**GP OUT OF HOURS SERVICE**

 **Patient Experience Survey**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Date** |  |  **Centre** |  |

Thank you for using our service. Your care at this GP Out of Hours Centre today is provided by East Lancashire Medical Services (ELMS), a local company established in 1994.

Feedback from our patients is important to us; it helps us provide and improve quality services that meet our patient’s needs.

ELMS would like to ask you to complete a short survey about your experience of using this service today.

Please answer questions 1 - 11 **BEFORE** your consultation and questions 12 -20 **AFTER** you have been seen by a clinician before returning the form to the receptionist on duty.

**Are you :-**

|  |
| --- |
|  |
|  |

 **MALE**

 **FEMALE**

***Please tick as appropriate***

**Which of the following best describes your ethnicity?**

***Please tick as appropriate***

|  |  |
| --- | --- |
| White - British White |  |
| White - Irish |  |
| White - Eastern European |  |
| White - Other White Background |  |
| Asian or Asian British - Indian Asian or Asian British |  |
| Asian or Asian British - Pakistani |  |
| Asian or Asian British - Bangladeshi |  |
| Asian or Asian British - Other Asian |  |
| Black or Black British - Caribbean Black or Black British |  |
| Black or Black British - African |  |
| Black or Black British - Other Black |  |
| Mixed - White and Black Caribbean Mixed / Other |  |
| Mixed - White and Black African |  |
| Mixed - White and Asian |  |
| Mixed - Any Other Mixed Background |  |
| Chinese |  |
| Other |  |
| Don’t know |  |
| Do not wish to divulge |  |

|  |
| --- |
|  |

**Q1. What time did you make your first telephone call for medical attention today?**

**Q2. Which telephone number did you ring first to access the GP Out of Hours service today?**

|  |  |
| --- | --- |
| Own GP Surgery or Health Centre |  |
| 111 |  |
| Other |  |
| Didn’t ring first |  |

**Q3. Was your call answered quickly?**

|  |  |  |  |
| --- | --- | --- | --- |
|   Yes  |  |   No |  |

**Q4. Were you dealt with politely & efficiently at your 1st telephone contact call?**

|  |  |  |  |
| --- | --- | --- | --- |
|   Yes |  |  No |  |

**Q5. Did you understand the information given to you by the 1st operator you spoke to?**

|  |  |  |  |
| --- | --- | --- | --- |
|  Yes |  |  No |  |

**Q6. How quickly was your call dealt with?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Put through straightaway |  Called back within 10 mins |  Called back within 10-20 mins |  Called back within 20-30 mins | Called back within 30 mins-1 hour  | Called back over 1 hour |
|  |  |  |  |  |  |

|  |
| --- |
|  |

**Q7. Where have you travelled from today?**

**Q8. How long has it taken you to get here?**

|  |  |
| --- | --- |
|  Within 15 minutes |  |
|  15 - 30 minutes |  |
|  Over 30 minutes |  |

**Q9. How did you get here today?**

|  |  |
| --- | --- |
|  Car |  |
|  Bus |  |
|  Taxi |  |
|  Ambulance |  |
|  Walk |  |
|  Other |  |

**Q10. When you booked in at reception, was the receptionist polite and helpful?**

|  |  |  |  |
| --- | --- | --- | --- |
|   Yes |  |   No |  |

**Q11. On a scale of 1 - 10 (1 being poor and 10 being excellent) what score would you give for the service and care you have received up to this point?**

|  |
| --- |
|  |

**Please answer questions 12 - 20 AFTER your consultation**

**Q12. Were you seen on time?**

|  |  |  |  |
| --- | --- | --- | --- |
|   Yes |  |  No |  |

**Q13. Did you feel that the clinician spent enough time with you?**

|  |  |  |  |
| --- | --- | --- | --- |
|   Yes  |  |  No |  |

**Q14. Did the clinician explain what you wanted to know?**

|  |  |  |  |
| --- | --- | --- | --- |
|  Yes |  |  No |  |

**Q15. Are you happy with the consultation you have had today?**

|  |  |  |  |
| --- | --- | --- | --- |
|  Yes |  |  No |  |

**Q16. If no, please say why and what you feel could have improved it?**

|  |
| --- |
|  |

**Q17. On a scale of 1 - 10 (1 being poor and 10 being excellent) what score would you give for the service and care you have received since arriving at the Treatment Centre?**

|  |
| --- |
|  |

**Q18. Are there any suggestions you would like to make** **that would have improved your experience?**

|  |
| --- |
|  |

**Q19. Why have you accessed the service today?**

|  |  |
| --- | --- |
| My medical condition could not wait until my GP surgery was next open |  |
| I could not get an appointment at my own GP surgery |  |
| This service is more convenient |  |
| Other |  |

**Q20. If this service was not available, where would you have gone?**

|  |
| --- |
|  |

***Thank you for helping us make a difference***

Feb 2014