

Anti-coagulation Engagement Report

August 2014



For longer, healthier, happier lives

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1. Background

More than 2,300 people across North Kirklees are taking Warfarin. Each patient has their blood clotting monitored by an anticoagulation service (Warfarin clinic). Some will go to the hospital or their GP surgery and have a finger prick blood test and are given a result straightaway; others attend phlebotomy clinics where a blood sample is taken from your arm. The sample is sent to a testing laboratory and you are given your results by letter or telephone.

NHS North Kirklees Clinical Commissioning Group is reviewing how anticoagulation (warfarin) services are provided for patients. NHS North Kirklees CCG want to improve access to these services by providing them closer to home; making sure every patient can have a finger prick blood test with immediate results so that any changes to their treatment can be made there and then. And are considering setting up a community based service in clinics across North Kirklees, so that everybody will have a clinic near to where they live and will be able to choose which of the clinics to go to.

NHS North Kirklees CCG commissioned NHS West and South Yorkshire & Bassetlaw Commissioning Support Unit (WSYBCSU) to:

- Undertake a review of the current service covering patient views and activity
- Identification of alternative model options for the service
- The preferences of service users
- The views of GPs

This report details the engagement that took place to obtain the views of patients on their experiences of the anticoagulation service in North Kirklees and their suggestions on how the services could be improved.

2. Our engagement responsibilities

For NHS North Kirklees CCG, engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people they want to give them a say in how services are planned, commissioned, delivered and reviewed. They recognise it is important who they involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Legal Requirements

There are a number of requirements that must to be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include:

- The White Paper, 'Equity and excellence: Liberating the NHS'
- Health and Social Care Act 2012
- The NHS Constitution

The **White Paper, 'Equity and excellence: Liberating the NHS'**, and the subsequent **Health and Social Care Act 2012**, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

- put patients at the heart of everything it does, 'no decision about me, without me'
- focus on improving those things that really matter to patients
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the **NHS Constitution** which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

3. Engagement approach

NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit Communications and Engagement team, embarked on engagement with patients over a six week period, from 9th June to 18th July 2014. An engagement plan supporting this work was developed (see Appendix A). The purpose of the engagement was to build on the data that had already been collated by the transformation team, by gaining the views of patients, on their experiences of anticoagulation services in North Kirklees and their suggestions on how the service could be improved.

Existing data held by WSYBCSU on behalf of North Kirklees CCG was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any patient feedback received in relation to anticoagulation services, via the Patient Advice and Liaison Service (PALS) and complaints.

In addition to data from PALS and Complaints, data from previous engagement and patient experience reports were also analysed for any issues relating to anticoagulation services (see appendix B for a full list of the data reviewed).

As part of the plan a survey (see appendix D) was designed to gain feedback from patients about their views and experiences of the anticoagulation service and how they would prefer to receive this service from their local GP practice, health centre or hospital.

The survey with a covering letter (see appendix C) was posted directly to patients residing in North Kirklees, who were currently using the anticoagulation services at Mid Yorkshire Hospitals NHS Trust. The survey was a paper based copy with a freepost return address and was also made available to complete on line.

In addition to the survey being sent direct to patients, a survey was designed to capture the views of GPs in North Kirklees (see appendix F).

4. Analysis of existing data

This section provides a summary of the key issues raised through the analysis of existing data. Existing data from PALS / Complaints, previous engagement exercises and patient experience reports were analysed for any issues relating to anticoagulation services across North Kirklees (see appendix B for a full list of the data reviewed). Where relevant data was found this is described below.

NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit (WSYBCSU), PALS, Complaints and Patient Opinion postings received since April 2013

PALS queries, complaints and Patient Opinion postings received since April 2013 (data prior to this date is currently not accessible) were analysed to establish whether any, related to anticoagulation services or the drug Warfarin. During that period there were no relevant PALS, complaints or Patient Opinion postings received by WSYBCSU.

