

DR WASTLING AND PARTNERS

PATIENT SURVEY 2012

We are conducting a survey of our patients to get feedback to help us to improve our services. The results of the survey will be published in the surgery and on the practice website. The survey is anonymous and we will not contact you unless you leave your details.

Are you?

Male Female

How old are you?

18 – 24 55 – 64
25 – 34 65 – 74
35 – 44 75 – 84
45 – 54 85 or over

How often have you visited the surgery in the last year (to see either the doctor or nurse)?

More than 12 times 3 – 6 times Not at all
6 – 12 times 1 – 3 times

How do you currently find out information about the surgery?

Practice Leaflet Posters in the surgery
Practice Website Other please state.....

Which of the following would you find most useful to find out information about the surgery or any changes to services?

Email Health Channel TV in the waiting room
Practice Website Newsletter
Practice Leaflet Notices in the surgery

Thinking about the information that is already available about the practice, is there anything that you would like to have more information about?

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Did you know that you can use the internet to book appointments with the doctor at the surgery?

Yes No

If you don't already use the on-line booking service, would you use it?

Yes No I already use it

Would you use an on-line repeat prescription ordering service?

Yes No

Do you have a mobile telephone?

Yes No

If you do, would you be happy to receive text messages from the surgery to remind you of appointments?

Yes No

Would you be interested in completing on line surveys from time to time to help us get patient feedback when changing or developing services in the future (maximum 4 per year)

Yes No

If yes please leave your email address and we will contact you with more details.

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Do you know you can have a telephone appointment?

Yes No

When you need an appointment are there times when you think we could respond to your needs by providing other types of appointment? Please tick which type of service you would use.

Nurse appointment G.P. telephone appointment

Nurse telephone appointment Walk in appointment service

If you have a long term condition would you be interested in attending a self help group at the practice?

Yes No

If yes, which long term conditions do you have? (E.g. Diabetes, heart disease, kidney disease, musculoskeletal problems, chronic pain). Please list.

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Do you know there are a group of patients working for you at this practice? (Patient Participation Group)

Yes No

Would you be interested in coming to a Patients Participation Group meeting to see what they do?

Yes

No

This survey was produced in liaison with the Patient Participation Group. Thank you for taking the time to complete this survey