

DR H.V TRIVEDI AND PARTNERS

PRACTICE SURVEY 2011/12

We would be grateful if you would complete this survey about our practice. We want to provide the highest standard of care. Feedback from this survey will help us to identify areas that may need improvement. Your opinions are very valuable.

Please answer ALL the questions that apply to you by putting an X in one box unless more than one answer is allowed. There are no right or wrong answers and we will NOT be able to identify your individual answers.

Thank you



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RECEPTIONISTS AND APPOINTMENT SYSTEM

PLEASE TICK ONE BOX FOR EACH QUESTION

Q1 How helpful do you find the receptionists at our practice?

- Very helpful Fairly helpful Not very helpful

Q2 How easy is it usually to get through to someone at our practice on the telephone?

- Very easy Fairly easy Not very easy

Q3 On average, how easy is it to speak to a doctor or nurse at our practice on the telephone?

- Very easy Fairly easy Not very easy

Q4 Thinking of times when you have needed to see a doctor urgently, were you seen on the same day?

- Yes No Don't know

Q5 How important is it for you to be able to pre-book your appointment in advance?

- Important Not important

Q6 Are you aware you are able to pre-book your appointments up to four weeks in advance?

- Yes No

**Q7 How do you normally book your appointments at our practice?
(please X all boxes that apply)**

- In person at the surgery By telephone

Q8 Which of the following methods would you prefer to use to book appointments at our practice? (please X all boxes that apply)

- In person at the surgery By telephone Online

Q9 Thinking of a time when you have wanted to see a particular doctor of your choice for a routine appointment, how long did you have to wait to be seen?

- Within 48 hours 3-5 days 6 days or more Does not apply

Q10 How do you rate your access to a particular doctor of your choice for a routine appointment?

- Good Fair Poor

Q11 Thinking of a time when you were willing to see any doctor for a routine appointment, how long did you have to wait to be seen?

- Within 48 hours 3-5 days 6 days or more Does not apply

Q12 How do you rate your access to any doctor for a routine appointment?

- Good Fair Poor

Q13 Thinking of your most recent consultation with a doctor or nurse, did your consultation start:

- On time Early Late

If late, How many minutes _____

Q14 How do you rate this waiting time?

- Good Fair Poor

Q15 How do you rate the hours that our practice is open for appointments?

- Good Fair Poor

Q16 If you have needed to use the GP out of hours service in the last 12 months, how did you rate this service?

- Good Fair Poor

Q17 If you have attended the accident & emergency department in the last 12 months – was this due to :-

- An emergency – please state _____
- Surgery was closed Could not get appointment at the surgery
- Convenience Referred by the doctor Does not apply

YOUR CONSULTATION

If you have NOT seen a doctor within the last 6 months, Go to Q20

Q18 Thinking about the most recent consultation with the doctor, please rate the following:

- | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|
| Giving you enough time | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Listening to you | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Face to Face contact | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Treating you with respect, care and concern | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Involving you in decisions about your care | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Explaining tests and treatments | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Opportunity to ask questions | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Understanding your health condition | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Q19 Did you have trust in the doctor you saw or spoke to?

- Yes Yes, to some extent No Unsure

Please write the name of the last doctor you saw _____

If you have NOT seen a nurse within the last 6 months, Go to Q22

Q20 Thinking about the most recent consultation with the nurse, please rate the following:

- | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|
| Giving you enough time | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Listening to you | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Face to Face contact | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Treating you with respect, care and concern | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Involving you in decisions about your care | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Explaining tests and treatments | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Opportunity to ask questions | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Understanding your health condition | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Q21 Did you have trust in the nurse you saw or spoke to?

- Yes Yes, to some extent No Unsure

Please write the name of the last nurse you saw _____.

Q22 Overall, how would you rate your experience of our surgery?

- Good Fair Poor

Q23 Would you recommend our surgery to someone who has just moved to this area?

- Yes Probably No

ABOUT YOU

Q24 Are you ?

- Male Female Rather not say

Q25 How old are you?

- Under 16 16 to 44 45 to 64 65 to 74 75 or over

Q26 Do you have a long-standing health condition?

- Yes No

Q27 What is your ethnic group?

- White Black or Black British Asian or Asian British Mixed Chinese Other ethnic group Rather not say

Q28 Which of the following best describes you?

- Employed (full or part time, including self-employed)
 Unemployed / looking for work
 At school or in full time education
 Unable to work due to long term sickness
 Looking after your home/family
 Retired from paid work
 Other

Finally, please add any other comments you would like to make about our practice, for example our services, facilities and accessibility etc

Thank you for taking the time to complete this survey, the results will be published on our website and within the surgery by the end of March 2012