Mid Yorkshire Hospitals NHS Trust, Dewsbury Warfarin Clinic Patient Satisfaction Survey - 2014

Patients attending the Dewsbury warfarin clinic were asked their opinion on the services that they received. 55 people responded and the results were as follows:

When I telephone the anticoagulant clinic department the staff are always polite

Strongly disagree	Disagree	neither	agree	Strongly agree
1	1	6	12	34

Other comments: Difficulty getting through
can't get through
it's always engaged
always polite and helpful

I am happy with the way my telephone enquiries are dealt with by the department

Strongly disagree	Disagree	neither	agree	Strongly agree
1	1	6	21	26

Other comments: can't get through
not very often I phone
it's always engaged

When I leave a message for the department they always telephone back

Strongly disagree	Disagree	neither	agree	Strongly agree
	3	21	9	22

Other comments: it's always engaged

I am satisfied with the way I am informed about my warfarin dose and next appt

Strongly disagree	Disagree	neither	agree	Strongly agree
			16	39

I am satisfied with the information I have been given by the clinic about my warfarin treatment both written and verbal

Strongly disagree	Disagree	neither	agree	Strongly agree
		3	24	28

I am satisfied with the length of time I have to wait for my blood test

Strongly disagree	Disagree	neither	agree	Strongly agree
3	7	5	22	18

Other comments: has blood taken at gp normally

The staff who take my blood sample always treat me with dignity and respect

Strongly disagree	Disagree	neither	agree	Strongly agree
			11	43

Other comments: preferred clinic Mirfield - prefers appt there
very pleased with staff treatment

I am satisfied with the appointment system for my warfarin blood tests

Strongly disagree	Disagree	neither	agree	Strongly agree
	1	1	24	28

Other comments: prefers Mirfield but doesn't always get appt there
prefers Batley HC

Overall I am satisfied with the service provided by the anticoagulant department

Strongly disagree	Disagree	neither	agree	Strongly agree
			18	35

Other comments: everything seems to run smoothly

Other comments:

- I am very satisfied with all appointments and treatments at DDH
- I find they always have time to explain things and do their best to please

- Several times I and other patients have not been notified to the blood test department, i.e. they do not have details of my appointment. I have complained in the past and this has not happened over the past 3 months so maybe you do listen to my complaints and comments
- The best in the world

NHS Greater Huddersfield CCG, *Golcar Clinic Communications & Engagement Report – June 2013*

NHS Kirklees Primary Care (PCT) Trust developed an estates strategy to help identify any estates requiring improvement. Within the strategy it was identified that a number of buildings may require a level of modernisation or repair that would not be cost effective. This Estates Development Strategy 2008/13 set out key objectives to deliver modern NHS, fit for purpose 21st century buildings and equipment. The intention was to ensure that buildings were in the right place, in the right condition and of the right type and all able to respond to future service needs.

A “drop in” at Golcar Clinic was arranged to inform patients and the public of what was happening with the building and the services provided there. Concerns for patients around the phlebotomy clinic were;

- Keeping the service local
- Being able to park or access to bus route
- Information about blood tests

Calderdale and Huddersfield Health and Social Care Strategic Review, *Summary of findings from the engagement process -Public, Patients and Carers, Long Term Care, Planned care & Unplanned care - February 2013*

The purpose of this report is to present the findings from the engagement stage of the Calderdale and Huddersfield Health and Social Care Strategic Review. The report captures intelligence collected from all previous engagement and consultation activities and reports on recent feedback from public, patients and carers. The engagement findings will enable the care stream to:

- Consider the views of patients as part of the strategic review; and
- Ensure that public, patient and voluntary community sector feedback is considered in the development of any future options to change the way a current service is provided or delivered.
- Highlight patient and public priorities and ensure these priorities are in line with current thinking.

