

School Aged Immunisation Service - Parent/ Carer

Did your child get great care today?

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: **5180**.

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:Parent



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Thinking about your experience of this service:

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

	Not at all				Totally
	1	2	3	4	5
Did we communicate with you in a way you could understand? [393]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were staff kind to you? [98]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it easy to arrange your appointment? [663]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel you were able to get the information you needed to consent for the vaccination? [215]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the location and time of appointments offered convenient? [664]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, what would you have preferred? [26]					

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

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Very poor | <input type="checkbox"/> Poor | <input type="checkbox"/> Neither good nor poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very good | <input type="checkbox"/> Don't know |

Please turn over...

What was good? [610]

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

My child identifies with [749]

- Woman (including trans woman)
- Man (including trans man)
- Non-binary
- I would prefer not to say
- Other

My child's age is [88] years

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

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

What is your child's 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

Does your child have any of the following conditions? [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.