggestions to help us develop our service? Is there anything we could do better?**

**Thank you**