

**EASTBURY GP SURGERY**  
**Patient survey - February 2014**

*web site*

You are invited to participate in this annual survey as part of the Government's initiative to encourage patients' participation in assessing the quality of services provided by GP Practices. Your answers will be most helpful in achieving this objective for our own Surgery.

**Thinking about your arrival at the Surgery on the occasion of your last visit**

**Q1 How welcome were you made to feel when you arrived at our Reception?**

(Please tick one)

Very Welcome  Welcome  Not very Welcome  A bit of a Nuisance

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

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

	Yes	No
Do you like the system?	<input type="checkbox"/>	<input type="checkbox"/>
Can you manage it easily?	<input type="checkbox"/>	<input type="checkbox"/>
Do you find it complicated?	<input type="checkbox"/>	<input type="checkbox"/>
I would rather see the Receptionist	<input type="checkbox"/>	<input type="checkbox"/>

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

(Please tick one)

Informative  Not Informative  Never look at them

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

(Please tick one)

Yes  No

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

(Please tick one)

Yes  No

**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   
Reasonably quickly   
It takes quite a while   
Takes far too long

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

(Please tick one)

- Very Easy
- Easy
- Not Easy
- Haven't Tried

***THINKING ABOUT THE APPOINTMENT SYSTEM***

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

(Please tick one)

- By Phone  In Person

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

(Please tick one)

- By Phone  In Person  Online

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

(Please tick one)

- Yes  Mostly  Not Always  No

**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
- 2 - 4 Days
- 5 - 7 Days
- More than 1 week
- Don't mind

**b How do you rate this?**

(Please tick one)

- Excellent  Good  Average  Poor  Very Poor

**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
- 2 - 4 Days
- 5 - 7 Days
- More than 1 week
- Don't mind

**b How do you rate this?**

(Please tick one)

- Excellent  Good  Average  Poor  Very Poor

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

(Please tick one)

- Easy
- Not easy
- Extremely difficult
- I have not tried

***THINKING ABOUT SURGERY OPENING TIMES***

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

- Yes  No

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

- Before 8 am
- Lunchtime
- after 6:30 pm
- On a Saturday
- On a Sunday

**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  | <input type="checkbox"/> |
| 5 - 10 minutes       | <input type="checkbox"/> |
| 11 - 20 minutes      | <input type="checkbox"/> |
| 21 - 30 minutes      | <input type="checkbox"/> |
| More than 30 minutes | <input type="checkbox"/> |

**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  | <input type="checkbox"/> | <input type="checkbox"/> |
| Good   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair   | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor   | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Poor  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b Listening to you</b>  |                          |                          |
| Very Good  | <input type="checkbox"/> | <input type="checkbox"/> |
| Good   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair   | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor   | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Poor  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c Explaining tests and treatments</b>   |                          |                          |
| Very Good  | <input type="checkbox"/> | <input type="checkbox"/> |
| Good   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair   | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor   | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Poor  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>d Involving you in decisions about your care</b>                              |                          |                          |
| Very Good  | <input type="checkbox"/> | <input type="checkbox"/> |
| Good   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair   | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor   | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Poor  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>e Treating you with care and concern</b>                                      |                          |                          |
| Very Good  | <input type="checkbox"/> | <input type="checkbox"/> |
| Good   | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair   | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor   | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Poor  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>f Did you have confidence and trust in the Doctor or Nurse you consulted?</b> |                          |                          |
|  | <u>Doctor</u>            | <u>Nurse</u>             |
| Yes, definitely  | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, to some extent  | <input type="checkbox"/> | <input type="checkbox"/> |
| No, not at all   | <input type="checkbox"/> | <input type="checkbox"/> |

**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

**b Cope with your health problems?**

(Please tick one)

Very Well  Not very well  Unsure

**c Keep yourself healthy?**

(Please tick one)

Very Well  Not very well  Unsure

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

(Please tick one)

Excellent  Good  Fair  Poor

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

(Please tick one)

Yes, definitely  Yes, probably  No, probably not  No, definitely not

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

**Q24 Are you**

Male  Female

**Q25 What is your age group?**

Under 16  16-44  45-64  65-74  75 or over

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

Yes  No

**Q27 What is your ethnic group?**

(Please tick one)

White British  Mixed   
Other White Caucasian  Chinese   
Black or Black British  Other Ethnic Group   
Asian or Asian British  Prefer not to say

**SUPPLEMENTARY QUESTIONS FOR THIS YEAR'S SURVEY**

**Q28 During the past 12 months how often have you visited the Surgery to see**

a) a Doctor? No visits  1-2 times  3-4 times  5-7 times  8+ times

b) a Nurse? No visits  1-2 times  3-4 times  5-7 times  8+ times

**Q29 How often do you use the Surgery's website?**

Frequently  Seldom  Never  Cannot use

**Q30 Have you enrolled as a Member of the**

**Eastbury Surgery's Patient Participation Group?**

Yes  No

If "No", then do please ask at Reception for a joining form!

**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.**

**PLEASE RETURN THIS SURVEY FORM TO THE SURGERY BY 1 MARCH 2014**