Information and signposting services for people in Norfolk who use health and social care services

A Healthwatch Norfolk Research Project

Executive Summary

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1. Introduction & Context

There are many reasons why a health or social service user may require information and signposting services. For example, they may need to find out more about a medical condition or a particular service, or they may want to know which person or organisation they can contact for further information in the future.

Information services provide people with information. This information can come in several forms, like a telephone helpline, a drop-in session, or a well-designed and up-to-date website with a calendar of local events on health and social care topics or services.

Signposting services provide people with information about how to access other services, for example by helping people to understand how they can make a complaint and giving advice on what to do.

Healthwatch Norfolk receives regular information and signposting requests from people who are struggling to access information they need about their health and social care by themselves. Indeed, roughly 40% of people getting in touch with Healthwatch are doing so with information or signposting enquiries.

Furthermore, one of five outcomes for Healthwatch Norfolk for 2013-14 and 2014-15 as established by Norfolk County Council is:

*Demonstrating how, as result of its work, information and signposting services have been improved for people who use health and social care services in Norfolk.*

Healthwatch Norfolk has identified that it needs to do a focused piece of work in order to fulfil the information and signposting outcome as well as demonstrating success in its other outcomes areas. This piece of work has eight important aspects and it will proceed in three stages, as follows:

**Stage One**

1. Understanding what information and signposting services are offered (or commissioned) by the commissioning organisations in Norfolk
2. Assessing the information and signposting services offered (or commissioned) by provider organisations in Norfolk
3. Ensuring that the two steps above include a focus on complaints: half of all Healthwatch’s signposting enquiries to date have concerned how to make a complaint or requested support around making a complaint

**Stage Two**

4. Being clear about the role of Healthwatch Norfolk; its contribution to information and signposting services in Norfolk and ensuring that improvements in health and social care related information and signposting services can be made
5. Measuring people’s views and experiences of health and social care related information and signposting services to determine whether they are improving or not
6. Conducting an equality opportunities audit which tells Healthwatch who is using its service (as this is not done at point of delivery)
Stage Three

7. Co-ordinating with other signposting organisations in order to verify if Healthwatch is referring to others appropriately
8. Conducting a gap analysis and escalation exercise: when does Healthwatch find it difficult to refer?

The research project outlined in this report constituted the first stage of the above plan. It consisted of gathering intelligence so that Healthwatch Norfolk could better understand the current standard of information and signposting services available to users of health and social care services in the county.
2. Method

2.1 Organisations Of Assessment

As explained in the Introduction of this report, the objective of the research project was to assess the quality of the information and signposting services in Norfolk. The following major commissioners and/or providers of these services were selected for assessment:

- Great Yarmouth and Waveney Clinical Commissioning Group
- Norwich Clinical Commissioning Group
- South Norfolk Clinical Commissioning Group
- North Norfolk Clinical Commissioning Group
- West Norfolk Clinical Commissioning Group
- Adult Social Services, Norfolk County Council
- Children’s Services, Norfolk County Council
- NHS England Customer Contact Centre
- Norfolk & Norwich University Hospital NHS Trust
- Queen Elizabeth Hospital NHS Trust
- James Paget University Hospital NHS Trust
- Norfolk Community Health & Care NHS Trust
- East Coast Community Health CIC
- Norfolk & Suffolk Mental Health Foundation Trust
- Norfolk Carers Helpline
- Equal Lives
- MIND
- Young MINDS
- Age UK
- POhWER
- 7 General Practitioner Surgeries

2.2 Method Of Assessment

The research project was conducted by a Healthwatch Norfolk research volunteer in February 2014, under the supervision of Healthwatch Norfolk Research Manager and Healthwatch Norfolk CEO. It took the form of a mystery shopping exercise, where the target organisations were approached with hypothetical but seemingly genuine information and/or signposting enquiries. The intention was to replicate the experience of real health and social care users and to understand how easy or difficult it is for them to find the information they need.

