

PROOF



Manchester University
NHS Foundation Trust

Patient Questionnaire

Saint Mary's Hospital
Department of Reproductive Medicine



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Your views are important to us.

Thank you for agreeing to take part in this important survey measuring customer satisfaction for the Assisted Conception service at Saint Mary's Hospital.

Your thoughts and opinions will help us to better serve you and other patients in the future. This survey should only take 4-5 minutes to complete.

Please be assured that all your answers will be kept in the strictest confidence.

1. Patient Information

1. So that we can gather information on our patient demographics, please could you write your full postcode below:

.....

Please tick [✓] the boxes that apply:

2. Tick which age group do you belong?

	<25	25-29	30-34	35-39	40+
Patient					
Partner					

3. Please tick which treatment (s) you received this time?

Fresh IVF	Frozen Embryo Cycle	Ovulation Induction and/or IUI	Female Fertility preservation

4. Have you previously had fertility treatment? Yes/No (please circle)

If so where?

GP	Self referral	Another Hospital

5. Who referred you to Saint Mary's?

Other?.....

6. How would you rate the patient information session on the Trust website prior to your first clinic appointment?

Excellent	Very good	Good	Poor

7. How would you prefer to receive your patient information?

(Tick all that apply)

Written	Email	Text	On the Department website	Face to Face

8. Please only answer this question if you are a FEE paying patient.

Were you given information about treatment costs / funding prior to starting treatment?

Yes	No	Some but not enough	N/A

9. Please only answer this question if you are a FEE paying patient.

Which of the following was the most important when choosing our unit? Please circle as many as apply.

Pregnancy rates	Referring friend	Location	Specific Consultant	Cost of treatment	Unit reputation

2. Services

10. Administration Services

	Always	Sometimes	Rarely	Never	N/A
Were your phone calls handled in a prompt manner?					
Were you greeted in a friendly manner when you arrived for your appointment?					
Were any questions / Queries answered in a comprehensive and timely manner?					
If relevant were you given adequate information regarding payment procedures?					

11. Nursing Staff Services

	Always	Sometimes	Rarely	Never	N/A
Were you shown Courtesy and attention?					
Were your questions handled to your satisfaction?					
Were your phone calls returned within a timely manner?					
Were you given a clear understanding of what to expect during treatment?					
Did you feel you were treated with privacy and dignity during your appointment?					
Did you receive information to be able to inject your drugs confidently?					

12. Medical Staff Services- (Ovulation Induction & Clomiphene Citrate patients please proceed to Drug Services Section)

	Always	Sometimes	Rarely	Never	N/A
Were you shown Courtesy and Attention?					
Were you given a satisfactory assessment of your situation and treatment options?					
Were you given enough information to make an informed decision about your treatment?					
Were your questions handled to your satisfaction?					
Were you given adequate time to read the consent forms and information before being asked to sign the consent forms?					

13. Theatre Staff Services

	Always	Sometimes	Rarely	Never	N/A
Were you shown Courtesy and Attention?					
Were your questions handled to your satisfaction?					
Were you aware of who staff were and what their role was during your procedure and recovery?					
Were you given a clear understanding of what to expect during your procedure and recovery?					
Did you feel you were treated with privacy and dignity during your procedure and recovery?					
Were the theatre staff knowledgeable?					

14. Counselling Services

Did you have a counselling session?	YES	NO			
If the answer is no please proceed to question 16					
	Always	Sometimes	Rarely	Never	N/A
Were you shown Courtesy and Attention?					
Were you given enough time during the counselling session?					
Were you given enough counselling sessions?					

15. Laboratory Communication with an Embryologist following egg collection

	Always	Sometimes	Rarely	Never	N/A
Did the Embryologist identify themselves on the telephone?					
Was communication from the lab timely and easy to understand?					
Were you offered the opportunity to ask the lab team questions?					
If yes were the answers you received satisfactory?					
Were you satisfied with the overall quality of the laboratory communication?					
Were the laboratory staff Knowledgeable?					

16. Were you given written or printed information regarding what you should do/not do after your procedure?

Yes	No	N/a

17. Did a member of staff tell you who to contact if you were worried about your condition or treatment after you went home?

Yes	No	N/a

3. Drug Service (if applicable)

18. Drug Service (if applicable)					
	Always	Sometimes	Rarely	Never	N/A
Were the instructions about your drug regime clearly explained?					
Did you understand what the drugs were for?					
Were you given information about the side effects?					
Were you shown courtesy and attention by the staff at the home delivery service?					
Where home delivery service professional?					

