**A5 patient feedback postcards**

|  |
| --- |
| **How to use the A5 patient feedback postcards**We have discovered that for simple feedback on personalised care and support planning (PCSP) many standardised questionnaires are too long or miss some specific elements. We have designed a short ‘postcard’ to get feedback from patients. There is a choice of questions to use which can be rotated into the second question of the postcard. You should always include questions 1 and 3, and choose one question from the second set of questions (below) which are about the PCSP consultation/appointment. These are designed to be given out as a person leaves their second PCSP appointment. You will need a box for these to be posted into so they are anonymous. |
| **Questions**  |
| **Preparation (on all cards)*** *How useful was it to get information before today’s appointment?*
 |
| **Conversation (use one of these on each card)** * *How much did you get the chance to talk and think about the issues that were important to you?*
* *How interested did the healthcare professional seem to be in your ideas and concerns?*
* *How well were the questions you had answered and explained to you?*
* *How much did today’s appointment help you get the information that you needed?*
* *How involved did you feel in the decisions that were made at today’s appointment?*
* *How much did the discussion at today’s appointment help you think through ideas and options and what you could do?*
* *How much did you get the chance to talk about your ideas about how you could manage your health?*
* *How much did today’s appointment help you to develop a plan that will be useful to you?*
 |
| **Friends and Family question (all cards)****If you had a friend or family member with the same conditions as you have, how likely would you be to recommend this way of working (care and support planning) to them?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extremely likely | Likely  | Neither likely or unlikely  | Unlikely  | Don’t know  |

**Please say why you gave that score** |

Please take a couple of minutes to answer the three questions below by circling your answer

|  |
| --- |
| **How useful was it to get information before today’s appointment?** |
| Not at allUseful | Not veryUseful | SomewhatUseful | VeryUseful | Did notRead |
|  |
| **How much did you get the chance to talk and think about the issues that were important to you?** |
| Not at all | Hardly at all | Quite a bit | As much as I needed to | Don’t know |
|  |
| **If you had a friend or family member with the same conditions as you have, how likely would you be to recommend this way of working (care and support planning) to them?** |
| Extremely likely | Likely | Neither likely or unlikely | Unlikely | Don’t know |
| **Please say why you gave that score** |

Thank you for your feedback

**Please complete and put in the box at reception.**

**Your views are really important to us.**

©Year of Care V1.1 May 19