

SANDY LANE SURGERY PATIENT PARTICIPATION GROUP

Please can you help us provide a better service to all our patients by completing the following – if you require assistance please enquire at reception.

THE GP PATIENT SURVEY

A. Appointments at your GP Surgery or Health Centre

Q1. When did you last see a Doctor at the GP Surgery ?

In the past 3 months	<input type="radio"/>
Between 3 and 6 months ago	<input type="radio"/>
More than 6 months ago	<input type="radio"/>
I have never been seen at my present GP or Health Centre	<input type="radio"/>

Q2. If you haven't seen a doctor in the past 6 months, why is that ? *Please tick all the circles that apply*

I haven't need to see a doctor	<input type="radio"/>
I couldn't be seen at a convenient time	<input type="radio"/>
I couldn't get to my appointment easily	<input type="radio"/>
I didn't like or trust the doctors	<input type="radio"/>
Another reason	<input type="radio"/>

Q3. How do you normally book your appointments to see a doctor or nurse at the Surgery ? *Please tick all the circles that apply*

In person	<input type="radio"/>
By phone	<input type="radio"/>
By fax	<input type="radio"/>
Online	<input type="radio"/>
Digital TV	<input type="radio"/>
Doesn't apply	<input type="checkbox"/>

Q4. Which of the following methods would you prefer to use to book an appointment at the Surgery ? Please tick all the circles that apply

In person	<input type="checkbox"/>
By phone	<input type="checkbox"/>
By fax	<input type="checkbox"/>
Online	<input type="checkbox"/>
Digital TV	<input type="checkbox"/>
No preference	<input type="checkbox"/>

B. Getting through on the phone

Q5. In the past 6 months how easy have you found the following ? Please put a tick in one circle for 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 Doctor 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"/>
Obtaining test results by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Seeing a Doctor

Q6. In the past 6 months have you tried to see a Doctor fairly quickly ? By fairly quickly we mean on the same day or in the next two weekdays that the GP or Health Centre was open.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Can't remember	<input type="checkbox"/>

Q7. Think about 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 two weekdays that the GP or Health Centre was open.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Can't remember	<input type="checkbox"/>

Q8. If you weren't able to be seen during the next 2 weekdays that the GP or Health Centre was open, why was that? *Please tick all the circles that apply*

There weren't any appointments	<input type="checkbox"/>
Times offered didn't suit	<input type="checkbox"/>
Appointment was with a Dr who I didn't want to see	<input type="checkbox"/>
A nurse was free but I wanted to see a Dr	<input type="checkbox"/>
Was offered an appointment at a difference branch of my surgery	<input type="checkbox"/>
Another reason	<input type="checkbox"/>
Can't remember	<input type="checkbox"/>

Q9. In the past 6 months, have you tried to book ahead for an appointment with a Dr?
By 'booking ahead' we mean booking an appointment more than two weekdays in advance.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Can't remember	<input type="checkbox"/>

Q10. Last time you tried, were you able to get an appointment with a Dr more than 2 weekdays in advance ?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Can't remember	<input type="checkbox"/>

D. Arriving for your appointment

Q11. How easy do you find getting into the building at the surgery ?

Very easy	<input type="checkbox"/>
Fairly easy	<input type="checkbox"/>
Not very easy	<input type="checkbox"/>
Not at all easy	<input type="checkbox"/>

Q12. How clean is the GP surgery ?

Very clean	<input type="checkbox"/>
Fairly clean	<input type="checkbox"/>
Not very clean	<input type="checkbox"/>
Not at all clean	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Q13. In the Reception Area, can other patients overhear what you say to the Receptionist?

Yes, but don't mind	<input type="radio"/>
Yes and am not happy about it	<input type="radio"/>
No, other patients can't overhear	<input type="radio"/>
Don't know	<input type="radio"/>

Q14. How helpful do you find the receptionists at the Surgery ?

Very	<input type="radio"/>
Fairly	<input type="radio"/>
Not very	<input type="radio"/>
Not at all	<input type="radio"/>

Q15. How long after your appointment time do you normally wait to be seen?

I don't normally have appts at a specific time	<input type="radio"/>
I am normally seen on time	<input type="radio"/>
Less than 5 minutes	<input type="radio"/>
5 to 15 minutes	<input type="radio"/>
15-30 minutes	<input type="radio"/>
More than 30 minutes	<input type="radio"/>
Can't remember	<input type="radio"/>

Q16. How do you feel about how long you normally have to wait ?

I don't normally have to wait long	<input type="radio"/>
I have to wait a bit too long	<input type="radio"/>
I have to wait far too long	<input type="radio"/>
No opinion/doesn't apply	<input type="radio"/>

E. Seeing the Doctor you prefer

Q17. Is there a particular Dr you prefer to see at the GP Surgery or Health Centre ?

Yes	<input type="radio"/>
No	<input type="radio"/>
There is usually only one Dr at my GP or Health Centre	<input type="radio"/>

Q18. How often do you see the Dr you prefer ?

Always or most of the time	<input type="radio"/>
A lot of the time	<input type="radio"/>
Some of the time	<input type="radio"/>
Never or almost never	<input type="radio"/>
Not tried at this GP Surgery or Health Centre	<input type="radio"/>

F. Opening Hours

Q19. How satisfied are you with the opening hours at the surgery ?

