

Barnet Social Prescribing Client Feedback Survey

1. Patient Name (optional)

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2. What is the name of your GP Surgery?

.....

3. What is your age group?

18-29

30-49

50-69

70-85

85+

4. What is your Ethnicity?

White / British / Irish

Asian / Asian British

Black / African / Caribbean

Mixed / Multiple Ethnic Groups

Other (please specify)

5. What is the name of your Social Prescriber Link Worker (SPLW)?

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6. What was the reason you were referred to the Social Prescribing Service

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7. Overall, do you feel your SPLW introduced you to the service well?

Yes

No

If no, why?

.....

8. Do you feel your SPLW outlined the expectations of the service well?

Yes

No

If no, why?

.....
.....

9. On a scale of 1-10 (1 being very poor to 10 being excellent) How would you rate your SPLW listening skills?

0 5 10

10. How do you rate your SPLW competency to connect you to the appropriate local services to support your needs?

0 1 2 3 4 5 6 7 8 9 10

11. On a scale of 1-5 (1 being very unhappy to 5 being very happy) how happy were you with the outcome of your Social Prescribing Service journey?

0 1 2 3 4 5

12. On a scale of 1-10 (1 being very poor and 10 being excellent) How would you rate the support you received to help you better self-manage your issues and overall well-being?

0 1 2 3 4 5 6 7 8 9 10

13. Do you feel your well-being has improved since taking part in this service?

Yes

No

If not, why?

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14. Do you feel more connected to your local community as a result of your social prescribing participation?

Yes

No

Other (please specify)

.....

15. Would you recommend this service to others?

Yes

No

If not, why?

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16. Do you have any further comments or suggestions on how to improve this service?

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17. We are looking to set up a group feedback session for individuals interested to offer further feedback and take part in a co-creation session for future service developments, please state here if you would be happy to take part in this session or not. If so, please put your name and best contact detail here and we will be in touch over the next 8 weeks.

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Thank you for taking part in this survey.

Please send this completed survey to the Barnet social prescribing team.

nlicb.barnetsocialprescribing@nhs.net