

Sandy Lane Surgery PPG Patient Survey 2013

Please provide constructive feedback to enable us to monitor and improve the services provided.

1. Are the receptionists helpful?

Very Good
Good
Fair
Poor

2. How quickly do you get to be seen?

By the Doctor:

same day
next day
within 1 week
longer

By the Nurse:

same day
Next day
within 1 week
longer

3. Are you satisfied with the length of time in which you are seen?

By the Doctor: *Yes / No*

By the Nurse: *Yes / No*

4. How near to the allocated time for your appointments are you usually seen?

By the Doctor:

within 10 mins
within 30 mins
longer _____

By the Nurse:

within 10 mins
within 30 mins
longer _____

5. Are you kept informed if there is an extended delay?

Yes / No

6. How easy is it to get through to the surgery on the phone?

Very easy / Easy / Difficult / Very Difficult

7. Have you used the telephone consultation process to speak to a doctor?

Yes / No

Would you consider using it? *Yes / No*

8. Do you have a mobile phone? *Yes / No*

9. Do we have your mobile number for sending appointment reminder messages?
Yes / No

10. Do you have internet access? *Yes / No*

11. Are you aware that appointments can be booked online via our website?
Yes / No

12. During your last consultation, how well did we perform at the following?

a) Explaining tests and treatment:

By the Doctor:

Very Good
Good
Fair
Poor

By the Nurse:

Very Good
Good
Fair
Poor

b) Giving you sufficient time:

By the Doctor:

Very Good
Good
Fair
Poor

By the Nurse:

Very Good
Good
Fair
Poor

c) Asking about your symptoms:

By the Doctor:

Very Good
Good
Fair
Poor

By the Nurse:

Very Good
Good
Fair
Poor

d) Involving you in decisions about your care:

By the Doctor:

Very Good
Good
Fair
Poor

By the Nurse:

Very Good
Good
Fair
Poor

e) Taking your problem seriously

the Doctor: *Yes / No*

the Nurse: *Yes / No*

21. How appropriate for your needs is the seating provided in the waiting room?

Very Good / Good / Fair /Poor

Did you have confidence & trust in who you saw?

The Doctor: *Yes / No*

the Nurse: *Yes / No*

13. How well does the surgery help you to?

a) Understand your health problems

Very Good

Good

Fair

Poor

B] Keep yourself healthy

Very Good

Good

Fair

Poor

14. Do you feel that you are directed to additional support services, if you need them?

Yes / No

15. Would you recommend the surgery to someone new to the area?

Yes / No

15. Have you ever needed to complain to the surgery?

Yes / No

16. Are you aware of the surgery website?

Yes / No

17. Are you: *Male / Female*

18. Are you a carer for anyone at home? *Yes / No*

19. If you use the car park how easy is it for you to use

Very Easy / Easy / Difficult / Very Difficult

20. Are there enough disabled spaces? *Yes / No*

Thank you for completing the survey

Please return the completed form to:

**The Patient Participation Group
Sandy Lane Surgery
77 Sandy Lane
Mansfield
Notts
NG18 2LT**