**Patient experience survey**

# What is the survey about?

We would like to know more about your experience of using the London Ambulance Service.

# Who should complete the survey?

The questions should be answered by the patient. If the patient needs help to answer the questions, the answers should still be given from the patient’s point of view, not the point of view of the person who is helping.

# Completing the survey

For each question please tick clearly inside one box unless stated otherwise.

Don’t worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

**Please return by e-mail to:** [ppi@lond-amb.nhs.uk](mailto:ppi@lond-amb.nhs.uk)

**Or complete it via our website at:**

**Or return by post to:**

Freepost Plus RRXL-BUCS-XBUA

Patient & Public Involvement and Public Education Department

London Ambulance Service NHS Trust

Units 1&2 Datapoint Business Centre, 6 South Crescent,

London, E16 4TL

**Your participation in this survey is voluntary**

If you do not wish to take part in the survey, or you do not want to answer some of the questions, you do not have to. However, if you do want to explain why, you can use the space at the end of the questionnaire.

**Your answers will be treated in confidence**

The answers you give will not affect the service you receive and your name or personal details will not be published in any way.

**If you have any questions** you can contact us by e-mail: [ppi@lond-amb.nhs.uk](mailto:ppi@lond-amb.nhs.uk) or by telephone: 0203 069 0326

**Thank you for taking the time to complete our survey.**

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| --- | --- |
| 1. On the date you called for an ambulance (or had an ambulance called for you), would you mind telling us the reason for calling in the box below? ***[if you would rather not say, please leave it blank]*** | |
|  | |
| 1. What response did you receive? | Ambulance staff attended (in an ambulance, a car, or on a bike)  I was given advice over the phone  Other: |
| 1. How satisfied were you with the **speed** of our response? *[Please tick one box]:*  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ☹ | 1  ☐ | 2  ☐ | 3  ☐ | 4  ☐ | 5  ☐ | 6  ☐ | 7  ☐ | 8  ☐ | 9  ☐ | 10  ☐ | ☺ | | |
| 1. How would you rate the **courtesy** of our staff? *[Please tick one box]*:  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ☹ | 1  ☐ | 2  ☐ | 3  ☐ | 4  ☐ | 5  ☐ | 6  ☐ | 7  ☐ | 8  ☐ | 9  ☐ | 10  ☐ | ☺ | | |
| 1. How would you rate the **behaviour** of our staff? *[Please tick one box]:*  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ☹ | 1  ☐ | 2  ☐ | 3  ☐ | 4  ☐ | 5  ☐ | 6  ☐ | 7  ☐ | 8  ☐ | 9  ☐ | 10  ☐ | ☺ | | |
| 1. Did our staff treat you with respect and dignity? *[Please tick one box]* | Yes, definitely  Yes, to some extent  No |
| 1. Did you feel safe in their care? *[Please tick one box]* | Yes, definitely  Yes, to some extent  No |
| 1. Did they appear to take your needs and feelings into account? *[Please tick one box]* | Yes, definitely  Yes, to some extent  No |
| 1. Did you have trust and confidence that you were getting the best care and treatment possible? *[Please tick one box]* | Yes, definitely  Yes, to some extent  No |

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| 1. Were you involved as much as you wanted to be in decisions about your care and treatment? *[Please tick one box]* | Yes, definitely  Yes, to some extent  No  I did not want / need to be involved |
| 1. Was the main reason for your call to the ambulance service dealt with to your satisfaction? *[Please tick one box]* | Yes, completely  Yes, to some extent  No |
| 1. Overall how would you rate the care you received from the London Ambulance Service? *[Please tick one box]* | Excellent  Very good  Good  Fair  Poor  Very poor |
| 1. How likely is it that you would recommend the London Ambulance Service to friends and family if they were to need similar care or treatment? *[Please tick one box]* | Extremely likely  Likely  Neither likely nor unlikely  Unlikely  Extremely unlikely  Don’t know |
| 1. Please can you tell us the main reason for the score you have given in Question 13? | |
| 1. Which **three** aspects of the care provided by the London Ambulance Service are the most important to you?   (1)  (2)  (3) | |
| 1. What could we change, in order to improve our service? | |

About you:

|  |  |
| --- | --- |
| 1. What is your gender? | Male  Female  Other  Prefer not to say |
| 1. What is your age range?   0 - 18  19 - 24  25 - 34  35 - 44  45 - 54 | 55 - 64  65 - 74  75 - 84  85+  Prefer not to say |
| 1. Do you have a disability or long-term health condition? (e.g. diabetes, asthma, epilepsy, dyslexia, mental health condition) | Yes  No  Prefer not to say |
| 1. What is your ethnic group?   **Asian, or Asian British (C)**  Bangladeshi  Indian  Pakistani  Any other Asian background, please state    **Black, or Black British (D)**  African  Caribbean  Any other Black background, please state    **Chinese or other ethnic group (E)**  Chinese  Any other, please state | **Mixed (B)**  White and Asian  White and Black African  White and Black Caribbean  Any other Mixed background, please state    **White (A)**  British  Irish  Any other White background, please state    **Prefer not to say** |

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| 1. Do you have any other comments or suggestions?  Yes   No  If yes, please tell us in the box below |
|  |
| 1. Would you be happy for us to contact you again in the future, to take part in further surveys, telephone interviews, focus groups or workshops?  Yes   No  If yes, please provide your contact details here:  Name:  Email:  Phone:  Address: |

**Many thanks for completing our survey**