

Patients' Survey

February 2014



Dear Patient,

This year's Patients Survey has been developed with our **Patients Participation Group (PPG)** to enable us to understand your needs and ensure the continued raising of standards here at Potterells.

The survey will only take a few minutes of your time but your assistance in completing it will be much appreciated; your opinions are very valuable.

A summary of the findings will be published on the practice web site (www.potterells.net), emailed to patients who have provided us with an email address and will be posted on the PPG notice board.

The PPG is an active group of patients (non-clinicians) representing all patients at the practice, and who would welcome your comments, ideas, suggestions or feedback at any time.

You can contact the PPG at the following e-mail address pottspatients@gmail.com. **Thank you**

Please note that the survey is anonymous and be assured that any information provided or comments made will remain confidential.

If you would prefer not to answer a question. please leave it unanswered and continue the survey.

New On-Line Booking System

With the installation last summer of a new practice computer system, we have introduced an on-line booking system for appointments and for repeat prescriptions.

Have you used the present on-line system for repeat prescriptions ? [Yes] [No]

Have you used the on-line appointments system ? [Yes] [No]

Q1 Overall, how would you describe your experience of your GP practice?	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	
Q2 Please indicate your awareness of the following at this practice	Not Aware	Aware	Aware and Use	
Q2.1 The availability of a telephone option to speak to a GP				
Q2.2 The availability of a telephone option to speak to nurses				
Q2.3 An up-to-date practice website with Practice information				
Q2.4 The ability to order repeat prescriptions online				
Q2.5 The ability of the practice to supply your prescription direct to the local pharmacy of your choice.				
Q2.6 The ability to book and manage GP appointments online.				
Q2.7 The ability to book urgent same day appointments by telephoning between 8:00a.m. and 11:00 am each day.				
Q2.8 The option to pre-book late evening and Saturday morning appointments which are held twice a month.				
Q3 How would you rate this practice on each of the following ?	Excellent	Very Good	Good	Poor
Q3.1 The quality of care received from the doctors.				
Q3.2 The quality of care received from the nurses.				
Q3.3 The way you are treated by the receptionists.				
Q3.4 Being able to see a doctor quickly if it is urgent.				
Q3.5 Being able to book an appointment for a time that suits you.				

Q4 Below are some ideas that other patients at this practice have put forward as possible improvements. If they were offered would you find them useful ?		Yes, it would be useful		No, it would not be useful			
Q4.1 Self-help groups based at the surgery for patients with similar health issues, e.g. diabetes.							
Q4.2 More information/ advice available about prevention of illnesses and keeping healthy.							
Q4.3 Organised talks from specialists on specific issues: e.g. arthritis, weight, stopping smoking, bereavement.							
Q5 Except in emergencies, do you prefer to see the same GP?		Yes	No	Not important			
About you <i>The next few questions will help us to understand more about our local community and enable us to respond to its needs more effectively.</i> <i>If you would prefer not to answer a question , please leave it unanswered and continue the survey.</i>							
Q6 Please indicate whether you are:			Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Q7 Please indicate your age group:	16-24	25-34	35-44	45-54	55-64	65-74	75 +
Q8 Which of the following apply to you? Please tick any that apply:							
Q8.1 I have children under the age of 16 in the household. <input type="checkbox"/>	Q8.2 I have a long term condition or illness. <input type="checkbox"/>	Q8.3 I am the carer for someone with a long term condition or illness <input type="checkbox"/>	Q8.4 I am or someone else in the household is disabled. <input type="checkbox"/>	Q8.5 I have at least one repeat prescription dealt with by the practice. <input type="checkbox"/>			
Q9 Please indicate your ethnic origin:	White British; Irish; or other white background <input type="checkbox"/>	Black / Black British African; Caribbean; or other black background <input type="checkbox"/>		Mixed White and Black Caribbean/Black African White and Asian; or other mixed background <input type="checkbox"/>			
	Asian / Asian British Bangladeshi; Indian; Pakistani; or any other Asian background <input type="checkbox"/>	Chinese or any other Chinese background <input type="checkbox"/>		Any other ethnic background (please specify))			

We are interested in any other comments you may have. Please write them here.

Please be assured this information will remain confidential.

Is there anything particularly good about your health care? Is there anything that can be improved?

If you answered that you are a Carer in Question 8.3, how might the practice support you better?

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Thank you for your time and input and return the completed questionnaire to Potterells

May we remind you to check with the Practice that your personal details including email address are fully up-to-date.