One of the themes that from the intelligence captured was from the Patient Participation Direct Enhanced Service and the results from the survey showed the following to be of particular concern to patients was;

- Patients want to be able to have their blood tests at the practice

NHS Kirklees, *Extending Patient Choice of Provider (AQP)* – October 2011

In August 2011, the Department of Health (DH) published *Operational Guidance to the NHS: Extending Patient Choice of Provider* (DH, 2011) in which it outlined the Government's commitment to extending the patient choice of Any Qualified Provider for appropriate services with the intention "to empower patients and carers, improve their outcomes and experience, enable service innovation and free up clinicians to drive change and improve practice" (DH 2011, p. 6).

The Department of Health conducted a national engagement with clinicians, providers, commissioners, patient groups and voluntary organisations to identify services for priority setting.

In preparation for 2012/13, commissioners are required to have engaged with patients, patient representatives, healthcare professionals and providers on local priorities for extending choice of provider by 30 September 2011 and by 31 October 2011 have used the feedback to identify three or more community or mental health services for implementation.

To meet the above requirement, the Calderdale, Kirklees and Wakefield Cluster Partnership, with the support of Clinical Commissioning Groups, embarked on engagement with local patients, patient groups and stakeholders from 15 September 2011 to 9 October 2011.

Eight services identified in operational guidance; one of which was Phlebotomy, the themes that were presented were as follows;

- Waiting times at Fartown HC
- Waiting times at HRI & community venues
- Would prefer a community venue
- Waiting time at CHFT (2 hours)
- Needle phobia patient unhappy at methods used to take blood
- Struggle to get appointment for child
- Struggle to get phlebotomy appoint at GP
- No local phlebotomy venue in Denby Dale
- Unhappy at GPs arrangement for phlebotomy at Shepley HC

5. Analysis of patient survey

A total of 2,302 surveys were sent to all patients who are currently receiving the drug Warfarin. These were sent out direct from Mid Yorkshire Hospitals NHS Trust.

1,331 surveys were completed, giving a response rate of 58%.

Respondents were asked to complete an optional equality monitoring form as part of the survey, this data can be found in appendix E.

Q1. Where do you currently go for Warfarin testing?

A GP practice or Health Centre - sample taken from the vein in your arm	36.7%	485
Hospital - sample taken from the vein in your arm	47.7%	629
Hospital - finger prick test	6.1%	81
In your own home	9.5%	125
answered question		1320
skipped question		11

Q2. How do you usually get to your appointment?

Bike	0.6%	8
Car	64.2%	848
Patient transport	4.2%	56
Public transport	16.9%	223
Walk	10.5%	138
They come to my home	9.3%	123
answered question		1320
skipped question		11

Q3. What type of blood sample would you prefer?

Finger prick test	65.2%	835
Taken from the vein in your arm	34.8%	445
answered question		1280
skipped question		51

Q4. What time of day would you prefer the clinic to run?

Morning	74.6%	955
Afternoon	21.1%	270
Evening	3.4%	44
Weekend	0.9%	12
<i>answered question</i>		1281
<i>skipped question</i>		50

Q5. Which type of clinic would you prefer to visit?

Appointment based	84.7%	1021
Drop-in clinic	15.3%	185
<i>answered question</i>		1206
<i>skipped question</i>		125

Q6. Which locality would you like to receive your anticoagulation service? (Please tick as many as you would like)

Batley	18.7%	224
Birstall	10.5%	125
Cleckheaton	25.4%	304
Dewsbury	39.8%	476
Heckmondwike	14.8%	177
Mirfield	15.3%	183
Ravensthorpe	4.4%	52
Thornhill	7.0%	84
Other (please specify)		136
<i>answered question</i>		1195
<i>skipped question</i>		136

136 respondents selected other. As can be seen from the table below a significant proportion of the suggestions were for areas outside of North Kirklees. Tracking this against the postcodes of respondents, it would appear that Mid Yorkshire Hospitals NHS Trust sent some surveys to people that reside outside of the North Kirklees area.

