

# 9 HARLEY STREET

## Patient Satisfaction Survey

### Services offered at 9 Harley Street:

- Cardiology
- Endocrinology
- OPD Clinics
- Minor Procedures
- Radiology
- X Ray
- CT
- MRI
- Ultrasound
- Nursing Services
- Phlebotomy
- GP Services
- Physiotherapy
- Osteopathy
- Podiatry
- ENT



No 9 Harley Street | London | W1G 9QY

T. 020 7079 2100

# COMMITTED TO EXCELLENCE

## Thank you for coming to 9 Harley Street.

As part of our continual search for ways of improving the service we would be very grateful if you would find time to fill in this questionnaire and return it to us. Please complete each section of this form by ticking the appropriate box alongside each question. Please ignore sections or questions that are not applicable. Questionnaires will be analysed by external consultants and returned to 9 Harley Street.

Your rights to anonymity are fully covered under the Data Protection Act 1998 and no personal information will be released to any other party.

*Andrew Barker*

**Andrew Barker**  
Chief Executive Officer, Phoenix Hospital Group

## ABOUT YOU

Date of appointment:

What was the reason for your visit?

- Dressing change
- Consultation
- GP services
- Physiotherapy
- CT/MRI
- X-ray
- Blood test
- Nurse appointment
- Ultrasound
- Other (specify) \_\_\_\_\_

How was your treatment funded?  
 Insured       Self Pay  
 Embassy       Other

## YOUR OVERALL EXPERIENCE

**We would like you to think about your overall experience in the clinic during your visit:**

How likely are you to recommend our service to friends and family if they need similar care or treatment?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely likely	Likely	Neither	Unlikely	Extremely unlikely	Don't know

Overall, how would you rate the quality of the service you received?

Please give your opinion of value for money

If you made your appointment by phone please rate this service?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Very Good	Good	Fair	Poor

Did the receptionist greet you promptly upon your arrival?  Yes       No

Would you return to 9 Harley Street for any further appointments?  Yes       No

## Please give your opinion of:

The courteousness and helpfulness of the receptionist

The cleanliness of the department which you visited

The waiting room environment (décor & facilities)

State the time given to you for your departmental appointment using the 24hour clock:

	Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text" value="H"/> <input type="text" value="H"/>	:	<input type="text" value="M"/> <input type="text" value="M"/>			

For your appointment were you seen:  
 Early       On Time       Late

## Your opinion of our staff: (tick all applicable)

Did you find the Nursing staff

Did you find the Physiotherapy staff

Did you find the X-ray staff

Did you find the Imaging staff

If you saw a Consultant did you find them

	Friendly	Helpful	Informative	Supportive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were you given enough privacy when discussing your condition/treatments?

Did staff introduce themselves to you?

Did you have confidence and trust in the staff treating you?

If you had questions to ask, were you given answers in a way you could understand?

Did you feel you were treated with respect and dignity while you were in the clinic?

If you had any administrative queries did we deal with them efficiently?

If you had any financial queries did we deal with them efficiently?

Were you given clear information about your payment arrangements?

Were you satisfied with the way we dealt with financial matters?

	Yes, always	Yes, sometimes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any comments or suggestions that you would like to make which you consider could improve our service delivery to you?

## THANK YOU – YOUR FEEDBACK IS APPRECIATED

If you have any concerns requiring a response from 9 Harley Street, please put these in writing and address them to the Chief Executive Officer, or email [Andrew.barker@weymouthhospital.com](mailto:Andrew.barker@weymouthhospital.com)