

Central Surgery Patient Questionnaire 2023

We would be grateful if you could complete this survey about your general practice. Your doctors want to provide the highest standard of care and feedback from this survey will help them to identify areas that may need improvement.

SECTION A

| 1. | Very easy | Fairly easy | Not very easy | Not at all easy |
|--|-----------|-------------|---------------|-----------------|
| Do you find it easy to get through to this surgery by telephone? | | | | |

2. Do you find the receptionists helpful? Yes No

| 3. | Always or most of the time | A lot of the time | Some of the time | Never or almost never |
|--|----------------------------|-------------------|------------------|-----------------------|
| If you need to contact the Surgery for a follow up do you normally get to speak/ see/ deal with the same GP? | | | | |

4. Would you be happy to see any doctor? Yes No

5. Were you able to get an appointment to see or speak to someone last time you tried? Yes No

6. Were you able to see your GP/a GP on the day that you wanted to? Yes No

7. Do you feel that you have to wait too long to get an appointment? Yes No

8. Would you describe your experience of making an appointment as good? Yes No

9. Was the last GP you saw or spoke to good at treating you with care and concern? Yes No

10. Was the last GP you saw or spoke to good at explaining tests and treatments? Yes No

11. Was the last GP you saw or spoke to good at involving you in decisions about your care? Yes No

12. Have you had difficulties collecting a prescription? Yes No

13. Have you had to go into the surgery to speak to reception about a prescription issue in the last 12 months? Yes No

14. Do you understand the difference between repeat prescriptions Yes No

and repeat dispensing?

15. Are you satisfied with the surgery opening hours? Yes No

16. Would you describe your overall experience of the surgery as good? Yes No

17. Are you a carer? Yes No

18. If you answered Yes to Q17 above, are you registered with the surgery as a carer Yes No

(If not please register as a carer by phoning 01279 603180 option 4 or visiting <https://www.centralsurgerysawbo.nhs.uk/your-record/keep-us-up-to-date/register-as-a-carer-form/>)

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Supplementary Questions

Please answer the following questions by putting an X in all the boxes that apply to you.

S1. In the past 12 months, have you booked general practice appointments in any of the following ways?

- In person
- By phone
- Via another route, such as NHS 111
- Doesn't apply / none of these

S2. As far as you know, which of the following online services does the practice offer? By 'online' we mean on a website or smartphone app.

- Ordering repeat prescriptions online
- Accessing my medical records online
- On-line consultation
- None of these
- Don't know

S3. Which of the following general practice online services have you used in the past 12 months? By 'online' we mean on a website or smartphone app.

- Ordering repeat prescriptions online
- Accessing my medical records online
- On-line consultation
- None of these

S4. How easy is it to use the NHS App/ Practice website to look for information or access services?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

S5. Do you use the telephone call back service

- Yes
- No

S6. How would you rate this service?

- Very good
- Good
- Poor
- Very poor

Please provide any other comments you wish to make about the surgery:

(e.g. comments on the telephone system, making appointments, surgery opening hours and what services you would like to see at the Surgery)

SECTION B

This section will provide the surgery with some basic information about who took part in this survey.

| | | | | | | | |
|----------|---------------------|-------------------------------------|--|-----------------------------------|-----------------------------------|----------------------------------|---------------------------------------|
| 1 | Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | | | | |
| | | Non binary <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | | | | |
| 2 | Age | Under 16 <input type="checkbox"/> | 16 – 20 <input type="checkbox"/> | 21 – 40 <input type="checkbox"/> | 41 – 60 <input type="checkbox"/> | 61 – 84 <input type="checkbox"/> | 85 and over <input type="checkbox"/> |
| 3 | Ethnic Group | White <input type="checkbox"/> | Mixed <input type="checkbox"/> | Asian or <input type="checkbox"/> | Black or <input type="checkbox"/> | Chinese <input type="checkbox"/> | Other Ethnic <input type="checkbox"/> |
| | | | Asian British | Black British | | | group |