Care Home	1.5%	2
Birkenshaw	13.1%	17
Crofton	0.8%	1
Dewsbury & District Hospital	3.8%	5
GP practice	3.1%	4
Drighlington	2.3%	3
Earlsheaton	1.5%	2
Gomersal	0.8%	1
Hanging Heaton	2.3%	3
Home	17.7%	23
Horbury	5.4%	7
Liversedge	1.5%	2
Middlestown	1.5%	2
Morley	4.6%	6
Ossett	27.7%	36
Pinderfields Hospital	6.2%	8
Pontefract	0.8%	1
Sandal	0.8%	1
Thornhill Lees	1.5%	2
Wakefield	3.1%	4
answered question		130
skipped question		6

Q7. Would you like the choice to go to any area across North Kirklees for this service?

Yes	26.3%	329
No	73.7%	922
answered question		1251
skipped question		80

Q8. Where would you prefer to receive your anticoagulation service?

A GP practice or Health Centre	62.6%	817
Hospital	18.2%	238
At home	19.2%	250
answered question		1305
skipped question		26

Q9. How would you prefer to receive your results?

Instantly at the clinic	51.0%	661
Later by Post	42.6%	552
Later by E-mail	1.8%	23
Later by Telephone	4.6%	60
answered question		1296
skipped question		35

Q10. Do you feel supported to manage your Warfarin treatment?

Yes	93.9%	1206
No	6.1%	78
answered question		1284
skipped question		47

Q11. Are there any other factors about the anticoagulation service that you feel we should take into account when deciding about how to run it in the future?

Out of the 1331, there were 434 responses. The majority of the respondents were happy with the current service, however, most did acknowledge that improvements could be made and these have been themed as follows:

The appointment system at Dewsbury & District Hospital was raised, due to appointments not running to time and leaving patients with long waits. It was felt that this was due to a combination of over booking and too few staff.

Requests were made for more appointments to be made available at Mirfield Health Centre. Respondents liked being able to access their local Health Centre, however, due to the clinic only being available one day a week this resulted in patients having to attend Dewsbury and District Hospital.

Requests were also made for appointment times to be made more flexible to cater for the needs of those that work, those with carer responsibilities, those that have to use public transport and those that have to rely on family members for transport.

The finger prick test was seen as a positive move by many; however, there were concerns in terms of how the process would work, whether the test was accurate and if it would be more costly to the NHS.

Respondents liked the idea of being able to have their appointment closer to home. Ideally, they would like this to be available at their own GP practice. Although, some concern was expressed as to whether the GP practice would be able to cope with the demand.

Some respondents mentioned self-testing and how this system is used in other countries. There was a view that this should be the direction of travel for anti-coagulation, with people making reference to diabetics being able to self-test. If self-testing were made available, the question was raised with regards to the testing strips and whether the cost of these would be covered by the NHS.

Comment was made with regards to the availability of new drugs that did not require ongoing monitoring and testing. They queried why this was not an option.

Home visits were valued by those that received them, for those that didn't receive them some did query whether this would be an option for them as they got older and struggled to attend clinics.

Many respondents raised the lack of patient information they were provided with when they began taking warfarin. They felt a patient information leaflet should be developed. In addition to the leaflet they also requested access to a helpline for general queries and support and the ability to speak to a qualified professional about their condition when attending clinic.

Overall, respondents wanted to be able to access a clinic as close to home as possible, at a time that was convenient to them and ideally at their local GP practice. They wanted to have a finger prick test by a qualified professional who would be able to provide them with ongoing support and advice. To receive their results immediately or by phone and to be able to book a follow-up appointment at the same time.

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6. Analysis of GP survey

How would you rate your current experience of the anti-coagulation service?

