**The Crookes Practice Patient Survey 2019**

This is a questionnaire about the surgery, its staff and its organisation. The Partners and Staff at the Surgery would very much appreciate it if you could find the time to complete the form. Every survey returned will be extremely useful to see how we are performing now, and what would be required to improve our patient services. Please tell us what you think. Your replies will be completely anonymous. If you do have criticisms of the service we provide we would really welcome the opportunity to discuss this in person. We are most grateful to you for taking the time to assist us.

1. **How easy do you find it to get through to the practice by telephone?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Very easy | 🞏 | Easy | 🞏 | Neither easy nor difficult | 🞏 | Difficult | 🞏 | Very difficult |

**2. How helpful do you find the receptionists at the Practice?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Extremely helpful | 🞏 | Very helpful | 🞏 | Somewhat helpful | 🞏 | Not so helpful | 🞏 | Not at all helpful |

**3. How satisfied are you with the Practice’s appointment times?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Very satisfied | 🞏 | Satisfied | 🞏 | Neither satisfied nor dissatisfied | 🞏 | Dissatisfied | 🞏 | Very dissatisfied |

**4. Do you get to see or speak to your preferred GP when you would like to?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Always | 🞏 | Usually | 🞏 | Sometimes | 🞏 | Rarely | 🞏 | Never |

**5. Were you offered a choice of appointment when you last tried to make an appointment at the Practice?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**6. Were you satisfied with the type of appointment you were last offered?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Very satisfied | 🞏 | Satisfied | 🞏 | Neither satisfied nor dissatisfied | 🞏 | Dissatisfied | 🞏 | Very dissatisfied |

**7. Did you accept the last appointment that you were offered?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**8. Would you describe your experience of making an appointment as good?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**9. How long did your wait to be seen after your scheduled appointment time at your last appointment?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | 5-10 minutes | 🞏 | 15-20 minutes | 🞏 | 20-30 minutes | 🞏 | Over 30 minutes |

**10. Did the healthcare professional you saw or spoke to give you enough time during your last appointment at the Practice?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

Cont/over…..

**11. Was the healthcare professional you spoke to or saw at your last appointment at the Practice good at listening to you?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**12. Was the healthcare professional you saw or spoke to at your last Practice appointment good at treating you with care and concern?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**13. Did you feel involved as much as you wanted to be in any decisions about your care and treatment during your last appointment at the Practice?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**14. Did you have confidence and trust in the healthcare professional you spoke to or saw during your last appointment at the Practice?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**15. Did you feel that the healthcare professional recognized or understood any mental health needs during your last appointment at the Practice?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No | 🞏 | N/A |

**16. Did you feel that your needs were met during your last appointment at the Practice?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No |

**17. Do you feel that you have had enough support in the last 12 months to help manage any long term condition?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No | 🞏 | N/A |

**18. How would you describe your overall experience of the Practice?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Very high quality | 🞏 | High quality | 🞏 | Neither high nor low quality | 🞏 | Low quality | 🞏 | Very low quality |

**Please return your completed survey to a member of the Reception Team.**