The project identified the following areas of assessment:

Service Areas:

- Information available on the organisation’s website
- Information available to a person who makes a telephone call to the organisation
- Information available on how to raise a query, concern or complaint
- Signposting available on the organisation’s website
- Signposting available to a person who makes a telephone call to the organisation
- Signposting available on how to raise a query, concern or complaint

**Advocacy and support:**
- Breadth of delivery to people with specific needs
- Delivery/waiting times to access service

### 2.3 The Scenarios

In order to compile as broad and complete a picture as possible about the current standard of Norfolk’s information and signposting services, the mystery shopping project included 16 scenarios. Of these scenarios, 8 related to health care (2,3,4,7,9,13,14,15), 4 related to social care (5,8,10,12) and 4 were related to complaints (1,6,11,16). The table beneath shows a list of the scenarios.

<table>
<thead>
<tr>
<th>No.</th>
<th>Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Visiting an elderly relative in hospital, you felt staff spoke in a patronising and rude manner and you’d like to know how you could make a complaint if you wanted to.</td>
</tr>
<tr>
<td>2</td>
<td>You are a newly arrived undergraduate student in Norfolk and you want to register with a doctor and dentist in the area close to where you are moving.</td>
</tr>
<tr>
<td>3</td>
<td>You’d heard of something called Patient Participation Groups, which have something to do with GP surgeries, and you want to find out more.</td>
</tr>
<tr>
<td>4</td>
<td>You have an outpatient appointment and you want to know how you can get to the hospital/clinic by public transport and whether you can park on site.</td>
</tr>
<tr>
<td>5</td>
<td>You have just given up full time work to become a carer for an elderly relative with dementia. You want to know where you can get more information on dementia services as well as help getting support being a full time carer.</td>
</tr>
<tr>
<td>6</td>
<td>A family member has a home carer from an independent agency who is paid by the council. She has told you that the carer hasn’t shown up a couple of times. They don’t want you to report it in case it causes trouble, but you’d like to know how you can report it if your relative changes their mind.</td>
</tr>
<tr>
<td>7</td>
<td>You have just been diagnosed with Type II diabetes and you’d like to know where you could get more information on self-help and staying healthy.</td>
</tr>
<tr>
<td>8</td>
<td>Your partner is recovering from a serious road accident and is currently unable to work due to their disability. They aren’t getting out of the house much and when you’re at work they’re isolated and lonely. You’d like to find out what sort of activities are on offer locally for young people with a physical disability and a degree of hearing loss. You would also like to know what sort of newsletters your partner could receive by email.</td>
</tr>
<tr>
<td>9</td>
<td>You’re a graduate who is looking to enhance your c.v. by doing some involvement work with a statutory organisation. You’d like to be put on a list of stakeholders for public consultations and events, newsletters and bulletins.</td>
</tr>
<tr>
<td>10</td>
<td>Your best friend from university who is now aged 27, has recently been diagnosed with schizophrenia. You want to know more about the condition and to be able to support him as a friend. You’re looking for information or local services for him and for yourself as a friend / carer.</td>
</tr>
</tbody>
</table>
| 11  | Your mum came home very upset after speaking to her GP yesterday. She says the GP was quite unnecessarily rude to her and she’d like to change her GP or even her
surgery. She doesn’t know what to do next or what she can expect. She’s not sure if she wants to make a formal complaint.

12 You have a relative who is gradually becoming more housebound. A friend has told you about a social care needs assessment that could be done in order to get them help to live independently at home. You want to know what a social care assessment is, how long it takes to get one, what happens afterwards and so on.

13 Your sister had a baby three weeks ago. A friend had upset her by telling her about immunisations and how they might be harmful to her baby. Your sister wants to get her baby immunised and you want to help her by finding out more information on childhood immunisations and who your sister could talk to, on an informal or friendly basis, to get help.

14 You think you might need some help with an issue you think is a problem. You want some sexual health advice but you’d rather go to a person, so you can see someone and get it sorted right away. You’re looking to find your nearest sexual health clinic and it has to be male-friendly.

15 You’ve been smoking for 3 years and want to stop. You think you’d like help because you’ve tried to stop before and failed.

16 Your friend has a learning disability and wants to make a complaint about the care they are receiving in a supported living accommodation. Your friend does not feel comfortable telling their carer this, but has told you. You’d like to know where they can get some support to help them complain.

