**PRIVATE AND CONFIDENTIAL**

**Patient name**

**Patient address**

DATE:

Dear \*\*patient name\*\*,

**D.O.B:**

**Trust No:**

**NHS No:**

**Patient Experience Survey at \*\*hospital name\*\* Emergency Department**

We have been in contact with you in recent months to discuss and better support you in managing your attendance at the xxx Emergency Department. From previous correspondence, you may recall that the setting up of the High Impact User Team has been supported by the West of England Academic Health Science Network through a project called SHarED (**S**upport **H**igh imp**a**ct use**r**s in the **E**mergency **D**epartment).

As part of this project, we are keen to understand more about your experience when attending xxx Emergency Department and how this has changed since being under the care of the High Impact User Team.

We welcome your feedback on your experience and also how you feel that the High Impact User Service can further improve, so please take this opportunity to be open and honest.

Additionally, if you would be interested in having an open conversation about your experience, please let us know by contacting us directly through the contact details above.

Please find the questionnaire and a pre-paid envelope enclosed.

Many thanks for taking the time to complete this short questionnaire.

Yours sincerely,

cc:

**Patient Experience Survey**

At the xxx Emergency Department, the High Impact User Team are dedicated to supporting patients who attend the Emergency Department 5 or more times in a year.  In much broader terms, this service is for patients who are recognised as needing more support whilst in the Emergency Department or who would benefit from having a plan to better support them in the community.

|  |  |  |
| --- | --- | --- |
| **1** | Were you aware that you were being looked after by the High Impact User Team? | **Yes / No***Delete as appropriate* |
| **2** | The High Impact User team have developed a Personal Support Plan to help guide staff on the best way to help you when you attend the Emergency Department. The plan also helps to support you in better managing your problems through relevant services external to the Emergency Department.2a. Were you aware that a Personal Support Plan was in place?2b. Were you involved in the writing of your Personal Support Plan? | **Yes / No***Delete as appropriate***Yes / No***Delete as appropriate* |
| **3** | Has being supported by the High Impact User Team made a difference to your attendances to the Emergency Department? | **Yes / No***Delete as appropriate* |
| If yes, please explain further. |

**Reflecting on your experience of attending the Emergency Department, please record below how much you agree with the following statements:**

0 = strongly disagree

1= disagree

2= neither disagree/agree

3= agree

4 = strongly agree

N/A = Not appropriate or unable to comment

***For completion by the High Impact User Team:***

***Hospital/Trust: SHarED ID Number:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Before engagement with the HIU team** | **After engagement with the HIU team**  | **Please add any comments**  |
| **4** | Emergency Department staff are sympathetic and understanding towards me |  |  |  |
| **5** | I feel supported by the Emergency Department when I attend |  |  |  |
| **6** | Do you have any additional comments/feedback about your experience and how we can better support you? |