Patient Reported Outcome Measures After Regional Anaesthesia

Participant Information Sheet

The purpose of this study is to collect data about the experience of patients who undergo regional anaesthesia (a nerve block) as part of their care during surgery. As anaesthetists, we are committed to providing you with the best possible care, and your responses to the survey will help us to improve the service that we provide to patients in the future.

Your participation in this study is entirely voluntary, and your care will not be different in any way should you choose not to participate.

Should you agree to participate, your name, email address and mobile phone number will be entered onto a secure online database managed by Hootvox, where they will be held for 14 days before automatic deletion. Details of your operation and anaesthetic will also be entered and held indefinitely alongside your hospital number.

You will then be sent an electronic survey, by email and text message, 72hrs after your operation. The survey includes approximately 20 questions about your anaesthetic experience, and should take less than five minutes to complete. There is also an opportunity to leave free text comments. This information will be stored securely alongside the anonymised data described above.

The sender address of the email will appear as reviews@hootvox.com, subject 'NHS Anaesthesia Survey'. Please monitor your 'junk' mail.

The text message sender will appear as 'NHS Survey'.

No personally identifiable information will be held beyond 14 days.

Your anaesthetist will be able to see your responses. Your anonymised information will be added to that of other participants, and used by the anaesthetic department in this hospital to monitor and improve the care we deliver. It is also hoped that the database will be used by anaesthetists working in other hospitals across the UK. Anonymised information may be presented at medical conferences and used for publication in medical journals.

By providing your contact details and signature, you indicate that you understand its purpose and consent to the use of your data as outlined above. Should you decide not to complete the survey, the anonymised data that we have gathered up to that point may still be used for analysis.

You may withdraw your consent at any time by emailing the study co-ordinator, Dr Simon George. simon.george1@nhs.net

Thank you for your participation.

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Consent Form

(file in participant's hospital notes)

1. I confirm that I have read and understand the Patient Information Sheet (version 1.1; 15.03.2021) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my continued participation is voluntary, and that I am free to withdraw consent at any time, without giving any reason and without my medical care or legal rights being affected.

3. I understand that relevant sections of my medical records and data collected during the study may be looked at by authorised individuals. I give permission for these individuals to have access to my records where it is relevant to my participation in this study.

4. I agree that my name, hospital number, email address and mobile telephone number can be securely used for the purpose of this study.

5. I agree to continue to participate in this study.

Signature (Participant):	**Name:**	**Date:**
Email Address:	**Mobile Number:**	

Signature (Anaesthetist):	**Name:**	**Date:**