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Service quality in alcohol treatment: A research note

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Abstract
Purpose - To evaluate service quality in a UK privately funded alcohol treatment clinic.
Methodology - Data were gathered via interviews with two groups of participants using the SERVQUAL questionnaire. The first group comprised 32 patients and the second 15 clinic staff. The SERVQUAL instrument measures service quality expectations and perceptions across five service dimensions and identifies gaps between service expectations and perceptions of what was delivered.
Findings – Patients' service quality expectations were exceeded on four of five dimensions. However, staff members felt services fell below expectations on four of five dimensions with the 'reliability' service dimension emerging as the common service element falling below expectations for both participant groups. It was concluded that achieving consistent service delivery and increasing empathy between staff and patients improves overall service quality perceptions.
Research limitations - Relies on self-report methods from a relatively small number of individuals.
Originality - There have been limited research studies measuring alcohol treatment service quality in the private sector
Key words: Problem drinking; Alcohol services; Service quality; SERVQUAL, UK.
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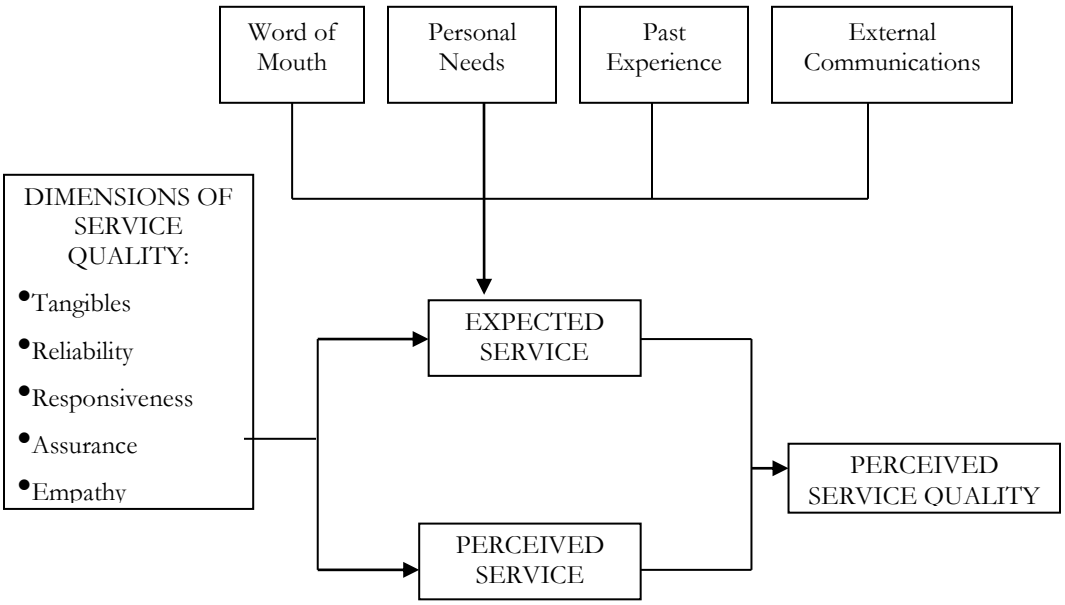
Introduction

Healthcare quality has become one of the UK Government's overriding objectives. Consequently, a National Health Service (NHS) quality agenda has been established - a series of commitments and performance targets that emphasise capacity indicators (e.g., waiting times) as benchmarks for meeting quality expectations (Leatherman and Sutherland, 2003). Private healthcare providers have also become subject to similar quality standards when the Healthcare Commission was established in 2004 to drive service quality improvements.

Zeithaml, *et al.,* (1990, p.19) defined service quality as the ‘‘discrepancy between customers’ expectations or desires and their perceptions’’. Service quality can also be conceptualised as an evaluation or an attitude about a service (Bateson, 1995). Evaluating healthcare services can be difficult and the literature suggests that in professional services, customers have ‘fuzzy’ expectations about what they expect from service providers, and are often unsure whether services have met their expectations (Ojasalo, 2001). The patient has an active role as participant thereby helping to create the service, inferring that unless the patient does what health provider suggests then the service cannot be effectively delivered (Bitner, *et al.,* 1997). These attributes have particular relevance for problem drinkers assessing the quality of treatment they received.

Excess alcohol consumption is a significant cost to the NHS - £1.7 billion per annum (Prime Minister’s Strategy Unit, 2004). In England, 26% of the population (8.2 million people) have an alcohol-use disorder, with 1.1 million people classed as alcohol-dependent or problem drinkers (Department of Health, 2005**).** Alcohol treatment services are fragmented in the UK and it is suggested that problem drinking services are patchy with no established or consistently applied indicators (Prime Minister’s Strategy Unit, 2004). Problem drinking treatment is provided by voluntary, statutory (NHS) and private sectors. The NHS specialist alcohol treatment units are organised to deal with complex problem drinking and alcohol misuse. Brief interventions, which offer advice, can take place in GP surgeries and hospital emergency departments and serious alcohol-induced liver disorders are treated in hospital departments. All NHS services are currently funded by primary care trusts (PCTs) whose purpose is to implement national health priorities. Primary care organisations are accountable to the Department of Health but they also have responsibility to plan and fund local health services (Klein, 2006). Voluntary alcohol treatment agencies, such as Alcoholics Anonymous (AA), provide services for problem drinkers and receive funds from various sources such as local authorities, charities and PCTs (Touquet and Paton, 2006). Primary care trusts can also fund private sector treatment. Given this situation, we aimed to evaluate service quality in a private alcohol treatment clinic treating both private and NHS patients in one UK city. The study used the Parasuraman, *et al.,* (1985) service model as its theoretical framework (Figure 1).

