

# School Aged Immunisation Service - Childrens

## Did you get great care?

Please take a few minutes to complete this form and tell us what you think or review your care at: <http://oxfordhealth.iwgc.net> and enter the code: **5259**.

Your feedback is anonymous, and it helps us monitor the quality of services. It is collected and processed by iWantGreatCare, an independent organisation:

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Immunisation & Vaccination  
Services:Child



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Please put a (x) in one of the boxes for each of the questions



Did we communicate with you in a way you could understand? [393]

Yes

No

Don't Know

Were staff kind to you? [98]

Yes

No

Don't Know

Was it easy to arrange your appointment? [663]

Yes

No

Don't Know

Did you feel you were able to get the information you needed to consent for the vaccination? [215]

Yes

No

Don't Know

Was the location and time of appointments offered convenient? [664]

Yes

No

Don't Know

If not, what would you have preferred? [26]

Please turn over...

Overall, how was your experience of our service? [611]



Good



OK



Bad



Don't Know

What was good? [610]

How could we have improved the care/service you received? [609]

I am; [776]

- A boy
- A girl
- Other
- Prefer not to say

What is your ethnic group? [725]

- White - English/Welsh/Scottish/Northern Irish/British
- White - Irish
- White - Gypsy or Irish Traveller
- Mixed/Multiple ethnic groups - White and Black Caribbean
- Mixed/Multiple ethnic groups - White and Black African
- Mixed/Multiple ethnic groups - White and Asian
- Asian/Asian British - Indian
- Asian/Asian British- Pakistani
- Asian/Asian British- Bangladeshi
- Asian/Asian British- Chinese
- Black/ African/Caribbean/Black British - African
- Black/ African/Caribbean/Black British - Caribbean
- Other

Age [88]   years

Who was the main person that filled in this survey? [750]

- Patient/Client
- A friend/family member
- Carer/Parent
- The patient with the help of a health professional

Please tell us the type of disability/impairment which applies to you: [723]

- A long-standing physical health or mobility condition or mobility issue
- Visual impairment, e.g. blind or having a serious visual impairment
- Hearing impairment e.g. deaf or having a serious hearing impairment
- Mental health condition e.g. depression or schizophrenia
- Learning disability
- Learning difficulty e.g. dyslexia or a cognitive impairment
- Neurodivergent e.g. autism/ADHD/OCD
- Long-standing illness/health condition e.g. Cancer/HIV/ Diabetes/Epilepsy
- Other

**Thank you very much for your help.** Your feedback will help to improve the care and services we provide.

Please place a cross (x) in this box if you do not want to share your freetext answers with other patients and staff within Oxford Health NHS Foundation Trust

If you want to understand how we are using feedback then please visit our website at <https://www.oxfordhealth.nhs.uk/get-involved/patient> or contact us at [getinvolved@oxfordhealth.nhs.uk](mailto:getinvolved@oxfordhealth.nhs.uk).