PATIENT SURVEY 2015 :- 2016

DATE _____

NAME (OPTIONAL)_____

YOUR PATIENT PARTICIPATION GROUP REQUESTS YOUR ASSISTANCE IN COMPLETING THIS SURVEY. THE RESULT WILL BE ANALYSED BY THE GROUP AND DISCUSSED WITH THE PRACTICE MANAGER AND DOCTORS IN ORDER TO TRY TO IMPROVE THE SERVICE YOU RECEIVE.

PLEASE TICK THE RELEVANT BOX AND, WHERE APPROPRIATE, RECORD CONSTRUCTIVE COMMENT

Q I: HOW EASY DO YOU FIND IT TO GET AN APPOINTMENT WHEN YOU NEED IT?

VERY EASY ☐ EASY ☐ OK ☐ DIFFICULT ☐ VERY DIFFICULT ☐

Q 2: DID YOU ASK TO SEE A SPECIFIC DOCTOR/NURSE? : -

YES ☐ NO ☐

IF YOUR ANSWER IS YES DID YOU SEE THAT PRACTIONER? :- YES ☐ NO ☐

IF NO WHO DID YOU ASK TO SEE? :-

Q 3: PLEASE STATE HOW LONG YOU HAD TO WAIT FOR YOUR APPOINTMENT TODAY

Q 4: DO YOU HAVE ANY PROBLEMS WHEN COMMUNICATING WITH THE STAFF OR DOCTORS/NURSES?

YES ☐ NO ☐

Q 5: ARE YOU SATISFIED WITH THE TREATMENT AND SERVICE YOU RECEIVED AT THE PRACTICE

YES ☐ NO ☐

Q 6: DO YOU HAVE ANY ADDITIONAL NEEDS THAT REQUIRE SUPPORT?

YES ☐ NO ☐

IF YES: ARE THEY MET? **YES** ☐ **NO** ☐ **IF NO**

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Q 7: ARE YOU A CARER?

YES	NO
☐	☐

IF YES:

	YES	NO
I) IS THE PERSON CARED FOR A RAMSBOTTOM PATIENT	☐	☐
II) IS THE PRACTICE AWARE THAT YOU ARE A CARER	☐	☐

Q 8:

A) WHAT DO YOU THINK COULD IMPROVE THE PATIENT EXPERIENCE AT RAMSBOTTOM?

B) WHAT WORKS WELL FOR YOU?