



St Helier Hospital
Outpatient Report
Appendix A
March 2016

Appendix A

Outpatient Questionnaire

We (Healthwatch Sutton) are the consumer champion for health and social care in Sutton. We are an independent charity (registration no. 1151601) that is here to listen to your views and use your feedback to influence improvements in health and social care. By completing this questionnaire, you will be helping us to put forward recommendations that will improve people's experience of using outpatient services in the future. All responses are confidential and anonymous and we ask that you do not enter any personal information in the free-text boxes of the survey. This questionnaire is completely optional and you are under no obligation to complete it.

There are 9 short questions in Part 1 that will take approximately 5 minutes to complete.

Date

Outpatient Clinic Name (for example fracture clinic)

Doctor/Consultant Name (if known)

PART 1 - Before your appointment

1. Is this appointment a routine appointment?

☐ *Yes - Go to question 3*

☐ *No - Go to question 2*

2. Are you satisfied with the amount of time between your referral and this appointment?

☐ *Yes, completely*

☐ *Yes, to some extent*

☐ *No*

3. Did you need to change your appointment date or time?

☐ *Yes - Go to question 4*

☐ *No - Go to question 5*

4. How easy did you find it to change your appointment?

☐ *Very easy*

☐ *Fairly easy*

☐ *Not very easy*

☐ *Not at all easy*

5. Was your appointment changed to a later date by the hospital?

☐ *Yes*

☐ *No*

6. Did you receive a reminder of your appointment (i.e. telephone call, letter, text message)

- ☐ Yes
- ☐ No, but I did not want/need a reminder
- ☐ No, but I would have liked a reminder
- ☐ Don't know/Can't remember

7. Did you receive enough information before arriving to help you find your way to this appointment?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I knew my way

Comments

8. Do you know what will happen to you during your appointment?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No

Comments

9. Any other comments?

TO BE COMPLETED AFTER YOUR APPOINTMENT

PART 2 - After your appointment

You can complete these questions in one of the following ways:

- Hand the completed form to a Healthwatch volunteer on your way out
- Return this form in the freepost envelope provided
- Complete these questions on-line at www.surveymonkey.com/r/suttonoutpatient

Date

Outpatient Clinic Name (for example fracture clinic)

Doctor/Consultant Name (if known)

10. Was there a delay of more than 15 minutes after your stated appointment time, before you were seen?

- ☐ Yes - Go to Question 11
- ☐ No - Go to Question 13
- ☐ I did not have a stated appointment time - Go to Question 13
- ☐ Don't know/Can't remember - Go to Question 13

11. Were you informed about the delay to your appointment time?

- ☐ Yes, but it was shorter
- ☐ Yes, it was about right
- ☐ Yes, but it was longer
- ☐ No, I was not told
- ☐ Don't know/can't remember

12. If you were given a reason for the delay please enter the reason in the box below

13. How satisfied were you with the amount of time between arriving at the clinic and being seen for your appointment?

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Not very satisfied
- ☐ Not at all satisfied
- ☐ Don't know/Not applicable

14. During your appointment, do you feel that you were given enough information?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not need any information

15. During your appointment, did you have enough time to discuss your health or medical problem?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I did not want/need to discuss my health or medical condition

16. Were you given enough written information to take home?

- ☐ Yes
- ☐ No
- ☐ I did not want/need any written information

17. During this appointment did you find out that you had not been given enough information or advice or that you had been given the wrong information or advice? If so, please give details in the box below.

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

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No

19. Was the main reason that you went to the Outpatients Department dealt with to your satisfaction?

- ☐ Yes, completely
- ☐ Yes, to some extent
- ☐ No

20. Any other comments?

Thank you for taking the time to complete this questionnaire.

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