

## Patient Satisfaction Survey – Information Governance

**As part of ensuring Redbank Group Practice's commitment to Information Governance and improved compliance with the NHS Information Governance Toolkit, we are undertaking an Information Governance Patient Satisfaction Survey to capture the view of our patient's experience of using the service in relation to the use of their personal data. Your response is anonymous.**

The results of this survey will assist us in identifying any areas that need to be addressed to enable the Practice to continue to provide the best service to patients.

**Please tick the appropriate boxes for each of the following questions:-**

**1. To what extent are you aware of how Redbank Medical Group holds your personal information securely and confidentially? (Please only select one option).**

- Fully Aware
- Slightly Aware
- Not really Aware
- Not aware at all
- Don't Know

(ctd overleaf)

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**2. To what extent do you trust Redbank Medical Group to hold your personal information securely? (please choose one option only).**

- I completely trust RMG
- I trust RMG to some extent
- I don't really trust RMG
- I don't trust RMG at all
- Don't know

**3. Thinking about any visits you have made to Redbank Medical Group in the last 12 months, have you ever been asked permission to share your personal information?**

- Yes (go to Question 4)
- No (go to Question 5)

**4. If you have been asked to share your information and said 'no', how confident are you that, where appropriate, your concerns about not sharing information have been listened to?**

- Very Confident
- Fairly Confident
- Not Very Confident
- No Confident at all
- Don't know

**5. Have you been told by Redbank Medical Group:**

	Yes	No	Don't know
How your personal information will be stored and used?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who can access your personal information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organisations it may be shared with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That the relevant information you provide to us will be kept in your records?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**6. To what extent are you satisfied that all staff respect your confidentiality, for example so that nobody else can overhear?**

- Very Satisfied
- Fairly Satisfied
- Fairly Dissatisfied
- Very dissatisfied
- Don't know

**7. If you would like to provide an example or explanation of this, please do so in the box below.**

**8. When speaking to staff about the confidentiality and security of your personal records, how knowledgeable do you feel they were?**

- Very knowledgeable
- Not very knowledgeable
- Not knowledgeable at all
- Don't know/haven't enquired

**9. To what extent are you satisfied that health related information is available in different formats to suit your needs?**

- Very Satisfied
- Fairly Satisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know

**Thank you for taking the time to complete this patient survey regarding information governance.**

**PLEASE HAND IN AT RECEPTION**

**Privacy Policy**

1. The data collected from this questionnaire will be used to evaluate patients' understanding of information governance.
2. The data will not be kept with your medical records and will be destroyed once the information gathered has been used for the service evaluation purposes. **If you prefer your information to not be shared, this will be recorded via a read code only on your medical records.**
3. The data will not be passed to your doctor or nurse. Your doctor or nurse will only receive a report of the results of the questionnaire, which will not contain any personal data.