Very	<input type="radio"/>
Fairly	<input type="radio"/>
Neither satisfied nor dissatisfied	<input type="radio"/>
Quite dissatisfied	<input type="radio"/>
Very dissatisfied	<input type="radio"/>
Don't know opening hours	<input type="radio"/>

Q20. Would you like the surgery open at additional times ?

Yes	<input type="radio"/>
No	<input type="radio"/>

Q21. As far as know is the surgery open ... *Please put a tick in each row*

Before 8am ?	<input type="radio"/>
At lunchtime ?	<input type="radio"/>
After 6.30pm ?	<input type="radio"/>
On Saturday ?	<input type="radio"/>
On Sunday ?	<input type="radio"/>

G. Seeing a Doctor at the GP Surgery or Health Centre

Q22. The last time you saw a Dr at the surgery how good was the Dr at each of the following ? Please put a tick in one box for each row

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about your symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining tests and treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving you in decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating you with care and concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking your problems seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23. Did you have confidence and trust in the doctor you saw ?

Yes, definitely	<input type="radio"/>
Yes, to some extent	<input type="radio"/>
No, not at all	<input type="radio"/>
Don't know/can't say	<input type="radio"/>

H. Seeing a Practice Nurse at the GP Surgery or Health Centre

Q24. How easy is it for you get an appointment with a Practice Nurse at the surgery ?

Haven't tried	<input type="radio"/>
Very	<input type="radio"/>
Fairly	<input type="radio"/>
Not very	<input type="radio"/>
Not at all	<input type="radio"/>
Don't know	<input type="radio"/>

Q25. Last time you saw a Practice Nurse at the Surgery, how good did you find the Practice Nurse at each of the following? Please put a tick in one box for each row

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about your symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining tests and treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving you in decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating you with care and concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking your problems seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I. Your Overall Satisfaction

Q26. In general, how satisfied are you with the care you get at the Surgery ?

Very	<input type="radio"/>
Fairly	<input type="radio"/>
Neither satisfied nor dissatisfied	<input type="radio"/>
Quite dissatisfied	<input type="radio"/>
Very dissatisfied	<input type="radio"/>

Q27. Would you recommend the Surgery to someone who has just moved to your local area.?

Yes	<input type="radio"/>
Might	<input type="radio"/>
Not sure	<input type="radio"/>
Probably not	<input type="radio"/>
Definitely not	<input type="radio"/>
Don't know	<input type="radio"/>

J. Planning your care

Q28. Do you have any long-standing health problem, disability or infirmity? Please include anything that has troubled you over a period of time or that is likely to affect you over a period of time.?

Yes	<input type="radio"/>	<i>Go to Q30</i>
No	<input type="radio"/>	<i>Go to Section K</i>
Don't know/Can't say	<input type="radio"/>	<i>Go to Section K</i>

Q29. Have you had discussions in the past 12 months with a Doctor or Nurse about how best to deal with your health problems ?

Yes	<input type="radio"/>	<i>Go to Q31</i>
No	<input type="radio"/>	<i>Go to Q33</i>

Q30. In these discussions.....

	Yes	No	Don't know	N/A
Did the doctor or nurse take notice of your views about how to deal with your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse give you information about the things you might do to deal with your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you and the doctor or nurse agree how best to manage your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse give you a written document about the discussions you had about managing your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you have liked a written plan summarising your discussion with the doctor or nurse ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse ever mention that you had something called a care plan ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31. Do you think that having these discussions with your doctor or nurse has helped improve how you manage your health problems?

Yes	<input type="radio"/>
To some extent	<input type="radio"/>
No	<input type="radio"/>
Don't know/can't remember	<input type="radio"/>

Q32. In the past 6 months have you had enough support from local services or organisations to help you manage your long-term health condition(s). *Please think about all services and organisations, not just health services.*

Yes	<input type="radio"/>
To some extent	<input type="radio"/>
No	<input type="radio"/>
Don't know/can't remember	<input type="radio"/>
I have not needed such support	<input type="radio"/>

K. Some questions about you

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential

Q33. Are you male or female ?

Male	<input type="radio"/>
Female	<input type="radio"/>

Q34. How old are you ?

Under 18	<input type="radio"/>	55 - 64	<input type="radio"/>
18 – 24	<input type="radio"/>	65 - 74	<input type="radio"/>
25 – 34	<input type="radio"/>	75 - 84	<input type="radio"/>
35 – 44	<input type="radio"/>	85 and over	<input type="radio"/>
45 – 54	<input type="radio"/>		

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

Q35. What is your ethnic group? (Chose one section from A to E below, then select the appropriate option to indicate your ethnic group)

A. White

British	<input type="radio"/>
Irish	<input type="radio"/>
Any other white background	<input type="radio"/>

B. Mixed

White & Black Caribbean	<input type="radio"/>
White & Black African	<input type="radio"/>
White & Asian	<input type="radio"/>
Any other Mixed background	<input type="radio"/>

C. Asian or Asia British

Indian	<input type="radio"/>
Pakistani	<input type="radio"/>
Bangladeshi	<input type="radio"/>
Any other Asian background	<input type="radio"/>

D. Black or Black British

Caribbean	<input type="radio"/>
African	<input type="radio"/>
Any other Black background	<input type="radio"/>

E. Chinese or other ethnic group

Chinese	<input type="radio"/>
Any other ethnic group	<input type="radio"/>