## Renfrewshire HSCP \_ Palliative Care Strategy: Consultation &

1.	What is your name? (Optional)		
2.	What	is your email address? (Optional)	
3.	To hel	p us analyse all feedback, please tell us if you are responding as a:	
	O N	Member of the public	
	O F	HSCP Staff member	
	$\bigcirc$ (	Community group	
		hird sector voluntary organisation	
	O L	ocal authority	
		NHS	
	O E	Business / commercial	
	$\bigcirc$	Other	

4.	If you chose the 'other' option please explain here		
_	Do you have experience of either of the following?		
5.	Do you have experience of either of the following?		
	Caring for someone who has received palliative or end of life care		
	Receiving palliative care for a life-limiting condition		
	Neither of these		
c	Can you share some details of your experience, either positive or		
6.	Can you share some details of your experience, either positive or negative?		
7.	Would you be open to a member of the team contacting you to discuss		
	your experiences confidentially?		
	Yes		
	○ No		
8.	If you are responding on behalf of an organisation please state the name of the organisation:		

9.	What are your thoughts on our proposed priorities for Palliative Care within the draft Strategy?		
10.	How would you amend or add to our priorities?		
11.	Do you think there is anything missing that should be included?		
12.	What are your thoughts on how the draft strategy has been presented?		
13.	Any other comments, changes or improvements you would like to suggest?		

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