

## Regional Pharmaceutical Quality Assurance Service

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### Satisfaction Questionnaire

The purpose of this questionnaire is to enable us to accumulate information on the quality of service provided throughout the Regions covered by the Pharmaceutical Quality Assurance Service. I would be grateful if you could complete this questionnaire and return it to me at the address given at the end of the document. Information gained from this exercise will be used to modify / restructure the training given to auditors to aid us in our objective of continually striving to increase the quality of services.

Please indicate your level of agreement with the following statements by placing a tick in the appropriate box:  
(Please answer each question)

**Hospital:**

**Audit Date:**

**Date completed:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
You were given adequate notice of the date of the audit visit.				
Confirmation of this date was received before the day				
The auditor arrived promptly at the agreed time.				
During the opening meeting the timetable and structure of the day was explained clearly.				
During the opening meeting the objectives and areas to be covered were explained clearly.				
The presence of the auditor did not impact greatly on the working day of the unit.				
During the closing discussion the findings of the visit were explained and were clearly understood.				
Adequate explanations were given of why particular aspects of the unit and its working practices were deemed to have deficiencies.				

	Strongly Agree	Agree	Disagree	Strongly Disagree
The auditors were flexible about times at which key staff should be available.				
Advice given on technical issues was useful.				
The follow up process to the visit was clearly explained during the closing session e.g. when the audit report would be sent out.				
Questions asked during the opening and closing meetings were answered satisfactorily by the auditor.				
In your opinion the expectations and objectives of the audit were met fully.				
The visit was conducted in a courteous and professional manner by the auditor				
Any subsequent queries e.g. by telephone, were dealt with promptly and the outcome was satisfactory.				
The external audit performed will prove to be of benefit to the service.				
In your opinion, implementation of the recommendations made in the report will improve the quality of the service.				

General Comments:

**Please let me know if you wish to be contacted (name and telephone number) should you wish to discuss any aspect of the audit.**

**Please return this questionnaire to:** Auditor e-mail address

Auditor Name

Designation Pharmaceutical Quality Assurance

**Auditors to send returned Questionnaires to Director of Pharmaceutical Quality Assurance**