

Clinician Satisfaction Survey

NHS PET/CT Diagnostic Imaging Service

Thank you for taking the time to complete this form, your comments will be used to improve our future service.

CSS/V1/0208



Clinician Satisfaction Survey

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We are dedicated to continually improving our services to customers. To help us measure our standard of service, we would be very grateful if you would spend a few moments filling in this survey relating to the provision of service in the last month.



Please complete the following:

Name

Hospital

Date

Once completed, please seal your form in the pre-paid envelope provided and return to Alliance Medical.

If you would like more information, visit our PET/CT Clinician Information Area online at www.alliancemedical.co.uk/petct_clinician.html or contact our Patient Management Centre on **0845 045 0103**.

Thank you for your help

Alliance Medical Quality Team

1. Is PET/CT a procedure you regularly refer for? Yes No

2. For what indications have you ordered a PET/CT scan?
.....
.....
.....

3. How satisfied were you with the results obtained from the PET/CT scan proving to be useful in the management of your patient's treatment?
Not satisfied Satisfied Very satisfied

4. How satisfied were you with the accuracy and content of your patient's report?
Not satisfied Satisfied Very satisfied

5. How satisfied were you with the delivery and time taken to receive your patient's report?
Not satisfied Satisfied Very satisfied

Please comment in the space below if you would like to expand on some of your answers or make any additional comments or suggestions:

If there is any way we could improve our services to you please share your thoughts below:

6. How satisfied were you with the availability of the reporting clinician for consultation?

Not satisfied Satisfied Very satisfied

7. Will you continue to refer your patients to this service?

If no, please comment above.

Yes No

8. Would you recommend this service to your colleagues?

If no, please comment above.

Yes No

9. How would you rate our overall service?

1 2 3 4 5
Poor Satisfactory Excellent

10. Would you be happy for Alliance Medical or the Department of Health to contact you to discuss your experience of the service?

Yes No