

## EASTBURY GP SURGERY Patient Survey - February 2013

Thank you for taking part in the Patient Survey, held during February 2013

Please note that figures, apart from those in Question 18, are expressed as percentages  
In Q 18, respondents ticked more than one box: therefore the numbers shown are actual

### Thinking about your arrival at the Surgery

**Q1 How welcome are you made to feel when you arrive at our Reception?**

(Please tick one)

Very Welcome	Welcome	Not very Welcome	A bit of a Nuisance
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="22"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="64"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="12"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>

**Q2 How would you rate our Reception Team in each of the following?**

(Please tick as appropriate)

	Excellent	Good	Average	Poor	Very Poor
Politeness	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="34"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="49"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="16"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>
Efficiency	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="24"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="41"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="28"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>
Knowledge	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="18"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="42"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="33"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>
Understanding your needs	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="17"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="42"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="29"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="18"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>

**Q3 In the Reception Area, do you feel other patients can overhear your discussion with the receptionist?**

(Please tick one)

Yes, but I don't mind	Yes and I don't like it	No, they can't hear
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="52"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="42"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>

**Q4 About the Computer Checking-in System in the Reception Area**

	Yes	No
Do you like the system?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="89"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="11"/>
Can you manage it easily?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="96"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="4"/>
Do you find it complicated?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="9"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="91"/>
I would rather see the Receptionist	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="18"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="82"/>

**Q5 How informative do you find the notice boards in the Reception Area?**

(Please tick one)

Informative	Not Informative	Never look at them
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="45"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="8"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="47"/>

**Q6 Have you browsed through the NHS Informative Booklets and Leaflets in the Reception Area?**

(Please tick one)

Yes	No
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="39"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="62"/>

**Q7 If your answer to Q6 is YES, did you find what you were looking for?**

(Please tick one)

Yes	No
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="74"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="26"/>

**Q8 If your answer to Q7 is NO, do you have any suggestions for other topics?**

### THINKING ABOUT TELEPHONE ACCESS TO THE SURGERY

**Q9 How easy is it for you to get through to us on the telephone?**

(Please tick one)

Usually very quickly	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>
Reasonably quickly	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="24"/>
It takes quite a while	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="35"/>
Takes far too long	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="41"/>

**Q10 How easy do you find it to speak to a Doctor or Nurse on the telephone?**

(Please tick one)

Very Easy	4
Easy	13
Not Easy	38
Haven't Tried	44

**THINKING ABOUT THE APPOINTMENT SYSTEM**

**Q11 How do you normally book your appointment?**

(Please tick one)

By Phone	55	In Person	44
----------	----	-----------	----

**Q12 By which of the following methods would you prefer to book your appointment?**

(Please tick one)

By Phone	53	In Person	20	Online	27
----------	----	-----------	----	--------	----

**Q13 If you need to see a Doctor URGENTLY, can you normally be seen on the same day?**

(Please tick one)

Yes	32	Mostly	31	Not Always	28	No	9
-----	----	--------	----	------------	----	----	---

**Q14 About our Booking System for seeing *any* Doctor,**

**a How soon are you offered an appointment?**

(Please tick one)

Same day or Next Day	17
2 - 4 Days	14
5 - 7 Days	12
More than 1 week	53
Don't mind	5

**b How do you rate this?**

(Please tick one)

Excellent	7	Good	18	Average	29	Poor	27	Very Poor	19
-----------	---	------	----	---------	----	------	----	-----------	----

**Q15 About our Booking system for seeing a *Named* Doctor**

**a How soon are you offered an appointment?**

(Please tick one)

Same day or Next Day	1
2 - 4 Days	6
5 - 7 Days	6
More than 1 week	80
Don't mind	7

**b How do you rate this?**

(Please tick one)

Excellent	4	Good	13	Average	19	Poor	34	Very Poor	30
-----------	---	------	----	---------	----	------	----	-----------	----

**Q16 How easy is it to book a future appointment, when instructed to do so by the Doctor?**

(Please tick one)

Easy	29
Not easy	32
Extremely difficult	25
I have not tried	14

**THINKING ABOUT SURGERY OPENING TIMES**

**Q17 Is the Surgery currently open at times that suit you?**

Yes	70	No	30
-----	----	----	----

**Q18 If your answer to the previous question was NO, what additional opening times would be better for you?**

Before 8 am	13
Lunchtime	21
after 6:30 pm	25
On a Saturday	39
On a Sunday	6

**NB** Respondents ticked more than one box therefore actual answers are shown.

**THINKING ABOUT YOUR MOST RECENT CONSULTATION WITH THE DOCTOR OR NURSE,  
AND ASSUMING YOU WERE ON TIME,**

**Q19 How long did you wait for your consultation to start?**

(Please tick one)

Less than 5 minutes	9
5 - 10 minutes	19
11 - 20 minutes	33
21 - 30 minutes	22
More than 30 minutes	17

**Q20 How good was the last GP or Nurse you saw at each of the following?**

(Please Tick Each Category for the Doctor **and** the Nurse, where applicable)

	<u>Doctor</u>	<u>Nurse</u>
<b>a Giving you enough time</b>		
Very Good	53	75
Good	35	22
Fair	10	3
Poor	1	0
Very Poor	1	0
<b>b Listening to you</b>		
Very Good	52	75
Good	36	22
Fair	9	2
Poor	2	1
Very Poor	1	0
<b>c Explaining tests and treatments</b>		
Very Good	48	67
Good	37	28
Fair	12	5
Poor	3	0
Very Poor	1	0
<b>d Involving you in decisions about your care</b>		
Very Good	44	56
Good	38	34
Fair	13	5
Poor	5	5
Very Poor	1	0
<b>e Treating you with care and concern</b>		
Very Good	46	72
Good	37	23
Fair	13	5
Poor	4	0
Very Poor	1	0
<b>f Did you have confidence and trust in the Doctor or Nurse you consulted?</b>		
Yes, definitely	67	81
Yes, to some extent	31	18
No, not at all	2	1

**THINKING ABOUT THE CARE YOU RECEIVE FROM THE DOCTORS AND NURSES**

**Q21 How well does the Surgery help you to:-**

**a understand your health problems?**

(Please tick one)

Very Well	Not very well	Unsure
66	14	20

**b Cope with your health problems?**

(Please tick one)

Very Well	Not very well	Unsure
66	14	20

**c Keep yourself healthy?**

(Please tick one)

Very Well  60      Not very well  18      Unsure  22

**Q22 Overall, how would you describe your experience of your GP Surgery?**

(Please tick one)

Excellent  13      Good  49      Fair  29      Poor  8

**Q23 Would you recommend the Practice to someone else?**

(Please tick one)

Yes, definitely  24      Yes, probably  42      No, probably not  27      No, definitely not  8

**A FEW QUESTIONS ABOUT YOU TO HELP OUR UNDERSTANDING OF YOUR ANSWERS**

**Q24 Are you**

Male  34      Female  66

**Q25 What is your age group?**

Under 16  1  
16 - 44  21  
45 - 64  27  
65 - 74  26  
75 or over  25

**Q26 Do you consider that you are disabled?**

Yes  9      No  91

**Q27 What is your ethnic group?**

(Please tick one)

White British  72  
Other White Caucasian  3  
Black or Black British  0  
Asian or Asian British  16  
Mixed  1  
Chinese  1  
Other Ethnic Group  1  
Prefer not to say  5

**Thank you very much for your help in completing these questions.**

**We really appreciate the time you have spent in helping the Surgery and the Patient Participation Group, with whom this survey has been prepared, by sharing your experiences at Eastbury Surgery.**