

## Breast Care Services

### We want to hear from you

Southport & Ormskirk Hospital NHS Trust had to close its breast care service to new patients from September 2014. This was because the hospital was unable to recruit the appropriate clinical staff and consequently could no longer provide the service safely. A breast care service has only continued to run at the Southport and Ormskirk hospital sites for existing patients requiring follow up appointments. Arrangements were quickly put in place to ensure that new patients could receive timely and high quality treatment at other hospitals of their choice.

In order to make sure the current options available to patients are the best they can be, we need your comments and suggestions around breast care services. Please could you take a few minutes to complete the following survey? Your feedback will be used to improve people's experiences of using them.

If you would like further information around local breast care services, or would like to request information in another language or format, please call or email our Patient Experience Team. They can provide an information leaflet, along with a list of public meetings and events that are taking place. The Patient Experience Team can be contacted on 0800 218 2333 or by emailing [cmcsu.pals@nhs.net](mailto:cmcsu.pals@nhs.net). The CCG websites are [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk) or [www.westlancashireccg.nhs.uk](http://www.westlancashireccg.nhs.uk)

- 1) In terms of the breast care services, which of the following best describes how you know about them?

- Current patient** referred to the service **before** 1<sup>st</sup> September 2014
- Current patient** referred to the service **on** or **after** 1st September 2014
- Former patient**
- Member of staff**
- Carer and/or relative** of a current or former patient
- Support worker**
- Personal interest**
- Other:** please specify here.....

- 2) Which breast services do you have experience/knowledge of? Please tick those that apply

- Southport and Formby District General Hospital
- Ormskirk and District General Hospital
- Linda McCartney Unit, Royal Liverpool University Hospital
- Royal Edward Albert Infirmary, Wrightington, Wigan and Leigh NHS Foundation Trust
- Clatterbridge Cancer Centre
- Christie Hospital NHS Foundation Trust
- Aintree University Hospital NHS Foundation Trust
- Other, please specify here.....

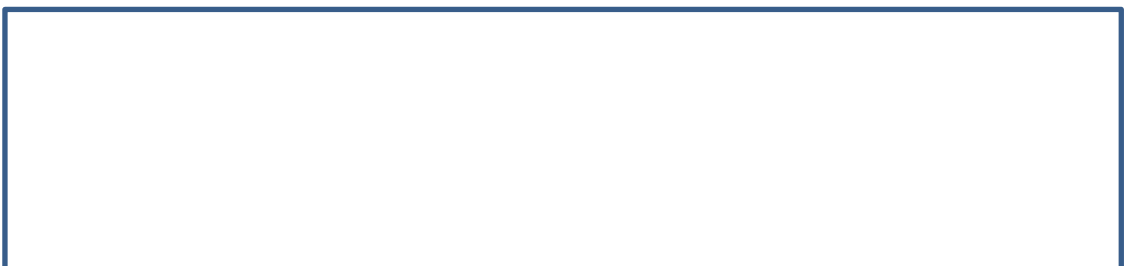
3) Please tell us about the positive aspects of your experiences /knowledge of local breast care services.



4) Please tell us what aspects of the services could be improved.



5) If you are, or have been, a patient of the service, what aspects of after treatment support have you found most helpful e.g. consultant advice, breast nurse support/advice, support groups, GP support?



6) Do you have any other comments about local breast care services?

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7) If you would like to be kept informed of future developments of local breast services, please provide us with your contact details:

- Name:
- Telephone number:
- Email address:

And now a few questions about you or the person you care for. NHS Southport and Formby and NHS West Lancashire Clinical Commissioning Groups want to provide you with a good service. We can only do this if we understand who our patients are. You can help us by completing the following questions. The information you provide is confidential and will be used for monitoring purposes only.

Q.8 What is your age?				
<input type="checkbox"/> 16 or under	<input type="checkbox"/> 17 - 25	<input type="checkbox"/> 26 - 35	<input type="checkbox"/> 36 - 45	<input type="checkbox"/> 46 - 55
<input type="checkbox"/> 56 – 65	<input type="checkbox"/> 66 - 75	<input type="checkbox"/> Over 75	<input type="checkbox"/> Prefer not to say	

Q.9 How would you describe your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Q.10 Is this the same gender you were born with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Q.11 Which area do you live in?	<input type="checkbox"/> Southport and Formby	<input type="checkbox"/> West Lancashire	<input type="checkbox"/> Somewhere else
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Q.12 What is the first part of your postcode? (Letters and numbers only e.g. L39 2 or WN8 6)	-----
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Q.13 Are you a carer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q.14 What is your ethnic group/background?		
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	
<input type="checkbox"/> East European	<input type="checkbox"/> Gypsy/Roma/Traveller	
<input type="checkbox"/> White Other	<input type="checkbox"/> Mixed White/Black African	
<input type="checkbox"/> Mixed White/Black Caribbean	<input type="checkbox"/> Mixed White/Asian	
<input type="checkbox"/> Mixed Other	<input type="checkbox"/> Asian or Asian British – Indian	
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Asian or Asian British – Bangladeshi	
<input type="checkbox"/> Asian or Asian British – Other	<input type="checkbox"/> Black or Black British – Caribbean	
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Black or Black British – Other	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other ethnic group	<input type="checkbox"/> Prefer not to say

Q.15 Do you have a long term condition that affects your day to day activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q. 16 If you answered “Yes” to question 15 which long term condition(s) affects your daily activity?

Q.17 Please choose the category that best describes your level of disability	
<input type="checkbox"/> No disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Wheelchair user	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Mental health	<input type="checkbox"/> Multiple impairments
<input type="checkbox"/> Prefer not to say	

Q.18 What is your religion/faith?		
<input type="checkbox"/> No religion/belief	<input type="checkbox"/> Christian (C of E, Catholic, Protestant and all denominations)	
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Q.19 What is your sexual orientation?
<input type="checkbox"/> Heterosexual / straight (attracted to the opposite sex)
<input type="checkbox"/> Gay/Lesbian (attracted to the same sex)
<input type="checkbox"/> Bisexual (attracted to both sexes)
<input type="checkbox"/> Prefer not to say

**Thank you for completing this survey.  
Your feedback is very much appreciated.**

**To return your completed survey, please send it to the following  
freepost address by Monday 16<sup>th</sup> February 2015:**

Freepost Plus RTEJ -ALLJ-TZYK  
Cheshire and Merseyside CSU  
3rd Floor Bevan House  
65 Stephenson Way  
Liverpool  
L13 1HN