

Patient Experience Survey

The purpose of this survey is to capture patient experience stories as they happen from either the patients themselves or the people who were with them at the time (e.g. carers). We will use the information that you give us to help shape and improve the care we commission in Oxfordshire. For more information, please see our patient experience participant information sheet.

If you have any concerns about the security of your information, there are a number of different ways you can provide feedback.

Please contact the Patient Experience Team on 0800 052 6088, by email at patient.services@oxfordshireccg.nhs.uk or by post at Patient Services Team, Oxfordshire Clinical Commissioning Group, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, Cowley, Oxford, OX4 2LH .

If you are telling your own story, the terms “you” and “the patient” both refer to you.

1. About you

Please could you tell us who you are?*

Please select one option.

- I am responding for myself
- I am responding on behalf of another person
- I am a member of staff in the NHS, responding on behalf of a patient
- I am a member of staff in the voluntary sector, responding on behalf of a patient
- Other

Please enter any additional comments

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2. About the Patient

Please could you tell us the gender of the patient *

- Male
- Female
- Transgender
- Prefer not to say

Please could you tell us the age of the patient? *

- 16-24
- 24-34
- 35-44
- 45-55
- 55-64
- 65-74
- 75-84
- 85 +

Does the patient consider themselves to be disabled?*

- Yes
- No
- Prefer not to say

Please could you tell us the patient's ethnicity:

- White British
- Black British
- White Irish
- Caribbean
- African
- Indian
- Bangladeshi
- Chinese
- Polish
- Other

If you selected 'other', please could you provide more details

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Please could you tell us where the patient lives, by providing a town/village and or postcode.*

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3. About the visit

Where did you (or the person you are responding on behalf of) visit?*

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Please could you provide the date of the visit?

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Which services did you (or the person you are responding on behalf of) use?*

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*Required answer

How would you (or the person you are responding on behalf of) rate the following: *

	Excellent	Good	Average	Unsatisfactory	Poor
The experience of the service was.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall attitude of staff towards patients was....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cleanliness of the environment was.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information provided about the condition and/or treatment was ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you (or the person you are responding on behalf of) agree or disagree with the following statements?*

	Yes	To some extent	No
I (or the person I am responding on behalf of) were treated with dignity and respect during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I (or the person I am responding on behalf of) felt that we were listened too by the person providing care and/or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I (or the person I am responding on behalf of) were able to comment about the care received at the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered no to any of these statements, please could you tell us why?

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*Required answer

How would you (or the person you are responding on behalf of) rate your overall experience of the NHS?

- Excellent Good Average Unsatisfactory Poor

Please could you tell us why you selected the option above?

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4. Your patient story

If you (or the person you are responding on behalf of) would like to provide us with a patient story, please do so here:

(please use the additional page overleaf if required)

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Your patient story continued ...

A large rectangular area containing horizontal dotted lines for writing a patient story.

Do you agree to your experience being shared at Oxfordshire CCG's public governing body meetings? The story will be anonymised and no personal information will be shared.*

I agree I do not agree

5. Contact details

Please note that the section below is optional.

We may wish to talk to you some more about your experience. If you are happy for us to contact you, please could you provide us with the following details:

Name
Email Address
Telephone Number
Address Line 1
Address Line 2
Town
County
Postcode

By submitting this form you are consenting to Oxfordshire CCG using your information. We will not use your name or identifiable details.

If you wish to complete this form electronically, this can be done through our website at the following address:

<http://www.oxfordshireccg.nhs.uk/get-involved/patient-experience-survey/>

Thank you for participating in this survey!