

The Annual Survey of Patient Reported Experience Measures (PREM)

The annual PREM survey has been designed by patients and professionals working together to find out how you feel about the services your kidney unit provides. The survey gives us feedback on renal services both locally for your unit, and nationally, and ensures that the views of kidney patients are heard. From this information, we can see what we are doing well and where we can do better. Your views matter and we act on them to help us improve services. We will provide you with feedback on the results. Information on the national results can be obtained from the UK Renal Registry or Kidney Care UK websites, along with the previous year's results.

The survey is completely anonymous, your name will not appear anywhere on the survey.

Completing the survey

The survey should take about 15 minutes to complete. Please only tick one box for each question or statement, otherwise your answer will not count.

If you prefer you can complete the survey online at www.kidneycareuk.org/prem. The online survey is available in English, Welsh, Urdu and Gujarati and includes an opportunity to leave free text comment about your experience of kidney care. Please only complete one paper PREM or one online, not both.

You can ask your partner, a friend or family member to help you complete the survey. Choosing not to take part will not affect your care in any way. When you complete the survey think about your experience of care during the last few times that you have attended. Please fill in the survey as truthfully as possible.

On completion

Please place the completed questionnaire in the envelope provided, seal it, and post it in the post box or hand it to a staff member. By completing the questionnaire you are consenting to your answers being sent to and held by the UK Renal Registry and your renal unit.

If you have any questions or concerns about the survey please contact the UK Renal Registry by emailing Catherine.stannard@renalregistry.nhs.uk or by calling 0117 414 8151.

Please complete the name of the renal/satellite unit where you are completing this survey from.

UKRR Code

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(To be filled in by a member of staff)

Renal Unit

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Current treatment

Peritoneal dialysis

Haemodialysis

Transplant

Attending kidney clinic but not on dialysis or transplantation

If you currently receive Haemodialysis, do you receive this...

At Home

In-Hospital

In-Satellite

Age

17-21 22-30 31-40 41-55

56-64 65-74 75-84 85+

Gender

Male Female I would rather not say

Ethnicity

Asian Black White Other I would rather not say

Do you use PatientView?

Yes No Don't Know

The following questions ask you about your experience with the renal unit, your kidney disease and treatment.

All the questions are answered on a scale of 1 to 7 where 1 is negative and 7 is positive.

For each question there's also a 'don't know' and 'not applicable' option.

SECTION 1: ACCESS TO THE RENAL TEAM

	Never					Always		Don't know	Not Applicable
	1	2	3	4	5	6	7		
1. Does the renal team take time to answer your questions about your kidney disease or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Would you feel comfortable to contact the unit from home if you were anxious or worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Would you feel able to ask for an additional appointment with your kidney doctor if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: SUPPORT

Does the renal team help you to get the support you want with:

	Never							Always	Don't know	Not Applicable
	1	2	3	4	5	6	7			
4. Medical issues resulting from your kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other concerns or anxieties resulting from your kidney disease or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accessing patient support groups such as Kidney Patient Associations (KPA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: COMMUNICATION

Do you think there is good communication between:

	Never							Always	Don't know	Not Applicable
	1	2	3	4	5	6	7			
7. You and your renal team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Members of the renal team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Your GP and the renal team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The renal team and other medical specialists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The renal team and other non-healthcare services if you need them, such as social work or housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: PATIENT INFORMATION

Does the renal team:

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
12. Explain things to you in a way that is easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Give you as much information about your kidney disease or treatment as you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: FLUID INTAKE AND DIET

Thinking about the advice you are given about fluid intake:

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
14. Does the renal team give you clear advice on your fluid intake ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the advice you are given about diet:

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
15. Does the renal team give you clear advice on your diet ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: NEEDLING

If you are on in-hospital or in-satellite haemodialysis please answer question 16, otherwise please go to SECTION 7: TESTS

	Never							Always		Don't know	Not Applicable
	1	2	3	4	5	6	7				
16. How often do the renal team insert your needles with as little pain as possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: TESTS

	Never						Always			
	1	2	3	4	5	6	7		Don't know	Not Applicable
17. Do you understand the reasons for your tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you get your test results back within an acceptable time period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you understand the results of your tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8: SHARING DECISIONS ABOUT YOUR CARE

Does the renal team:

	Never						Always			
	1	2	3	4	5	6	7		Don't know	Not Applicable
20. Talk with you about your treatment and life goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Enable you to participate in decisions about your kidney care as much as you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Talk to you about taking a more active role in managing your own kidney care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9: PRIVACY AND DIGNITY

	Never						Always			
	1	2	3	4	5	6	7		Don't know	Not Applicable
23. Are you given enough privacy when discussing your condition or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is your dignity respected during visits and clinical examinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: SCHEDULING AND PLANNING

	Never						Always			
	1	2	3	4	5	6	7		Don't know	Not Applicable
25. Can you change your appointment times if they are not suitable for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you feel your time is used well at your appointments relating to your kidneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are on in-hospital or in-satellite haemodialysis, please move on to SECTION 11: HOW THE RENAL TEAM TREATS YOU. If you have blood tests done at an outpatient clinic or GP surgery, please answer question 27.

	Never						Always			
	1	2	3	4	5	6	7		Don't know	Not Applicable
27. Are the arrangements for your blood tests convenient for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11: HOW THE RENAL TEAM TREATS YOU

Thinking about how the renal team treats you, do they:

	Never						Always			
	1	2	3	4	5	6	7		Don't know	Not Applicable
28. Take you seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Show a caring attitude towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Ask you about your emotional feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12: TRANSPORT

If the renal unit arranges your transport, please answer these questions.

If the unit does not arrange your transport then please move on to SECTION 13: THE ENVIRONMENT.

	Never						Always		
	1	2	3	4	5	6	7	Don't know	Not Applicable
31. Is the vehicle provided suitable for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Is the time it takes to travel between your home and the renal unit acceptable to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Once your visit to the renal unit is finished and you are ready to leave, are you able to leave within less than 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: THE ENVIRONMENT

When you attend the renal unit, how would you grade:

	Poor						Excellent		
	1	2	3	4	5	6	7	Don't know	Not Applicable
34. Accessibility (e.g., lifts, ramps, automatic doors)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Comfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Cleanliness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Waiting area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Parking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: YOUR OVERALL EXPERIENCE

	Worst it can be							Best it can be	
	1	2	3	4	5	6	7		
39. How well would you grade your overall experience of the service provided by your renal unit on a scale from 1 (worst it can be) to 7 (best it can be)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire.
For further information please visit www.renal.org/kidney-prem-further-information-and-reports