

CLAREMONT BANK SURGERY

"Improving the Practice" Questionnaire

INTRODUCTION

This questionnaire was designed by Claremont Bank Surgery Patient Group.

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

Was your appointment with a:

- Doctor
- Practice Nurse

Please tick as appropriate

Name of Doctor/Practice Nurse (if applicable):

.....

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. Length of time you had to wait for an appointment | | 1 | 2 | 3 | 4 | 5 |
| 2. Convenience of day and time of your appointment | | 1 | 2 | 3 | 4 | 5 |
| 3. Seeing the Doctor of your choice | | 1 | 2 | 3 | 4 | 5 |
| 4. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary | | 1 | 2 | 3 | 4 | 5 |

| About the staff | | | | | | |
|--|--|---|---|---|---|---|
| 5. The information provided by the Reception staff | | 1 | 2 | 3 | 4 | 5 |
| 6. The helpfulness of the Reception staff | | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| 7. Overall satisfaction with the practice | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

| | | |
|---|-----|----|
| 8. Have you attended A&E with a minor ailment/injury during surgery opening hours in the last 12 months? | yes | no |
| 9. Have you attended the Shrewsbury Walk In Centre during surgery opening hours in the last 12 months? | | |
| 10. If you have attended either of these alternative healthcare providers whilst the surgery was open, was it because you couldn't get an appointment here? | | |

Any other suggestions for improving our service?

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? | |
| Are you male or female? | |
| How many years have you been attending this Practice? | |

*Thank you very much for your time and assistance
Please place your completed questionnaire in the box on the Reception desk
Add your name if you wish to be part of our Patient Group.*

