

## Results Year 2012/13

Since we collated the results of our last patient survey, we found that the majority of patients were very happy with Unity Surgery. Thank you for taking the time to complete the questionnaire, we find your feedback crucial to the improvement of services here.

Specifically, the results indicated that a few of you wanted the front doors to be automated due to the heaviness of the doors – this is something we have implemented. Despite a few teething problems, please be assured that we are looking into this and we hope to have them back in good working order as soon as possible.

The results last year also indicated that a number of you found it difficult getting through to a doctor on the phone. As a result of this, we have implemented a new Telephone Rota; patients are ‘booked in’ to speak to a doctor between 12pm-12:30pm each day. We hope that patients have found this to be an improvement on the previous system.

Please continue to inform us of your views and be assured that we find your comments extremely important and will always endeavour to make improvements where possible.

## GP PATIENT SURVEY

### **PLEASE ASK AT RECEPTION IF YOU REQUIRE A SURVEY IN LARGER PRINT.**

This survey was designed by our Patient Participation Group which is made up of a number of patients working in partnership with Unity Surgery to try to improve the health care of patients registered at this practice. *Please help us by completing and returning this questionnaire by post, email to [nct-pt.unitysurgery@nhs.net](mailto:nct-pt.unitysurgery@nhs.net) or hand into reception.* **Thank you for your help. If you would like to join our PPG, please ask at reception.**

#### **ABOUT YOU**

How old are you?	15-19 <input type="checkbox"/>	20-45 <input type="checkbox"/>	46-65 <input type="checkbox"/>	66+ <input type="checkbox"/>
Are you male or female?	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Are you registered disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

#### **RECEPTION AND ACCESS**

##### **The surgery is open:**

8.30am - 1 pm and 2.00 pm - 6.30pm Monday, Tuesday, Wednesday and Fridays

8.30 - 1.00 pm Thursdays

6.30 – 8.30 pm Monday evenings for pre-bookable appointments only.

##### **How satisfied are you with these opening hours?**

Very	Fairly	Happy with opening hours	Quite Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Very Easy	Fairly Easy	Not Very Easy	Not At All Easy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How clean is Unity surgery?**

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

**How helpful did you find the receptionists at Unity Surgery?**

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

**How easy do you find the following?**

	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"/>

**SEEING A DOCTOR**

The last time you saw a Dr, how good was the Dr at each of the following? If you wish, please feel free to leave the GP's name.

Name of GP: \_\_\_\_\_

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking about your symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explaining tests and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**APPOINTMENTS**

**How many days do you usually have to wait to get an appointment with the GP or your choice?**

Same day	Next day	Two days	Three days	4-7days	8 days or longer	Don't usually get appt with GP of my choice	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SEEING THE NURSE OR HEALTH CARE ASSISTANT**

**How were you treated by the nurse at the practice?**

Poorly	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Are you aware of the medical services offered by our Nurse and Health Care Assistant?**

Yes	Some of the services	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In general how satisfied are you with the care you get at the Surgery?**

Very	Fairly	Neither satisfied or dissatisfied	Quite dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Any suggestion/comments about how Unity Surgery could improve its service to patients?**

**Any comments about how the doctor or nurse could improve?**

**Contact details for patient (This section is optional)**

**Name:**

**Signature:**

**Address:**

**Tel:**

**email:**

**THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE.**