





### The Annual Survey of Patient Reported Experience Measures (PREM)

The annual PREM survey has been designed by patients and professionals working together to find out how you feel about the services your kidney unit provides. The survey gives us feedback on renal services both locally for your unit, and nationally, and ensures that the views of kidney patients are heard. From this information, we can see what we are doing well and where we can do better. Your views matter and we act on them to help us improve services. We will provide you with feedback on the results. Information on the national results can be obtained from the UK Renal Registry or Kidney Care UK websites, along with the previous year's results.

The survey is completely anonymous, your name will not appear anywhere on the survey.

#### Completing the survey

The survey should take about 15 minutes to complete. Please only tick one box for each question or statement, otherwise your answer will not count.

If you prefer you can complete the survey online at <u>www.renalreg.org/projects/prem.</u> The online survey is available in English, Welsh, Urdu and Gujarati. Please only complete one paper PREM or one online, not both.

You can ask your partner, a friend or family member to help you complete the survey. Choosing not to take part will not affect your care in any way. When you complete the survey think about your experience of care during the last few times that you have attended. Please fill in the survey as truthfully as possible.

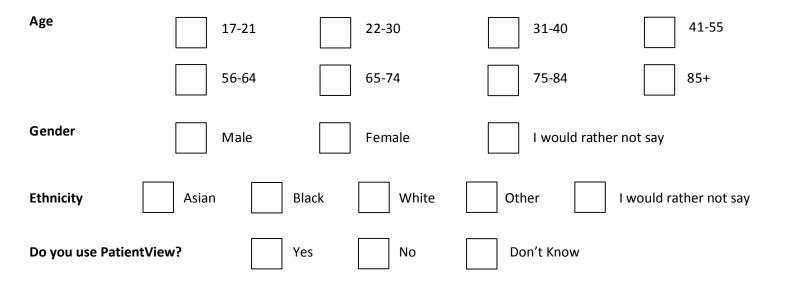
#### On completion

Please place the completed questionnaire in the envelope provided, seal it, and post it in the post box or hand it to a staff member. By completing the questionnaire you are consenting to your answers being sent to and held by the UK Renal Registry and your renal unit.

If you have any questions or concerns about the survey please contact the UK Renal Registry by emailing <u>Catherine.stannard@renalregistry.nhs.uk</u> or by calling 0117 414 8151.

Please complete the name of the renal/satellite unit where you are completing this survey from.

UKRR Code						(To b	e fille	ed in l	by a r	neml	ber o	f staf	f)					
Renal Unit																		
Current treatment												(	clinic dialys	but is or	kidne not o ation	n		
If you currently rece	ive Haemo	odialysis	, do yoι	ı rece	ive thi	S												
		At Hon	ne			In-Ho	ospita	al			In-S	atell	ite					



The following questions ask you about your experience with the renal unit, your kidney disease and treatment.

All the questions are answered on a scale of 1 to 7 where 1 is negative and 7 is positive.

For each question there's also a 'don't know' and 'not applicable' option.

SECTION 1: ACCESS TO	ECTION 1: ACCESS TO THE RENAL TEAM										
<ol> <li>Does the renal team take time to answer your questions about your kidney disease o treatment?</li> </ol>		ys Don't Not know Applicable									
2. Would you feel comfortable to contact the unit from home if you were anxious or worried?											
<ol> <li>Would you feel able t ask for an additional appointment with you kidney doctor if you wanted to?</li> </ol>											

#### Does the renal team help you to get the support you want with:

		Never				_	c	Always	Don't	Not
4.	Medical issues resulting from your kidney disease?		2	3	4	5	6	7	know	Applicable
5.	Practical issues resulting from your kidney disease?									
6.	Any other concerns or anxieties resulting from your kidney disease or treatment?									
7.	Accessing patient support groups such as Kidney Patient Associations (KPA)?									
SE	CTION 3: COMMUNICATIO	Л								

### Do you think there is good communication between:

		Never 1	2	3	4	5	6	Always 7	Don't know	Not Applicable
8.	You and your renal team?									
9.	Members of the renal team?									
10.	The renal team and your GP?									
11.	Your GP and the renal team?									
12.	The renal team and other medical specialists?									
13.	The renal team and other non- healthcare services if you need them, such as social work or housing?									

#### SECTION 4: PATIENT INFORMATION

#### Does the renal team:

- 14. Explain things to you in a way that is easy to understand?
- 15. Give you as much information about your kidney disease or treatment as you want?
- 16. Give this information to you in a format that is suitable for you?
- 17. Give this information to you at a time that is right for you?

