



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

111 telephone service

Other *(please state):*

Please state.

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 <i>e.g. arranging/cancelling appointments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time for an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time at the clinic/service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall helpfulness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on your illness/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were staff aware of your medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall cleanliness of the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting the needs of carers and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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 Asian/ Asian British—Chinese Black/ Black British—African
White Irish Asian/ Asian British—Indian Black/ Black British—Caribbean
White Other Asian/ Asian British—Other Black/ Black British—Other
Other Prefer not to say

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