

Catherine Cottage Surgery
"Improving the Practice" Questionnaire

INTRODUCTION

This questionnaire is designed to help us assess and improve the service we are providing to patients [for issue to patients to assess the service provided.]

Questionnaire

Please help the Practice to improve its service.

- The Doctors and staff welcome your feedback
- Please do not write your name on this survey – it is confidential and names are not needed
- Please read and complete this survey while either while waiting for your appointment or after you have been seen.

Who are you seeing for this appointment? Please tick one.

- Doctor
- Practice Nurse
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Name of Doctor/Practice Nurse (if you are seeing either of these):

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PLEASE RATE EACH OF THE FOLLOWING AREAS BY CIRCLING ONCE ON EACH LINE:

How easy do you find it to get into the building at your GP Surgery	No experience	Difficult	Fairly Easy	Easy
How clean is your GP Surgery	No experience	Dirty	Fairly clean	Clean
How easy have you found the following:				
a. Getting through on the phone	No experience	Difficult	Fairly easy	Very easy
b. Speaking to a doctor on the phone	No experience	Difficult	Fairly easy	Very easy
c. Speaking to a nurse on the phone	No experience	Difficult	Fairly easy	Very easy
d. Getting test results on the phone	No experience	Difficult	Fairly easy	Very easy
Seeing a Doctor				
In the past 6 months, have you needed to see a doctor fairly quickly? By 'fairly quickly' we mean on the same day or in the next 2 working days	No experience	Can't remember	No	Yes
The last time you tried to see a doctor fairly quickly were you able to see a doctor on the same day or in the next 2 days the surgery was open?	No experience	Can't remember	No	Yes
If you could not be seen within the next 2 days the surgery was open, why was that?	No experience	No appointments available	Time didn't suit me	Appointment was with GP I didn't want
Last time you tried, were you able to book an appointment with a doctor more than 2 days in advance?	No experience	Can't remember	No	Yes
When did you last see a doctor at your GP surgery?	In the past 3 months	3-6 months	More than 6 months ago	
If you haven't seen a doctor in the past 6 months, why is that?	Haven't needed to see a Dr	Couldn't be seen at a convenient time	Couldn't get to the surgery easily	Didn't like or trust the Dr

Seeing a Doctor You Prefer					
Is there a particular Dr you prefer to see?	Yes	No preference			
How often do you see the doctor you prefer to see?	Always/Almost always	Much of the time	Some of the time	Hardly ever	
Waiting time in the GP Surgery					
How long after your appointment time do you normally wait to be seen?	Less than 5 mins	5-15 mins	16-30 mins	30 mins	
How do you feel about how you normally have to wait?	Don't normally wait too long	Have to wait a bit too long	Have to wait much too long	Doesn't apply	
Staff and Your Care					
How helpful do you find the Receptionist?	Very helpful	Helpful	Fairly helpful	Not very helpful	Not at all helpful
Are you treated with dignity and respect?	Yes	No			
Opening Hours					
How satisfied are you with the hours your GP surgery is open?	Very satisfied	Fairly satisfied	Dissatisfied		
Would you like your GP surgery to open at additional times?	Yes	No	No preference		
What is your preference for additional surgery times?	Weekday evenings after 6.30pm	Saturday mornings	No preference		
Seeing a Doctor in the GP Surgery					
Last time you saw a Dr, how good was the Dr at the following?					
Giving you enough time	No experience	Poor	Neither good nor poor	Good	Very good
Asking about your symptoms	No experience	Poor	Neither good nor poor	Good	Very good
Listening to you	No experience	Poor	Neither good nor poor	Good	Very good
Explaining tests and examinations	No experience	Poor	Neither good nor poor	Good	Very good
Involving you in decisions about your care	No experience	Poor	Neither good nor poor	Good	Very good
Treating you with care and concern	No experience	Poor	Neither good nor poor	Good	Very good
Taking your problems seriously	No experience	Poor	Neither good nor poor	Good	Very good

Do you have confidence and trust in the Dr seen?	No experience	Don't know	No not at all	Yes to some extent	Yes definitely
Seeing a Practice Nurse in the Surgery					
Have you seen a Practice Nurse in the past 6 months?	No experience	Yes	No		
How easy is it for you to get an appointment with the practice nurse?	No experience	Very Easy	Fairly Easy	Difficult	
Last time you saw the nurse was she good at the following?					
Giving you enough time	No experience	Poor	Neither good nor poor	Good	Very good
Listening to you	No experience	Poor	Neither good nor poor	Good	Very good
Explaining tests and treatments	No experience	Poor	Neither good nor poor	Good	Very good
Treating you with care and concern	No experience	Poor	Neither good nor poor	Good	Very good
Which of the following days would you prefer the nurse to do a surgery on?	No preference	Thursday pm	Friday am		
Your overall satisfaction					
In general how satisfied are you with the care you get at your GP surgery?	No experience	Dissatisfied	Fairly Satisfied	Very Satisfied	
Planning your Care					
Do you have any long-standing health problems or disability?	Yes	No	Don't know		
Have you had recent discussions with a Dr or Nurse about managing your long-standing health problems?	Yes	I don't want discussion	I would like discussion		
Do you think that having a discussion or plan has helped improve the care you receive?	Yes definitely	Yes to some extent	No not at all	Don't know	

Some questions about yourself						
Are you male or female?	Male	Female				
How old are you?	18-24	25-34	35-44	45-54		
	55-64	65-74	75-84	85 or over		
What is your ethnic group? Please add						
Which of these best describes you at present?						
Full time paid work	Part-time paid work	Full time education	Unemployed	Permanently sick or disabled	Fully retired from work	Looking after home

If you need to see a Dr during working hours, can you take time away from your work?	No experience	Yes	No		
In general would you say your health is:	Very good	Good	Fair	Poor	
Do you have any of the following long standing conditions?	Deafness	Blindness	Condition limiting physical activity	Psychological or emotional condition	Learning difficulty
	Other long standing condition				
Are you a deaf person who uses sign language?	Yes	No			
Are you a parent or legal guardian for any children aged under 6 currently living in your home?	Yes	No			
Do you have carer responsibilities for anyone with a long standing health problem or disability	Yes	No			

***Thank you very much for your time and assistance.
Please place your completed questionnaire in the box on the reception desk.***