

**Children and Young People's
Wheelchair Services**
Patient Centred Outcomes Measures
July 2015



Shropshire Parent
And
Carer



Shropshire Community Health **NHS**

NHS Trust

Dear Parent/Carer,

Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group are responsible for ensuring local wheelchair services meet the needs of those requiring to access them. We are working with your local parent/carer organisations in order to gather the views of children/young people who use wheelchair services and their parents/carers.

Please complete this questionnaire with your son/daughter to help us develop patient centred outcomes measures in relation to wheelchair services. Patient centred outcomes measures are about putting patients, their families and carers at the heart of deciding which goals are most valuable, rather than health professionals deciding what is best.

We would like to know the things that are most important to your son/daughter and you in receiving a wheelchair service. We want to ensure that wheelchair services are making the right impact on your lives.

When answering the questions, please think about the wheelchair service as a whole as well as the wheelchair itself (e.g. access, assessment, waiting time, review, type of wheelchair/equipment received etc).

To request an electronic copy of this questionnaire, please email jane.hughes@telfordccg.nhs.uk or natalie.wrighton@telfordccg.nhs.uk

Please return your completed questionnaire to us and return to:

Jane Hughes/Natalie Wrighton
Telford and Wrekin Clinical Commissioning Group
Halesfield 6
Telford
TF7 4LN

You can also submit your questionnaire electronically by emailing it to jane.hughes@telfordccg.nhs.uk or natalie.wrighton@telfordccg.nhs.uk .

For more information, please contact Fiona Ellis on 01743 277500.

Many Thanks.

Patient Centred Outcomes Measures Questionnaire : Children's Wheelchair Service

Name (Optional)

Address (Optional)

Email Address (Optional)

What age is your son/daughter? Please tick as appropriate

Early Years (0-4 years)

Primary School Age (5-10)

Secondary School Age (11-18)

Transition (19-25)

Please tell us about your son's/daughter's disability

How long has your son/daughter used a wheelchair for?

What sort of wheelchair does your son/daughter currently use?

1. What are the things that are most important to your son/daughter about a wheelchair service?

2. What are the things that are most important to you about a wheelchair service for your son/daughter?

3. What difference does your son's/daughter's wheelchair service make to their life? (e.g. what can/can't they do because of the wheelchair service they receive)

4. What difference does your son's/daughter's wheelchair service make to your life? (e.g. what can/can't you do because of the wheelchair service you receive)

5. What additional difference would your son/daughter like the wheelchair service to make to their life?

6. What additional difference would you like your son's/daughter's wheelchair service to make to your life?

Any other comments

Would you like to be involved more in developing patient centred outcomes measures for wheelchair services?

Yes*/No

*If yes, please make sure you have completed your contact details at the top of this form in order that we can contact you.

Thank You

Please return your completed questionnaire using the pre-paid envelope provided or send to the following address: Jane Hughes/Natalie Wrighton
Telford and Wrekin Clinical Commissioning Group
Halesfield 6
Telford
TF7 4LN

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