	Response Percent	Response Count
Very Poor	0.0%	0
Poor	15.4%	2
Okay	38.5%	5
Good	38.5%	5
Very Good	7.7%	1
<i>answered question</i>		13
<i>skipped question</i>		0

Are there any other factors about the anticoagulation service that you feel we should take into account when deciding about how to run it in the future?

Of the 13 responses, the main themes were:

The current services are good, however, some felt that patients would prefer them to be provided closer to their home and if possible in their GP practice, with the flexibility for home monitoring when required.

A couple of respondents felt that the current service worked well and no changes were needed.

If the service was moved to GP practices it was acknowledged that training would be required to ensure that aware of the procedures.

One respondent suggested that patients should be placed on dabigatrans, this was felt to be more cost effective and safer.

7. Summary of key themes / issues

The main themes taken from the existing data and this engagement are:

<p>The majority of respondents were very happy with the service that they received and didn't feel any changes needed to be made.</p>
<p>Appointment times to be made more flexible to cater for the needs of those that work, those with carer responsibilities, those that have to use public transport and those that have to rely on family members for transport.</p>
<p>The finger prick test was seen as a positive move by many; however, patients would need to be informed of how the process would work and be given assurance on the accuracy of tests.</p>
<p>Respondents liked the idea of being able to have their appointment closer to home. Ideally, they would like this to be available at their own GP practice. Although, some concern was expressed as to whether their GP practice would be able to cope with the demand.</p>
<p>Some respondents were interested in being able to self-test and felt that this would offer them much more control, comparisons were made with patients with diabetes.</p>
<p>To look into the possibility of providing new drugs that do not require ongoing monitoring and testing.</p>
<p>Improve patient information and ongoing support by providing a patient information booklet, ensure patients are able to access a helpline for general queries and support, offer patients the chance to speak to a qualified professional about their condition when attending clinic.</p>
<p>Overall, respondents wanted to be able to access a clinic as close to home as possible, at a time that was convenient to them and ideally at their local GP practice. They wanted to have a finger prick test by a qualified professional who would be able to provide them with ongoing support and advice. To receive their results immediately or by post and to be able to book a follow-up appointment at the same time.</p>

8. Conclusion

This engagement process has provided a snapshot of the views from patients on their experience of anticoagulation services and what changes could be made to enable the service to work better.

This report will be made publically available and feedback provided to those respondents who have requested it. We would like to thank all respondents who have given their time to share their views.

Appendix A – Engagement plan

Activity	21/4	28/4	5/5	12/5	19/5	26/5	2/6	9/6	16/6	23/6	30/6	7/7	14/7	21/7	28/7	4/8	11/8	18/8
Develop a draft patient and GP survey and covering letter																		
Sign off draft surveys, covering letters and draft plan																		
Distribute GP survey to GPs attending PPT and via email																		
Gain agreement from providers for distribution of survey to patients																		
Develop media release and obtain quotes																		
Start of engagement																		
Survey and information to be uploaded to websites																		
Survey and letter to be posted to patients registered with the service																		
Survey and covering letter to be sent to VCS, PRG Networks, People databases, Healthwatch and other																		

Activity	21/4	28/4	5/5	12/5	19/5	26/5	2/6	9/6	16/6	23/6	30/6	7/7	14/7	21/7	28/7	4/8	11/8	18/8	
key stakeholders																			
End of engagement																			
Collation of existing patient feedback																			
Analysis of both existing and data from current engagement																			
Production of Engagement report																			
Present the report to CCGs																			
Feedback on engagement and next steps																			

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Appendix B – List of existing data reviewed

NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit, *PALS, Complaints and Patient Opinion postings* received since April 2013 that related to anticoagulation services and the drug Warfarin.

