

STREATHAM HILL GROUP PRACTICE

"Improving the Practice" Questionnaire 2013

INTRODUCTION

This questionnaire is designed for issue to patients to assess the service provided within the practice.

Questionnaire

You can help the Practice to improve its service.

- The Doctors and staff welcome your feedback
- Please do not write your name on this survey
- Please read and complete this survey while waiting for your appointment

How many times have you visited/called the practice in 2013?

(please circle below)

less than 3x

3-5x

6-10 x

more than 10x

PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

	No experience	Poor	Fair	Good	Very Good	Excellent
Access to a Doctor or Nurse						
1. Speed at which the telephone was answered initially		1	2	3	4	5
2. Speed at which the telephone was answered if call transferred		1	2	3	4	5
3. Length of time you had to wait for an appointment		1	2	3	4	5
4. Convenience of day and time of your appointment		1	2	3	4	5
5. Seeing the Doctor of your choice		1	2	3	4	5
6. Length of time waiting to check in with Reception		1	2	3	4	5
7. Length of time waiting to see the Doctor/Nurse		1	2	3	4	5
8. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary		1	2	3	4	5
9. Opportunity of obtaining a home visit when necessary		1	2	3	4	5
10. Level of satisfaction with the out hours service		1	2	3	4	5

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Obtaining a repeat prescription						
11. Prescription ready on time		1	2	3	4	5
12. Prescription correctly issued		1	2	3	4	5
13. Handling of any queries		1	2	3	4	5
Obtaining test results						
Were you told when to contact us for your results?		Yes/No				
14. Results available when you contacted us		1	2	3	4	5
15. Level of satisfaction with the amount of information provided		1	2	3	4	5
16. Level of satisfaction with the manner in which the result was given		1	2	3	4	5
About the staff						
17. The information provided by the Reception staff		1	2	3	4	5
18. The helpfulness of the Reception staff		1	2	3	4	5
19. The information provided by other staff		1	2	3	4	5
20. The helpfulness of other staff		1	2	3	4	5
And finally						
21. My overall satisfaction with this Practice		1	2	3	4	5

Any further comments for areas for improvement or where you are happy with the level of service/member of staff

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The following questions provide us only with general information about the range of people who have responded to this survey. It will not be used to identify you, and will remain confidential.

How old are you?	18-24	25-39	39-65	65-older
Are you male or female?	Male	Female		
How many years have you been attending this Practice?				

The Practice is looking for patients of this Surgery to be involved with future Service Developments. If you would like to participate in shaping the future of this Practice, or to join our Patient Participation Group, please leave your contacts details with the receptionist; alternatively please contact Viliam Holicka, Practice Manager on 020304 95120 or email viliam.holicka@nhs.net

Thank you very much for your time and assistance

Please place your completed questionnaire in the box on the Reception desk