

Patient Survey – Guidance, Result and Declaration

UK Allergy GPwER Accreditation Program

The following points should be adhered to for all:

- The survey must focus on your extended role, and not your general practice.
- The survey must be conducted confidentially, and information must be anonymised.
- Questionnaires must be distributed by another member of the team (e.g. reception staff) and not by the candidate.
- There needs to be feedback from successive patients.
- The candidate should not collect the completed questionnaires. This should be done by other members of the team.
- There needs to be a minimum of 25 completed questionnaires.
- The candidate should not deal with the data handling of the questionnaire. Another member of the team must input, collate, and analyse data to ensure an objective review of the information provided. Please use **Appendix 1** for the results of the survey.
- Candidates should reflect on the scores and comments (data analysis), linking them to their day-to-day work, and reflect on what the candidate does well and where things could be improved. The feedback and reflections should be discussed with the clinical supervisor and then the candidate should complete the self-reflection section of the portfolio of evidence document – it is this analysis and reflection that assessors will mark candidates on, and not the scores and comments in Appendix 1.
- The candidate and the team member responsible for the process must sign the declaration (**Appendix 2**) and email this completed form to the GPwER accreditation office (gpw@bsaci.org).

Appendix 1 – Data analysis of Patient Survey

Scoring:

Based on the scores below, submit the average score for each question on page 2.

Strongly Agree - 5	Agree - 4	Neutral - 3	Disagree - 2	Strongly Disagree - 1
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Decimal points: Round up if the average score is .5 or more (3.5 can be rounded up to 4);
Round down if the average score is .4 or lower (4.4 is rounded down to 4).

Statement	Avg. Score
I was happy with how quickly I was seen on the day of my appointment.	
The doctor treated me with respect and dignity.	
I was listened to.	
I understood what was being discussed.	
I was given the opportunity to ask questions.	
I was satisfied with the explanation given to me about my condition.	
I was offered additional information about my condition (patient information leaflet, and/or directed to patient support groups).	
I was satisfied with the explanation given to me about my condition.	
Overall, I was impressed.	
I would recommend the doctor to family and friends.	
Summary of comments: 	

Appendix 2 – Declaration

Date survey started:
Number of questionnaires dispensed:
Number of responses received:
Date of Analysis:

I confirm that the information for this survey has been disseminated, collected and analysed by an independent third party.

Name of candidate:	
Signature:	
Date:	

I confirm that I have disseminated, collected, input and analysed the information for this survey.

Name of individual managing survey:	
Job title:	
Signature:	
Date:	