

EAST KENT DERMATOLOGY PATIENT PANEL SURVEY

This voluntary survey is confidential and is being conducted by the East Kent Dermatology Patient Panel. Your responses will not be disclosed with any information that can personally identify you (e.g. e-mail address, name, etc.).

The Patient Panel was recently set-up in response to the Government 'Reforming the Health Service' in providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions'. In today's NHS, it has come to mean putting the patient and their experience at the heart of quality improvement.

This is why the Patient Panel is trying to ascertain how you perceive your treatment in the East Kent Dermatology Department, and if there are any issues to be addressed.

If possible, please complete the survey before leaving the clinic today and return to the Clinic Nurse or Receptionist. THANK YOU

Please answer YES or NO to the following questions

1. Are you getting enough information about your condition?

2. Was your partner/carer invited with you to see the consultant?

3. Was your treatment explained in easy to understand terms?

4. Were you given further information and sites such as the British Association of Dermatologists www.bad.org.uk ?

5. Would you like to speak to somebody else with your condition?

6. Would you like to join the Dermatology Patient Panel?

7. Do you prefer to be seen at your GP surgery or at an East Kent Hospital?

What is/are the reason(s) for the above choice?

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8. Any further suggestions or comments?

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If you would like to discuss with a member of the Dermatology Patient Panel, please provide your contact details below:

Name:.....

Tel (mobile and/or landline):.....

E-mail:.....

Address:.....

Equality of access

To help us monitor access to our services, please tick as appropriate.

What is your age group?	
Under 25	<input type="checkbox"/>
25- 50	<input type="checkbox"/>
50 - 60	<input type="checkbox"/>
60 - 70	<input type="checkbox"/>
Over 70	<input type="checkbox"/>

Do you have a disability?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Gender	
MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>

Thank you for participating in this survey - please hand the completed questionnaire to the nurse or receptionist. If unable to complete this questionnaire before leaving the clinic today, please return it as soon as you can to:

Tina Hudson, PA to Senior Dermatology Team, Friends' Dermatology Centre, East Kent Hospitals University NHS Foundation Trust
Kent and Canterbury Hospital.
Canterbury, Kent, CT1 3NG
Switchboard 01227 766877 Ext 76403
Direct Dial 01227 783036