Mid Yorkshire Hospitals NHS Trust, *Dewsbury Warfarin Clinic Patient Satisfaction Survey* - 2014

NHS Greater Huddersfield CCG, *Princess Royal Community Health Centre* – October 2013

NHS Greater Huddersfield CCG, *Engagement Annual Report 2012-13* – September 2013

NHS Greater Huddersfield CCG, *Golcar Clinic Communications & Engagement Report* – June 2013

Calderdale and Huddersfield Health and Social Care Strategic Review, *Summary of findings from the engagement process -Public, Patients and Carers, Unplanned Care* – February 2013

Calderdale and Huddersfield Health and Social Care Strategic Review, *Summary of findings from the engagement process -Public, Patients and Carers, Planned Care* – February 2013

Calderdale and Huddersfield Health and Social Care Strategic Review, *Summary of findings from the engagement process -Public, Patients and Carers, Long Term Care* – February 2013

Calderdale and Huddersfield Health and Social Care Strategic Review, *Summary of findings from the engagement process -Public, Patients and Carers, Children* – February 2013

NHS Calderdale, Kirklees and Wakefield District Cluster, *Discharge to Assess* – November 2012

NHS Kirklees, *Intermediate Care Service, Engagement Report*, August 2012

NHS Calderdale, Kirklees and Wakefield District Cluster, *West Yorkshire Urgent Care Service review* - January 2012

NHS Kirklees, *Extending Patient Choice of Provider (AQP)* – October 2011

Appendix C – Covering letter



NHS North Kirklees Clinical Commissioning Group
Empire House
Wakefield Old Road
Dewsbury
WF12 8DJ
June 2014

Dear Patient,

NHS North Kirklees Clinical Commissioning Group is committed to continuously improving the healthcare available to all the people living across North Kirklees.

As part of this continued work, we are looking at Anticoagulation Services. As you are a patient who is prescribed warfarin, we would be very interested in hearing your views and experiences to help us improve the care that your local NHS provides.

Attached is a short survey asking you about your experiences and how you would prefer to receive this service from your local GP practice, health centre or hospital.

If you would like to help shape local anticoagulation services, please fill in the survey and return it in the enclosed postage-paid envelope by no later than **18th July 2014**.

If you would like to be involved in the future work of this project or have any questions about this survey, please call 01484 464024 or email Zubair.Mayet@wsybcu.nhs.uk.

Yours sincerely,

The Engagement Team

Enc

Anticoagulation service

You are prescribed medicine that stops your blood from clotting quickly. These drugs are called warfarin, nicoumalone or acenocoumarol (Sinthrome) or phenindione.

Your medicine is important because blood clots can cause damage in the lungs and can block the flow of blood to the brain, causing a stroke.

Services currently available for patients taking Warfarin

At the moment, more than 2,000 people across North Kirklees are taking warfarin. Each patient has their blood clotting monitored by an anticoagulation service (warfarin clinic). Some will go to the hospital and have a finger prick blood test and are given a result straightaway; others attend phlebotomy clinics where a blood sample is taken from your arm. The sample is sent to a testing laboratory and you are given your results by letter or telephone.

Reviewing anticoagulation services and our vision for the future

NHS North Kirklees Clinical Commissioning Group is reviewing how anticoagulation (warfarin) services are provided for patients. We want to improve access to these services by providing them closer to home; making sure every patient can have a finger prick blood test with immediate results so that any changes to their treatment can be made there and then. The process will normally take less than five minutes.

We are considering setting up a community based service in clinics across North Kirklees, so that everybody will have a clinic near to where they live. You will be able to choose which of the clinics you go to.

What does this mean for patients?

Your views will be used to help NHS North Kirklees Clinical Commissioning Group to redesign anticoagulation services. There will be no immediate changes to how your warfarin is managed and we will let you know of any changes to your current anticoagulation service.

