



ROYAL FREE LONDON
PRIVATE PATIENTS
investing in the NHS

Patient Experience

THANK YOU FOR HAVING CHOSEN THE ROYAL FREE PRIVATE PATIENTS UNIT

Our skilled and professional team aim to provide you with exceptional and individualised care within a caring and friendly environment. It is therefore paramount for us that your patient experience reflects the Trust's values. I would be most grateful if you would provide me with feedback on what we are doing well and areas you consider require improvement. I can then share your views with the team so that we can improve where necessary.

Please complete this questionnaire by ticking the appropriate box alongside each question and where the question is not relevant to your visit then please ignore it. We have arranged for an external consultant to analyse our patients' questionnaires before returning the collated results to the hospital, this ensures your rights to anonymity are fully covered under the Data Protection Act 1998. No personal information will be released to any other party.

Your feedback is immensely important to us and therefore may I take this opportunity to thank you in advance for taking time to complete this questionnaire.

Fran Campion-Smith – PPU Director



Please return this survey to a member of staff. Alternatively you may post it in the box as you exit the ward.

ABOUT YOU

Are you:

- Inpatient Day patient

Was this your first admission to the hospital?

- Yes No

How was your treatment funded?

- Insured Self-pay NHS Other

Why did you choose The Royal Free Private Patients Unit? *(select all that apply)*

- Recommended by GP Recommended by consultant
 Recommended by insurance company Recommended by friend/relative
 Recommended by embassy/sponsor Personal choice/my own research
 Other *(please specify)* _____

YOUR OVERALL EXPERIENCE

We would like you to think about your overall experience in the hospital during your visit.

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

- Extremely likely Likely Unlikely Extremely unlikely Don't know

Please give your overall opinion of the quality of your care:

- Excellent Very good Good Fair Poor

How did we compare to your expectations?

- Exceeded Met Fell below

Would you come back to The Royal Free Private Patients Unit?

- Yes No

Before your admission did you speak with our bookings team?

- Yes No N/A

Were you treated with consideration and courtesy by our bookings team?

- Yes, always Yes, sometimes No N/A

YOUR ADMISSION

Before you arrived at the hospital were you given all the information you required?

- Yes, completely No
 Yes, to some extent I did not need any

Please give your opinion of:

Your welcome at reception

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

The promptness of your admission

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explanation of room facilities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The way we explained the nurse call system

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Your overall admission

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please advise the ward you were admitted to (if unsure, please ask your nurse):

- 12 North 12 South 12 East A 12 East B 12 West

YOUR CONSULTANT

Name of your consultant: _____

Was the proposed course of treatment or procedure clearly explained to you?

- Yes, completely Yes, to some extent No

After the treatment or procedure, did you receive sufficient post-operative information?

- Yes No N/A

If you had important questions to ask your consultant did you get answers you could understand?

- Yes, always Yes, sometimes No N/A

Were you treated with consideration and courtesy by your consultant?

- Yes, always Yes, sometimes No

YOUR NURSING CARE

If you had important questions to ask your nurse did you get answers you could understand?

- Yes, always Yes, sometimes No N/A

Were you treated with consideration and courtesy by your nurses?

- Yes, always Yes, sometimes No

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

- Yes, always Yes, sometimes No

Did the nurses explain what would be done before giving you any care or treatment?

- Yes, always Yes, sometimes No

Please give your opinion of:

Individual attention given

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

Response to nurse call

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Assistance with pain relief

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Overall impression of nursing care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OTHER CLINICAL SERVICES

Please give your opinion of:

X-ray, promptness of being seen

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

X-ray, explanation of procedure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Physiotherapy, promptness of being seen

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Physiotherapy, explanation of procedure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Occupational therapy, promptness of being seen

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Occupational therapy, explanation of procedure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Resident Medical Officer

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pharmacy, service provided

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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YOUR ACCOMMODATION

Please give your opinion of:

Television and radio and facilities

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

Room décor

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cleanliness of your room/bathroom

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Friendliness/helpfulness of housekeeping staff

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How we cared for your visitors

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Overall opinion of your accommodation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CATERING

Please give your opinion of:

The variety/choice of food

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

Correctness of your order

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The quality of food served

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The friendliness/helpfulness of catering staff

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How well we dealt with any special dietary needs

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Overall opinion of catering

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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GENERAL QUESTIONS

If your family or someone close to you wanted to talk to your doctor, did they have enough opportunity to do so?

- Yes, definitely Yes, to some extent No
 No family were involved My family did not want to talk to my doctor

Were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes, definitely Yes, to some extent No

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

- Yes, always Yes, sometimes No

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

- Yes, always Yes, sometimes No
 I had no queries

THE DISCHARGE PROCESS

Before you left the hospital were you given all the information that you required?

- Yes, completely Yes, to some extent No
 I did not require any information

Did a member of staff tell you about medication side effects to watch for when you went home?

- Yes, completely Yes, to some extent No
 I had no medication

Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- Yes No
 Don't know/can't remember

COMMENTS AND SUGGESTIONS

If you have any comments or suggestions please give them here:

In what way might our services be improved?

Would you like to mention any staff by name who gave especially good service and say what made them special?

Optional: if you would like us to contact you regarding an issue you have raised in this questionnaire, please provide your contact details:

First name: _____ Last name: _____

Phone: _____

Email: _____

Address: _____

Please return this survey to a member of staff or by posting it in the boxes exiting the ward.

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F: +44 (0)20 7830 2089
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V1.12.15

Positively **welcoming** *Actively* **respectful** *Clearly* **communicating** *Visibly* **reassuring**