

Patient Experience Questionnaire – Optometry Local Enhanced Service

You have recently had an assessment with an Optometrist (optician) who has an advanced qualification allowing them to provide an enhanced eyecare service in their optometry practice. This service means that they can carry out additional tests (and some repeat tests) to examine certain aspects of your eyes and eye health. We would like to get your thoughts on this experience and would be grateful if you could answer a few short questions.

Please note that HSC will use this information to see whether the patient experience differs between groups of people. We will never identify individual patients.

For the following questions, please **simply circle / tick your answer** or, write it in where appropriate. This Questionnaire is also available electronically if you prefer: <https://www.surveymonkey.co.uk/r/X86PV59>

Q1. What is your gender? Male Female Other

Q2. Into which of the following age bands do you fall?

18-34yrs 35-50yrs 51-64yrs 65-79yrs 80+yrs

Q3. What is your ethnic group?

White	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Mixed Ethnic Group	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Roma Traveler	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				
Any Other Ethnic Group		(Please specify)	_____		

Q4. Disability: In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities.

Under this definition, do you consider yourself as having a disability?

Yes No Prefer not to say

Q4a. If yes, please indicate which type of impairment(s) applies to you

- Physical Impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches
- Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism
- Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Other (Please specify)_____ Prefer not to say

Q5. How would you describe your caring responsibilities? (Please tick all that apply)

- Child(ren) under 18 An older person A person with a disability
None Other (Please specify) _____ Prefer not to say

PART 1: Feedback on your appointment with the Optometrist

Q1. How did you make your appointment?

- By Phone Online Text In-person
Someone else made appointment Other Do not know

Q2. How urgent did you feel your appointment was?

- Very urgent Quite urgent Not very urgent Not at all urgent

Q3. How long after making your appointment did you have to wait before seeing your optometrist?

- I had the appointment the same day
I had the appointment the next day
I had to wait 2-3 days
I had to wait longer than 2-3 days

Add comment if required:

Q4. What is the main reason you visited your optometrist? Please briefly state the reason if you had a 'problem' with your eyes or, 'other' reason for your visit

It was a routine Eye Examination

I had a specific problem with my eyes (please write in the problem you had with your eye/eyes): _____

Other (please write in your reason): _____

Q5. How far did you have to travel for your appointment?

Less than 5 miles 5-10 miles 10-15 miles Greater than 15 miles

Q6. How convenient was the practice location for you?

Very convenient Convenient Not convenient

Q7. Did your Optometrist clearly explain to you the outcome of the eyecare service provided?

Yes No

Q8. Did your Optometrist provide advice on aspects of eye health including the links between smoking and sight loss and/or the importance of a healthy balanced diet for eye health?

Yes No

PART 2: YOUR OPINION AND VIEWS ON THE SERVICE

'Local Enhanced Service' is the name given to a new service whereby an optometrist in the community (or 'high street') with an advanced qualification is able to provide additional and repeat tests in order to better identify if there are problems with your eyes, in particular, if you are at risk glaucoma.

For each of the following statements, please state the extent, to which you agree or disagree with them, where:

1 = strongly disagree.....10 = strongly agree

1. Optometrists providing this service improves the healthcare service as a whole (please circle)

1 2 3 4 5 6 7 8 9 10

2. Optometrists providing this service is more convenient for me than attending another location such as a hospital or, other health service facility (please circle)

1 2 3 4 5 6 7 8 9 10

3. In my opinion the Optometrist provided an efficient and professional service (please circle)

1 2 3 4 5 6 7 8 9 10

4. I feel that the service met my needs (please circle)

Yes No

Reason for answer

5. Do you have any suggestions for improvements to meet your needs?

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Overall, how would you rate the service provided by your Optometrist									
(Please circle)	Poor	Average	Good	Excellent		
1	2	3	4	5	6	7	8	9	10

Date survey completed: _____

Please return your completed survey to:
Integrated Care (Northern Office)
Health and Social Care Board
County Hall, 182 Galgorm Road
Ballymena
BT42 1QB

Thank you for taking the time to complete this survey your feedback is valued