NHS
West London
Clinical Commissioning Group

Patient Feedback Form on your local NHS Services

As part of our commitment to improving your local NHS services, we would value your feedback as a patient. Please fill out this form and hand it in at your practice.

*Please note this feedback form is **not** about services in your surgery.*

1. Which service do you want to tell us about and where did you receive treatment?

☐ **Department or clinic**
e.g. radiology

Please state.

☐ **A&E or Urgent Care Centre** → *Where were you seen?*

- Chelsea and Westminster Hospital ☐
- St Mary's Hospital ☐
- St Charles Hospital ☐
- Other *(please state):*

Please state.

☐ **111 telephone service**

☐ **Out of hours face to face consultation**
18.30-08.00, Monday to Friday, and all day Saturday and Sunday

2. When did this happen?

January - March 2015 ☐ April - June 2015 ☐ July - September 2015 ☐

October - December 2015 ☐ 2014 ☐ 2013 or earlier ☐ Ongoing ☐

3. On a scale of 1 (very poor) to 5 (very good), how would you rate the following?

	1	2	3	4	5	N/A
Accessing the service *e.g. arranging/cancelling appointments*	☐	☐	☐	☐	☐	☐
Waiting time for an appointment	☐	☐	☐	☐	☐	☐
Waiting time at the clinic/service	☐	☐	☐	☐	☐	☐
Overall helpfulness of staff	☐	☐	☐	☐	☐	☐
Information on your illness/treatment	☐	☐	☐	☐	☐	☐
Were staff aware of your medical history	☐	☐	☐	☐	☐	☐
Overall cleanliness of the environment	☐	☐	☐	☐	☐	☐
Meeting the needs of carers and families	☐	☐	☐	☐	☐	☐

4. On a scale of 1 (very poor) to 5 (very good), how would you rate your overall experience?

1 *Very poor* ☐ **2** ☐ **3** ☐ **4** ☐ **5** *Very good* ☐

Please turn over and answer just a few more questions →

5. If you could recommend one thing that would improve the service you received, what would it be? *Please write your comments in the box below*

6. Which GP surgery do you belong to?

_____

_____

7. A bit about you. We ask for these details to ensure your feedback is as representative as possible. *This section is voluntary, please be assured that all information will be treated with the strictest of confidence and will remain anonymous*

Gender: Male ☐ Female ☐

Age: Under 25 ☐ 26- 40 ☐ 41-55 ☐ 56-70 ☐ 71+ ☐

Ethnicity:

White British ☐
White Irish ☐
White Other ☐
Other ☐

Asian/ Asian British—Chinese ☐
Asian/ Asian British—Indian ☐
Asian/ Asian British—Other ☐
Prefer not to say ☐

Black/ Black British—African ☐
Black/ Black British—Caribbean ☐
Black/ Black British—Other ☐

If you would like to discuss your feedback in more detail, please leave your contact details

Name: _____ Contact number: _____

Email address: _____

Thank you for completing this feedback form. Your comments are very important to us. If you wish to make a complaint about the service, please contact the complaints officer on ***020 3350 4567*** *or by email at* ***cwhh.complaints@nhs.net***