Figure 1: Service Quality Model (SERVQUAL) (Ziethaml *et al.,* 1990)



The SERVQUAL framework

The service quality model (Figure 1) is constructed around expectations and perceptions theory from research undertaken by Parasurman, *et al.,* (1985, 1988). Their findings suggested that customers evaluate an organisation's service quality by comparing service performance with expectations of what they think the performance should be and that four factors and five service quality dimensions shape customer expectations. Our research established that four factors: (i) word of mouth; (ii) personal needs; (iii) past experience; and (iv) external communication influenced service expectations among service providers. The same research revealed that the five service dimensions (Figure 1) were the most appropriate attributes for assessing quality "in a broad variety of services" (Zeithaml, *et al.,* 1990 p.20.). From the research, a measurement instrument SERVQUAL was designed in the form of a questionnaire to evaluate service quality and service quality gaps as perceived by customers and managers (Parasuraman, *et al.,* 1990). Service quality gaps occur when customer and manager/practitioner perceptions do not meet their expectations. The SERVQUAL instrument is a quantitative, diagnostic instrument – that if used properly – enables managers to identify systematic service quality shortfalls (Ghodadian *et al.,* 1994), or what Zeithaml, *et al.,* (1990) termed the 'gap analysis'. The SERVQUAL questionnaire includes 22 paired questions divided between 'expectation' and 'perception'. Perceptions are measured on a seven-point scale (Zeithaml, *et al.,* 1990). The expectations section records customer service expectations within a specific category and the perceptions section measures the customer evaluation similarly (Parasuraman, *et al.,* 1990). The 22 paired questions reflect five service dimensions:

1. *Tangibles:* Physical facilities, equipment, personnel and communication.
2. *Reliability:* Ability to perform services dependably and accurately.
3. *Responsiveness:* Willingness to help customers and provide prompt services.

4. *Assurance:* Employee knowledge and courtesy and their ability to inspire trust and confidence.
5. *Empathy:* Caring and individualised attention staff provide to customers.

Constructs used in medical service evaluations appear to fit the five service dimensions, and SERVQUAL has been widely used in numerous US healthcare studies. The NHS quality agenda focused research attention on service quality, resulting in several UK healthcare studies using SERVQUAL (Youssef, 1996; Conway and Willcocks, 1997; Curry and Sinclair, 2002; Silvestro, 2005) although no studies to date used SERVQUAL to measure alcohol treatment service quality. The SERVQUAL instrument is reliable (Brown, *et al.,* 1993) and the instrument is said to have concurrent validity (Asubonteng *et al.,* 1996; Babakus and Boller, 1992; Bresinger and Lambert, 1990). The SERVQUAL approach is both a methodology as well as a method; it underpins theoretical and philosophical concepts around service quality. Its extensive use, spanning 25 years, also suggests it is reliable and valid. It was designed to be adapted to measure service quality in any organisation.

Method

Participants

We interviewed patients and staff because we felt it was important to measure gaps between patients' service delivery perceptions and staff members' perception of how they were delivering this service. Structured interview sessions using the SERVQUAL questionnaire were carried out with 32 patients from January to April 2007. The questionnaire was completed by the first author on the participants' behalf. The patient questionnaire we used is outlined in Appendix 1 and was modified to reflect private clinic contexts, but the precise SERVQUAL questions remained as detailed by Zeithaml, *et al.*, (1990, p.191). The demographic questions were different in the staff questionnaire.

The patient sample included 13 females and 19 males. Their average age was 44 years and average stay at the treatment centre was 21 days. Half the sample (50%) had been in education up to 18 years – three quarters were educated to degree standard and beyond. Under half the sample (44%), were (or had been) private patients. The remaining 56% were NHS-funded. Three-quarters (75%) had accessed other alcohol treatment services. The small sample size reflected the treatment programme's 28-day residential nature. The maximum patient capacity in the clinic was 16. However, not all patients agreed to take part in the study. There are ethical considerations when conducting research amongst vulnerable patients such as problem drinkers. Ethical approval was granted in accordance within NHS research ethics guidelines.

The second interview group included 15 treatment clinic staff (six males and nine females), 68% of the staff population. Mean clinic employment time was just over two and a half years. The staff sample reflected all the main roles within the treatment clinic, including five nurses, two therapists, four administrative support staff, three domestic support staff and the clinical director. As previously stated, one study aim was to evaluate gaps between service user and service provider (i.e., the staff of the private clinic).

