

Document 8

FORM 2 - Postal scoring process - evaluation form

Monklands Replacement Project (MRP)

Your views and feedback are important to use, we would like to know what you thought of the postal weighting and scoring process. This information will help to improve future exercises and feedback will be shared with Healthcare Improvement Scotland – Community Engagement. We would be most grateful if you could complete and return this form. Completing all the questions is not essential, but it will help us get a fuller picture if you do.

PART 1 - OVERVIEW

1. How would you best describe your interest in taking part in this exercise? (Please highlight or circle the relevant box)

Member of the public	Patient or service user	Carer	Voluntary or community group
NHS or Social Care Staff	Elected representative	Other (please specify):	

2. Overall — tell us what you thought of the postal scoring process? (please write your answer in the box)

3. What did you like most about the postal scoring process?

4. What did you like least about the postal scoring process?

PART 2 - PROCESS AND INFORMATION

5. How useful did you find the briefing material you were sent? (Please highlight or circle the relevant box)

Not useful at all	Not so useful	Somewhat useful	Very useful	Extremely useful
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6. How clear did you find the information? (Please highlight or circle the relevant box)

Not clear at all	Not so clear	Somewhat clear	Very clear	Extremely clear
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7. How easy did you find it to allocate weightings to the criteria in the first postal exercise? (Please highlight or circle the relevant box)

Not easy at all	Not so easy	Somewhat easy	Very easy	Extremely easy
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8. How easy did you find it to allocate the scores in the second postal exercise? (Please highlight or circle the relevant box)

Not easy at all	Not so easy	Somewhat easy	Very easy	Extremely easy
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PART 3 - RATINGS

9. Please rate the exercises using the following table.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The process gave me the chance to provide meaningful input					
The information I was sent clearly explained how the criteria were developed					
I feel I had the appropriate information to enable me to weight the criteria					
I feel I had the appropriate information to enable me to score the options					
I feel confident that my views have been recorded					
The exercises were well organised and the communication about them was clear					
I knew how to contact someone for more information and support if I needed it.					
The next steps in the Monklands Replacement Project have been made clear					

Would you like to add any further information or explain any of your answers for questions 5 to 9 in PARTS 2 & 3?

PART 4 - ABOUT YOU

To help us better understand your views please share a little information about yourself. It is a requirement for us to ask these questions but not for you to answer them. The information will be kept confidential and secure. It will not be shared with any third parties. It is used to understand the key characteristics of people involved in these exercises, to assess if we are hearing from people who live locally and/or groups of people who might be more affected by these proposals than others.

A. Please provide the first half of your postcode (i. e. ML4, ML6) in the box below

B. What is your age? (Please highlight or circle the relevant box)

Under 18	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75+	Rather not say
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C. What sex/gender do you identify as? (Please highlight or circle the most relevant box)

Female	Male	Transgender	Other (please describe):	Rather not say
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D. What race or ethnicity best describes you? (Please highlight or circle the most relevant box)

Arabic	Asian/British Asian: Bangladeshi	Asian/British Asian: Chinese	Asian/British Asian: Indian
Asian/British Asian: Pakistani	Black/British Black: African	Black/British Black: Caribbean	White: British/Scottish
White: Other	Mixed race	Gypsy/Traveller	Rather not say
Other (please describe):			

E. What do you consider your religion or belief to be? (Please highlight or circle the most relevant box)

Buddhism	Christianity	Hinduism	Islam	Judaism	No religion
Other (please describe):				Rather not say	

F. What do you consider to be your sexual orientation? (Please highlight or circle the most relevant box)

Straight/Heterosexual	Gay	Lesbian	Bisexual	Asexual
Other (please describe):				Rather not say

G. Do you retain the sex/gender of your birth? (Please highlight or circle the most relevant box)

Yes	No	Rather not say
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H. Are you pregnant or have a child under 12 months? (Please highlight or circle the most relevant box/es)

I am pregnant	I have a child under 12 months	Neither	Rather not say
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I. Do you consider yourself to be disabled? (Please highlight or circle the most relevant box)

Yes	No	Rather not say
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J. If you answered yes to 'I' (above), it would be helpful if you could indicate the nature of your disability, in the box below.

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K. Having taken part in the weighting and scoring exercises, has it made you aware of any way in which locating the new hospital at one of the three sites would have a significant impact on you, whether positively or negatively? (Please highlight or circle the most relevant box)

Yes	No	Not aware	Rather not say
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L. If you have answered Yes to question K (above), please could you explain which site and how it might have an impact on you, in the box below?

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Thank you for completing these questions. It will help us to ensure we can achieve the best outcomes for all people. If you would like to be kept informed of developments and other involvement opportunities for the Monklands Replacement Project (MRP), please supply your contact details below. Please be assured that your contact information will be held by NHS Lanarkshire in a format that means that they will not be able to link your details with your responses. Data is held in compliance with the General Data Protection Act and is not shared with any third party.

I give permission for NHS Lanarkshire to contact me, only on the basis as outlined above. (Please tick the box to indicate your consent)

Name		Post code	
Address 1		County	
Address 2		Email	
Post Town		Tel. No.	

If you prefer not to be contacted by either post, email or telephone leave the relevant fields blank