Your epilepsy service needs your ideas!

We are looking at our service to make sure it meets your needs. We would be grateful if you could help us with your ideas and views.

We won’t know who answered the questions so please be as honest as you can. We are not asking for your name so it is anonymous.

We would like all your answers by the 30th of April so that we can start looking at them in. We will put up a poster in Out Patients so you can see what people told us and what we plan to do next.

**Are you a:**

Parent/ carer 🗖

Patient 🗖

1. Do you think your appointment with the Epilepsy Doctor or Nurse is :
2. Too long
3. Too short
4. Just right

We are looking at the times that our Epilepsy Doctor or Nurse sees patients. Which would be your first choice of when you wold like to come in?

1. 0900-1300
2. 1300-1700
3. 1600-1900

Please could you give a reason for your choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you prefer to see your Epilepsy Doctor or Nurse (please tick your favourite choices)

At the weekend 🗖

In a school holiday 🗖

On a school day 🗖

1. What things would you like to be able to talk about or get advice on in your appointment?

Prescriptions medications Sleep training safety emotional/mental health Seizures diary videos behaviour education test/results

Anything else we have missed?

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1. Would you like the chance to have :
2. Telephone appointments YES/NO/NOT SURE
3. Skype / video appointments YES/NO/NOT SURE
4. Do you have any wishes for your epilepsy service that you would like to see?

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**For ages 12 and over .**

1. Would you like a clinic just for young people?

Yes

No

Not sure

1. What do you think a Young Person’s clinic should look like/be like? please give your ideas / suggestions / drawings etc below
2. Would you like to help us to make the Epilepsy service the best it can be?

YES/NO/NOT SURE

1. If you said yes, would you like to share your ideas

by text/WhatsApp

by email

in a workshop / activity session

at a meeting / forum

Thank you for telling us what you think. We will get all of your ideas together and have a look and think about where we can make changes now or where we might need to do a project to make changes for the future.

If you want to get involved to help us, please tell your Doctor or Nurse or email **fiona.short1@nhs.net**

