



Closing: Friday 28<sup>th</sup> October 2011

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Oxford Business Park South  
5510 John Smith Drive  
Cowley  
Oxford OX4 2LH

E-mail: [choice@oxfordshirepct.nhs.uk](mailto:choice@oxfordshirepct.nhs.uk)

Dear Sir/Madam

**PATIENT CHOICE SURVEY 2010-11**

Oxfordshire PCT is committed to engaging with the population to improve health and well-being. We aim to commission a comprehensive and equitable range of high quality, responsive and efficient services within allocated resources.

Since January 2006, all eligible patients referred by their GP for elective care should have been offered clinically appropriate **choices** from a list of four or more providers.

The following questionnaire is to help us assess the implementation of Patient Choice. It asks questions about your awareness of choice, and your memory of being offered a choice of hospital for your first outpatient appointment.

We hope that you can spare a few minutes to complete the questionnaire below as this will help us to improve the services provided.

**Upon completion please print out and return to the address on page 7. No stamp is required.**

**Closing date for your completed questionnaire is Friday 28<sup>th</sup> October 2011**

Many thanks

SINDIE CLARK  
Programme Manager – Patient Choice, Choose and Book



**1. Please indicate which of the following applies to you.**

- I am talking about my own experience
- I am a carer who is not a family member or friend filling in the questionnaire on behalf of the patient
- I am a family member or friend filling in the questionnaire on behalf of the patient

Throughout the questionnaire 'you' refers to the patient.

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**SECTION A –When you're GP made the referral**

**2. At the time of your referral, were you aware that your GP should have discussed the choice of appropriate hospitals/clinics available for you to receive treatment at?**

- Yes
- No

**3. At the time of your referral, did your GP discuss a choice of hospital for treatment with you.**

- Yes
- No
- Can't remember

**4. Which was your first choice of hospital for treatment? Please specify)**

- ORH (John Radcliffe, Churchill and Horton)
- Nuffield Orthopaedic Centre
- Royal Berkshire NHS Foundation Trust
- Horton NHS Treatment Centre (Private hospital - Ramsay)
- The Foscote Hospital (Private hospital – BMI Healthcare)
- Other (please specify) \_\_\_\_\_

**5. What were your main reasons for your first choice of hospital (even if you were not able to go there)?**

Please tick all that apply

- Availability and cost of car parking
- Location and transport
- Reputation for quality of care
- Recommendation of family or friend
- GP/assessment centre doctor recommendation
- Length of wait for appointment
- Other (If you ticked other, please write your reason in the box below)



**SECTION B – When booking your first hospital appointment**

**6. How long after you left your GP did you attempt to book your appointment?**

- The same day
- within 1 week
- Between 1 and 4 weeks
- More than 4 weeks

**7. If you waited before booking your appointment what were your reason?**

- Told to by my GP/practice secretary
- Forgot about it
- Lost the letter I was given
- Other (please specify your reason in the box below)

**8. Were you able to go to your first choice of hospital?**

- Yes.
- No

If not, please specify why in the box below:

**9. How did you book your first hospital appointment?**

PLEASE TICK ONE BOX.

- By telephone via the national Choose and Book appointments line
- By telephone via my chosen hospital's appointments line
- On the internet via my Healthspace/NHS Choices
- My GP/practice secretary booked it for me

**10. Did any of the following apply to you while you were arranging your first hospital appointment?**

PLEASE TICK ALL THAT APPLY.

- I could not get through to the local call centre
- I could not get through to the national Choose and Book appointments line
- I had to wait longer than 5 minutes to speak to someone
- I was given incorrect appointment information
- There were no appointments available
- I did not receive a confirmation letter or e-mail
- I required a translation service that was not available
- No arrangements were made to accommodate my disability access issues
- I was not given clear information about who to contact if I wanted to discuss or rearrange my appointment



**11. How easy was it to arrange your first hospital appointment?**

- Easy
- Difficult

**12. How soon was your appointment booked for?**

PLEASE TICK ONE BOX.

- Within 0 -4 weeks
- Between 4 - 8 weeks
- Between 8 – 12 weeks
- More than 12 weeks

**13. When your first hospital appointment was made, were you offered a choice of different dates and/or times of day?**

- Yes
- No

**14. Were the dates and/or times of day offered convenient?**

- Yes
- No

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**SECTION C - Between booking and your appointment**

**15. Was the appointment either cancelled or rearranged by:**

- You
- The hospital

If it was cancelled or rearranged by the hospital were you given a reason?

- Yes
- No

Please state reason if given

**16. Did you find it easy or difficult to cancel or rearrange your appointment?**

- Easy
- Difficult. *Please provide some information on why you found it difficult in the box below*



Does not apply, did not cancel appointment

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## SECTION D – About you

The following questions will help us to see whether experiences vary between different groups of the population. Your responses will be used for analysis only and will be treated in confidence.

If you are filling in this questionnaire on behalf of someone else, please ensure the patient's details are entered here, not those of the person filling in the form.

**17. Are you (the patient) male or female?**

- Male  
 Female

**18. How old are you (the patient)?**

- Under 18 years old  
 18 – 24 years old  
 25 – 39 years old  
 40 – 59 years old  
 60 -69 years old  
 70 years plus

**19. Do you have any children?**

- Yes  
 No  
 No, I (the patient) am the child

**20. How old are your children?**

- Under 5 years old  
 5 – 15 years old  
 16 years old +

**21. Please can you provide the postcode for where you live** \_\_\_\_\_

**22. What is the name of the practice where you see your GP?** \_\_\_\_\_

**23. Have you ever served in the Armed Forces?**

- Yes  
 No



**24. Are you an immediate family member of somebody who has served in the Armed Forces?**

- Yes  
 No

**25. Are you aware of your rights as a member of the Armed Forces/ your family?**

- Yes  
 No

**26. To which of these ethnic groups would you say you belong?**  
PLEASE TICK ONE BOX ONLY.

White

- British  
 Irish  
 Any other White background. PLEASE SPECIFY
- 

Mixed

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed background. PLEASE SPECIFY
- 

Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background. PLEASE SPECIFY
- 

Black or Black British

- Caribbean  
 African  
 Any other Black background. PLEASE SPECIFY
- 

Chinese or other ethnic group

- Chinese  
 Any other ethnic group. PLEASE SPECIFY
- 

- I would prefer not to respond

(Please turn over)





Thank you for taking the time to complete this questionnaire. We would be grateful if you could return it by Friday 28<sup>th</sup> October 2011 to:

Choice Survey 2010  
Primary Care Services Administrator  
Freepost RRRK-BZBT-ASXU  
5510 John Smith Drive  
Oxford Business Park South  
OXFORD  
OX4 2LH

If you have any questions about filling in this questionnaire please e-mail:  
[choice@oxfordshirepct.nhs.uk](mailto:choice@oxfordshirepct.nhs.uk) .

The results will be posted on the PCT web-site at [www.oxfordshirepct.nhs.uk](http://www.oxfordshirepct.nhs.uk),  
in due course.

