

Handsworth Medical Practice

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

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| Q1 Do you find the receptionists are helpful ? (96%) Helpful <input type="checkbox"/> (1%) Not Helpful <input type="checkbox"/> (3%) Don't Know <input type="checkbox"/> | |
| Q2. How easy is it to get through to receptionist on the phone? Easy <input type="checkbox"/> (80%) Not at all Easy <input type="checkbox"/> (14%) Haven't tried <input type="checkbox"/> (6%) | |
| Q3. Do you know how to contact the out of hour GP service when the surgery is closed? Yes <input type="checkbox"/> (44%) No <input type="checkbox"/> (See receptionist) (54%) Did not answer (2%) | Q4. 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? Yes <input type="checkbox"/> (62%) No <input type="checkbox"/> (37%) Did not answer (1%) |
| Q5. How well did the doctor / Advanced Nurse Practitioner / Allied Healthcare professionals listen to your needs? (74%) Good <input type="checkbox"/> (22%) Satisfactory <input type="checkbox"/> (2%) Poor <input type="checkbox"/> (2%) Not Applicable <input type="checkbox"/> | Q6. How well did the Doctor / Advanced Nurse Practitioner / Allied Healthcare professionals involve you in your treatment options? (71%) Good <input type="checkbox"/> (24%) Satisfactory <input type="checkbox"/> (2%) Poor <input type="checkbox"/> (3%) Don't Know <input type="checkbox"/> |
| Q7. How satisfied were you with the consultation with the clinician? (77%) Good <input type="checkbox"/> (20%) Satisfactory <input type="checkbox"/> (1%) Poor <input type="checkbox"/> (2%) Don't Know <input type="checkbox"/> | Q8. How are you finding consultations on the phone / video calls? (53%) Easy <input type="checkbox"/> (39%) Neither Easy Nor difficult <input type="checkbox"/> (4%) Difficult <input type="checkbox"/> Did not Answer (2%) |
| Q9. Before you tried to get this appointment, did you do any of the following? <input type="checkbox"/> I looked for information on the internet / online -(17%) <input type="checkbox"/> Spoke to a pharmacist -(11%) <input type="checkbox"/> Called NHS helpline such as NHS 111 -(5%) <input type="checkbox"/> I contacted the Walk In Centre -(7%) <input type="checkbox"/> I did not try to get information or advice -(60%) | |

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|---|--|--|--|
| <p>Q10. Do you have any long-term physical or mental health conditions, disabilities or illness? By long-term, we mean anything lasting or expected to last for 12 months or more.</p> <p>(24%) Yes (58%) No (15%) Don't Know / Can't Say Did Not Answer (3%)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | |
| <p>Q11 How confident are you that you can manage any issues arising from your conditions (or conditions)?</p> <p>(69%) Confident (19%) Not Confident (5%) Not at all confident Did Not Answer (7%)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | |
| <p>Q12. Do you feel your needs were met during your last general practice appointment</p> <p>(79%) Yes (18%) No Did Not Answer (3%)</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Q13. Overall how would you describe your experience at this surgery?</p> <p>(74%) Good (21%) Satisfactory (3%) Poor (2%) Not Applicable</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | |
| <p>Q14. How likely are you to recommend our GP practice to your friends and family if they needed similar care or treatment?</p> <p>(51%) Extreme Likely (32%) Likely (9%) Neither Likely or unlikely (0%) Unlikely (2%) Extremely Unlikely (6%) Don't Know</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | |
| <p>Q15. Did you know that the surgery has a virtual patient participation group ?</p> <p>(17%) Yes (80%) No Did not Answer (3%)</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Q15b. Would you like to join the Virtual Patient Participation Group as we are looking for new members ?</p> <p><input type="checkbox"/> (13%) Yes – write your name and telephone number:_____</p> <p><input type="checkbox"/> (75%) No Did not Answer (12%)</p> | | |
| <p>Q16a. Are you: <input type="checkbox"/> (32%) Male <input type="checkbox"/> (62%) Female <input type="checkbox"/> (4%) Indeterminate Did not Answer (2%)</p> | | | |
| <p>Q16b. How old are you?</p> <p>(3%) Under 18 (6%) 18 – 24 (20%) 25 – 34 (25%) 35 – 44 (32%) 45 – 64 (9%) 65 – 74 (5%) 75 and over</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | |
| <p>Q17. Which ethnic group do you belong to? (Please tick one box)</p> <p><input type="checkbox"/> White (3%) <input type="checkbox"/> Mixed (0%) <input type="checkbox"/> Black or Black British (6%)</p> <p><input type="checkbox"/> Chinese (0%) <input type="checkbox"/> Asian or Asian British (79%) <input type="checkbox"/> Other ethnic group (12%)</p> | | | |
| <p>Q18. Employment Status (Please tick one box)</p> <p>Employed - (51%) <input type="checkbox"/></p> <p>Unemployed and looking for work-(18%) <input type="checkbox"/></p> <p>Retired - (10%) <input type="checkbox"/></p> <p>Other Please Specify (15%) <input type="checkbox"/> _____</p> <p>Did not want to answer (6%) <input type="checkbox"/></p> | | | |

Thank you for taking time to complete this questionnaire.