THE MEADOWHEAD GROUP PRACTICE

PATIENT SURVEY -MARCH 2014

Dear Patient,

Many thanks for agreeing to take this short survey to help our practice understand how we can improve the service we provide to you. This survey has been compiled with help from our Patient Participation Group. Please answer all of the questions and place the completed questionnaire in the box at reception.

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| Some questions about communicating with the Surgery |
| Q1. How often do you come to the practice? |
| Regularly Occasionally Very Rarely |
| Q2. How do you normally book your appointments to see a doctor or nurse at the surgery? |
| In person □ By phone □ Online via the surgery website □ |
| Q3. Are you aware that you can pre book an appointment with a Doctor of your choice up to 6 weeks in advance? |
| Yes □ No □ |
| Q4. Do you like the telephone triage system, whereby you can speak to a Doctor if you feel you need an urgent appointment on the day? |
| Yes DNO D |
| Q5. Would you like to be reminded of your appointment by text? |
| Yes □ No □ |
| Q6. Would you like to receive results of your blood test by text? |
| Yes No |
| Q7. Would you like to be reminded to make your Review Appointment by text? |
| Yes No |
| Q8. Do you use the Surgery website? |
| Yes □ No □ |
| Q9. Are you aware of our services such as the Surgery Website, Online Prescription Requesting and Online Booking |
| Yes □ No □ |

| Q10. Have you ever used the NHS Choices Website to feedback to the Practice (positive or negative?) |
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| Yes □ No □ |
| Q11. Do you use our automated arrival system when booking in? |
| Yes □ No □ |
| Some questions about the Surgery Environment |
| Q12 Do you find the seating in the waiting area adequate? |
| Yes \square |
| No 🚨 |
| Q13. In the Reception Area, can other patients overhear what you say to the receptionist? |
| Yes, but don't mind Yes and am not happy about it No, other patients can't overhear Don't know |
| Q14. Do you think if the seating in the waiting area (Old School Site) was reconfigured, this would help with confidentiality? |
| Yes □ No □ |
| To help us analyse your answers please tell us a few things about yourself: |
| Are you male or female? |
| Male □ Female □ |
| What age are you? |
| Under 16 \Box 17 - 24 \Box 25 - 44 \Box 45 - 60 \Box 61 - 70 \Box 70 - 83 \Box Over 84 \Box |
| What is the ethnic background with which you most identify? |
| White British □ Indian □ Chinese □ Other □ Other □ Hakistani □ Black African □ Black African □ Hixed White & Black African □ Black Caribbean □ Black Caribbean □ Hixed White & Black African □ Hixed White & Black African □ Hixed White & Black Asian □ Hixe |
| We would really appreciate any Comments/Suggestions which you may have. |
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