2.4 Developing The Assessment Form

The research volunteer recorded the results of each enquiry via a telephone or Internet assessment form (see Appendix, p.18). The forms were designed by the volunteer to capture details about the information and signposting services offered by the organisations in question, as well as to record more general information, for example information relating to the researcher’s experience and overall impression of an organisation. Most importantly, the researcher graded each enquiry as either COMPLETELY SUCCESSFUL, PARTIALLY SUCCESSFUL, or INCOMPLETE. Every enquiry was graded according to the same criteria, which were as follows:

An enquiry was graded as completely successful if and only if:

1. Enough information was provided by the organisation to answer the enquiry, OR
2. The organisation was able to signpost the enquirer to another organisation to complete their enquiry, provided that the signposting was effective.

The following table demonstrates how effective signposting was defined for the purposes of this project:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Effective signposting</th>
<th>Ineffective signposting</th>
</tr>
</thead>
<tbody>
<tr>
<td>You want to find out more about living healthily with diabetes</td>
<td>Included on the relevant website page</td>
<td>On another page or the website footer</td>
</tr>
<tr>
<td>You want to find a new dentist in your area</td>
<td>Told to go to example organisation, and given details about what this does not feel comfortable telling their carer this, but has told you. You’d like to know where they can get some support to help them complain.</td>
<td>Told to look in the yellow pages.</td>
</tr>
</tbody>
</table>
An enquiry was graded as incomplete if: the organisation was neither able to supply any information nor signpost the enquirer elsewhere.

An enquiry was graded as partially successful if: it was neither completely successful nor incomplete.

2.5 Limitations

It should be noted that this piece of work was conducted by a single researcher, and the results should be interpreted accordingly.
3. General Findings

27 organisations were contacted with 90 enquiries. The general results are initially encouraging. There were only 9 incomplete enquiries, and 90% of all enquiries were marked as either completely successful or partially successful (see Fig 1).

Of the 3 types of enquiries - health care, social care and complaints - there were proportionally more completely successful complaint enquiries (11/14) than health care (29/52) or social care (8/24) enquiries (see Fig 2).

On average, telephone enquiries outperformed Internet enquiries (see Fig 3).
With regards to the scenarios, the average percentage of completely successful enquiries per scenario was 55%. Only scenarios 8, 10 and 14 failed to record a single completely successful result (see Fig 4).
4. Internet Enquiry Results

4.1 Summary

The researcher visited the websites of 24 different organisations and conducted 56 enquiries across all 16 scenarios. The general results are shown in Figs 5 & 6.

Fig 5: Internet enquiry results; percentages of completely successful, partially successful and incomplete enquiries

- Completely successful enquiries 25
- Partially successful enquiries 25
- Incomplete enquiries 6

Fig 6: Percentage of completely successful enquiries by type

- Health care: 47%
- Social care: 23%
- Complaint: 67%
4.2 **Result Highlights** (see page 6 for a list of the scenarios)

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>5 websites investigated, 2/5 complete enquiries.</strong> Every organisation was able to provide information about GPs, but none of them provided any information about dentists, with only 2/5 even providing a signposting service (to NHS choices).</td>
</tr>
<tr>
<td>7</td>
<td><strong>5 websites investigated, 2/5 complete enquiries.</strong> Every organisation signposted, but not all of the signposting was terribly helpful; e.g. including HERON in a separate page of ‘useful links’ without explaining that this is where one could go for advice about healthy living/diabetes.</td>
</tr>
<tr>
<td>8</td>
<td><strong>3 websites investigated, 0/3 complete enquiries.</strong> Only one organisation was successful in providing any information at all. Lack of up to date information about newsletters let this organisation down.</td>
</tr>
<tr>
<td>9</td>
<td><strong>9 websites investigated, 1/9 complete enquiries.</strong> A lack of up to date information was a let-down across the board. There were broken links and links to surveys etc. that had expired. One page hadn’t been updated for 3 months.</td>
</tr>
<tr>
<td>10</td>
<td><strong>3 websites investigated, 0/3 complete enquiries.</strong> Some useful information about Schizophrenia, but certainly 2 of the websites looked as though they had not been designed with specific enquiries in mind; more suited to providing general information, for example about carers. One organisation spoke about carer/patient relationship exclusively in terms of parent/child, which was discouraging. Organisations should be aware of how the tone of a website can affect potential service users.</td>
</tr>
<tr>
<td>12</td>
<td><strong>3 websites investigated, 1/3 complete enquiries.</strong> Generally good information, but 2/3 didn’t say how long it would take to get a social care assessment, which one would have thought would have been important to know. One organisation had a PDF that was very good.</td>
</tr>
<tr>
<td>14</td>
<td><strong>3 websites investigated, 0/3 complete enquiries.</strong> Lots of clear information, and 2/3 enquiries would have been marked as successful if they had provided any information about male-friendly clinics. Two of the organisations displayed the information via an A-Z catalogue, with sexual health issues coming under ‘c’, for contraceptives and sexual health. Although this might be an obvious way to organise information from a service provider point of view, it may not be so clear to the service user.</td>
</tr>
<tr>
<td>16</td>
<td><strong>3 websites investigated, 1/3 complete enquiries.</strong> Complaints procedures often looked complicated, even if they weren’t. There is a danger of providing too much information, if it is not suitably organised.</td>
</tr>
</tbody>
</table>

