



Urology Services Inquiry

Urology Services Inquiry Questionnaire

www.urologyservicesinquiry.org.uk

Points to assist with completion of the USI Questionnaire

- A helpful **Guide to Completing the USI Questionnaire** is available (see attached) and you are advised to read these guidance notes before attempting to complete this questionnaire.
- This questionnaire will assist the Inquiry to gain information from you regarding your experience of Urology services provided within the Southern Health and Social Care Trust (SHSCT).
- We appreciate that some patients/former patients or their families may have concerns about identifying themselves by name etc on the questionnaire. We would however reassure you that any personal details noted will only be seen by those parties, organisations or the core participants involved in our investigations who need to see it for the purpose of progressing Inquiry business. All core participants must adhere to the terms of our Restriction Orders which are now in place and available to view on our website. The term “core participant” is also defined on our website under the heading “Frequently Asked Questions – FAQ’s”. Our USI website address is noted below:
www.urologyservicesinquiry.org.uk.
- We would encourage you to fill out your personal details as fully as possible in Section A as it will increase the value of the information to our investigative work and may also enhance your potential input to the Inquiry. We would reassure you that your name and personal details will be protected and will be anonymised unless you consent to them being made public. Your personal information will be handled in compliance with the applicable legislation including the Data Protection Act 2018 and the General Data Protection Regulations 2018.
- Please note that it is not the intention of this Inquiry to publish the questionnaires that are submitted to assist us with our work, although the report may refer to some of the content.
- If you require assistance completing this questionnaire please do not hesitate to contact our office directly on telephone number: **028 90251005**.
- The work of this Inquiry is entirely independent of all other organisations including healthcare providers, regulators and government departments.

- Only certain sections of the form will apply to you. We would ask everyone to complete Section A but thereafter please only complete those sections which apply to you.
- When you have completed the relevant sections please complete Section F and then ensure you have signed the completed questionnaire at Section G.

SECTION A – Personal Details

Name	
Address	
Contact Telephone Number	
Mobile Phone Number	
Email Address	
HSC Number (if known)	

	Yes/No
With regard to Section A above, have you read the ' Personal Details ' section of the 'Guide to Completing the USI Questionnaire'?	
Are you completing this questionnaire as a patient/former patient? (If your answer is Yes, go to Section B)	

Are you completing this questionnaire as a relative of a patient/former patient?	
If you are completing this questionnaire as a relative of a patient/former patient , do you have the express authority of the patient to engage with the Inquiry and provide information that relates to their care and treatment? (If your answer is Yes, go to Section B)	
If you are completing this questionnaire as a relative of a deceased patient , have you discussed providing information concerning the deceased patient with other relatives/former next of kin and no objection is being raised. (If your answer is Yes, go to Section B)	

If you are completing this questionnaire and you are not the patient/former patient or a relative of one please state your role.	
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SECTION B – Contact with Urology Services

Please complete the table below setting out details of each occasion when you accessed urology services. Provide details of the dates attended, relevant consultant, hospital/clinic etc and a brief description of the reason for the visit/treatment received. If you cannot remember exact dates then please give approximate dates where possible.

Date(s)	Seen By (e.g. name of consultant/healthcare professional)	Location (e.g. Craigavon Area Hospital)	Brief description of reason for visit and/or treatment received

Continue on a separate sheet if necessary

SECTION C – Details of concerns raised/complaints reported

1. Please provide full details of any concerns and/or complaints raised by you, specifying the nature of those concerns in as much detail as possible.

2. Please specify the date when any concern or complaint was raised and if you cannot recall date(s) please try to indicate an approximate timescale.

3. Please note the name and/or position held of the person you raised any concern with or reported any complaint to at the time.

4. Please advise for each occasion a concern or complaint was raised whether this was done verbally or in writing (e.g. via letter/email etc).

5. If your concern or complaint was made in writing, please provide copies of that correspondence if possible.

6. Please advise if you received any acknowledgment or response (whether a holding response or a detailed response) to your complaint. If so, can you please provide copies?

7. Please advise the outcome of any concern made or complaint raised by you.

SECTION D - Details of concerns held but NOT raised/reported

1. Please provide full details of any concerns you held at the relevant time specifying the nature of those concerns in as much detail as possible.

2. Please explain why you did not raise your concern(s) at the time and state if there was something that prevented you from raising your concern(s).

SECTION E – Personal impact/additional information

Please outline the personal impact that the treatment received, which forms the basis of your complaint(s), has had on the patient/deceased patient and provide any additional information which you feel may be of assistance to this Inquiry.

Additional sheets, if needed, can be attached

SECTION F – Sharing information / Other related reviews

The Inquiry may consider that the information you have provided is more relevant to one of the other organisations carrying out a review or investigation as detailed in the 'Guide to Completing the USI Questionnaire' under the heading 'Other Related Reviews'.

	Yes/No
Would you be content for the Inquiry to share the contents of this questionnaire with other relevant organisations?	
Would you like to discuss this in more detail with the Inquiry before making a decision on the sharing of information?	

SECTION G – Signature

Signed:	
Name in Block Capitals:	
Date:	

SECTION H - Returning your Questionnaire

Please ensure that you have enclosed the following items:

- A fully completed questionnaire.
(Check the questionnaire has been signed and dated).
- All supporting documentation and/or correspondence.
(Please provide copies and **NOT** originals of your supporting material).
- If you require additional sheets to complete your responses to this questionnaire, please ensure that they are securely attached.
- If you require assistance completing this questionnaire please do not hesitate to contact our office directly on telephone number: **028 90251005**.

Completed questionnaires can be emailed to evidence@usi.org.uk or returned by post to:-

The Urology Services Inquiry
1st Floor Bradford Court
1 Bradford Court
Belfast
BT8 6RB