4. Partners Experience (if applicable)

19. As far as possible due to Covid-19 restrictions, did your partner feel included in the treatment cycle by staff?

Yes	No	N/a

20. As far as possible due to Covid-19 restrictions, did your partner have the opportunity to ask questions relating to the treatment cycle?

Yes	No	N/a

21. How did your partner find the Andrology sample production rooms

(if applicable)

	Yes	No	N/a
Was Andrology easy to find?			
Was the waiting area clean and tidy?			
Were the male rooms clean and tidy?			
Were the male rooms comfortable ?			
Were the male rooms private?			

5. Facilities

22. Facilities

	Always	Sometimes	Rarely	Never	N/A
Was the area surrounding Saint Mary's building kept clean and tidy?					
Were the reception and patients areas clean and tidy?					
Was your wait at reception kept to a minimum?					
Was the consultation room clean and tidy?					
Was ward 90 kept clean and tidy?					
Were the toilets kept clean?					
Was the building kept at a comfortable temperature?					
Was the information displayed on the walls helpful?					
Did you feel Covid secure within the building?					

6. Research

23. Research

	Always	Sometimes	Rarely	Never	N/A
At your new patient IVF appointment was research discussed when completing your consent forms?					
Were the research staff Knowledgeable about the projects?					
Were you given sufficient time to decide whether to participate or not?					
Were you made aware that your treatment is not affected whether or not you take part in research?					

7. Your Journey

24. Facilities

	Always	Sometimes	Rarely	Never	N/A
Was your GP supportive prior to referring you for infertility investigations?					
Were our Doctors helpful and supportive during you IVF clinic appointment?					
Were our nursing team helpful and supportive during your treatment?					
Were our Andrology laboratory staff helpful and supportive?					
Were our Embryology Laboratory staff helpful and supportive?					
Were our clerical staff helpful and supportive?					

8. Patient Profile

25. Ethnic origin

a) White British <input type="checkbox"/> Irish <input type="checkbox"/>	b) Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/>
c) Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/>	d) Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/>
e) Other Ethnic Groups Chinese <input type="checkbox"/>	f) Prefer not to say <input type="checkbox"/>
Other	

26. Religion	Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other (please specify): No religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
27. First language
28. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Non-binary <input type="checkbox"/> Other, please specify
29. Sexual orientation	Heterosexual/straight <input type="checkbox"/> Lesbian/gay woman <input type="checkbox"/> Gay man <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify
30. Do you have a disability?	<p>NOTE: The Equality Act 2010 defines a disabled person as anyone who has a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities.</p> <p> No disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Learning disability/difficulty <input type="checkbox"/> Long-standing illness or health condition <input type="checkbox"/> </p>

31. Please rate your overall experience of our Unit:

Excellent	Good	Fair	Poor

32. Would you recommend Saint Mary's to others?

Extremely likely	Likely	Neither likely nor unlikely	Extremely unlikely	Don't know

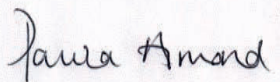

33. If you would be willing to be contacted by the our Quality Manager Paula Almond please leave a contact telephone number:

Thank you for completing this patient questionnaire. Any feedback you provide is valuable and will be used to help us improve our services in the future.

Dr Raj Mathur
Clinical Lead

Mr Gregory Horne
Person Responsible

Paula Almond
Quality Manager



9. Can we improve our Service?

Is there anything else about your care here that you would like to share with us?

Please use the comment box below to add any comments you have concerning the questions you have responded to within this questionnaire or wish to make which may improve patient information provision. Any suggestions for improvement will be reviewed and acted upon if at all possible.

Comments:

Please specifically let us know if you have any particular comments regarding our newly introduced virtual and telephone consultations and the online podcast.

Please feedback any comments you have around your safety during the covid pandemic.



Only you know how it feels

**So only you can
rate your clinic**

We are the HFEA, the regulator of IVF and we provide free, impartial information to everyone affected by fertility treatment.

We know that your journey is unique, and we'd love to hear your thoughts about your treatment experience.

All ratings published on our website are anonymous, and your views will help future patients choose the best clinic for them.





Birth rates are important, but what makes a great clinic is about more than just statistics.



It's also about being cared for by compassionate staff, feeling part of the decision making process about your treatment, and receiving exceptional emotional support.

It takes just five minutes of your time to rate your clinic. This will:

- help others choose the best clinic for them
- help our inspectors know more about your treatment experience

You can rate your clinic and share your experience by visiting our website at hfea.gov.uk and selecting your clinic

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