Giving feedback about your care

Your views on the care and treatment you have received from us can make a difference. Please take a few minutes to complete the feedback questionnaire – it helps us look at how we can improve the care we give to all of our patients.

How does it work?

STEP 1

Give your feedback

You experience first-hand, the care we provide, so you are in the best position to tell us what we are doing well, and, what we could do better.

STEP 2

Using your feedback

We learn from your feedback. Our doctors and nurses want to improve on the quality of their work.

STEP 3

Better care for patients

Using the feedback, we will identify the things they are doing well – so they can keep on doing them – and also where they can improve.

The doctors and nurses will not see your individual feedback – so anything you say on this feedback form is treated as confidential.

A carer, friend or relative can help you complete this questionnaire and to give your feedback.

Tips on giving feedback

■ **Please be honest:** Your feedback is only useful if it is honest. Tell us what we do well so we keep doing it. Tell us what you would like us to do differently so we can improve.

■ **Explain your score:** You will be asked to score us on different aspects of your care. Giving more factual information in the comments box is important, particularly when you have given a low score. It will help us greatly to understand your feedback.

■ **Give examples:** Where possible, use examples and say what we did rather than making general comments. For example, the comment, 'I didn't understand', would be more informative for us as 'I didn't understand because you used lots of medical words that didn't mean anything to me'.

Feedback questionnaire for:

(Name of the person you saw)

……

Please do not write your name on this questionnaire.

Please base your answers only on the consultation you have had TODAY

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I am confident about this clinician's ability to provide care	☐Yes ☐No

I would be completely happy to see this clinician again	☐Yes ☐ No

☐ Emergency appointment ☐routine appointment

Which of the following best describes the reason you or your child saw someone today?
(Please tick all the boxes that apply)

☐To ask for advice ☐ for treatment ☐ for a routine check up

☐ For one-off problem ☐ for ongoing problem ☐ other (please give details)

How many problems did you want to discuss …… How many were addressed at your appointment……

How good was your clinician today at each of the following? (Please tick one box in each line)

Good Very satisfactory good apply

	Poor	Less than Satisfactory	Satisfactory	Good	Very Good	Does not apply
a) Being polite	☐	☐	☐	☐	☐	☐
b) Making you feel at ease	☐	☐	☐	☐	☐	☐
c) Listening to you	☐	☐	☐	☐	☐	☐
d) Assessing your medical condition	☐	☐	☐	☐	☐	☐
e) Explaining your condition and treatment	☐	☐	☐	☐	☐	☐
f) Involving you in decisions about your treatment	☐	☐	☐	☐	☐	☐

Please add any other comments you want to make about this clinician.
Please note: No patients will be identified when this information is given to the clinician but will be collated by the practice manager.

PTO and use the next page to make additional comments