

## Patient Survey

1. How long have you been a patient at this practice? (Circle appropriate answer)  
     Under 1 yr              1 to 5 yrs              6 to 10 yrs              over 10 yrs
2. To which age group do you belong? (Circle appropriate answer)  
     24 or under              25 – 44              45 – 64              65 or over
3. Approximately how many times have you been to see the doctor in the last 6 months?  
     None              1 - 2              3 – 5              6 – 10              over 10

		Yes	No
4	Are you aware that you can book routine appointments up to 21 days in advance?		
5	Are you aware that in cases of medical urgency you will be seen on the day, but will be asked for brief details of your illness to determine urgency?		
6	If you have telephoned the surgery in the last 6 months, was the call answered promptly?		
7	Did you complete the previous practice questionnaire?		
8	The issues raised in the previous questionnaire were as follows. Have you seen any improvements in these areas?		
	a) Access to a GP or a clinician		
	b) Telephone access at peak times		
	c) Parking at the surgery		
9	d) Alternative ways to book appointments		
	When you last visited the surgery, were you satisfied with the overall cleanliness of		
	a) The waiting room? b) The consulting room? c) The patient toilets?		
10	When you last visited the surgery, did you feel that you had confidence and trust in		
	a) GPs? b) Nurses? c) Admin staff?		
	When you last visited the surgery, were you treated with dignity and respect by		
11	a) GPs? b) Nurses? c) Admin staff?		
	12 Do you have access to the internet?		
	13 Are you aware of our practice website?		
14 Do you know what services we offer via the website?			
15	In Bolton, over 50% of patients attending A&E could have been treated elsewhere. Are you aware of the services offered by		
	a) GPs? b) Pharmacists? c) Dentists?		
	16 In the last 6 months, have you attended A&E for an illness or condition which could have been treated elsewhere?		

**Please continue to next page**

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If you wish to offer further comment on any of the questions above, please do so in the box below.

Comments:

We may need to contact you for further information on your comments. If you are willing to be contacted for this purpose, then please complete the details below and tell us how best to contact you:

Name.....

Address.....

.....

Telephone/mobile.....

Email address.....

Preferred method of contact.....

We greatly value the views of our patients on ways in which we can develop our practice. It is only by gaining your views and opinions that we know what we are doing right, and how we can improve. Thank you very much for completing this questionnaire.

If you would like to join our Patient Participation Group, then please complete your contact details above, and tick the box below. You can obtain more information on our website:

[www.drjainanddrgupta.nhs.uk](http://www.drjainanddrgupta.nhs.uk)

I would like to know more about the Patient Participation Group