

Hill Barton Surgery Patient Survey

Hill Barton Surgery
1 Lower Hill Barton Road
Exeter
EX1 3EN

February 2014

Mrs Helen Townsend
Hill Barton Surgery
1 Lower Hill Barton Road
Exeter
EX1 3EN

1 Northleigh House
Thorverton Road
Matford Business Park
Exeter
EX2 8HF

t 0845 519 7493
f 01392 824767

e enquiries@cfepsurveys.co.uk
w www.cfepsurveys.co.uk

February 2014

Dear Mrs Townsend,

The report to follow outlines the feedback from your patient questionnaire.

Your results have been illustrated in tables and graphs. A sample questionnaire has been included for reference.

We hope that these results provide you with useful insight into the running of your practice. Please contact the office on 0845 519 7493 if you require further information about your report.

Yours sincerely



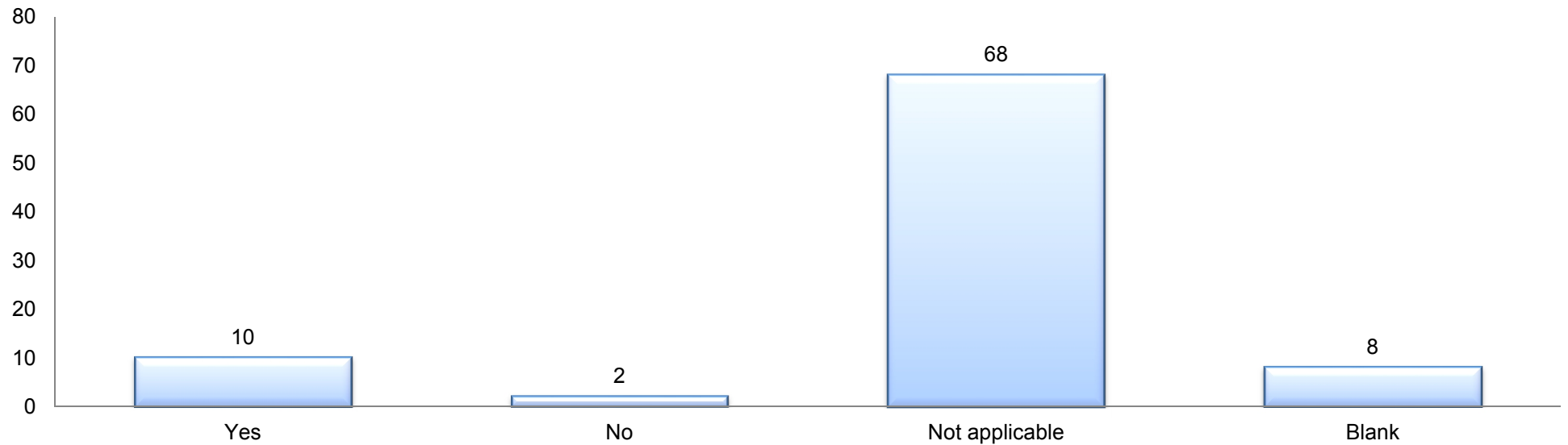
Helen Powell
Survey Manager

Patient Survey Report

Number of patients providing feedback: 88

Q1. If you or someone you care for has a hearing or visual impairment, are you/they able to communicate adequately with the practice?

Yes	No	Not applicable	Blank
10	2	68	8

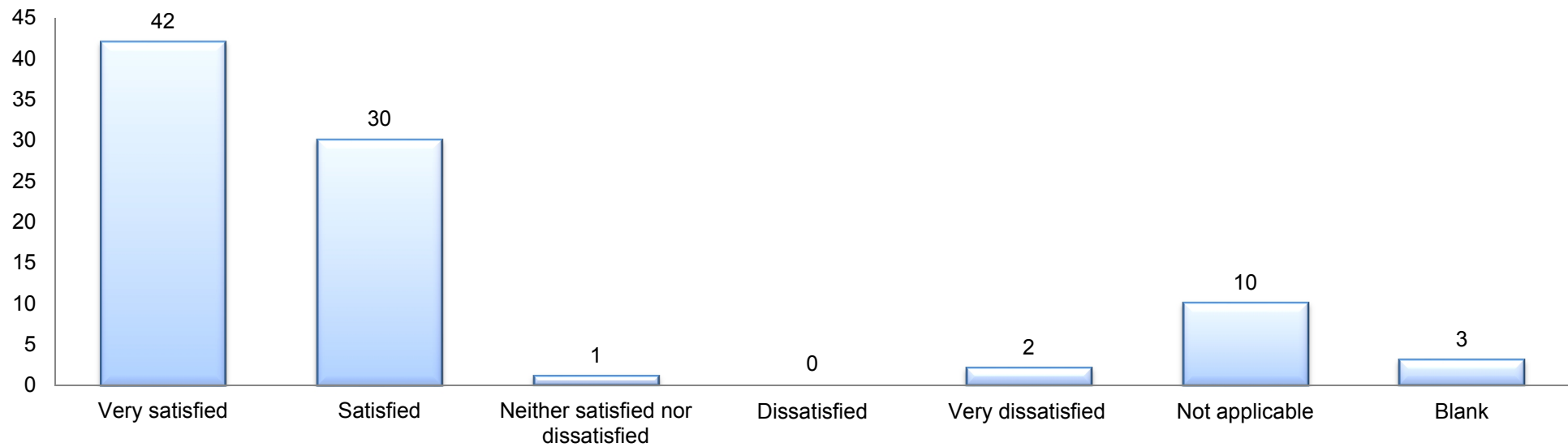


Patient Survey Report

Number of patients providing feedback: 88

Q2. Please rate your satisfaction with the service provided by the nursing staff.

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable	Blank
42	30	1	0	2	10	3

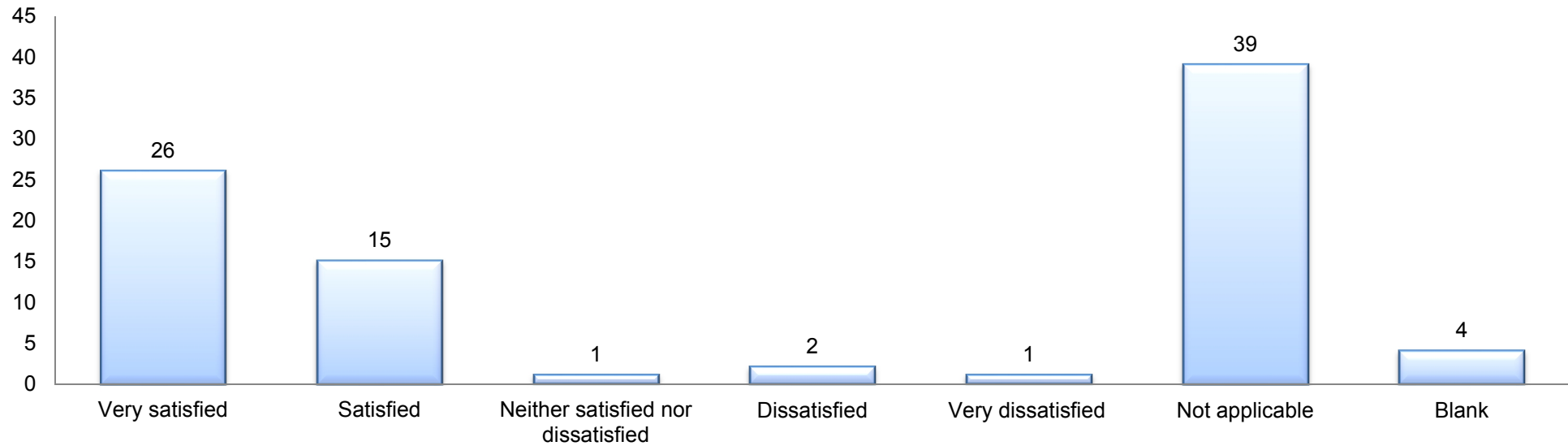


Patient Survey Report

Number of patients providing feedback: 88

Q3. Please rate your satisfaction with the text messaging reminders.

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable	Blank
26	15	1	2	1	39	4



«OrgName»

You can help this general practice improve its service

- This practice would welcome your honest feedback
- All the information provided by patients is put together in a report for the practice. Your answers will not be identifiable.
- Once completed, please return this survey to reception in the envelope provided

Please mark the box like this with a blue or black ball-point pen. If you change your mind just cross out your old response and make your new choice.

1

If you or someone you care for has a hearing or visual impairment, are you/they able to communicate adequately with the practice?

Yes

No

Not applicable

2 Please rate your satisfaction with the service provided by the nursing staff

Very satisfied

Satisfied

Neither satisfied nor
dissatisfied

Dissatisfied

Very dissatisfied

Not applicable

3 Please rate your satisfaction with the text messaging reminders

Very satisfied

Satisfied

Neither satisfied nor
dissatisfied

Dissatisfied

Very dissatisfied

Not applicable

Thank you for your time and assistance