



**One CVD Central Project.
MECC (making every
contact count) BP and AF
Detection.**
**2) One Month Post Check
Patient survey**

Introduction

Cardiovascular disease (CVD) is the leading cause of death worldwide and hypertension is its number one risk factor. CVD is strongly associated with health inequalities. In the UK, the most deprived quintile of the population is four times more likely to die from CVD than the least deprived.

Making Every Contact Count (MECC) is an evidence-based approach to improve people's health and wellbeing by helping them change their health behaviours. The NHS Long Term Plan reminds us that every 24 hours the NHS comes into contact with more than a million people at moments that, for those individuals, brings home the personal impact of ill health.

The CVD Central project is led by Kent Surrey Sussex Academic Health Science Network, working in collaboration with the British Heart Foundation (BHF) as a support offer to showcase at scale a South East Case Study that captures patient experience and / or clinical activity and outcome data following any BP and AF detection events:

This document outlines the options of how to implement the generic patient experience surveys at any BP and AF detection event in clinic or community settings across the South East region.

The CVD Central project patient surveys can be used by anyone hosting a blood pressure and/or AF detection event. This could be PCNs or GP's who have targeted specific patients or anyone hosting an event in a community location where the MECC approach is being used to raise awareness and people will be checked on an opportunistic basis.

The CVD Central Project offers support including:

Patient experience surveys: We will provide you with x2 generic patient surveys for use at the event & one month later (via QR code, text link, printable) – the returns from Survey Monkey will come directly to KSS AHSN and the printable versions can be posted to KSS AHSN by the event organiser. The options for using the patient survey are on page 2 of this document.

Data Collection templates and searches: We will provide you with bespoke generic data collection templates on Emis / SystemOne and system searches to then extract non-patient identifiable data to send to KSS AHSN for reporting on activity and outcomes.

Reports collated at scale: For any PCN Clinic or Community Event that contacts us to get involved, KSS AHSN will collate all the non-identifiable patient data submitted through the patient surveys and the clinical activity & outcome data into aggregated data to share with the BHF who will present the findings in a quarterly report at regional, ICS, PCN / Event levels.

As the data from patients experience and clinical systems builds the case study, we will share the learning to help shape and develop future events and services.

Options for Using this Survey

To help us evaluate the session and obtain non-patient identifiable feedback from people that attended the event, please use the different options below to enable KSS AHSN to collate patient feedback.

1.

Please send the following survey to patients who attended the event, one month after the event via SMS message. The sample SMS message below could be used:

Example SMS message:

Thank you for recently attending the blood pressure and pulse detection event. To help us evaluate and develop the service we would appreciate it if you could complete this short survey to tell us about your experience since the event: <https://www.surveymonkey.co.uk/r/6M792DX>

2.

If required paper copies of the questionnaire (pages 3-8 of this document) could be printed for those who are less digitally enabled to complete. Completed paper questionnaires can be returned to the following address for inclusion in the summary report:

KSS AHSN
c/o Office 7
The Beehive
City Place
Beehive Ring Road
Gatwick
RH6 0PA

One Month After the check Patient Survey – This survey is also available to send to patients via link to the online SurveyMonkey

Thank you for taking the time to complete this short survey about your experience in the last month since you attended for a blood pressure (BP) and pulse detection check

The information you provide will help us to understand your experience in the last month after you attended the clinic, pharmacy or community setting for a blood pressure and pulse check. You may wish to tell us in your own words about your experience or use these questions as a guide. This is your story so there are no right or wrong answers. We welcome you sharing all your feedback, as this will be valuable in helping to shape and develop future services.

The information collected through the survey is completely anonymous and will be used to evaluate and develop services. The non-patient identifiable survey data will be received directly by Kent Surrey Sussex Academic Health Science Network (KSS AHSN) who will share the surveys collected every quarter with The British Heart Foundation to create a summary report, which will be made publicly available.

1. How do you self-identify:

- a. Female
- b. Male
- c. Non-binary
- d. Prefer not to say

2. Please specify your age range:

- a. Under 18 years of age
- b. 18 to 44 years
- c. 45 to 64 years
- d. 65 to 79 years
- e. 80 years or over

3. Please specify your ethnic group:

Asian or Asian British

- a. Indian
- b. Pakistani
- c. Bangladeshi
- d. Chinese
- e. Any other Asian background

Black, Black British, Caribbean or African

- f. Caribbean
- g. African
- h. Any other Black, Black British or Caribbean background

Mixed or Multiple Ethnic Groups

- i. White and Black Caribbean
- j. White and Black African
- k. White and Asian
- l. Any other mixed or multiple ethnic background

White

- m. English, Welsh, Scottish, Northern Irish or British
- n. Irish
- o. Gypsy or Irish Traveller
- p. Roma
- q. Any other White background

