



call 01937 543200

## Patient Survey 2014

This survey is based upon the results from last year, the areas you asked us to improve, and input from our Patient Participation Group.

### Please help us to provide you with an improved service.

Your comments are very important because they will be used to help us develop a better service for all of our patients. We would therefore be grateful if you could spare a few minutes to answer some questions about your experience today.

Please read the questions below and tick the appropriate box or use the space provided to give us your comments. Any information you provide will be kept strictly confidential.

The survey will only take a few minutes.

We are particularly interested to know how our service affects patients in your demographic group - i.e age, ethnicity, employment status etc.

Thank you in advance for completing this survey.

### Section One: Access to our services

In this section we're trying to get an idea of how people feel about accessing this practice's services.

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1. How easy do you find it getting through on the telephone to book your appointment?

- Difficult   
 Satisfactory   
 Easy   
 Does not apply, I booked it in person or online
- 

2. Did you know that you could book some appointments up to four weeks in advance?

- Yes   
 No
- 

3. Did you ask to see a named GP?

- Yes   
 No
- 

4. Were you able to book an appointment that met your requirements?

- Yes   
 No
- 

5. If No, why were we unable to satisfy your requirements?

- We had no available appointments at all   
 We had no appointments available at a time and date that suited your needs   
 I did not want to see another GP when offered   
 I did not want a telephone consultation when offered   
 I was told to ring back at 8am on another day to see the GP I wanted to see   
 Can't remember

Other, please give the reason why

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6. The opening hours of the practice are weekdays 8am to 6pm.  
Are you satisfied with the opening hours of the practice?

Yes   
No

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7. Do you have any comments you would like to add regarding access to our services, ie telephone system, appointment and GP availability and opening hours?

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## Section Two: Information, advice and service

The practice constantly strives to offer a high quality service, in clean and appropriate surroundings. This section asks for your experiences within the practice.

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1. The way I am treated by the receptionists is: -

Excellent   
Good   
Satisfactory   
Poor

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2. The advice and service I receive from the doctor and/or nurse is: -

Excellent   
Good   
Satisfactory   
Poor

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3. The quality of communication I receive from the practice is: -

Excellent   
Good   
Satisfactory   
Poor

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4. Do you feel that the practice treats you with dignity and respect at all times?

Yes   
No

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5. If you wished to make a complaint, pay a compliment or offer feedback regarding the service you received at the practice do you think there is enough information available on how to do this?

Yes   
No

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6. Are you happy that the practice offers a clean and safe environment for our patients and adheres to infection control guidelines?

Yes   
No

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7. If you have difficulty accessing our on-line services would you be interested in some training sessions within the practice to assist with this?

Yes   
No

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8. Do you have any comments you would like to add regarding the information, advice and service we provide?

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### Section Three: About you

Please be assured that all information provided will be collated so your responses remain completely anonymous.

1. Gender: -

- Male   
Female

2. Age group: -

- Under 21   
22 - 30   
31 - 45   
46 - 60   
Over 60

3. Ethnic origin: -

- White   
Asian or Asian British   
Black or Black British   
Dual ethnicity   
Other ethnic group

4. How are you most likely to access the services of the practice?

- By calling into the surgery   
By telephone   
By using the website and on line services   
By letter

5. If there are any other comments you wish to make about the service you receive from the practice or any other aspect of the surgery you receive from the practice please use the box below:

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Thank you for taking the time to complete our survey. The results will be published in the surgery and on the website during March 2014. This survey was compiled with the collaboration of our Patient Participation Group. If you are interested in finding out more about the group or in joining it please leave your details at reception and our Practice Manager will contact you.

If you are not a carer your survey is now complete: [Click here to submit this survey](#)

If you are a carer or are interested in how the practice is helping patients who are carers please complete the additional section below.

### Section Four: For carers

The practice is currently focussing on the service we offer to our patients who are carers. If you are a carer please complete the section below. If you would like to receive further information and support please complete your contact details below (please note this information will only be used for the purposes of contacting you regarding your caring responsibilities).

1. Are you caring for someone: relative, friend etc?

- Yes   
No

2. Have you registered as a carer?

Yes

No

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3. Did you know you can receive information about carers from the surgery?

Yes

No

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4. Does your doctor know you are a carer?

Yes

No

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5. Please comment, as a carer on any other issues you feel could be addressed by the practice:

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**FOR CARERS ONLY:**

1. Would you like more support as a carer?

Yes

No

**If you have answered yes:  
Please complete the following:**

Name

Address

Tel. no.

Email

Preferred method of contact:

Telephone

Email

Post

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[Click here to submit this survey with the carer section](#)