



Yes  No  No preference

Any comments: .....

**SERVICES & FACILITIES**

How do you rate obtaining a repeat prescription at the surgery?

11. 

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

The surgery offers online repeat prescription requesting service via our website [www.theelmssurgery.co.uk](http://www.theelmssurgery.co.uk). Have you used this service?

12.a Yes  No  Not aware of service

If yes, did you find this service:

Useful                      Not useful                      No opinion

Any comments: .....

The surgery offers online appointment booking service via <https://patient.emisaccess.co.uk> and our website [www.theelmssurgery.co.uk](http://www.theelmssurgery.co.uk). Have you used this service?

12. b Yes  No  Not aware of service

If yes, did you find this service:

Useful                      Not useful                      No opinion

Any comments: .....

The surgery offers a physiotherapy service provided by an external provider. Have you used this service?

13. Yes  No  Not aware of service

If yes, did you find this service:

Useful                      Not useful                      No opinion

Any comments: .....

The surgery will be offering an in-house 'Stop Smoking Service' from April 2014. If you smoke, would you consider using this service?

14. Yes  No  N/A

If yes, please inform the receptionist, who will then book an appointment for you.

The surgery has purchased an automated blood pressure monitor for patients use. Have you used this facility?

15. Yes  No  Not aware of facility

If yes, did you find this service:

Useful                      Not useful                      No opinion

Any comments: .....

If you have attended our blood test clinic at The Elms Surgery, how do you rate the service?

16. 

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

17. Do you like our automated appointment check-in service (computer screen in reception)?

Yes     Neither dislike or like     No     Prefer face to face check-in

**Clinical Care – The Doctors**

**The last time you saw a doctor at the surgery, how good was the doctor at each of the following?**

18. Giving you enough time

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

19. Asking about your symptoms

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

20. Listening to you

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

21. Explaining tests and treatments

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

22. Involving you in decisions about your care

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

23. Treating you with care and concern

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

24. Did you have confidence and trust in the doctor you saw?

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

**Clinical Care – Practice Nursing**

**The last time you saw a Nurse at the surgery, how good was she at each of the following?**

25. Giving you enough time

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

26. Asking about your symptoms

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

27. Listening to you

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

**The Elms Surgery, PPG Patient Questionnaire 2013-14**

28. Explaining tests and treatments

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

29. Involving you in decisions about your care

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

30. Treating you with care and concern

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

31. Did you have confidence and trust in the nurse you saw?

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

**GENERAL**

How do you rate the surgery's premises?

32. <u>Reception/Waiting area?</u>	1	2	3
	Good	Fair	Poor
<u>Consulting rooms?</u>	1	2	3
	Good	Fair	Poor

Any comments: .....

33. Would you recommend this surgery to a neighbour? Yes  No

Please give reasons for your choice of answer.  
.....

34. How do you rate your overall patient experience in the surgery?

	1	2	3	4	5
	Excellent	Good	Average	Fair	Poor

Any comments: .....

Are you interested in joining the practice's Patient Participation Group? Yes  No

The aim of the group is to work with the practice to improve the surgery's service to patients and improve the patient experience.

35. IF YES,  
Would you prefer:

- Contributing via email or an on-line "virtual group"
- Attending face to face meetings
- A mixture of the two

IF YOU WISH TO JOIN OUR PATIENT REFERENCE GROUP PLEASE ASK RECEPTION FOR AN APPLICATION FORM  
.....

**Any additional comments**

.....  
 .....  
 .....

36. Please tick the Ethnic Group you belong to

<b>White</b>		<b>Black or Black British</b>		<b>Mixed</b>	
British		Caribbean		White and Black Caribbean	
Irish		African		White and Black African	
Any other White background		Any other Black background		White and Asian	
				Any other mixed background	
<b>Asian or Asian British</b>		<b>Other Ethnic Groups</b>			
Indian		Chinese			
Pakistani		Any other ethnic group			
Bangladeshi					
Any other Asian background		Prefer not to			

37.	Please tick (✓) the faith group that you belong to
	Buddhist <input type="checkbox"/> Christianity <input type="checkbox"/> Hindu <input type="checkbox"/> Judaism <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Do not wish to Answer <input type="checkbox"/> Other religion, please state. ....
38.	Please tick the age group that you fall within.
	18 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 – 84 <input type="checkbox"/> 85+ <input type="checkbox"/>

The Elms Surgery, Patients' Participation Group is working together with the practice to provide a continuous improving service at the surgery for all patients. To enable us to achieve this purpose, it will be very helpful if you could kindly hand this completed questionnaire in to us.

The completed form can be **handed in at the reception** of the surgery **or posted to The Elms Surgery, 36 The Avenue, Watford, Hertfordshire, WD17 4NT.**

A report based on our findings from this survey will be posted on our website and also made available to all patients in the surgery.

**Thank you very much for taking time out to complete this questionnaire.**