Your thoughts on the Anticoagulation service

1. Where do you currently go for Warfarin testing?

<input type="checkbox"/>	A GP practice or Health Centre - sample taken from the vein in your arm
<input type="checkbox"/>	Hospital - sample taken from the vein in your arm
<input type="checkbox"/>	Hospital - finger prick test
<input type="checkbox"/>	In your own home

2. How do you usually get to your appointment?

<input type="checkbox"/>	Bike
<input type="checkbox"/>	Car
<input type="checkbox"/>	Patient transport
<input type="checkbox"/>	Public transport
<input type="checkbox"/>	Walk
<input type="checkbox"/>	They come to my home

3. What type of blood sample would you prefer?

<input type="checkbox"/>	Finger prick test	<input type="checkbox"/>	Taken from the vein in your arm
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4. What time of day would you prefer the clinic to run?

<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>	Weekend
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5. Which type of clinic would you prefer to visit?

<input type="checkbox"/>	Appointment based	<input type="checkbox"/>	Drop-in clinic
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6. Which locality would you like to receive your anticoagulation service? (Please tick as many as you like)

<input type="checkbox"/>	Batley
<input type="checkbox"/>	Birstall
<input type="checkbox"/>	Cleckheaton
<input type="checkbox"/>	Dewsbury
<input type="checkbox"/>	Heckmondwike
<input type="checkbox"/>	Mirfield
<input type="checkbox"/>	Ravensthorpe

<input type="checkbox"/>	Thornhill
<input type="checkbox"/>	Other (please specify)

7. Would you like the choice to go to any area across North Kirklees for this service?				
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

8. Where would you prefer to receive your anticoagulation service?	
<input type="checkbox"/>	A GP practice or Health Centre
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	At home

9. How would you prefer to receive your results?	
<input type="checkbox"/>	Instantly at the clinic
<input type="checkbox"/>	Later by Post
<input type="checkbox"/>	Later by E-mail
<input type="checkbox"/>	Later by Telephone

10. Do you feel supported to manage your Warfarin treatment?				
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

11. Are there any other factors about the anticoagulation service that you feel we should take into account when deciding about how to run it in the future?	

Equality Monitoring – OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tell us the first part of your postcode (e.g. WF17)

Please enter here

Prefer not to say

What sex are you?

Female

Male

Prefer not to say

Transgender

Is your gender identity different to the sex you were assumed to be at birth?

Yes

No

Prefer not to say

What is your age?

Under 16

16 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66 - 75

76 - 85

86 +

Prefer not to say

What is your sexual orientation?

Bisexual (both sexes)

Lesbian (same sex)

Gay man (same sex)

Heterosexual/
Straight (opposite sex)

Other: Please specify

Prefer not to say

What is your ethnic background?

**Asian, or Asian
British**

**Black, or Black
British**

**Mixed / multiple
ethnic group**

White

Other

Chinese

African

Asian & White

British

Arab

Indian

Caribbean

Black African &
White

Gypsy/Traveller

Pakistani

Black Caribbean

Irish

			& White		
Other Asian background		Other Black background	Other Mixed / multiple ethnic background		Other White background
Prefer not to say		Other:		Please specify any other ethnic group here	

Do you consider yourself to belong to any religion?					
Buddhism		Christianity		Hinduism	
Islam		Judaism		Sikhism	
No religion		Prefer not to say		Other:	Please specify
Do you consider yourself to be disabled?					
The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'					
Yes		No		Prefer not to say	

If yes above, what type of disability do you have? (Tick all that apply)					
Learning disability/difficulty		Long-standing illness or health condition		Mental Health condition	
Physical or mobility		Hearing		Visual	
Prefer not to say		Other:	Please specify		

Do you provide care for someone?					
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.					
Yes		No		Prefer not to say	

Thank you for taking the time to complete this form.