Materials and procedure

The first author approached the clinic manager seeking permission to undertake service quality research. Posters advertising the study were displayed throughout the clinic and the first author attended a weekly after care group, which yielded additional participants. However, main recruitment was through the clinic's head therapist who asked for volunteers. The first author presented the research objectives to the clinic's management team and an e-mail was sent to all staff informing them of the study and inviting them to volunteer. The first author interviewed volunteers in a private room, explained the questionnaire and completed the SERVQUAL questionnaire on the patients and staff members' behalf.

Results

Service quality evaluation – patients

The gap between expectations and perception is derived by averaging five service dimension scores and then measuring the difference between the two sample averages. The weighted gap score measured both the distance between expectations and perceptions and the service dimension's relative importance (Zeithaml, *et al.*, 1990). It was not appropriate to use inferential statistics owing to the small sample size. Only weighted and unweighted gap scores, therefore, have been evaluated.

In relation to each service quality dimension, respondents rated 'Reliability' as the most important service attribute (26%), followed by 'Empathy' (22%), 'Responsiveness' (22%), 'Assurance' (20%) and 'Tangibles' (10%). Table I summarise the weighted 'expectation' and 'perception' score for each service dimensions using a seven-point scale. The overall service perception score was 6.3 (see Table I). Individually, only the 'Tangibles' service dimension scored below six (the dimension rated least important). The 'Reliability' service quality dimension fell below, while all other service dimensions exceeded patient expectations. Figure 2 shows how the differences between service perceptions and expectations translated into service gaps, where perceptions fell below expectations or where service expectations had been exceeded.

Figure 2. Service quality gaps – patients (weighted and unweighted)

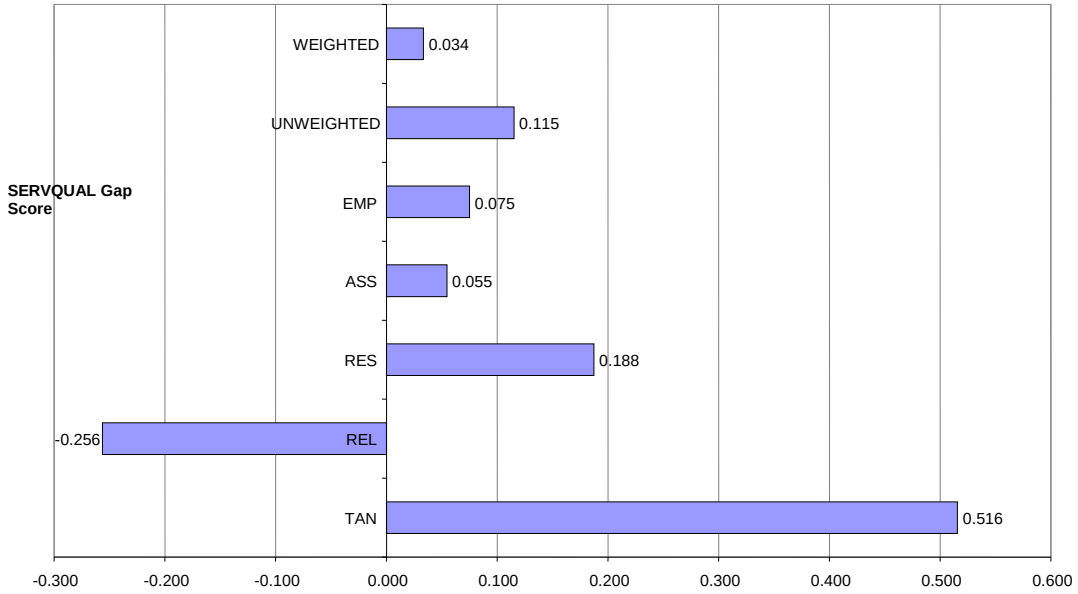


Table I. Patient service quality scores (n =32)

	Tangibles	Reliability	Responsiveness	Assurance	Empathy	Average
Expectations	5.4	6.4	6.1	6.5	6.3	6.2
Perceptions	5.9	6.2	6.3	6.6	6.4	6.3

Table I data suggest that patient service quality expectations were exceeded on four of five service quality dimensions. The aspect where expectations were most exceeded was 'Tangibles' although this was also rated as being the least important. 'Reliability', which fell below patient expectations (rated the most important service attribute) was evaluated using several SERVQUAL questionnaire statements; those attracting the lowest perception scores were Question 6: *'When you have a problem, the clinic team show a sincere interest in solving it'* and Question 7: *'The clinic team perform the service right the first time'.* Although the first statement was defined as a question about reliability, it could perhaps be interpreted as a question about empathy, which some patients in the sample rated as falling below expectations.

Table II. Male (n= 19) and female (n = 13) patient service quality scores

	Tangibles	Reliability	Responsiveness	Assurance	Empathy	Average
Male Expectations	5.2	6.5	6.1	6.5	6.3	6.1
Female Expectations	5.8	6.3	6.2	6.5	6.3	6.2
Male Perceptions	5.8	6.2	6.4	6.7	6.5	6.3
Female Perceptions	6.2	6.1	6.2	6.3	6.3	6.2

Table II shows expectations and perceptions scores by gender. Data suggest that although female patients had higher service expectations than males, their service delivery perception was lower. Figure 3 shows male and female patient service gap scores. Female patients felt treatment fell below their service quality expectations on four of five service dimensions and only rated 'Tangibles' as exceeding expectations.

Figure 3. Service quality gaps - male and female

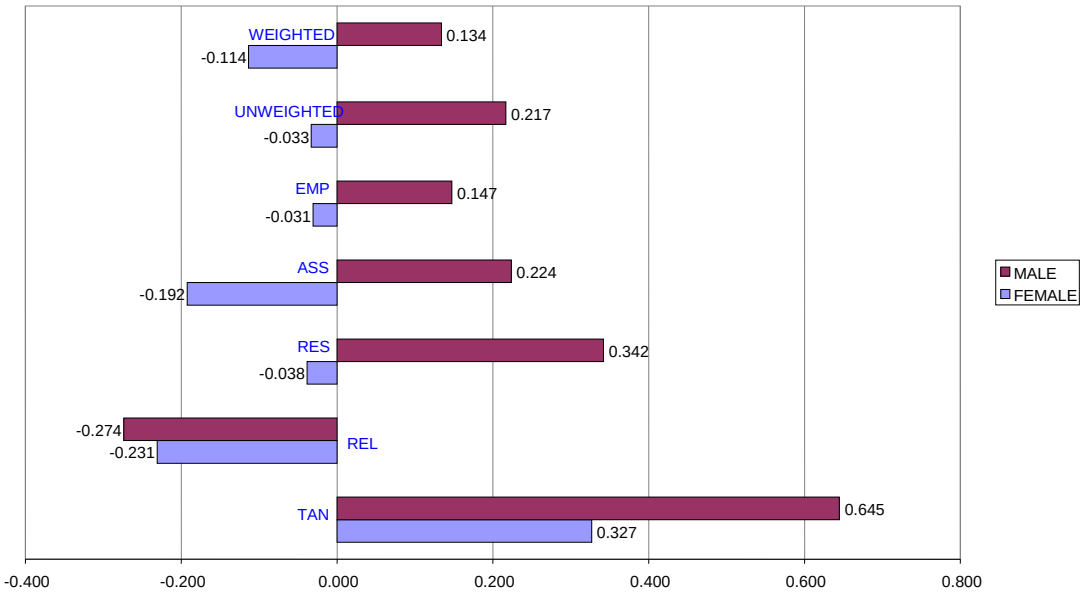
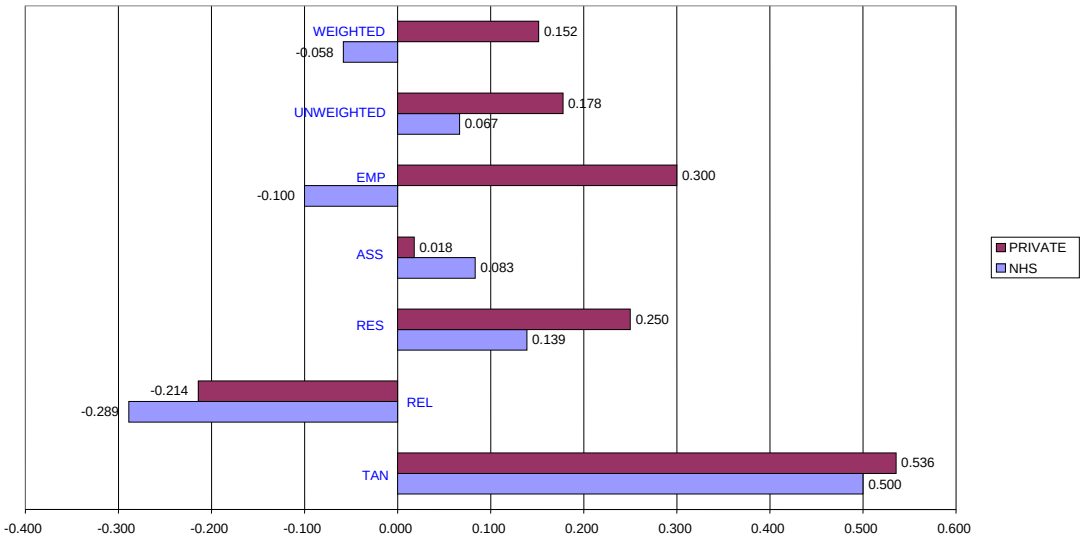


Figure 4 shows the differences between private (i.e., those paying for treatment) and NHS patients (i.e., treatment costs paid by the NHS). These data suggest that NHS patients perceived treatment fell below their overall expectations, reflecting 'Reliability' as an important service dimension. On the individual service dimensions, there were service quality gaps on both 'Reliability' and 'Empathy', which suggests that staff were perceived as not being as empathetic towards NHS patients as they were towards private patients. National Health Service patients also rated 'Reliability' more negatively than private patients and their 'Tangibles' perceptions fell below private patients'. These data suggest that these service quality gaps reflect a more negative and less empathetic treatment centre staff attitude towards NHS patients.

Figure 4. Service quality gaps - NHS and private patients



Service quality evaluation - staff

'Empathy' was rated the most important service attribute (26%) by staff members, followed by 'Reliability' (23%), 'Assurance' (22%), 'Responsiveness' (21%) and 'Tangibles' (8%). The SERVQUAL expectation and perception score for each service dimension (Table III) suggests that treatment centre staff expected to deliver good quality services (overall score 6.2). They perceived they performed below this level (score 6.0). Only 'Tangibles' exceeded their expectations but this was rated the least important dimension.

Table III. Staff service quality scores (n=15)

	Tangibles	Reliability	Responsiveness	Assurance	Empathy	Average
Expectations	5.2	6.5	6.1	6.7	6.5	6.2
Perceptions	5.4	5.9	5.9	6.2	6.4	6.0

Figure 5. Service quality gaps – staff (weighted and unweighted)

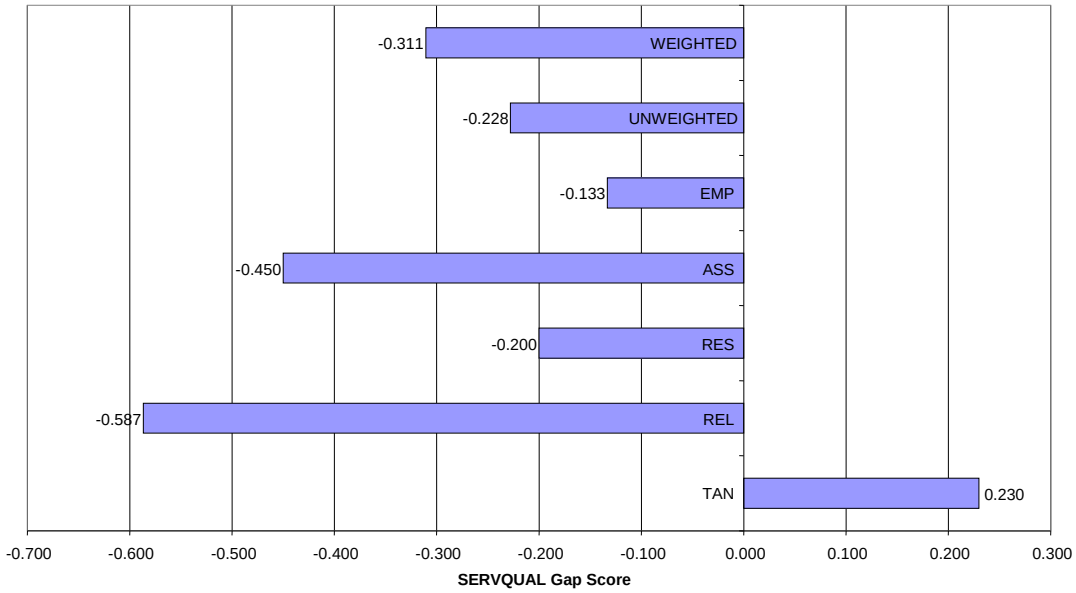


Figure 5 shows how service quality scores translate into service quality gaps across five dimensions. 'Reliability' has the biggest gap (-0.6) followed by 'Assurance' (-0.45) and 'Empathy' (-0.23). These scores indicate that female staff expectations and perceptions were higher than their males', and these differences are shown as service quality gaps (Figure 6).

Table IV. Service quality scores - male (n=6) and female (n=9) staff

	Tangibles	Reliability	Responsiveness	Assurance	Empathy	Average
Male Expectations	5.1	6.2	5.8	6.4	6.3	5.9
Female Expectations	5.2	6.6	6.4	6.8	6.7	6.4
Male Perceptions	5.2	5.8	5.8	6.0	6.0	5.7
Female Perceptions	5.6	5.9	6.1	6.4	6.7	6.1

Figure 6. Service quality gaps – male and female staff

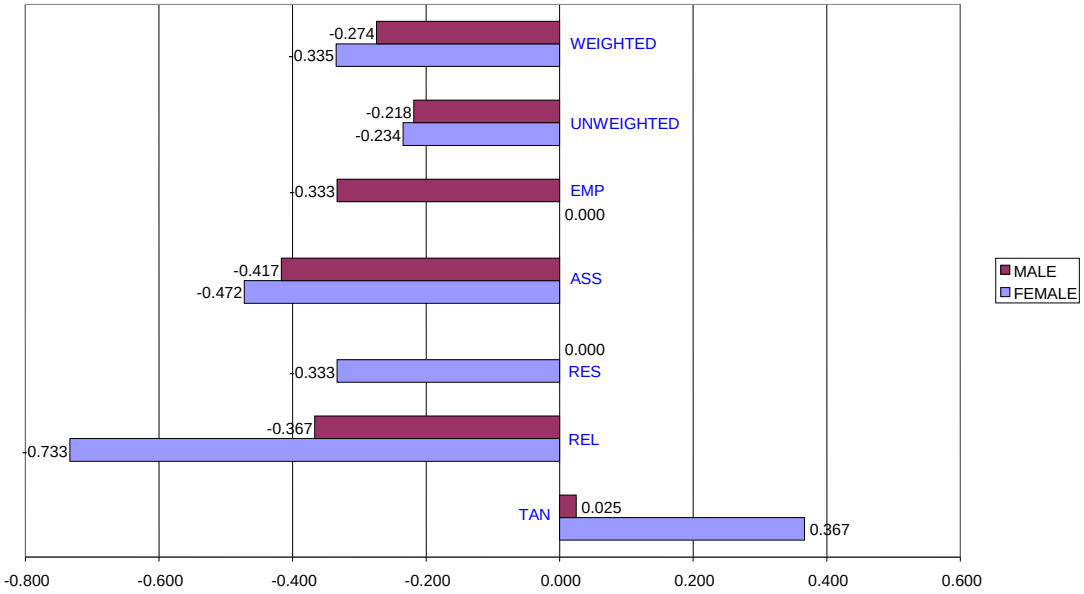


Figure 6 suggests that female staff evaluated service quality delivery at the treatment centre ahead of their male counterparts on 'Empathy' and 'Tangibles', but below on 'Assurance', 'Responsiveness' and 'Reliability'. It is noticeable that the 'Reliability' (-0.73) gap is double the male service quality gap (-0.36). Male staff perceived their service exceeded their expectations on 'Tangibles' and that their 'Responsiveness' expectations were met. All other service dimensions were perceived to fall below expectations. The perceived 'Empathy' service quality gap was strongly articulated by two males. Data suggest that female staff perceive themselves to be empathetic but their male counterparts do not.

Service quality comparisons

Table V compares staff and patient ratings. Patients rated 'Reliability' as the most important dimension whereas staff rated 'Empathy' most important.

Table V. Patient (n=32) and staff (n=15) ratings compared

Dimension	Patient (%)	Staff (%)
Reliability	26	23
Responsiveness	22	21
Assurance	20	22
Empathy	22	26
Tangibles	10	8

Figure 7: Patient and staff service quality gaps compared

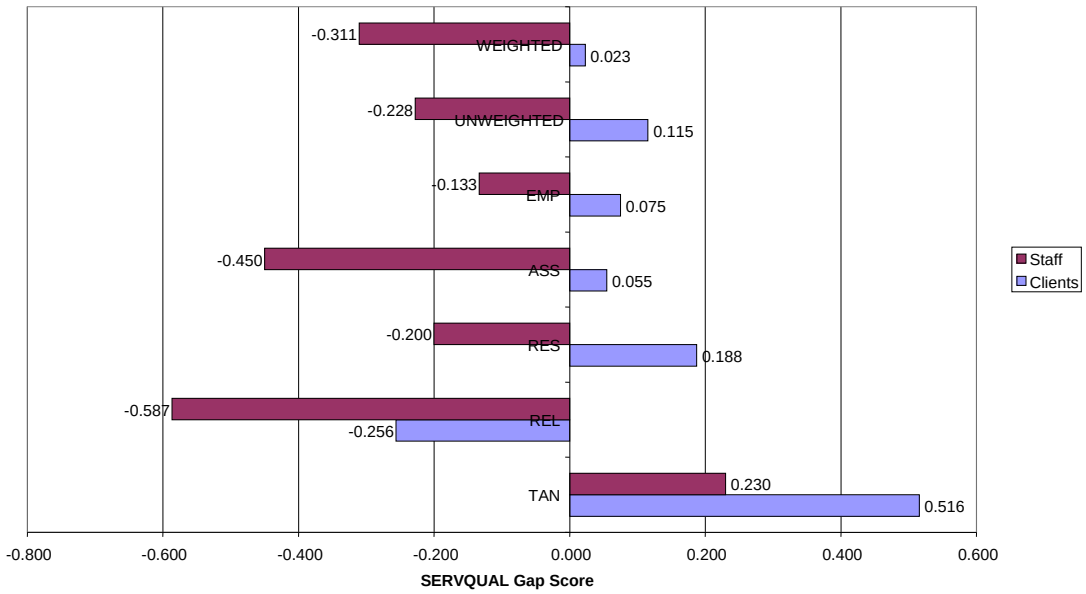


Figure 7 compares patient and staff gap scores. Patients felt the treatment clinic exceeding their expectations on four of five dimensions with only 'Reliability' falling below expectations. Staff members rated the service falling below expectations on four of five dimensions with only 'Tangibles' exceeding expectations.

How service quality is delivered at the treatment clinic

Our findings show the SERVQUAL 'Reliability' dimension fell below expectations for both patients and the staff. A lack of staff empathy was supported by the SERVQUAL findings amongst female and NHS patients. We noted from previous qualitative interviews amongst 15 staff that only three used phrases such as 'care' or 'caring for patients', 'relationship with patients' or 'meeting patient needs' in a service quality delivery context. Phrases and words often used by most staff were 'qualified', 'treatment process', 'decent surroundings', 'staff being trained', 'efficient' and 'monitoring'.

Discussion

Our study suggests that the treatment clinic delivered quality services through qualified and well-trained staff. Management systems and processes monitored and measured service delivery, and service physical attributes were a good standard. The emphasis on process and efficiency prevailing in the treatment clinic reflected its private sector organisational model. The clinic staff's primary objective is to make a profit and it has to configure and deliver its services efficiently. The question is whether more empathetic, 'human touch' approaches could be factored into the treatment centre process in a profitable way.

Results indicate that patients felt the treatment clinic exceeded their expectations on four of five dimensions (with only 'Reliability' falling below expectations). Staff felt services fell below expectations on four of five dimensions (with only 'Tangibles' exceeding expectations). This implies that treatment clinic staff were not meeting their

own or patient expectations on the most important patient service dimension of 'Reliability'.

Our alcohol treatment clinic study objectives were to evaluate whether service quality can be delivered to high standards in a private sector alcohol treatment clinic. Our findings suggest that service quality is achieved by emphasising service delivery management using established quality and performance measurement systems. The two service quality gaps suggested by our research are service inconsistency and a lack of empathetic relationships with patients. We suggest that the treatment clinic was delivering services in a way envisaged by the NHS quality agenda (Leatherman and Sutherland, 2003) with emphasis on performance improvement and capacity indicators (e.g., waiting times, measurement of patient outcome). However, our findings suggest that performance improvement was being achieved at the expense of an empathetic relationship with patients and a limited focus on meeting their individual needs. Therefore, we conclude that problem drinking treatment in the clinic was constructed predominantly around processes and programmes and not always around patient needs. Staff placed little emphasis on patients as individuals; the treatment programme was designed on a group patient basis, aftercare treatment was delivered as group and individuals were encouraged to join external alcohol support groups. As a result, patients sought fellowship among other patients to provide one to one emotional support.

Our findings also suggested that SERVQUAL was an appropriate methodological framework in this service setting. The service quality dimensions (outlined in Figure 1) relate well to medical treatment care dimensions (Gabbott and Hogg, 1999) and the attributes by which patients framed their treatment service expectations, in particular, their past service experience and their personal needs, emerged as highly relevant concepts in the study. Our study has limitations, however. It relied on self-report methods among a relatively small number of individuals that raise questions about reliability, validity and generalisability. Specifically, although the SERVQUAL questionnaire - administered via structured interview and completed by the first author – efficiently recorded patients' perceptions, in our view it did not provide a means by which changes in performance or learning could be derived. In terms of how treatment clinic clients perceived service quality, the most informed findings came from another qualitative study, which was much less structured (see Resnick and Griffiths, 2009). The SERVQUAL questions also proved challenging for less literate clients with poor concentration, who quickly disengaged from more structured processes. The study included a small number of patients who had undergone the clinic's treatment programme and were continuing to return for weekly aftercare groups. However, the sample did not include patients completing the programme who subsequently did not attend aftercare groups either because they had resumed drinking or did not find the group helpful. Therefore, it would have been valuable to gain insights into disengaged patients' service delivery perceptions. This small-scale study was limited to one private sector alcohol treatment clinic in one city, which may not be a typical alcohol treatment service provision. Despite the increasing numbers of UK people suffering from problem drinking and the treatment and care of alcohol related illnesses' growing cost to the NHS, service quality delivery in alcohol treatment services is not widely researched. As a consequence, future alcohol treatment service delivery research needs to be undertaken in both the NHS and private sector.

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APPENDIX 1. SERVQUAL Questionnaire This has been reformatted as a table

Dear Client
We are conducting a survey to assess the quality of the service that the clinic provides.
This information will help us improve the services we offer to our patients in the future.
This survey is strictly confidential and you cannot be identified from the answers to these questions. Please try to answer every question.

Age

☐

Gender

☐ Female ☐ Male

Occupation

☐ Full-time job ☐ Part-time job ☐ Unemployed

Age finished full time education?

How did you become a patient at the clinic? (GP referral, self-referral?)

How long have you been a patient?

Have you been a patient at a similar clinic elsewhere?

Questionnaire A

Based on your experience as a patient of a health service, please think about the kind of health service that would deliver excellent quality of service. Think about the kind of health service with which you would be pleased to be a patient in. Please show the extent to which you think a health service would possess the features described by each statement. Circling a 1 means you strongly **disagree** that an excellent health service should have that feature. If you strongly **agree** that a feature is absolutely essential, circle 7. If your feelings are less strong, circle one of the numbers in the middle. There are no right and wrong answers; all we are interested in is a number that truly reflects your feelings regarding a health service that would deliver excellent quality of service.

	Strongly Disagree						**Strongly Agree**
1.Excellent health services will have modern looking equipment	1	2	3	4	5	6	7
2.The physical facilities at excellent health services will be visually appealing	1	2	3	4	5	6	7
3.Employees at excellent health facilities will be neat-appearing	1	2	3	4	5	6	7
4.Material associated with the service (pamphlets or notices) will be visually appealing	1	2	3	4	5	6	7
5.When excellent health services promise to do something by a certain time they will do so	1	2	3	4	5	6	7
6.When a patient has a problem, excellent health services will show a sincere interest in solving it	1	2	3	4	5	6	7
7.Excellent health services will perform the service right the first time	1	2	3	4	5	6	7
8.Excellent health services will provide their services at the time they promise	1	2	3	4	5	6	7
9.Excellent health companies will insist on error free records	1	2	3	4	5	6	7
10.Employees in excellent health services will tell patients exactly when services will be performed	1	2	3	4	5	6	7
11.Employees in excellent health services will give prompt service to patients	1	2	3	4	5	6	7
12.Employees in excellent health services will always be willing to help patients	1	2	3	4	5	6	7

13.Employees in excellent health services will never be too busy to respond to patient requests	1	2	3	4	5	6	7
14.The behaviour of employees in excellent health services will instil confidence in patients	1	2	3	4	5	6	7
15.Patients of excellent health services will feel safe under their care	1	2	3	4	5	6	7
16.Employees in excellent health services will be consistently courteous with patients	1	2	3	4	5	6	7
17.Employees in excellent health services will have the knowledge to answer patient questions	1	2	3	4	5	6	7
18.Excellent health services will give patients individual attention	1	2	3	4	5	6	7
19.Excellent health services will have operating hours convenient to their patients	1	2	3	4	5	6	7
20.Excellent health services will have employees who give patients dedicated attention	1	2	3	4	5	6	7
19.Excellent health services will have operating hours convenient to their patients	1	2	3	4	5	6	7
20.Excellent health services will have employees who give patients dedicated attention	1	2	3	4	5	6	7
20.Excellent health services will have employees who give patients dedicated attention	1	2	3	4	5	6	7
21.Excellent health services will have the patient's best interests at heart	1	2	3	4	5	6	7
22.Employees of excellent health services will understand the specific needs of their patients	1	2	3	4	5	6	7

Listed below are five features pertaining to health services and the services they offer. We would like to know how important each of these features is to *you* when you evaluate health service's quality of service. Please allocate a total of 100 points among the five features *according to how important each feature is to you.* The more important the feature is to you, the more points you should allocate to it. Please insure that points you allocate to the five features add up to 100.

1. The appearance of the service's physical facilities, equipment personnel and communication materials. Points

2. The health service's ability to perform the promised service dependably and accurately.

Points

3. The health service's willingness to help patients and provide prompt service.

Points

4. The knowledge and courtesy of the health service's employees and their ability to convey trust and confidence. Points

6. The caring, individualised attention the health service provides to its patients.

Points

Which one feature among the five is most important to you?

Which feature is second most important to you?

Which feature is least important to you?

Questionnaire B

The following set of statements relates to your feelings about the Clinic For each statement, please show the extent to which you believe the Clinic has the feature described by the statement. Once again, circling a 1 means you strongly **disagree** that the Clinic has that feature and circling a 7 means that you strongly **agree.** You may circle any one of the numbers in the middle to shot the extent of your feelings. There are no right or wrong answers; all we are interested in is a number that best shows your perceptions about the Priory and the team who work there.

	Strongly Disagree						**Strongly Agree**
1.The Clinic has modern looking equipment	1	2	3	4	5	6	7
2. The Clinic physical facilities are visually appealing	1	2	3	4	5	6	7
3.The team at the Clinic are neat-appearing	1	2	3	4	5	6	7
4.Material associated with the service (pamphlets or notices) will be visually appealing	1	2	3	4	5	6	7
5.When the team at the Clinic promise to do something by a certain time it does	1	2	3	4	5	6	7
6.When you have a problem the Clinic team show a sincere interest in solving it	1	2	3	4	5	6	7

7.The Clinic team perform the service right the first time	1	2	3	4	5	6	7
8.The team at the Clinic provide the services at the time it promises to do so	1	2	3	4	5	6	7
9 The Clinic team insist on error free records	1	2	3	4	5	6	7
10. The Clinic team tell you exactly when services will be performed	1	2	3	4	5	6	7
11.The team in the Clinic give you prompt service	1	2	3	4	5	6	7
12.The team in the Clinic are always willing to help you	1	2	3	4	5	6	7
13.The team in the Clinic are never too busy to respond to your requests	1	2	3	4	5	6	7
14.The behaviour of the team in the Clinic instils confidence in you	1	2	3	4	5	6	7
15.You feel safe in the care of the team at the Clinic	1	2	3	4	5	6	7
16.The team at the Clinic are consistently courteous with you	1	2	3	4	5	6	7
17.Employees in the Clinic will have the knowledge to answer patient questions	1	2	3	4	5	6	7
18.The team at the Clinic give you individual attention	1	2	3	4	5	6	7
19.The Clinic has operating hours convenient to their patients	1	2	3	4	5	6	7
20.The Clinic has a team who give you personal attention	1	2	3	4	5	6	7
21.The Clinic has your best interests at heart	1	2	3	4	5	6	7
22.The team at the Clinic understand your specific needs	1	2	3	4	5	6	7

Any other comments you would like to make about the service at the Clinic?