

CAPE HILL MEDICAL CENTRE

GP Patient Survey Questionnaire 2017-18

THE PRACTICE

Opening times: Monday to Friday 8:00am – 6:30pm (plus 3 earlier mornings and 1 later evening per week)
One Saturday a month

	Very Satisfied	Fairly Satisfied	Neither/ Nor	Fairly Dissatisfied	Very Dissatisfied
1. How satisfied are you with the opening hours?					
2. How satisfied are you with the availability of 'Walk-in' clinics Monday to Friday?					

	Very Easy	Fairly Easy	Neither/ Nor	Fairly difficult	Very Difficult
3. If you use the carpark, how easy is it to find a space and to park?					

	Yes	No	N/A
4. If you drive or cycle to the Practice, do you have any problems when leaving in getting out onto Raglan Road?			

If you have answered yes to the above, please let us know the problem you had below:

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	In Person	By Telephone	Online
5. How do you prefer to book your appointments?			

	Very Easy	Fairly Easy	Not Very Easy	Not Very Easy At All	Not Tried
6. How easy is it to get through on the telephone?					
7. How easy is it to get an appointment with a GP or Nurse Practitioner?					
8. How easy is it for you to get an appointment with a Nurse at Cape Hill Medical Centre??					

	Yes	No
9. Have you had any appointments cancelled by the surgery in the past year?		

	Very Helpful	Fairly Helpful	Not Very Helpful	Not At All Helpful	Don't Know
10. How helpful do you find the receptionists at the surgery?					

CONSULTATIONS

	None	Once or Twice	Three or Four Times	Five or Six Times	Seven Times or More
11. In the past 12 months how many times have you had any consultation (either face to face or by telephone)?					

	Very Satisfied	Fairly Satisfied	Neither/Nor	Fairly Dissatisfied	Very Dissatisfied
12. If you have been seen by a doctor or a nurse practitioner at a 'Walk-in' clinic how satisfied were you with this experience?					

Last time you saw a doctor or nurse practitioner, how good were they at:	Very Good	Good	Neither/Nor	Poor	Very Poor
13. Listening to you?					
14. Treating you with care and concern?					
Last time you saw a nurse, how good were they at:	Very Good	Good	Neither/Nor	Poor	Very Poor
15. Listening to you?					
16. Treating you with care and concern?					

OUT OF HOURS

	Yes	No
17. Do you know how to contact the out of hours GP service when the surgery is closed?		

	Very Good	Good	Neither/Nor	Poor	Very Poor
18. If you have has experience in the past year of using out of hours service, how would you describe your experience?					

GENERAL

	No	Yes 1-9 hrs per week	Yes 10-19 hrs per week	Yes 20-34 hrs per week	Yes 35-49 hrs per week	Yes 50+ hrs per week
19. Do you look after any family member or others because of their long term illness, disability or age?						

	Very Good	Fairly Good	Neither/Nor	Fairly Poor	Very Poor
20. Overall, how would you describe your experience of this surgery?					

	Yes Definitely	Yes Probably	Not sure	No Probably Not	No Definitely Not	Don't Know
21. Would you recommend this surgery to a family member or friend moving into the area?						

QUESTIONS ABOUT YOU

	Male	Female	No answer
22. Are you?			

	Under 16	16-24	25-44	45-64	65-74	75 and over	No answer
22. To which age group do you belong?							

23. Which ethnic group do you belong to?	
a. White or White British	
b. Black or Black British	
c. Asian or Asian British	
d. Mixed	
e. Other Ethnic Group	
No answer	

	White British	White European	Other White
24. Which one of the following White backgrounds are you ?			

	Pakistani	Indian	Bangladeshi	Chinese	Other Asian
25. Which of the following Asian backgrounds are you?					

	Black African	Black Caribbean	Other Black Background
26. Which one of the following Black backgrounds are you?			

	Yes	No
27. Is English your main language?		

28. We are interested in any other comments you may have

a. Is there anything particularly good about your health care?

b. In your opinion is there anything which could be improved?

c. Any other comments

CAPE HILL MEDICAL CENTRE

Patient Participation Group (PPG)

We would like to know how we can improve our services to you and how you perceive your surgery and staff.

To help us to achieve this we like to involve all our patients and we hold a Patient Participation Group meeting every 2 months. The PPG has a Chairperson who attends all meetings and a representative of the Practice team, usually the Practice Manager, is also in attendance to ensure any areas of concerns or areas for improvement are taken forward and implemented within the Practice.

We would like to invite you to join us at these meetings or alternatively invite you to leave your contact details so we can keep you up to date with our PPG newsletter which details what is happening in the surgery. Please complete the areas below:

Your Name:.....

Your Address:.....

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If you are happy for us to contact you occasionally by email please leave your details:

Your email address:

Please tick below:

I would like to join you at future meetings

I would like to receive the PPG Newsletter

by post

by email

Please note that we will not respond to any medical information or questions received through the survey. The information you supply to us will be used in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled correctly.

THANK YOU