

# The Stag and Rose Court Surgeries Questionnaire

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Patient Participation Group

GP Assessment Questionnaire

January 2012 – February 2012

Dear Patient

The Patient Participation Group (PPG) would be grateful if you would complete this questionnaire about the GP Practice of the Stag and Rose Court Surgeries. It would be helpful if you could recall your most recent visit to either of the surgeries.

The PPG want to help the Practice to provide the highest standard of care. The feedback will enable them to identify areas that may need improvement as well as acknowledging the services they provide. Your opinions are therefore very valuable.

Please answer all the questions that apply to you. There are no right or wrong answers and your doctor will not be able to identify your individual responses.

There are 37 questions in this survey

## Firstly some general questions:

### 1 The doctor I last saw was?

Please choose **only one** of the following:

- Dr Abbey
- Dr Proctor
- Dr Muthoo
- Dr McWhinnie
- Dr Qureshi
- Dr Clitherow
- A Locum Doctor

### 2 Do you feel comfortable telling a receptionist the reason for your call when making an appointment?

Please choose **only one** of the following:

- Yes
- No
- Don't Mind

### 3

**Requests for repeat prescriptions can be made 'online'.  
Are you able to access this facility?**

**(If you would like to order your repeat prescription online (you must be registered to use this service), please click on the following**

link [www.systmonline.tpp-uk.com](http://www.systmonline.tpp-uk.com) ).

Please choose **only one** of the following:

- Yes
- No
- Unsure

## Thinking about access to the Practice surgeries:

### 4 How do you rate the way receptionists at the practice communicate with you?

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

### 5

#### How do you rate the hours that the practice is open for doctor's appointments?

**Consultations are held at surgeries from 8.30am to 12 noon, 2.45 to 3.30pm and 4.30 to 5.45pm, Monday to Friday.**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

### 6 If additional hours were possible, what extra hours would you like the practice to be open? (Please select all that apply)

Please choose **all** that apply:

- Early morning
- Lunch Times
- Evenings
- Weekends
- None I am satisfied

## Thinking of times when you want to see a particular doctor:

### 7 How quickly do you usually get to see your choice of doctor?

Please choose **only one** of the following:

- Same day
- Next working day
- Within 2 working days
- Within 3 working days
- Within 4 working days
- 5 or more working days

### 8 How acceptable do you rate this?

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

## Thinking of times when you want to make an appointment to see a doctor:

### 9 Are you aware the practice has a new triage appointment system?

Please choose **only one** of the following:

- Yes
- No
- Unsure

### 10

If YES; do you find it easier now, than before this was in place, to talk with or see a doctor?

(If NO please explain why in the comments box)

Please choose **only one** of the following:

- Yes
- No
- Unsure

Make a comment on your choice here:

### 11 How do you rate the new triage appointment system?

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

12 What is the biggest change you have noticed about the new appointment system?

Please write your answer here:

**13**

**Would you prefer to make an appointment with the doctor of your choice for a future date without a call back?**

**If YES please explain why in the comments box.**

Please choose **only one** of the following:

- Yes
- No

Make a comment on your choice here:

## Thinking of times when you are willing to see any doctor:

### 14 How quickly do you usually get seen?

Please choose **only one** of the following:

- Same day
- Next working day
- Within 2 working days
- Within 3 working days
- Within 4 working days
- 5 or more working days

### 15 How acceptable do you rate this?

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

## Thinking about when you visit the doctor:

### 16 How long do you usually have to wait at the practice for your consultations to begin?

Please choose **only one** of the following:

- 5 minutes or less
- 6-10 minutes
- 11-20 minutes
- 21-30 minutes
- More than 30 minutes

### 17 How acceptable do you rate this?

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**Thinking of times you have phoned the practice, how do you rate the following?**

**18 How easy is it to get through to the practice on the phone?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

## This question asks about your usual doctor.

If you don't have a 'usual doctor', answer about the one doctor at your practice who you know best:

### 19 In general, how often do you see your usual doctor?

Please choose **only one** of the following:

- Always
- Almost always
- A lot of the time
- Some of the time
- Almost never
- Never

### 20 How acceptable do you rate this?

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**Thinking about your most recent consultation with a doctor, how do you rate the following?**

**21 How thoroughly did the doctor ask about your symptoms and how you are feeling?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**22 How well did the doctor listen to what you had to say?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**23 How well did the doctor put you at ease during your physical examination?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good
- Does Not Apply

**24 How well did the doctor involve you in decisions about your care?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**25 How well did the doctor explain your problems or any treatment that you needed?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**26 What did you think about the amount of time your doctor spent with you?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**27 What did you think about the doctor's patience with your questions or worries?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

**28 What did you think about the doctor's caring and concern for you?**

Please choose **only one** of the following:

- Very Poor
- Poor
- Good
- Very Good

29

**After seeing the doctor at your last consultation did you feel...  
able to understand your problems(s) or illness?**

Please choose **only one** of the following:

- Much more than before the visit
- A little more than before the visit
- The same as before the visit
- Less than before the visit

**30 After seeing the doctor at your last consultation do you feel...  
able to cope with your problem(s) or illness?**

Please choose **only one** of the following:

- Much more than before the visit
- A little more than before the visit
- The same as before the visit
- Less than before the visit

## About You:

To assist the Practice to respond to your answers it would be helpful if you would complete the final section of the questionnaire.

### 31 Are you:

Please choose **only one** of the following:

- Female
- Male

### 32 How old are you?

Please choose **only one** of the following:

- Under 15
- 15 to 24
- 25 to 44
- 45 to 64
- 65 and upwards

### 33 Which ethnic group do you belong to?

Please choose **only one** of the following:

- White
- Black or Black British
- Asian or Asian British
- Mixed
- Chinese
- Other Ethnic Group

### 34 Which of the following best describes you?

Please choose **only one** of the following:

- Employed
- Unemployed and 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

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

**35**

**Is there anything particularly good about your health care at the Practice?**

Please write your answer here:

**36 Is there anything that could be improved?**

Please write your answer here:

**37 Any other comments?**

Please write your answer here:

Thank you for persevering with answering this questionnaire. Your answers and comments will be used to develop the services of the Practice and to acknowledge their work in caring for our Practice Population.  
01.01.1970 – 00:00

Submit your survey.  
Thank you for completing this survey.