N [	ever 1 2	3	4	5	6	Always 7	Don't know	Not Applicable
[								
t [								
[								

#### SECTION 5: FLUID INTAKE AND DIET

#### Thinking about the advice you are given about <u>fluid intake</u>:

	Never 1	2	3	4	5	6	Always	Don't know	Not Applicable
18. Does the renal team give you the advice you want on your fluid intake?				4					
19. Is that advice on your <b>fluid</b> <b>intake</b> clear?									
20. Is that advice on your <b>fluid</b> <b>intake</b> consistent?									

#### Thinking about the advice you are given about <u>diet</u>:

		Never 1	2	3	4	5	6	Always 7	Don't know	Not Applicable
21. Does th team gi the adv want or	ve you									
22. Is that a on your	advice <b>diet</b> clear?									
23. Is that a on your consiste	diet									
SECTION	6: NEEDLING									

# If you are on in-hospital or in-satellite haemodialysis please answer question 24, otherwise please go to SECTION 7: TESTS

24. How often do the renal team insert your needles with as little pain as possible?	Never 1	2	3	4	5	6	Always 7	Don't know	Not Applicable
SECTION 7: TESTS									
25. Do you understand the <b>reasons</b> for your tests?	Never 1	2	3	4	5	6	Always 7	Don't know	Not Applicable
26. Do you get your test results back within an acceptable time period?									
27. Do you understand the <b>results</b> of your tests?									

### SECTION 8: SHARING DECISIONS ABOUT YOUR CARE

Do	es the renal team:									
28.	Talk with you about your treatment and life goals?	Never 1	2	3	4	5	6	Always 7	Don'i know	
29.	Enable you to participate in decisions about your kidney care as much as you want?									
30.	Give you enough information so that you can understand what these decisions involve?									
31.	Talk to you about taking a more active role in managing your own kidney care?									
S	ECTION 9: PRIVACY AND	DIGNITY	,							
		Never 1	2	3	4	5	6	Always 7	Don't know	
32.	Are you given enough privacy when discussing your condition or treatment?									]
33.	Is your dignity respected during visits and clinical examinations?									
S	ECTION 10: SCHEDULING	AND PL	ANNIN	G						
34.	Can you change your appointment times if they are not suitable for you?	Never 1	2	3	4	5	6	Always 7	Don't know	
35.	Do you feel your time is used well at your appointments relating to your kidneys?									

# If you are on in-hospital or in-satellite haemodialysis, please move on to SECTION 11: HOW THE RENAL TEAM TREATS YOU. If you have blood tests done at an outpatient clinic or GP surgery, please answer question 36.

	Never 1	2	3	4	5	6	Always 7	Don't know	Not Applicable
36. Are the arrangements for your blood tests convenient for you?				4					
SECTION 11: HOW THE RE	ENAL TEA	M TRE	ATS YOU	J					
Thinking about how the re	nal team	treats	you, de	o they:					
	Never						Always	Don't	Not
	1	2	3	4	5	6	7	know	Applicable
37. Listen carefully to you?									
38. Spend enough time with you?									
39. Take you seriously?									
40. Show a caring attitude towards you?									
41. Ask you about your emotional feelings?									
SECTION 12: TRANSPORT									

#### If the renal unit arranges your transport, please answer these questions.

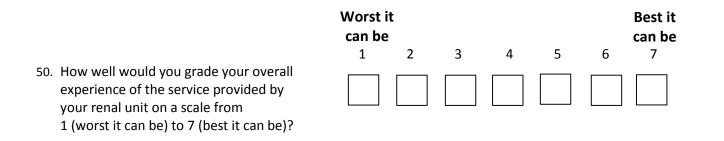
#### If the unit <u>does not</u> arrange your transport then please move on to SECTION 13: THE ENVIRONMENT.

	Never	2	2	4	-	C	Always	Don't	
42. Is the vehicle provided suitable for you?		2	3	4	5	6	7	know	Applicable
43. Is the time it takes to travel between your home and the renal unit acceptable to you?									
<ul><li>44. Once your visit to the renal unit is finished and you are ready to leave, are you able to leave within less than 30 minutes?</li></ul>									

#### SECTION 13: THE ENVIRONMENT

When you attend the renal unit, how would you grade: Poor Excellent								Don't know	Not Applicable	
45.	Accessibility (e.g., lifts, ramps, automatic doors)?		2	3	4	5	6	7		
46.	Comfort?									
47.	Cleanliness?									
48.	Waiting area?									
49.	Parking?									

#### SECTION 14: YOUR OVERALL EXPERIENCE



## Thank you for completing this questionnaire.

For further information please visit <a href="http://www.renalreg.org/projects/prem">www.renalreg.org/projects/prem</a>