



The team at Dr Kulshrestha's Family Practice want to monitor our performance and assess the quality of our services we deliver to our patients. We want to hear from you so we can discover what good practice looks like where lessons can be learnt and areas of particular concerns highlighted by you can be significantly improved by us.

We kindly ask if you can please take a few moments to complete OUR **PATIENT SURVEY** and place it in the box at reception?

Approximately how many times have you seen or spoken to a clinician at the practice in the last 12 months?

(Please provide a number in this box)

Question [Please TICK one of 4 options]	Excellent	Good	Fair	Poor
Getting through to us by phone?				
How helpful are the receptionists?				
Our appointment times available for you?				
How would you rate the surgery when you get to see or speak with your preferred GP?				
Your experience making an appointment				
The <u>choice</u> of appointments you are offered?				
The <u>type</u> of appointments you are offered?				
Your experience making an appointment?				
Waiting times to see your GP/Nurse [less than 15 mins]				
Based on your last visit were you given enough time with the healthcare professional?				
Based on your last visit how would you rate the GP or the Nurse listening to you?				
Based on your last visit how would you rate the treatment & care you received from the GP or the Nurse?				
Based on your last visit how would you rate the GP or the nurses treating you with care and concern?				
Based on your last visit how would you rate your confidence and trust in the GP or the nurse who assessed you?				
Based on your last visit how would you rate the GP or Nurse recognised & understood any mental health needs?				
Based on your last visit, how would you rate your needs were met?				
How would you rate the support you have received in the past 12 months to help you manage your long-term condition(s)				
How would you rate our surgery overall?				
For OFFICE USE ONLY [TOTAL]				

PLEASE TELL US IF YOU:



Are feeling unwell



Require Privacy



Do you have a
compliment,
suggestion or
complaint?

Want to make a

- *Compliment*
- *Suggestion*
- *Complaint*

Feedback & Comments - Your feedback is always appreciated and it will help us improve on the service, care and treatment we provide for all our patients. Please use this box to write any feedback, comments or suggestions that you may have.

Our surveys are kept confidential. We share the feedback in our management meetings to discuss actions and improvements and with our members of the Patient Participation Group.