

Broughton Gate Patient Survey

We value all patient feedback and so would like to ask you to take 5 minutes to fill in the questionnaire below. Results from this survey will be used to formulate a Surgery Action Plan to help improve the service provided. Results will be available around January 2014. A full report will be published at the end of March 2014.

Please tick or circle as appropriate. If you would prefer to complete this questionnaire online, please go to www.surveymonkey.com/s/Broughtongate13

Accessing your GP Services

- 1 When did you last see or speak to a GP at your GP Surgery?**
 In the past 2 weeks Between 2 weeks & 3 months ago 3 - 6 months ago
 6 - 12 months ago + 12 months ago I have never seen a GP at my Surgery
- 2 How often do you see or speak to your preferred GP?**
 Always or almost always A lot of the time Some of the time Never or almost never
 Not tried at this GP surgery I don't have a preferred GP
- 3 When did you last see or speak to a Nurse at your GP Surgery?**
 In the past 3 months 3 - 6 months ago 6 - 12 months ago + 12 months ago
 I have never seen a Nurse at my GP Surgery
- 4 Generally, how easy is it to get through to somebody on the phone at your surgery?**
 Very easy Fairly easy Not very easy Not at all easy Haven't tried
- 5 How helpful do you find the receptionists at your GP Surgery?**
 Very helpful Fairly helpful Not very helpful Not at all helpful Don't know

Making an Appointment

- 6 The last time you tried, were you able to see or speak to someone within your desired timescale?** Yes No Can't remember
- 7 i. If you were unable to get an appointment or the appointment was inconvenient, why was that?**
 There weren't any appointments available on the day I wanted
 There weren't any appointments for the time I wanted I couldn't see my preferred GP
 I couldn't book ahead Another reason
- ii. What did you do on that occasion?**
 Went to the appointment I was offered Got an appointment for a different day
 Had a consultation over the phone Went to A&E / a walk-in centre Saw a pharmacist
 Decided to contact my surgery another time Didn't see or speak to anyone

Waiting Times

- 8 How long after your given appointment time do you usually wait to be seen?**
 Always on time Less than 5 minutes 5 - 15 minutes More than 15 minutes
 Can't remember

Your Last GP or Nurse Appointment

| | | | | | | | | |
|----|---|------|--|---|---|---|-----------|---|
| 9 | The last time you saw or spoke to a GP at your surgery, how good was that GP at each of the following? | Poor | | | | | Excellent | |
| | | | Listening to you | 1 | 2 | 3 | 4 | 5 |
| | | | Explaining tests and treatments | 1 | 2 | 3 | 4 | 5 |
| | | | Involving you in decisions about your care | 1 | 2 | 3 | 4 | 5 |
| | | | Treating you with dignity and respect | 1 | 2 | 3 | 4 | 5 |
| 10 | The last time you saw or spoke to a Nurse at your surgery, how good was that Nurse at each of the following? | Poor | | | | | Excellent | |
| | | | Listening to you | 1 | 2 | 3 | 4 | 5 |
| | | | Explaining tests and treatments | 1 | 2 | 3 | 4 | 5 |
| | | | Involving you in decisions about your care | 1 | 2 | 3 | 4 | 5 |
| | | | Treating you with dignity and respect | 1 | 2 | 3 | 4 | 5 |

Opening Hours

- 11 **Is your GP Surgery currently open at times convenient for you?** Yes No Don't know
- 12 **Which of the following additional hours would make it easier for you to see or speak to someone?**
Please tick all boxes that apply to you.
Before 8am Lunchtime After 6.30pm On Saturdays On Sundays None of these

Managing your Health

- 13 **Do you have a long standing health condition?** Yes No Don't know / Can't say
- 14 **Would you be interested if clinics were available at the surgery to help you manage your condition?** Yes No Don't know

Out of Hours

These questions are about contacting an Out of Hours GP when your surgery is closed.
Do not include NHS Direct, NHS walk-in centres or A&E.

Please note: this service is not provided by The Practice but we would like to collect your feedback in order to see if we can help improve the service.

- 15 **Do you know how to contact an out-of-hours doctor?** Yes No
- 16 **In the past 6 months, have you tried to contact the out-of-hours GP service when your surgery was closed?** Yes No
- 17 **Overall, how would you describe your experience of the out-of-hours service?**
- | | | | | | |
|------|---|---|---|---|-----------|
| Poor | | | | | Excellent |
| | 1 | 2 | 3 | 4 | 5 |

Additional Questions

18 Your Patient Reference Group (PRG) helped shape this questionnaire and will help the surgery to use the results to improve the service you receive. Would you be interested in knowing more about the PRG? Yes No

* * If yes, please leave your details with a member of staff * *

About You

| | | | | | | |
|---|-----------------------------------|--|---------|---------|---------|------------|
| i. Are you male or female? | | | | Male | | Female |
| ii. How old are you? | Under 18 | 18 – 24 | 25 – 39 | 40 – 54 | 55 – 69 | 70 or over |
| iii. What is your ethnic group? | | | | | | |
| A. White | <input type="checkbox"/> | | | | | |
| B. Mixed / Multiple ethnicities | <input type="checkbox"/> | | | | | |
| C. Asian / British Asian | <input type="checkbox"/> | | | | | |
| D. Black / African / Caribbean / Black British | <input type="checkbox"/> | | | | | |
| E. Other ethnic group | | | | | | |
| iv. Are you the parent or guardian of any children under 16 living in your home? | | | | Yes | | No |
| v. Are you a deaf person using sign language? | | | | Yes | | No |
| vi. Which of these best describes your religion? | | | | | | |
| No religion <input type="checkbox"/> | Buddhist <input type="checkbox"/> | Christian (all denominations) <input type="checkbox"/> | | | | |
| Hindu <input type="checkbox"/> | Jewish <input type="checkbox"/> | Muslim <input type="checkbox"/> | | | | |
| Sikh <input type="checkbox"/> | Other <input type="checkbox"/> | I prefer not to say <input type="checkbox"/> | | | | |

Do you want to become a member of your Patient Reference Group (PRG)?

Your PRG helped shape this questionnaire and will be involved in the changes taking place at your surgery following the results of this survey.

If you are interested in being a member or virtual member, please ask a member of staff for more information.