# Audiology Patient Engagement Survey

## The NHS in Shropshire, Telford and Wrekin is currently reviewing local audiology services and would like to know what really matters to people who experience hearing loss and require support provided by this service.

## If you could spare a couple of minutes to complete this short survey, your feedback will be used to help us design a future service that meets the needs of our population.

## When thinking about going for a hearing assessment, where would you prefer this to be?

### The Royal Shrewsbury Hospital or Princess Royal Hospital in Telford **▢**

### An NHS community clinic e.g. at a GP practice **▢**

### An NHS funded independent provider in the ‘High Street’ **▢**

### Other (please specify) **▢**

## What is your reason for this choice? (please tick all that apply)

### The quality of care **▢**

### Comfortable environment **▢**

### The location **▢**

### Good transport links **▢**

### Parking available **▢**

### Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thinking about the service you receive, please rank the elements below in order of their importance to you from 1 (Most important) to 6 (Least Important)

### The type of hearing aid \_\_\_

### Access to advice and support \_\_\_ Supportive and caring staff \_\_\_

### Short waiting times \_\_\_

### Quality of information provided \_\_\_

### After care support including repairs and maintenance. \_\_\_

## Should you require a hearing aid, when would you prefer this to be fitted?

### On the day of the assessment **▢**

### On a different day to the assessment **▢**

### No preference **▢**

## In the event that you experience difficulties with your hearing aid and need support, would you prefer this to be

### Face to face **▢**

### Over the telephone **▢**

### Online via a video call **▢**

## How would you prefer to receive batteries and other equipment?

### Attend my assessment clinic **▢**

### Attend my GP Practice **▢**

### By post **▢**

### Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## If you need your ears clearing of wax, sometimes referred to as ear irrigation or microsuction, before going for a hearing assessment, would you prefer this to happen at:

### An NHS community clinic or GP practice **▢**

### Princess Royal Hospital **▢**

### Royal Shrewsbury Hospital **▢**

### A local NHS funded private provider **▢**

### Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Do you have anything else you would like to tell us about the audiology service you have received or would like to receive?

## Thank you for completing this survey. To help us ensure we have captured a representative viewpoint, could you please complete the questions below.

## How did you find out about this survey?

### Shrewsbury and Telford Hospital NHS social media **▢**

### NHS ICS social media or website **▢**

### Healthwatch **▢**

### Telford Patients First or Shropshire Patients Group **▢**

### My clinician or GP **▢**

### Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Which Local Authority do you live within?

### Telford & Wrekin **▢**

### Shropshire **▢**

### Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What is your gender?

### Male **▢**

### Female **▢**

### Prefer not to answer **▢**Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What is your age group?

### Under 18 **▢**

### 18-24 **▢**

### 25-34 **▢**

### 35-44 **▢**

### 45-54 **▢**

### 55-64 **▢**

### 65-74 **▢**

### 75+ **▢**

## What is your race or ethnicity?

### White/English/Welsh/Scottish/Northern Irish/British **▢**

### Gypsy or Irish Traveller **▢**

### White and Black Caribbean **▢**

### White and Black African **▢**

### White and Asian **▢**

### White European **▢**

### Asian/Asian British **▢**

### Indian **▢**

### Pakistani **▢**

### Bangladeshi **▢**

### Chinese **▢**

### Black/African/Caribbean/Black British **▢**

### African **▢**

### Prefer not to say **▢**

### Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## We would like to thank you for completing this survey. Your responses will be used to help explore different options for the delivery of this service to ensure that we are offering people living in Shropshire, Telford and Wrekin, who experience hearing loss, the best possible patient experience and outcomes.