|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Question | Required Response | Response | | | | | | |
| Do you use a Patient Appointment  reminder service | Y/N, if Yes please provide either the name of an internal PAS system or the Company name of the external provider | Yes, healthcare communications | | | | | | |
| What channels do you use to remind patients about their appointments? | For each Channel type please state annual volume and cost per unit, if you do not use a certain channel type please leave blank | **Channel Type** | | | | **Annual Volume** | | **Cost Per Unit** |
| SMS | | | | 45,000 | | S43 has been applied |
| IVR / IVM | | | |  | |  |
| Agent Calls | | | |  | |  |
| Email | | | |  | |  |
| Posted Letters | | | |  | |  |
| Do you currently offer a ‘blended’ appointment reminder service (use various channels until you reach a patient)? | Y/N – If Y please state what combination of channels do you use and who is the provider |  | | | | | | |
| Can Patients cancel or rearrange appointments using the reminder service? | Y/N | Y | | | | | | |
| When is the Appointment reminder contract due for review | Please state review date | 6 months | | | | | | |
| Do you currently use Hybrid Mail? (electronic patient notifications that, via a link, directs to an online portal to retrieve letters, notifications etc) | Y/N - If Y please provide the Providers name, annual volume and cost per unit. If the system you use is internal please put internal. | **Providers Name** | | | | **Annual Volume** | | **Cost Per Unit** |
| No | | | |  | |  |
| When is the Hybrid Mail contract due for review | Please state review date | 31/8/2020 | | | | | | |
| Do you currently outsource your Friends and Family Test | Y/N – Please state the name of the provider | Yes – Civica Engagement Services | | | | | | |
| What Channels do you currently use for Friends and Family Test | **CHANNEL TYPE** | **Channel Type** | **Used (Y/N)** | **Annual Volume** | | | **Cost Per Unit** | |
| Please put a Y next to the relevant channel type used for Patient surveys and a S next to the channel type used for Staff surveys ( separated by a / )  Then provide the annual volume and cost paid per unit for each of Patient and Staff (separated by a / ) | SMS | N | N | | |  | |
| IVR / IVM | N | N | | |  | |
| Agent Calls | N | N | | |  | |
| Email | Y | P/ Don’t Know – sent as links  S/14,000 | | | Included in contract | |
| Paper Based | Y | P / 6000 | | | S43 has been applied. | |
| Tablet / Ipad | Y | New initiative | | | Apps included in contract | |
| When is the Friends and Family Test contract due for review | Please state review date | 01/09/2020 | | | | | | |
| Do you use any other messaging?  **Pre-Op:** Messages relating to what patients need to do pre-operation.  **Post-Op**: Medication reminders, general advice.  **Key Patient Messages**: Mental Health / Maternity support, Smoking cessation etc  **Broadcasts**: bad weather / Incidents / appointment cancellations to staff and or patient | NO  If used state: channel used, annual volume, cost per unit. | **Service Type** | **Channel Type** | | **Annual Volume** | | **Cost Per Unit** | |
| Pre-Op |  | |  | |  | |
| Post-Op |  | |  | |  | |
| Key Patient Messages |  | |  | |  | |
| Broadcasts |  | |  | |  | |
| Do you pay any other fees (Monthly service charge etc) for any of the services mentioned above? | Please state what the fee is for and how much you pay (inc one off set up charges) |  | | | | | | |
| Please provide the name and role of the person(s) responsible for the implementation and continued running of the services mentioned above | Name, role (contact details if applicable) | Lara Harwood, Service Experience Lead (FFT) | | | | | | |