

# Outpatients and Diagnostics

## Patient Satisfaction Survey



9 Harley Street | London | W1G 9QY  
T. 020 7079 2100

25 Harley Street | London | W1G 9QW  
T. 020 7079 2100

[www.phoenixhospitalgroup.com](http://www.phoenixhospitalgroup.com)

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**Phoenix Hospital Group**  
**Unit 3**  
**Ilex House**  
**94 Holly Road**  
**Twickenham**  
**TW1 4HF**

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# YOUR OPINION MAKES A DIFFERENCE

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 Phoenix Hospital Group.

Your rights to privacy are fully covered under the Data Protection Act 2018 and no personal information will be released to any other party.

**Andrew Barker**  
Chief Executive Officer

## Which location did you attend?

9 Harley Street     25 Harley Street

Date of appointment

With which department was your appointment?

- Nursing                       MRI/CT/X-ray/Dexa/Ultrasound                       Consultant  
 Pre-assessment Clinic     Hearing Clinic     Cardiac Clinic  
 Blood tests                       Ophthalmology (Eye Clinic)  
 Other (*specify*) \_\_\_\_\_

How was your treatment funded?  Insured     Self Pay     Embassy     Other

## 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?

**Extremely Likely**  
 **Likely**                       **Neither**  
 **Unlikely**                       **Extremely Unlikely**  
 **Don't know**

Please can you tell us why you gave that response?

Overall, how would you rate the quality of service from this clinic?  **Excellent**     **Very Good**     **Good**     **Fair**     **Poor**

If you made your appointment by phone please rate this service?  **Excellent**     **Very Good**     **Good**     **Fair**     **Poor**

Were you greeted promptly upon your arrival?  Yes     No

## Please give your opinion of:

The cleanliness of the department which you visited

The waiting room environment (décor & facilities)

**Excellent**  
      
**Very Good**  
      
**Good**  
      
**Fair**  
      
**Poor**

For your appointment were you seen:

Early                                       On Time                                       Late

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

Did you find the:	Professional	Helpful	Informative	Supportive	N/A
MRI/CT/X-ray/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexa/Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookings Team	<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?

**Yes, definitely**  
 **To some extent**  
 **No**

Were you treated with respect and dignity during your visit?

Did staff introduce themselves to you?

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

Before you left were you given all the information you needed?

If you had a procedure was the purpose and any potential risks clearly discussed with you?

Did you feel you were fully involved in any decision making regarding your care planning?

If you had questions, were you given enough information in a way you could understand?

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

**Thank you for taking the time to complete this questionnaire. Once you have finished, please either leave your completed questionnaire in the box at reception or return to us using the free post provided.**

Please moisten this adhesive strip, fold and stick to the page opposite so that the address panel is visible.