

INDEPENDENT NEUROLOGY INQUIRY

Questionnaire

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You had a concern and you raised it at the time.	Section 2
You had a concern but did <u>not</u> raise it at the time.	Section 3
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If you require assistance completing this questionnaire or using the guide to questionnaire, please telephone

028 9025 1133

A guide to the questionnaire is enclosed and you are strongly advised to read the guide. As you complete the questionnaire you will see references to headings contained within the guide. These references provide you with information to assist you in completing the questionnaire. We also have a Frequently Asked Question (FAQ) section of the website <https://neurologyinquiry.org.uk/patients-and-family-members>.

This questionnaire will be considered by the Inquiry to gain information from you about your experience of Neurology Services. It may look daunting, but it has been broken down into a number of sections. You will only need to answer a small number of questions and most people will only complete one section relevant to their experience.

The work of the Inquiry is independent of all other organisations and that includes healthcare providers, regulators and government departments. The Inquiry will exercise care in protecting any personal information provided to it. We will not be publishing completed questionnaires.

SECTION 1 – PERSONAL CONTACT DETAILS

We encourage you to fill out your personal details in the box below as it will increase your potential input to the Inquiry. If you wish, however, you may complete the questionnaire without providing us with those details. Please read our **Privacy Notice** to understand what we do with the information you provide to us.

If you do provide your personal details, please tick this box to confirm you have read the information section in the Guide entitled '**Personal Details**'.

If you do not provide your personal details, please tick this box to confirm you have read the information section in the Guide entitled '**Choosing not to provide personal details**'.

NAME:

ADDRESS:

TELEPHONE NUMBER:

EMAIL:

Are you completing this questionnaire as a -

Patient or former patient

Relative of a patient or former patient *

Someone else (please state your role)

*For relatives of patients/ former patients: please tick the following box to confirm that you have the express authority of the patient to engage with the Inquiry and provide information relating to their care and treatment.

For Relatives of Deceased Patients: If the patient is deceased, please tick the following box to confirm that you have discussed providing information concerning the deceased patient with other relatives and that no objection was raised.

Please complete the table below to detail when you accessed neurology services.

From (please insert date)	To (please insert date)	Location (e.g. Royal Victoria Hospital)

Continue on a separate sheet if necessary

Please read the options in the table below and then go to the relevant section. Everyone should complete Section 1 and, if you had a range of concerns that cover more than one section then complete all the sections that apply to you. When you have completed all section(s) please proceed to Section 6 and sign the completed questionnaire.

You had a concern and you raised it at the time.	Section 2
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SECTION 2 – YOU HAD A CONCERN AND YOU RAISED IT AT THE TIME

Note Please refer to Page 8 of the Guide entitled Completing Section 2.

2.1 Please provide details of your concerns?

2.2 When did you raise these concerns or make a complaint?

2.3 Who did you raise the concerns with or make a complaint(s) to?

2.4 Did you raise your concerns or complaints verbally or in writing?

Tick all that apply.

Verbal

Written

Email

2.5 If you made the complaint or raised your concerns in writing, can you provide copies of the correspondence?

2.6 Did you receive an acknowledgement or a response to your complaint? If so, can you provide copies?

2.7 What was the outcome?

Additional sheets can be attached

SECTION 3 – YOU HAD A CONCERN BUT DID NOT RAISE IT AT THE TIME

Note Please refer to Page 9 of the Guide entitled Completing Section 3.

3.1 Please outline what your concerns were?

3.2 Please explain why you did not raise your concerns at the time?

3.3 Did anything prevent you from raising your concerns?

Additional sheets can be attached

SECTION 4 - YOU ARE RESPONDING AS AN ORGANISATION ON BEHALF OF A GROUP OF INDIVIDUALS

Note For anyone other than patients or family, with information relevant to this Inquiry. Please refer to Page 9 of the Guide entitled Completing Section 4.

4.1 Please outline what your concerns were?

4.2 Please explain why you did not raise your concerns at the time?

4.3 Did anything prevent you from raising your concerns?

Additional sheets can be attached

SECTION 6 – SHARING INFORMATION

The Inquiry may consider that the information you have provided is more relevant to one of the other organisations carrying out a review or investigation as detailed in the guide under the heading “other related reviews”. Would you be content for the Inquiry to pass on this information to the relevant organisation?

Yes, I would be content for the Inquiry to share the contents of my questionnaire with the other relevant organisations referred to above.

Or

No, I would NOT be content for you to share the contents of my questionnaire with the other relevant organisations referred to above.

Please note that in some very limited circumstances it may still be necessary for the Inquiry to share the information you have provided with another organisation. Where this is the case, we will contact you further to discuss this and take all reasonable steps to protect your privacy and personal data.

Completed Questionnaire Checklist & Signature

I have enclosed the following: -

Completed questionnaire.

Supporting information, such as copies (not originals) of correspondence.

Additional sheets, where the space wasn't sufficient to answer questions.

Signed _____

Date __/__/2019

Intentionally Blank – Use Sheet if required

Intentionally Blank – Use Sheet if required