Please return to: (No stamp is required)

FREEPOST RTEJ-AGSA-UAZL

Engagement Team

NHS North Kirklees Clinical Commissioning Group

Broad Lea House

Dyson Wood Way

Huddersfield

HD2 1GZ

Unfortunately, we cannot accept any responses after 18TH July 2014

Appendix E – Equality monitoring data

Please tell us the first part of your post code (e.g. HD3)

BD4	0.3%	3
BD11	4.1%	49
BD12	0.8%	9
BD14	0.2%	2
BD19	12.3%	147
LS27	1.3%	15
WF2	0.5%	6
WF3	0.5%	6
WF4	1.4%	17
WF5	4.4%	53
WF7	0.1%	1
WF12	16.8%	200
WF13	6.9%	82
WF14	14.2%	170
WF15	12.2%	146
WF16	6.5%	78
WF17	17.4%	208
WF19	0.2%	2
<i>answered question</i>		1194
<i>skipped question</i>		137

What sex are you?

Male	57.5%	711
Female	42.2%	522
Prefer not to say	0.3%	4
<i>answered question</i>		1237
<i>skipped question</i>		94

Is your gender identity different to the sex you were assumed to be at birth?

Yes	2.2%	22
No	96.8%	983
Prefer not to say	1.0%	10
<i>answered question</i>		1015
<i>skipped question</i>		316

What is your age?

Under 16	0.1%	1
16-25	0.2%	3
26-35	0.6%	8
36-45	1.5%	19
46-55	3.9%	48
56-65	12.4%	153
66-75	33.6%	416
76-85	37.6%	465
86+	9.5%	117
Prefer not to say	0.6%	8
answered question		1238
skipped question		93

What is your sexual orientation?

Bisexual (both sexes)	0.4%	5
Lesbian (same sex)	0.2%	2
Gay man (same sex)	0.8%	9
Heterosexual/Straight (opposite sex)	95.7%	1065
Prefer not to say	2.9%	32
answered question		1113
skipped question		218

What is your ethnic background?

Chinese	0.1%	1
Indian	0.7%	8
Pakistani	2.1%	26
Other Asian background	0.3%	4
Black African	0.1%	1
Black Caribbean	0.0%	0
Other Black background	0.0%	0
Asian & White	0.1%	1
Black African & White	0.2%	2
Black Caribbean & White	0.0%	0
Other Mixed / multiple ethnic background	0.0%	0
White British	93.9%	1138
White Gypsy/Traveller	0.2%	2
White Irish	0.2%	3
Other White background	0.9%	11

Arab	0.1%	1
Prefer not to say	1.2%	14
Other (please specify any other ethnic background here)		13
answered question		1212
skipped question		119

Do you consider yourself to belong to any religion?

Buddhism	0.0%	0
Christianity	80.3%	923
Islam	3.1%	36
Judaism	0.1%	1
Sikhism	0.3%	3
No religion	14.1%	162
Prefer not to say	2.2%	25
Other (please specify any other religion)		37
answered question		1150
skipped question		181

Do you consider yourself to be disabled? The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'

Yes	47.3%	544
No	50.2%	577
Prefer not to say	2.4%	28
answered question		1149
skipped question		182

What type of disability do you have? Tick all that apply

Learning disability/difficulty	1.3%	8
Long-standing illness or health condition	32.5%	202
Mental Health condition	1.6%	10
Physical or mobility	51.9%	323
Hearing	7.7%	48
Visual	1.6%	10
Prefer not to say	2.4%	15
Other	1.0%	6

<i>answered question</i>	622
<i>skipped question</i>	709

Do you provide care for someone? Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.

Yes	12.2%	142
No	86.1%	1006
Prefer not to say	1.7%	20
<i>answered question</i>		1168
<i>skipped question</i>		163

DRAFT

Anticoagulation service

NHS North Kirklees Clinical Commissioning Group is reviewing how anticoagulation services are provided for patients. We will be asking patients their views of the service but would also like to hear the views of GPs. We would appreciate if you could take the time to complete the following survey.

Your thoughts on the Anticoagulation service

1. How would you rate your current experience of the anti-coagulation service?									
	Very poor		Poor		OK		Good		Very good

2. Are there any other factors about the anticoagulation service that you feel we should take into account when deciding about how to run it in the future?