



TEN **THOUSAND** VOICES

**Improving  
people's  
experience  
in health and  
social care**



[www.10000voices.info](http://www.10000voices.info)



Patient and service user experience is recognised as a key element in the delivery of quality healthcare. In line with this, the Public Health Agency (PHA) is carrying out an extensive piece of work across all Health and Social Care Trusts (HSCTs), with the aim of introducing a more patient-focused approach to services and shaping future healthcare in Northern Ireland.

This is called '10,000 Voices'. Unlike other healthcare questionnaires, it gives you an opportunity to highlight what is important to you, such as what you particularly liked or disliked about the experience.

We want to read accounts from children young people and their parents/carers of your experiences about the care you have received in the past 12 months so that we can understand the impact this experience has had on you (or the person in your care).

**Have you or someone you care for had experience with the following services:**

- Autism (children and young people up to age 18)
- Child and Adolescent Mental Health Services (CAMHS)

If so we would like to hear about your experience

Before you decide to share your experience with us, please read this information carefully.

### **Do I have to take part?**

No. If you choose not to take part, this will be respected and will not affect your care in any way.

If you do wish to take part, you are consenting to your anonymous information being used with that of others in the development of reports on people's experience.

### **Will my personal information be kept confidential?**

Yes. If you agree to share your experience with us, all personal information will be kept confidential. We do not need to know your name. When giving your account, it is important that you do not record the names of any family members, carers or professionals.

All information will be handled and stored in accordance with the Data Protection Act 1998.

Please note we will not be able to follow up on individual cases. However, in the interest of any person's safety, if poor or dangerous practice is identified this will immediately be reported to the senior manager so that appropriate action may be taken.

### **What will happen if I agree to take part and then change my mind?**

You can change your mind about taking part at any time. Your decision will be respected and will not affect your care in any way.

### **How do I share my patient experience?**

If you would like to share your experience with us, you can:

- complete the survey at [www.10000voices.info](http://www.10000voices.info)
- request a paper version of the survey please use the contact details on the back of the leaflet. This can then be returned free of charge in the envelope provided with the survey.

*Thank you for taking the time to share your patient experience with us.  
We welcome feedback from all sections of the community.*

If you would like some help completing the survey, or would like an alternative version made available, please see contact details below.  
email: [camhs\\_autism\\_audit@hscni.net](mailto:camhs_autism_audit@hscni.net)

### **What happens to the information gathered through ‘10,000 Voices’?**

The information will be recorded and the main themes identified using a software package called SenseMaker. Regular reports and recommendations will be published on [www.publichealth.hscni.net](http://www.publichealth.hscni.net) or [www.hscboard.hscni.net](http://www.hscboard.hscni.net)

Please note that by taking part in this patient experience survey you are consenting to your anonymous information being used for research, statistical and analytical purposes; in the development of reports; staff education and training, and for other purposes within the HSC.

### **Contact us**

If you have any further queries, please contact:

Christine Armstrong ([christine.armstrong@setrust.hscni.net](mailto:christine.armstrong@setrust.hscni.net))  
or [camhs\\_autism\\_audit@hscni.net](mailto:camhs_autism_audit@hscni.net)

Telephone: 03005550115 ext 3210 (office hours)



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