4.3 **General Impressions**

In addition to the above, the researcher also noted whether or not each website included information about when it was last updated, or provided accessibility options, e.g. large font or text to speak.

**Information about last update:**

Very few website’s provided clear evidence of when it was updated, indeed some pages included information that was three months out of date.
Accessibility options:

The vast majority of websites provided some sort of accessibility option, ranging from information about how to use Internet Explorer to change text size, to a wide array of website specific options. However, generally the accessibility options could only be found via an accessibility button, and in some cases these accessibility buttons were themselves rather small and inaccessible. It was thought that these buttons would have been hard to locate if one already had visibility issues.
5. Telephone Enquiry Results

5.1 Summary

The researcher telephoned 23 different organisations and conducted 34 enquiries across 13 scenarios. The general results are shown in Figs 7&8.

Fig 7: Telephone enquiry results; percentage of completely successful, partially successful and incomplete enquiries

- Completely successful enquiries: 23
- Partially successful enquiries: 8
- Incomplete enquiries: 3

Fig 8: Percentage of completely successful enquiries by type

- Health care: 72%
- Social care: 45%
- Complaint: 100%
5.2 Result Highlights (see page 6 for a list of the scenarios)

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 organisations called, 3/3 completed enquiries. All organisations gave the same, good information (as did their websites).</td>
</tr>
<tr>
<td>2</td>
<td>5 organisations called, 3/5 completed enquiries. Lots of signposting but different organisations signposted to different places. For dentists: signposted to PALS, NHS England, yellow pages. For GPs: signposted to PALS, NHS 111. Only one organisation realised that the information required was on their website. It seemed as though employees, although very helpful, were signposting on the basis of their individual experience, rather than following a structured route.</td>
</tr>
<tr>
<td>3</td>
<td>3 organisations called, 1/3 completed enquiries. This is even though only basic info was asked for.</td>
</tr>
<tr>
<td>7</td>
<td>5 organisations called, 5/5 completed enquiries. Generally, receptionists didn’t know the answer themselves, but were very happy to help (and ask a colleague to phone back if necessary). Lots of signposting, but to different places: N&amp;N, Diabetes UK &amp; Suffolk Diabetes, GP and PALS. Only one signposting instance to Live Well NHS Choices.</td>
</tr>
<tr>
<td>8</td>
<td>3 organisations called, 0/3 completed enquiries. Disappointing performance from all organisations. In one case, call not answered. In another case, contact details taken but nobody rang back. Mirrors performance on Internet enquiry for this scenario.</td>
</tr>
</tbody>
</table>

5.3 General Impressions

Number of phone calls until enquiry was heard:

As part of the instructions for the telephone mystery shopping, outlined in the telephone assessment form (see Appendix, p.20), the researcher recorded the number of separate occasions they called an organisation before their enquiry was heard (to a maximum of 3). As Fig 9 shows, the vast majority of calls were answered on the first attempt:

![Fig 9: Number of call attempts before enquiry was heard](image)

- Call answered after one attempt 29
- Call answered after two attempts 4
- Call not answered after three attempts 1
Friendliness:

In addition, the researcher marked organisations (on a scale of 1-5) on the basis of the friendliness of their staff. All organisations scored well in this test, with 95% scoring either 4/5 or 5/5.
6. What Has Healthwatch Norfolk Learned?

