

GREENWOOD SURGERY – PATIENT SURVEY 2013

Please complete the survey and return it to the surgery by either giving it to the receptionist or emailing it to:

Janice.Nightingale@nhs.net.

Please use the following to answer the questions:

1 = Requires Improvement 2 = Satisfactory 3 = Good 4 = Very Good 5 = Excellent

Please put an ' X ' for your answers

| | | ① | ② | ③ | ④ | ⑤ |
|-----------|--|---|---|---|---|---|
| Q1 | Please describe your overall satisfaction with the surgery opening hours. (8am to 6.30pm all weekdays except Tue when we're open until 8.30pm. We don't close at lunchtime.) | | | | | |

| | | ① | ② | ③ | ④ | ⑤ |
|-----------------------|--|---|---|---|---|---|
| Q2 | Please describe your overall satisfaction booking an appointment with the Doctor or Nurse. | | | | | |
| Your Comments: | | | | | | |

| | | YES | NO |
|-----------------------|---|-----|----|
| Q3 | Are you aware of what a Nurse Practitioner can do ? | | |
| Your Comments: | | | |

| | | YES | NO |
|-----------------------|--|-----|----|
| Q4 | And do you feel you need more information on Nurse Practitioners ? | | |
| Your Comments: | | | |

| | | YES | NO |
|-----------------------|--|-----|----|
| Q5 | Do you feel there is a need to change the routine booked appointments (bearing in mind we also have an unbooked (no appointment necessary) surgery every weekday)? | | |
| Your Comments: | | | |

| | | ① | ② | ③ | ④ | ⑤ |
|-----------------------|---------------------------------------|---|---|---|---|---|
| Q6 | Are you happy with reception issues ? | | | | | |
| Your Comments: | | | | | | |

| | | YES | NO |
|-----------------------|---|-----|----|
| Q7 | Have you encountered any problems when booking appointments ? | | |
| Your Comments: | | | |

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| Q8 | What is your feeling about the overall care you have received from the surgery, how good were they at the following ? | ① | ② | ③ | ④ | ⑤ |
| | Giving you enough time ? | | | | | |
| | Asking about the symptoms ? | | | | | |
| | Listening to you ? | | | | | |
| | Explaining tests and treatments ? | | | | | |
| | Involving you in decisions about your care ? | | | | | |
| | Treating you with care and concern ? | | | | | |

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| Q9 | How do you rate your last appointment with: | ① | ② | ③ | ④ | ⑤ |
| | Doctor | | | | | |
| | Nurse Practitioner | | | | | |
| | Practice Nurse | | | | | |
| | Health Care Assistant | | | | | |

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| Q10 | How many times do visit the surgery in a year ? | 1 to 2 | 3 to 5 | 6 to 10 | 11 to 15 | More than 15 |
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| Q11 | Please indicate your age range. | | | | | | | |
| | Under 16 | 17 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 to 75 | Over 75 |
| | | | | | | | | |

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| Q12 | Please indicate which box applies to you. | Male | Female |
| | | | |

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|------------|--|---------------|----------------|---------------|-----------------|---------------|---------------|
| Q13 | Please state your Ethnicity (We've been told to include this question by the DoH): | White British | White European | Black British | Black Caribbean | Black African | Asian British |
| | | | | | | | |
| | | Indian | Pakistani | Bangladeshi | Chinese | Mixed | Other |
| | | | | | | | |

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| Q14 | Before you took this survey, did you know the practice had a Patient Group ? | YES | NO |
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| Q15 | Do you use the NHS Choices website ? | YES | NO |
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|------------|--|-----|----|
| Q16 | Do you use the Greenwood Surgery website ? | YES | NO |
| | | | |

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| Q17 | What is your overall opinion of the surgery ? | ① | ② | ③ | ④ | ⑤ |
| | | | | | | |

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|-----------------------|--|
| Your Comments: | |
|-----------------------|--|