Patient Choice Group

Radiology

East Block Level 2

Norfolk and Norwich University Hospital

Colney Lane NR4 7UY

**Private & Confidential** E-mail: radiology@nnuh.nhs.uk

Patient First name Patient surname

Patient address

NR12 8DP

November 2024

**Radiology Department Patient Satisfaction Survey**

Dear Patient

We take pride in the service we provide and strive to make the experience for you as straightforward and professional as possible. All aspects of your experience are of interest to us and our aim in conducting this survey is to look at our current practice. So, where necessary we can make improvements based on the feedback we receive from you.

We are inviting you to take part in a survey of the services provided by the Radiology Department because you have recently accessed this service. You do not have to take part in this survey if you do not wish to do so. If you choose to not take part, this will not affect the care and treatment you receive. The Radiology Department will analyse the feedback from all participants and a report will be provided to Department Leads.

We would be grateful if you could complete the enclosed questionnaire and return it in the pre-paid envelope (you do not need a stamp). We are only collecting the minimum data we require to enable us to understand patient views of the service. Any feedback received will be processed by the Radiology Department and will be kept until the necessary reports have been produced and will then be destroyed accordingly and will only be kept for a maximum of 2 years.

This questionnaire is anonymous, and you cannot be identified by the information included. Your care and treatment therefore cannot be affected in any way since we will not know who has completed the questionnaire. Please do not write your name or any personal details anywhere on the form.

If you have any further questions about this questionnaire and wish to discuss further, please do not hesitate to contact us on telephone no. 01603 647795.

If you would like to know how the NNUH uses your information, please visit our privacy notice which can be found on our webpage via the following link: [**http://www.nnuh.nhs.uk/privacy-notice/**](http://www.nnuh.nhs.uk/privacy-notice/)

Thank you very much for your help.

Yours faithfully

**Patient Choice Group**

**Radiology Department**

**Please retain this covering letter and only return the completed questionnaire to maintain your anonymity.**



**By completing and returning this questionnaire, you are agreeing to participate in this service evaluation**

**Questionnaire about the Radiology Department**

**You attended Radiology in *(DATE)* for *(Modality).***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How would you rate the following...?**  | **Very good** | **Good** | **Average** | **Poor** | **Very poor** | **Don’t know** | **Additional Comments***(additional space overleaf)* |
| The condition and cleanliness of the waiting areas and examination room? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| The directions and signage on display in the Radiology department? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| The information you received prior to your appointment? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| The way the staff communicated with you before, during and after your examination? | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |  |
| The level of compassion, dignity, privacy, and respect shown to you throughout your examination? | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |  |
| The professionalism and helpfulness of the staff? | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |  |
| The opportunity given to you to ask questions about your examination or other aspects of your care? | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |  |
| The explanation and instructions given to you by staff throughout your examination? | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |  |
| The support given to you by staff throughout your examination? *(e.g. any mobility needs you may have had / additional support)* | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |  |
| Were you happy with how close you were seen to your allocated appointment time? | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  | *[ ]*  |  |

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| --- |
| **If there are any comments you would like to add, please use the space below.** |
|  |

*Thank you for taking the time to answer this questionnaire, your comments are most welcomed. Alternatively, you may contact the hospitals PALS (Patient Advice and Liaison Service) to provide feedback, raise an enquiry or concern, or to ask for advice.*

Opening times Mon-Fri 10am – 4pm (closed Sat and Sun)

*palsandcomplaints@nnuh.nhs.uk The PALS Manager, NNUH, Colney Lane, Norwich, NR4 7UY 01603 289036 / 289045*