Other Ethnic Group

- r. Arab
- s. Any other ethnic group
- t. Prefer not to say

4. Which, if any, of the following options best describe your current employment status?

- a. Working full time
- b. Working part time
- c. Temporarily unemployed (i.e. between jobs)
- d. Retired
- e. Permanently disabled
- f. Taking care of home or family
- g. Student
- h. Unemployed
- i. Prefer not to say
- j. Other, please specify

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5. Do you have any long-term physical or mental health conditions, disabilities or illnesses? **(if No skip to question 7)**

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to say

6. Which, if any, of the following long-term conditions do you have? (tick all that apply)

- a. I do not have any long-term conditions
- b. Alzheimer's disease or other cause of dementia
- c. Arthritis or ongoing problem with back or joints
- d. Autism or autism spectrum condition
- e. Blindness or partial sight

- f. A breathing condition, such as asthma or COPD
- g. Cancer (diagnosis or treatment in the last 5 years)
- h. Deafness or hearing loss
- i. Diabetes
- j. A heart condition, such as angina or atrial fibrillation
- k. Heart Failure
- l. High blood pressure
- m. Kidney or liver disease
- n. A learning disability
- o. A mental health condition
- p. A neurological condition, such as epilepsy
- q. A stroke (which affects your day-to-day life)
- r. Another long-term condition or disability (please state)

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7. Please provide the first part (3 or 4 digits) of your **home** postcode?

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8. Please state, which town/city/village you went to for the BP and /or pulse check:

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9. Please state, which venue/location you went to for the BP and/or pulse check:
(e.g: clinic, pharmacy, community setting such as a supermarket, community centre etc)

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10. At the time of your check were you advised to make an appointment at your GP practice as a follow-up to your blood pressure or pulse check?

a. Yes

b. No

c. Not Sure

*If no or not sure skip to question 12.

11. If you were advised to make an appointment at your GP practice as a result of your blood pressure or pulse check, it may be important for you to have a review to understand more about your results and ensure you receive any appropriate support. Have you attended a follow-up appointment?

a. Yes

b. No

If you have not yet attended an appointment at your GP practice, could you share with us why you have not?

12. Since you had the BP check, if you were advised to, have you been measuring your own blood pressure at home?

a. Yes

b. No

If "No" go straight to question 18.

13. If you have been measuring your blood pressure at home, where did you get a blood pressure monitor from?

a. I already owned one

b. I decided myself to buy one as a result of the BP check BP check

c. I was advised to buy one at the time of the BP check

d. I was given a free monitor at the time of the BP check

e. I borrowed one from my GP practice

- f. I borrowed one from a pharmacy
- g. I borrowed one from someone else (e.g. friend, family, work, library etc)
- h. Other (please specify)

14. Did you find it easy to submit your home blood pressure readings to your GP practice?

- a. Yes
- b. No
- c. Not sure

15. What method did you use to submit your home blood pressure readings to the GP practice?

- a. On paper to my GP practice
- b. Email
- c. App/website linked to my GP practice
- d. Face-to-face
- e. By phone
- f. Text/SMS service
- g. Other (please specify)

16. After you submitted your blood pressure readings to your GP practice, has your practice contacted you to discuss the results or book a review?

- a. I didn't submit any results
- b. Yes
- c. No
- d. Not Sure

17. If you have been monitoring your blood pressure at home, will you continue to do so?

- a. Yes, I will continue to check on an occasional basis
- b. Yes, I will continue to check on a regular basis
- c. Yes, but only as long as it takes to bring my blood pressure down/up/under control
- d. No, I have already stopped
- e. Don't know/not sure

18. Has the BP, pulse check and/or home monitoring been a positive experience, and would you recommend attending a check to family and friends?

- a. Yes
- b. No
- c. Not sure

19. What do you feel would support you more to take steps towards a healthy lifestyle and / or manage any of the conditions (eg high blood pressure or atrial fibrillation) that were identified during the check?

20. Have you made any lifestyle or behaviour changes following your check (tick all that apply)?

- a. No
- b. Increased physical activity
- c. Improved diet
- d. Stopped smoking

- e. Lost weight
- f. Reduced alcohol consumption
- g. Other (please specify)

21. There are several services that can support you to achieve behaviour changes. Have you accessed any wellbeing services since the check (tick all that apply)?

- a. No
- b. Weight management
- c. Physical activity
- d. Stop smoking
- e. Alcohol support
- f. Diabetes prevention
- g. Other (please specify)

22. We value all feedback and would like to hear any other comments or suggestions you have to improve future services.
If you would like to make any other comments, please do so here:

Thank you for taking the time to complete this survey.