Three key outcomes have emerged from this research project, each of which has contributed to Healthwatch Norfolk’s plan to improve health and social care information and signposting services in Norfolk (see page 3). These outcomes are as follows:

Outcome One:

The project has proven useful as an internal exercise, because it has afforded Healthwatch Norfolk staff the opportunity to find out more about the kinds of information and signposting services that are offered by the places to which Healthwatch Norfolk refers service users with health or social care enquiries. This has helped Healthwatch to identify which organisations are good (or bad) places of reference so that the organisation can modify its own signposting practice accordingly.

Outcome Two:

The project gave Healthwatch Norfolk insight into particular cases of good and bad information and signposting practice. This report was intended to provide a general summary of the evidence, and individual organisations have not been identified. Nonetheless, the information gathered by this study could potentially be used by Healthwatch Norfolk to rectify specific cases of poor information and signposting practice as experienced by the researcher, thus improving the quality of those services for the people of Norfolk.

Outcome Three:

The project provided Healthwatch Norfolk with some very broad and general information about the current standard of information and signposting services in Norfolk. For example, it is interesting that the researcher found it easier to resolve complaint enquiries than health care enquiries, and found social care enquiries the most difficult of all to resolve (see Fig 2, p.9). It is also helpful to know that the researcher resolved more enquiries over the phone than they resolved by using the Internet (see Fig 3, p.10). This broad platform will provide a solid foundation from which to launch more focused and direct pieces of research. These potential pieces of research will explained in more detail in the following section.
7. Recommendations

This research project was intended to be as broad as possible, in order to provide a very general and complete a picture of the current standard of information and signposting services for health and social care users in Norfolk. To that end, this section includes no recommendations for improving specific cases of bad information and signposting practice, although in fact enough evidence arose from the study to support such recommendations, if those recommendations are judged by Healthwatch Norfolk to be required (see Outcome Two, p.15).

The real strength of this project is that it has provided a solid foundation from which to launch more focused and direct pieces of work to improve the standards of health and social care information and signposting services for service users in Norfolk. Three potential further projects are discussed beneath in more detail.

7.1 Liaising with health and social care providers to identify knowledge gaps and ask if they feel they require any training to meet their information and signposting commitments

One of the more encouraging pieces of evidence included in report is that nearly every person with whom the researcher spoke on the phone was considered to be very friendly (see 5.3 General impressions; Friendliness, p.14). It is reasonable to infer from this that the problem in the case of those 33% of telephone enquiries that were not completely successful was nothing to do with wrong attitude, or a lack of desire to help. Nor was it anything to do with a lack of availability, as only 1/34 enquiries failed on the basis that the researcher failed to get through to the organisation, and most calls where answered on the first attempt, showing that call centres at organisations are generally well staffed.

Indeed, on the basis of the researcher’s general comments it seems as though, in their experience, people in the health and social care sector are generally very eager to help. The fact that some enquiries were not successful could, therefore, be down to a lack of training or support; i.e. it may be a case of people not knowing what information is available, even if it is actually included on their organisation’s website.

For example, in scenario 7 (see Telephone Results Highlights, p.13) it was noted that people across the five organisations were very eager to help, but that they were initially stumped by the enquiry, and needed to do some research/talk to colleagues before responding. The fact that the researcher was eventually signposted to five different places to complete the enquiry (only one of those being NHS Choices, which would be a useful patient resource for this scenario) lends further credence to the view that some health and social care service providers could benefit from some focused training to plug knowledge gaps and ensure that information given to the public is consistent across similar organisations.

7.2 Conducting a more focused mystery shopping exercise, based around a small number of scenarios

A limitation of this project was that it did not include a study of the quality of the information or signposting services that were offered by the places to which the researcher was referred. It follows that an enquiry marked as completely successful (on the grounds of
proper signposting, see the marking criteria on page 7) may in fact have led the researcher to a dead end.

As far as signposting is concerned, then, this project is limited to providing information about whether or not organisations in Norfolk are signposting health and social care enquiries, and not whether these organisations are signposting to the right places.

Healthwatch Norfolk remains committed to improving information and signposting services for service users in Norfolk. In order to do this, it might conduct a focused but less broad research project that attempts to more accurately replicate the experiences of a genuine enquirer from the start to the completion of their enquiry.

