

### Stoma appliance telephone ordering service

A recent survey of patients living with stomas in the region has told us a lot about personal experiences of living with a stoma and what could improve those experiences. One of the areas that patients talked about was prescription ordering for stoma appliances and how that might be better.

As a result, NHS Sheffield Clinical Commissioning Group are considering making a stoma appliance telephone order service available to all patients in Sheffield needing stoma appliances, open Monday to Friday. This service would enable the patient or their representative (which could be an appliance contractor or pharmacy) to order their prescription from trained NHS staff who would send the request electronically to the patient's GP for authorising and then dispense in the normal way. The service would offer an opportunity for the patient to discuss what they need and to obtain specialist stoma nursing advice and support.

We would like to hear what you think about the way you currently get your stoma appliances, and a new telephone ordering service.

<b>Which GP practice are you registered at?</b>	
	Not registered with a GP Practice

<b>How do you usually order your stoma appliances?</b>			
Call the surgery		Online through my registration at my surgery	
		Dropping off a written request at the surgery	
Emailing my surgery		Posting a request to the doctors	
		The appliance contractor contacts me and makes the order on my behalf	
My pharmacy orders my appliances for me		Through the NHS App	
		Through a pharmacy App	
Other, please describe			

<b>What works well about your current method of ordering your stoma appliances?</b>

<b>What could be better about your current method of ordering your stoma appliances?</b>

**How likely would you be to use this new service?**

Highly likely

Likely

Unlikely

Very unlikely

Don't know

**What would help you to use a telephone prescription ordering service for your stoma appliances?**

**What might stop you from using a telephone prescription ordering service?**

**Is there anything about these proposals that might have a more positive or negative impact on you, and why?**

**Please tell us anything else you think we should know about ordering stoma appliances**

**If you would be interested in joining a small virtual group to advise the CCG about the service and what it would look like, please provide your contact details.**

Name

Telephone number

Email address

## Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

### Please tell us the first part of your postcode (e.g. S9, S35)

Please enter here	Prefer not to say
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### What is your sex?

Female		Male		Prefer not to say
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### Gender reassignment

Is your gender identity now different to the sex you were assumed to be at birth?

Yes		No		Prefer not to say
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### What is your age?

	years	Prefer not to say
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### What is your sexual orientation?

Bisexual		Heterosexual		Homosexual	
Other	Please specify			Prefer not to say	

### What is your ethnic background?

Arab		Asian		Black		Chinese		Gypsy/ Traveller	
Mixed / multiple ethnic background		Roma Slovak		White British		White other		Prefer not to say	
Other	Please specify any other ethnic group here								

### Do you consider yourself to belong to any religion?

Buddhism		Christianity		Hinduism	
Islam		Judaism		Sikhism	
No religion		Other	Please specify		Prefer not to say

<b>Do you consider yourself to be disabled or have an additional need?</b>					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

<b>If yes above, what type of disability, impairment, or additional need do you have?</b> (Tick all that apply)					
Autism	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Mental Health condition	<input type="checkbox"/>
Physical or mobility	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Long-standing health condition or illness	<input type="checkbox"/>		
Other	Please specify				

<b>Do you provide care for someone?</b>					
Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older.					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Thank you for sharing your views.

Please return your completed survey by post to:

**FREEPOST NHS SHEFFIELD CCG**