

Patient experience of care provided by a general practice nurse – evaluation by a patient

Complete the following table:

What are the outcomes you hope for in assessing your patients' experience of care?

For example: 'patients are satisfied with the care provided by a general practice nurse (GPN) who is providing care and services within the limits of their competence, according to their role and responsibilities.'

What do you hope to gain by undertaking this assessment of patient feedback?

For example: 'to assess how satisfied patients are after their experience of appointments with the GPN(s)'

Now ask a representative number of patients to complete a paper copy of the patient experience feedback form (as follows). The number of patients you invite to complete a form will depend on how many GPNs are being evaluated and the diversity of your patient population. Alternatively, you may want to include a minimum number of patients in specific patient groups such as teenagers, the elderly and people with certain health conditions (eg diabetes, asthma or mental ill-health). It will probably be a minimum of 10 patients and a maximum of 30 patients per GPN.

Someone independent of the GPN (eg a receptionist) should distribute the feedback forms after a patient has exited from their appointment with the GPN. Patients should not feel pressured to complete a form. The receptionist should read out the invitation from a pre-prepared flyer explaining the context of the feedback exercise and what will happen to the results. They should be prepared to administer the questionnaire in a private place if the patient prefers not to read and write on the form for any reason (eg their illiteracy, mental health problems, poor eyesight).

The practice manager might collate the results from the completed form per GPN per patient group if there are reasons to break down the analysis in this way (eg a previous patient complaint). A designated person with educational expertise (eg the clinical supervisor of the GPN) should present the feedback report to the GPN when there is an opportunity for a supportive discussion in a private place. Any subsequent learning activities should be incorporated into the GPN's personal development plan.

Take the feedback challenge that follows:

Patient feedback form for patients who have experienced care from general practice nurses (GPNs) working in a general practice

We need your feedback in order to improve the service we provide. Please take a few moments to complete this form by ticking the appropriate box and/or providing any comments and return it in the freepost envelope provided.

All information will be kept in confidence. The identity of any person completing this form will not be revealed to the GPN or in any report of the results of this survey. The results are put into an action plan that can be shared with you if you wish. If you wish to provide your name and address please feel free to do so in the space on the back page. Thank you for your assistance.

Booking your appointment

How many days ago did you book your appointment?

Could you have had a sooner one if needed? Yes No

Was the appointment at a convenient day and time to suit you? Yes No

Comments _____

Did you have a choice to make your appointment with the doctor or the GPN? Yes No

Comments _____

If 'YES', why did you choose the GPN?

Comments _____

Were you asked to make an appointment with the GPN? Yes No

The appointment

Did your appointment start on time?

Yes

No

If 'NO', how long did you have to wait?

1 – 15 minutes

16 – 30 minutes

Over 30 minutes

Did you feel you had enough time with the GPN?

Yes

No

Comments _____

Environment

Do you feel the room was appropriate for the care you received?

(ie size of the room and equipment)

Yes

No

Comments _____

Was the room clean and did it feel friendly? (Please circle the number below that matches your opinion)

1 2 3 4 5

Not at all

Very

Were you happy with the care you received?

1 2 3 4 5

Not at all

Very

Was the health care assistant able to care for all your needs?

Yes

No

If 'NO', what do you feel was missed?

Comments _____
