



ORCHARD SURGERY
2011 PATIENT SURVEY

We would like to thank all of our patients who are willing to participate in this year's Patient Survey. We value your views and this annual survey enables us to reflect on our performance, implement improvements wherever possible and to plan future primary care services.

SECTION 1 - BOOKING AN APPOINTMENT

Q1a. Which of the following methods would you consider using to book an appointment at the Surgery?
(Please tick all that apply)

In person	<input type="checkbox"/>
By phone	<input type="checkbox"/>
Online	<input type="checkbox"/>
No preference	<input type="checkbox"/>

Q1b. As a patient, if you wished to pre-book an appointment, how far ahead would you wish to book?

Less than 2 working days	<input type="checkbox"/>
Up to 1 week	<input type="checkbox"/>
Up to 2 weeks	<input type="checkbox"/>
More than 2 weeks ahead	<input type="checkbox"/>

Q1c. Think about the last time you tried to see a doctor fairly quickly. Were you able to see one of the doctors?

On the same day	<input type="checkbox"/>
Within the next 2 working days (Monday-Friday)	<input type="checkbox"/>
Have not needed to see a doctor fairly quickly	<input type="checkbox"/>

Q1d. When requesting an appointment, would you?

See the doctor with the next available appointment	<input type="checkbox"/>
Prefer to wait to see your usual or preferred doctor	<input type="checkbox"/>
No preference	<input type="checkbox"/>

Q1e. If some of our doctors had 'special interests' in certain disease areas would you prefer to make an informed choice to see?

Your usual or preferred doctor	<input type="checkbox"/>
The doctor with the special interest in your particular condition	<input type="checkbox"/>
Don't really mind	<input type="checkbox"/>

Q1f. Missed appointments are a problem for the Surgery. Can you easily contact the Surgery when you wish to cancel an appointment?

Always	
Most of the time	
Some of the time	
Never or hardly ever	
I have never needed to cancel an appointment	

Q1g. Have you ever used the Surgery's 24 hour 'Appointment Cancellation Line'? *(Please tick all that apply)*

Yes	
No	
I was not aware that there was one	
I have never needed to cancel an appointment	

SECTION 2 – RECEPTION

Q2a. How helpful do you find the receptionists at the Surgery? *(tick one only)*

Very	
Fairly	
Not very	
Not at all	

Q2b. In the past how easily were you able to obtain your test results by telephone? *(tick one only)*

Very easy	
Not very easy	
Not easy	
I have never telephoned the Surgery for test results	

Q2c. We have introduced an automatic check-in machine (to free up receptionist time for dealing with queries). Have you? *(Please tick all that apply)*

Used the automatic check-in	
Would use the automatic check-in	
Need assistance to use the automatic check-in	
Prefer not to use the automatic check-in	

Q2d. The Patient Participation Group has provided a self-monitoring Blood Pressure Machine which is situated in the Reception area. Have you? *(Please tick all that apply)*

Used the blood pressure machine	
Would use the blood pressure machine	
Need assistance to use the blood pressure machine	
Prefer not to use the blood pressure machine	

Q2e. How would you rate the care you received from our receptionists? (tick one only)

Excellent	
Very good	
Good	
Fair	
Poor	

SECTION 3 – YOUR APPOINTMENT

C3a. LENGTH OF APPOINTMENTS. The usual length of time for pre-booked appointment slots (i.e. not emergencies or urgent) is 10 minutes per patient as per national guidelines. In your opinion is this the right amount of time ? (tick one only)

Right amount	
Too little	
Too much	

Q3b. If you were unsure whether an appointment was necessary, would you? (tick one only)

Make an appointment anyway	
Request telephone advice from NHS Direct	
Request telephone advice from the Surgery	

SECTION 4 – CLINICAL CONSULTATION

Q4a. When you last saw a doctor/nurse at this Surgery, in your opinion did the Doctor/Nurse know enough about your condition or treatment (tick one only in each column))

	Doctor	Nurse
Knew enough		
Something but not enough		
Little or nothing		
I have not seen a doctor/nurse in the last 2 years		

Q4b. Over the last 12 months when you visited your GP Surgery, how often has the Doctor/Nurse given you enough information about your condition or treatment? (tick one only in each column)

	Doctor	Nurse
All of the time		
Most of the time		
Some of the time		
Never or hardly ever		

Q4c. When you last visited a doctor/nurse at this Surgery, did the Doctor/Nurse answer the questions that you asked? (tick one only in each column)

	Doctor	Nurse
Yes		
Some		
None		
I did not ask any		

Q4d. Did you feel that the Doctor/Nurse treated you with respect and dignity while you were in the surgery? *(tick one only in each column)*

	Doctor	Nurse
Yes, always		
Yes, sometimes		
No		

SECTION 5 – GENERAL OPINION

Q5a. How clean is the GP Surgery? *(tick one box only)*

Very clean	
Fairly clean	
Not very clean	
Not at all clean	
Don't know	

Q5b. In you have a disability, how easy or difficult is it for you to move around your GP Surgery? *(tick one box only)*

Very easy	
Fairly easy	
Fairly difficult	
Very difficult	
I do not have a disability	

Q5c. As far as you know, is the Surgery open?

