

ATKINSON HEALTH CENTRE PRACTICE

Improving our Practice

This questionnaire is designed to assess the service provided by the surgery. It has been developed in consultation with our Patient Participation Group.

Questionnaire

You can help the Practice to improve its services

- All the staff welcome your feedback
- Please do not write your name on this questionnaire
- Please read and complete the questionnaire while waiting for your appointment and hand back in to reception on completion

Who are you seeing today? (Please tick appropriate)

Doctor

Nurse

Name of Doctor /Nurse (if applicable)

.....

PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

	No experience	Poor	Fair	Good	Very Good	Excellent
1. Length of time you had to wait for an appointment?		1	2	3	4	5
2. Ability to see a doctor quickly when necessary?		1	2	3	4	5
3. Convenience of day and time of your appointment?		1	2	3	4	5
4. Seeing the Doctor of your choice?		1	2	3	4	5

5. Length of time waiting to check in with Reception?		1	2	3	4	5
6. Being able to speak to the Doctor you prefer?		1	2	3	4	5

When you last saw or spoke to a GP how good was the GP in the following?

7. Giving you enough time		1	2	3	4	5
8. listening to you		1	2	3	4	5
9. Explaining Test and treatments		1	2	3	4	5
10. Involving you in decisions about your care		1	2	3	4	5
11. Did you have confidence and trust in the GP you saw or spoke to		1	2	3	4	5

12. If you have repeat medication were they issued correctly?		1	2	3	4	5
13. The helpfulness of staff?		1	2	3	4	5
14. Suitability of the Practice premises?		1	2	3	4	5
15. Cleanliness of the Practice premises?		1	2	3	4	5
16. My overall satisfaction with this Practice ?		1	2	3	4	5

Any Further comments/suggestions:

.....

P.T.O

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

The following provide us only with general information about the range of people who have responded to this questionnaire. It will **not** be used to identify you, and will remain confidential.

What is your age?	16-24	25-34	35-44	45-54	55-64	65+
--------------------------	-------	-------	-------	-------	-------	-----

Male	Female
-------------	---------------

How many years have you been attending this practice?	
--	--

Thank you very much for your time and assistance it is very much appreciated.

Please hand your completed questionnaire back to reception.