

TheMKWay

CARE. COMMUNICATE.
COLLABORATE. CONTRIBUTE.



Milton Keynes
University Hospital
NHS Foundation Trust



FIRST FOR LEARNING DISABILITY & AUTISM



Using Insight for Improvement: *Working Together to improve services at MKUH, for people with a Learning Disability*

As a teaching hospital, we conduct education and research to improve healthcare for our patients. During your visit students may be involved in your care, or you may be asked to participate in a clinical trial. Please speak to your doctor or nurse if you have any concerns.

Chief Executive: Joe Harrison
Chairman: Simon Lloyd

People with a learning disability
have worse physical and
mental health than people
without a learning disability.











Tell us about your care

Do you:



Want to give feedback 😊 or ☹️ ? ☐



Have a concern? ☐



Have a complaint? ☐



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I am writing about....

☐ Me

☐ Someone else

My name is _____



When did this happen?

Date _____



Did you speak to someone at the time?

☐ Yes

☐ No



What happened and how did you feel about it?



What do you think should happen next?



What would help me? (My reasonable adjustment)

If you want us to contact you, or someone else, please tell us how:



Address:



Mobile/Tel:



Email:

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The 15 Steps Challenge; looking through another's eyes



The 'Fifteen Steps Challenge' Toolkit for people with a Learning Disability and/or autism



Produced by MKUH in collaboration with Talkback MK & Experts by Experience

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The '15 Steps Challenge' Visit Do you feel welcome?

Please can you tick the box which best describes what you see and feel

Did you find the place you visited easy?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> ? <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Do people say hello to you?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> ? <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Do staff smile?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> ? <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Were there any pictures or displayed you liked?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> ? <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Was there information about the service?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> ? <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
How did you feel here?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> ? <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

FFT for Learning Disabilities &/or Autism

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Friends and Family Test
PLEASE TELL US ABOUT YOUR
PATIENT EXPERIENCE

Date attended


		/			/		
--	--	---	--	--	---	--	--

Clinic or Ward


Would you want your friends and family to have this service if they needed it?



Yes



No



Don't Know

Please post this survey into the box provided or hand it to a member of staff

Please Turn Over

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What was good about the visit?

What would have made the visit better?

☐ Please tick this box if you do not wish your comments to be made public

Are you male or female?

☐ Male ☐ Female

What age are you?

<input type="checkbox"/> Under 16	<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75+



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