This project would involve as few as 6 scenarios and more than one researcher (Healthwatch Norfolk volunteers may be included if that is deemed appropriate). The researchers would approach each scenario from a different starting point, and would persist with their enquiry until one of the following conditions were met:

1. Their enquiry was successfully completed
2. They were signposted to four separate organisations without completing their enquiry
3. They were referred back to an organisation with which they had already interacted, and no other place of reference was provided

In theory, this project would provide Healthwatch Norfolk with a more focused insight into how easy or difficult it is for ordinary service users in Norfolk to meet their information and signposting needs. It would also help to identify any gaps in information and signposting provision for enquiries in specific areas; e.g. by highlighting individual cases where the researchers were sent around in a circle, if and when such cases arise.

7.3 Using a survey monkey to find out how members of the general public are accessing information and signposting services

In a significant minority of telephone enquiries, the researcher noted that the organisations were surprised to have been approached with the enquiry. This would suggest that members of the general public are looking elsewhere for information and signposting, and not contacting the organisations that Healthwatch Norfolk expected them to contact (i.e. those organisations that were identified in each of the mystery shopping scenarios).

To ensure that Healthwatch Norfolk truly understands how members of the general public are going about accessing information and signposting services on a day-to-day basis, so that it can make recommendations according to their needs, Healthwatch Norfolk could conduct a brief survey monkey. This survey monkey may make use of the same 16 scenarios mentioned in this report, and simply ask members of the general public to circle, from a list of the organisations involved, which organisation they would go to for more information in each case. The results could then be compared with Healthwatch Norfolk and other health and social care professional’s opinions about where members of the general public should go in each case, to identify any areas where members of the general public are receiving poor information or signposting services because they have approached the health and social care system at the ‘wrong’ access point.
8. Appendix

1: Internet assessment form

Initial details

Name: ______
Scenario Number: ______
Starting Organisation: __________________________________________________

Section 1: making the enquiry

You should spend no longer than 10 minutes on the organisation’s website before finishing your shop. If you are unable to find the information in that time, then your shop counts as unsuccessful.

1. Was the website able to answer your enquiry?

☐ Yes, completely - continue to question 2
☐ Yes, partially - continue to question 2
☐ No - continue to question 5

2. On a scale of 1-5, how easy was it to find the information you required?

1 2 3 4 5
Not at all easy Very easy

3. On a scale of 1-5, how useful was the information you received?

1 2 3 4 5
Not at all useful Very useful

4. Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________

________________________________________________________
Section 2: general impressions

5. On a scale of 1-5, how well do you think this website was designed?

You should look for a consistent theme, aids to finding information, clear structure and layout etc.

1 2 3 4 5
Not at all well Very well

6. Did the website feature details about recent updates?

☐ No
☐ Yes - details

7. Was the information available in other formats? (e.g. audio, visual, large print)

☐ No
☐ Yes - details

8. Any other comments?
2: Telephone assessment form

Initial details

Name: ______
Scenario Number: ______
Starting Organisation: ________________________________________________

Section 1: placing the call

You will now have three attempts to successfully place your call before your shop is completed. A call will be regarded as unsuccessful if:

- It is not answered after 2 minutes
- The line is engaged
- You reach an answer phone (you should not leave a message)

You must leave a period of 30 minutes between each attempt.

Please use the table beneath to record your progress:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Call answered</th>
<th>Call not answered</th>
<th>Line engaged</th>
<th>Answer phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
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<tr>
<td>Call 1</td>
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<tr>
<td>Call 2</td>
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</tbody>
</table>
If you have made three phone calls but not managed to make your enquiry then your shop is finished. Please use the space beneath to describe your experience.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
If you have managed to get through to somebody then please continue to section 2.

Section 2: making the enquiry

1. How long did your phone call last? If applicable, please include details about the number of times you were transferred etc.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Who handled your enquiry? (e.g. nurse, volunteer, receptionist)

________________________________________________________________

3. Were they able to answer your enquiry?

☐ Yes, completely - continue to question 4
☐ Yes, partially - continue to question 4
☐ No, they could not help me - continue to question 5

4. Please provide details about the information you received in the space beneath:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Section 3: general impressions

5. On a scale of 1-5, how friendly were the people in this organisation?
   1 2 3 4 5
   Not at all friendly Very friendly

6. On a scale of 1-5, how helpful were the people in this organisation?
   1 2 3 4 5
   Not at all helpful Very helpful

7. Any other comments?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________