Before 8 am?	
At lunchtimes?	
After 6.30 pm?	
I don't really know the opening hours	

Q5d. In general, how satisfied are you with the care you get at the Surgery?

Very	
Fairly	
Neither satisfied nor dissatisfied	
Quite dissatisfied	
Very dissatisfied	

Q5e. In the last 12 months have you had reason to complain about services or treatment that you have received from the Surgery? Who or what have you complained about? *(please tick all that apply)*

A Doctor	
A Nurse	
A Receptionist	
Other Staff	
Other Problem <i>(please state)</i>	
I have not had any reason to complain	

Q5f. If you have answered Yes to Question 5e above, were you informed of the 'Complaints Procedure'?

Yes	
No	
I have not had any reason to complain	

Q5g. OTHER HEALTH SERVICES: In the last 12 months have you used any of the Health Services below instead of using similar services which might be available at your surgery? (tick all that apply)

Going to A&E at a hospital (instead of your GP)	
NHS Direct (24 hr telephone helpline)	
NHS Walk-in Centre (Crawley Health Centre)	
Minor Injuries Clinic (Horsham Hospital)	
Family Planning Clinic	
Harmoni (GP Out of Hours Service)	
Other (please state)	
None of these	

Q5h. Which of the following do you use to find out information about the Surgery? (tick all that apply)

Telephone	
Reception Desk	
Notice Board	
Surgery Website	
Other	

Q5i. Were you aware that there is a Surgery website at www.orchardsurgery.com?

Yes	
No	
I do not use a computer	

Q5j. Have you ever ordered your repeat prescription online through our website?

Yes	
No	
Will use in future	
May use in the future	
Will not use	

Q5k. Were you aware that Orchard Surgery has an active Patient Participation Group*?

Yes	
No	

**If you would like to receive more information about our PPG or our online Patient Reference Group, please look at our Surgery website, telephone or ask one of our receptionists on your next visit.*

Section 6 – About You enables us to ensure that the results of the survey reflect the views of the widest possible representation of our Practice population. This Section is optional, and if you prefer not to answer these questions, please go straight to Section 7 – Other Comments.

SECTION 6 - ABOUT YOU

Q6a. Are you male or female and how old are you?

Male			
Female			
Under 18		55 - 64	
18 – 24		65 - 74	
25 – 34		75 - 84	
35 – 44		85 and over	
45 – 54			

Q6b. When did you last see a Doctor at the GP Surgery ?

In the past 3 months	
Between 3 and 6 months ago	
More than 6 months ago	
I have never been seen at my present GP or Health Centre	

Q6c. Do you fall into any of the following groups? Please include problems due to old age. (Please tick all the boxes that apply to you)

Deafness or severe hearing impairment	
Blindness or severe visual impairment	
A condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, lifting or carrying	
A learning difficulty	
A long-standing psychological or emotional condition	
Any long-standing illness (eg Diabetes, Coronary Heart Disease, Asthma, COPD, Stroke, TIA, Chronic Kidney Disease)	
I am a Carer or I am cared for	
I do not fall into any of these groups	

Q6f. What is your ethnic group? (Chose one section from A to E below, then select the appropriate option to indicate your ethnic group)

A. WHITE		B. MIXED	
British		White & Black Caribbean	
Irish		White & Black African	
Any other white background		White & Asian	
		Any other Mixed background	
C. ASIAN OR ASIA BRITISH		D. BLACK OR BLACK BRITISH	
Indian		Caribbean	
Pakistani		African	
Bangladeshi		Any other Black background	
Any other Asian background			
E. CHINESE OR OTHER ETHNIC GROUP			
Chinese			
Any other ethnic group			

Orchard Surgery would like to thank you for taking part in our 2011 Patient Survey. We very much value your contribution and would be pleased to hear any other views/comments below:

SECTION 7 - OTHER COMMENTS

When planning our next Annual Survey we would like to know what you think are the most important issues which we should focus on:

If you wish to be contacted for any feedback regarding your comments, please leave your name and a contact telephone number below:

NAME:

TEL.NO:

THE RESULTS OF THIS SURVEY WILL BE AVAILABLE FOR YOU TO VIEW FROM MARCH 2012 ON OUR SURGERY WEBSITE AT:

www.orchardsurgery.com

IF YOU WOULD LIKE TO RECEIVE A PRINTED COPY, PLEASE CONTACT THE SURGERY BY PHONE OR IN PERSON.

What To Do Next

Please choose one of the following options

Return this form to us by e-mail now (it will take a few moments to start the process)

Save the form and send it to us as an attachment to your e-mail later

Print the form and post it to us