

Southgates Medical & Surgical Centre

SUPPORTERS OF SOUTHGATES PATIENTS' SURVEY 2013/14

Thank you for taking the time to answer these questions. Your participation will assist the practice and the new patient group in identifying areas where we can look to improve the service for you. Please answer all the questions below. This is an anonymous survey and we will keep your individual answers completely confidential. We encourage every registered patient to answer the questionnaire.

PLEASE RETURN THE QUESTIONNAIRE TO SOUTHGATES MEDICAL & SURGICAL CENTRE AS SOON AS POSSIBLE – BUT DEFINITELY NO LATER THAN 6 JANUARY 2014.

Extra copies are available at the surgery, other local businesses or at the surgery website www.southgates.com

About you

To enable us to understand more about our patients' views it would be helpful to understand a little about you.

Age _____ Gender _____

Do you live alone Y/N

Are you a carer Y/N

Are you concerned about being isolated in later life? Y/N

Are you aware of organisations that support the isolated Y/N

Do you have children in the household Y/N

Ages:

How often do you visit the surgery? monthly / quarterly / less frequently
(please circle the most appropriate answer for you)

Ethnicity British/other First language if not English

Do you use the on-line appointments service Y/N

Do you use the on-line repeat prescribing service Y/N

**If you would like to use the online services please contact the surgery on
01553 819463**

ABOUT YOUR SURGERY

Q1 How easy do you find it to get into the GP surgery building?

Very easy

Fairly easy

Not very easy

Not at all easy

Q2 Have the improvements to the car park been helpful for you?

Yes

No

If you do not park in the car park, where do you park? Please advise below

Q3 How clean is the surgery?

Very clean

Fairly clean

Not very clean

Not at all clean

Q4 The reception area is open and patients can sometimes overhear what you say to the receptionist. Are you aware you can ask for a confidential discussion if needed?

Yes

No

Q5 How helpful do you find the receptionists at the surgery?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful

GETTING THROUGH ON THE TELEPHONE

Please think about the times that you have phoned the Surgery

**Q6 When you phoned the surgery how easy did you find the following
Please put an X in one box on each row**

	haven't tried	very easy	fairly easy	not very easy	not at all easy	don't know
Getting through on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a GP on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a nurse on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting test results on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting queries answered on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICES PROVIDED BY YOUR GPs/ACCESS TO A GP

Q7 Have you tried to access a GP fairly quickly, that is on the same day or within 2 days working days?

- Yes
- No

**Q8 Have you tried to book ahead for an appointment with a GP?
By "booking ahead" we mean booking an appointment more than 2 full days in advance**

- Yes
- No
- Cannot remember

Q9 The last time you tried to, were you able to get an appointment with a GP more than 2 full days in advance?

Yes

No

Cannot remember

WAITING TIME IN THE SURGERY TO SEE A GP

Q10 Were you seen at your appointment time?

Yes

Less than 5 minutes afterwards

5 to 15 minutes afterwards

16 to 30 minutes afterwards

More than 30 minutes afterwards

Cannot remember

Q11 If you had to wait were you kept informed?

Yes

No

Cannot remember

SEEING THE GP

Q12 Are you able to choose a named GP when you book a routine appointment?

Mostly

A lot of the time

Some of the time

Almost never or never

I have not tried

I have no preference

Q13 The last time you saw a GP with us how good was the GP at each of the following. Please put an X in one box for each row

	Very good	Good	OK	Poor	Very Poor	Does not apply
Giving you enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking you about your symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in care decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please assess your confidence and trust in the GP you saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SERVICES PROVIDED BY NURSES AT THE PRACTICE
ACCESS TO A NURSE**

Q14 Have you tried to access a nurse fairly quickly, that is on the same day or within 2 working days?

Yes

No

**Q15 Have you tried to book ahead for an appointment with a nurse?
"By booking ahead" we mean booking an appointment more that 2 full days in advance**

Yes

No

Cannot remember

Q16 The last time you tried to, were you able to get an appointment with a nurse more than 2 full days in advance?

Yes

No

Cannot remember

WAITING TIME IN THE SURGERY TO SEE A NURSE

Q17 Were you seen at your appointment time?

Yes

Less than 5 minutes afterwards

5 to 15 minutes afterwards

16 to 30 minutes afterwards

More than 30 minutes afterwards

Cannot remember

Q18 If you have to wait are you kept informed?

Yes

No

Cannot remember

Q19 Have you seen a nurse at the Surgery in the last 12 months

Yes

No

**Q20 Last time you saw our nurse how good was the nurse at each of the following?
Please put a X in one box for each row**

	Very Good	Good	OK	Poor	Very Poor	Does not apply
Giving you enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking you about your symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in care decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please assess your confidence and trust in the nurse you saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21 How satisfied are you with the opening hours of the surgery

Very satisfied	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied	<input type="checkbox"/>
Fairly dissatisfied	<input type="checkbox"/>
Very dissatisfied	<input type="checkbox"/>
I do not know the opening hours	<input type="checkbox"/>

OBTAINING REPEAT PRESCRIPTIONS

Q22 Is it easy for you to order repeat prescriptions

Yes

No

If the answer is no please explain your reasons below

OTHER

Please provide us any other comments about the surgery you would like to include

THANK YOU FOR COMPLETING THE SOS SOUTHGATES MEDICAL CENTRE PATIENT SURVEY 2012/13

Gdrive 2013/sos/patient survey/sos questionnaire 1314 Final