

Patient Transport Service – Bury Users to Hospital or Clinic

Please do not enter any confidential or sensitive information. All responses are anonymous and the results will be confidential.

We are looking for people who can answer “yes” to the following three questions:

1. Do you live in Bury or have a Bury GP?
2. Have you had a hospital or clinic appointment since 1st April 2012?
3. Do you need assistance to make journeys to a hospital or clinic?

WHY?

Because in April 2011, the conditions for access to ambulance transport were changed and user representatives at Bury LINKs and at GM Neurological Alliance want to understand how this new system is working and whether it is creating any problems for users.

Please answer the questions below by ticking the circle next to your answers or by writing in the space provided.

1. How many hospital or clinic appointments have you attended since 1st April 2011?

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2. Which hospital or clinic did you attend?

- Fairfield General
- North Manchester
- Rochdale Infirmary
- Royal Oldham
- Health centre or hospital out of Bury area (please give name)

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3. How did you get there?

- By ambulance/ambulance care (go to question 4)
 - By car, driven by you (go to question 7)
 - By car, other driver (go to question 7)
 - By bus (go to question 7)
 - By taxi (go to question 7)
 - On foot (go to question 7)
 - Other (please say how, then go to question 7)
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4. If you went by ambulance or ambulance car, how was it booked?

- By your GP
 - By the clinic
 - Via the referral booking centre
 - Other (please give details)
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5. How satisfied were you with the way the booking was made?

- Very Dissatisfied
- Dissatisfied
- Acceptable
- Satisfied
- Very Satisfied

6. Were the staff helpful?

- Yes
- No (If No, please give details)

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7. If you did not travel by ambulance or ambulance car, were you refused ambulance transport?

- Yes (go to question 8)
- No (go to question 10)

8. Did you understand why you were refused?

- Yes
- No (If No, please add comment)

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9. Were you offered advice about other ways of getting to the hospital or clinic?

Yes (please comment)

No (please comment)

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10. Were you satisfied with the way you got to the hospital or clinic?

Yes

No (why not?)

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11. Please state what kind of clinic did you attend? (For example, orthopaedic, cardiac, cancer, neurology etc)

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In order for us to fully understand who our patients are that use this service we would like you to answer the following questions. These questions are all optional.

Are you (please tick ONE only)

Male

Female

Please turn over

Age (please tick ONE only)

- Under 16
- 16 – 35 years
- 36 – 50 years
- 51 – 65 years
- 66 – 80 years
- 81+

To which of these ethnic groups would you say you belong (please tick ONE only)

- White (British)
- White (Irish)
- White (Other)
- Mixed (White and Black Caribbean)
- Mixed (White and Black African)
- Mixed (White and Asian)
- Mixed (Other)
- Asian or British Asian (Indian)
- Asian or British Asian (Pakistani)

- Asian or British Asian (Bangladeshi)
- Asian or British Asian (Chinese)
- Asian (Other)
- Black or black British (African)
- Black or black British (Caribbean)
- Black or black British (Other)

How would you describe your religious beliefs (please tick ONE only)

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please specify) _____

Sexual orientation:

- Heterosexual/Straight
- Bisexual
- Lesbian/Gay Woman/Gay Man
- Prefer not to say

Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No

Disability: The Disability Discrimination Act 1995 (DDA) defines a disabled person as someone with a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities. (i.e. has lasted or is expected to last over 12 months)

Do you consider yourself to be disabled according to this definition?

- Yes
- No

Type of impairment: If you answered yes to the question above, how would you define your disability?

- Physical disability (e.g. using a wheelchair to get around or having difficulty using your arms)
- Learning disability (e.g. Down's syndrome or dyslexia)

- Mental health condition (e.g. depression or schizophrenia)
- Head injury or other cognitive impairment (e.g. autism)
- Visual disability
- Hearing disability
- Musculoskeletal disability
- Cardio-vascular disability (e.g. chronic heart disease)
- Other long standing illness or health condition (e.g. diabetes, cancer, HIV, or epilepsy)

Please state:

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Caring responsibilities: Is there anyone who relies upon you for care and attention AND that you assist with their daily routine?

- Yes
- No

THANK YOU FOR COMPLETING THE QUESTIONNAIRE