

Patient Experience Survey

Please return this survey to us at:



My Care, My Way

1. **Are you completing this questionnaire for yourself or on behalf of the person who received the service?** *Please tick only one option.*

- I am the person who received the service []
I am a carer []
I am a family member []
Other []

2. **How easy was it to arrange an appointment to see a member of the integrated care team?** *Please tick only one option.*

- Very Easy []
Easy []
Neither easy or difficult []
Difficult []
Very difficult []

3. **How did you get here today?** *Please tick only one option.*

- Walk []
Car [] If selected, please go to question 3a.
Public Transport []
Patient Transport [] If selected, please answer questions 3b and 3c.

3a. If by car, were you able to park near the service? Yes [] No []

3b. If by patient transport, was it easy to book? Yes [] No []

3c. If by patient transport, did it arrive on time? Yes [] No []

4. **How long did you have to wait to be seen?** *Please tick only one option.*

- 0 – 15 minutes []
15 – 30 minutes []
30 – 60 minutes []
Over 60 minutes []

5. **Did you feel welcomed when you arrived?**

Yes [] No [] Please provide any further comments below

6. **Did you like the facilities on offer in the integrated care centre?**

Yes [] No [] Please provide any further comments below

7. Do you have any suggestions for changes which would improve your experience?

8. How likely are you to recommend our service to friends and family if they needed similar care or treatment? Please tick only one option.

Extremely Likely

Likely

Neither likely nor unlikely

Unlikely

Extremely unlikely

Don't Know

9. Who did you see today? Please tick all that are applicable.

GP

Health and Social Care Assistant

Case Manager

Other

Please specify: _____

Don't know

10. Were you able to raise all the issues that you wanted to raise and did you feel listened to?

Yes No Please provide any further comments below

11. Did you understand the information given to you by your care team?

Yes No Please provide any further comments below

12. Did you feel involved in developing your Care Plan?

Yes No Please provide any further comments below

13. Do you know who to contact if you need any information or support with your Care Plan?

Yes [] No [] Please provide any further comments below

14. Do you know what to do if your condition changes or gets worse?

Yes [] No [] Please provide any further comments below

15. Do you think the integrated care service will provide you with the support you need to help you improve or manage your health?

Yes [] No [] Please provide any further comments below

16. Where and how did you hear about the service?

GP []

Health and Social Care Assistant []

Case Manager []

Publicity []

Please specify: _____

Don't know []

17. Is there anything else that you would like to comment on?

Thank you for taking the time to complete our survey. There is no need to tell us who you are but if you are happy to discuss your experiences in more detail, please provide your contact details below allowing us to contact you again.

Name:

Address:

Telephone:

Email: