

Patient Survey Questionnaire

Dear Patient

We would be grateful if you would complete this questionnaire about your general practice and your visit today. The practice want to provide the highest standard of care. Feedback from this survey will enable the surgery to identify areas that may need improvement. Your opinions are very valuable. Please answer ALL the questions below. There are no right or wrong answers and your doctor will NOT be able to identify your individual responses.

PLEASE TAKE A FEW MINUTES TO COMPLETE THE SURVEY

THANK YOU

<p>Q1. How often do you attend the surgery?</p> <p>Every Week <input type="checkbox"/> 18% Every Month <input type="checkbox"/> 38% Every 3 Months <input type="checkbox"/> 34% Yearly <input type="checkbox"/> 10%</p>	<p>Q2. How helpful do you find the receptionists on your visit?</p> <p>Helpful <input type="checkbox"/> 98% Not Helpful <input type="checkbox"/> 0 Don't Know <input type="checkbox"/> 1% DID NOT ANSWER 1%</p>
<p>Q3. Did you know that the time to telephone for blood results is between 2.00 pm – 4.00 pm ?</p> <p>Yes <input type="checkbox"/> 68% No <input type="checkbox"/> 31% DID NOT ANSWER 1%</p>	<p>Q4. Did you know that you can book appointments with the doctor using your mobile phone app? If you are interested in doing this please ask the receptionists for further information.</p> <p>Yes <input type="checkbox"/> 50% No <input type="checkbox"/> 23% Not Interested <input type="checkbox"/> 28%</p>
<p>Q5. Generally, how easy is it to get through to someone at your GP practice on the phone?</p> <p>Easy <input type="checkbox"/> 84% Not at all Easy <input type="checkbox"/> 13% Haven't tried <input type="checkbox"/> 3%</p>	
<p>Q6. Do you know how to contact the out of hour GP service when the surgery is closed?</p> <p>Yes <input type="checkbox"/> 86% No <input type="checkbox"/> (See receptionist) 14%</p>	<p>Q7. Do you know that rather than attending casualty Summerfield Urgent Care Centre will see you 8.00 am to 8.00pm Monday to Sunday without appointment?</p> <p>Yes <input type="checkbox"/> 89% No <input type="checkbox"/> 9% DID NOT ANSWER 2%</p>
<p>Q8. How good was the doctor at involving you in decision making about your care?</p> <p>Good <input type="checkbox"/> 58% Satisfactory <input type="checkbox"/> 34% Poor <input type="checkbox"/> 6% Not Applicable <input type="checkbox"/> 2%</p>	<p>Q9. Was the doctor good at listening to you?</p> <p>Good <input type="checkbox"/> 65% Satisfactory <input type="checkbox"/> 29% Poor <input type="checkbox"/> 6% Not Applicable <input type="checkbox"/></p>
<p>Q10. How good was the doctor at providing and arranging treatment for you?</p> <p>Good <input type="checkbox"/> 60% Satisfactory <input type="checkbox"/> 31% Poor <input type="checkbox"/> 6% Don't Know <input type="checkbox"/> 2%</p>	<p>Q11. Were you happy with your treatment today?</p> <p>Yes <input type="checkbox"/> 89% No <input type="checkbox"/> 9% DID NOT ANSWER 2%</p>
<p>Q12. Thinking of your most recent booked appointment how long did you have to wait before seeing the doctor / nurse?</p> <p>Less than 10 minutes <input type="checkbox"/> 32% 10 - 15 minutes <input type="checkbox"/> 52% 15 - 20 minutes <input type="checkbox"/> 10% More than 20 Minutes <input type="checkbox"/> 6% There was no set time for my appointment <input type="checkbox"/> 0%</p>	

Q13. Which of the following opening hours would make it easier for you to attend the practice to be seen ?

Before 8.00 am 2%
Late Evening 6%
Saturday Morning 9%
Happy with Current Opening Hours 81%
DID NOT ANSWER 2%

Q14. Did you know that you can order repeat medication using your mobile phone app? If you are interested in doing this please ask the receptionists for further information.
Yes 18%
No 32%
Not Interested 48%
DID NOT ANSWER 3%

Q15. Overall how would you describe your experience at this surgery?
Good 62%
Satisfactory 25%
Poor 5%
Not Applicable 19%
DID NOT ANSWER 7%

Q16. How likely are you to recommend our GP practice to your friends and family if they needed similar care or treatment?

Extreme Likely 20%
Likely 61%
Neither Likely or unlikely 7%
Unlikely 9%
Extremely Unlikely 1%
Don't Know 1%
DID NOT ANSWER 19%

Q17. Did you know that the surgery has a patient participation group ?
Yes 22%
No 65%
DID NOT ANSWER 13%

Q17b. Would you like to join the Patient Participation Group as we are looking for new members ?
 Yes - write your name and telephone number: 20%
 No 47%
DID NOT ANSWER 47%

Q18a. Are you: Male 51% Female 48%
DID NOT ANSWER 1%

Q18b. How old are you?

Under 18 9%
18 - 24 17%
25 - 34 18%
35 - 44 39%
45 - 64 13%
65 - 74 4%
75 and over 4%

Q19. Which ethnic group do you belong to? (Please tick one box)

White 0%
 Chinese 1%
 Mixed 3%
 Asian or Asian British 79%
 Black or Black British 5%
 Other ethnic group 6%
DID NOT ANSWER 7%

Q20. Employment Status (Please tick one box)

Employed 43%
Unemployed and looking for work 17%
Retired 18%
Other Please Specify 1%
Did not want to answer 19%

21. We are asking our patients to suggest one item they would like to see changed at the surgery that would improve their patient experience: