

Laurbel Surgery, 14 Main Road, Bilton, Hull, HU11 4AR

Patient Survey

As an NHS practice we would appreciate your help in completing this short questionnaire to help provide us with useful feedback about the service we provide. Please complete and hand into the reception, please note it is anonymous and will only be used for practice purposes. **Your help is very much appreciated – thank you.**

Q1. Please 'tick' the box which applies

Male	<input type="radio"/>
Female	<input type="radio"/>

Q2. Please 'tick' the box which applies

Under 18	<input type="radio"/>	55 - 64	<input type="radio"/>
18 – 24	<input type="radio"/>	65 - 74	<input type="radio"/>
25 – 34	<input type="radio"/>	75 - 84	<input type="radio"/>
35 – 44	<input type="radio"/>	85 and over	<input type="radio"/>
45 – 54	<input type="radio"/>		

ACCESS TO SERVICES

Q3. Opening hours are 8:30 am to 6:00 pm Monday to Friday except Thursday afternoons when we close at 12:30 pm.

How **satisfied** are you with the opening hours at the surgery? Please 'tick' the box which applies

Satisfied	<input type="radio"/>
Fairly Satisfied	<input type="radio"/>
Dissatisfied	<input type="radio"/>

Q4. Telephoning the practice - in the past 6 months how easy have you found the following?
Please 'tick' one circle for each row

	Very Easy	Fairly Easy	Not very easy
Getting through on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking to a Doctor on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking to a Nurse on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining test results by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5. When you tried to see a doctor/nurse how quickly were you seen?
Please 'tick' the box which applies.

Same day	<input type="radio"/>
1-2 days	<input type="radio"/>
3-4 days	<input type="radio"/>
5-7 days	<input type="radio"/>
Longer	<input type="radio"/>

If your answer was more than 5 days what was the reason given?

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Q6. Do you 'book ahead' more than two weekdays in advance.
Please 'tick' the box which applies.

Yes	<input type="radio"/>
No	<input type="radio"/>

How far in advance would you like to be able to book an appointment?

4 wks	3 wks	2wks	1 wk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7. Which of the following methods would you prefer to use to book an appointment at the Surgery? Please 'tick' the box which applies.

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

Q8. If you have ordered a repeat prescription was it processed within 48 hours?

Please 'tick' the box which applies

Yes	<input type="radio"/>
No	<input type="radio"/>

If No please state why.....

Q9. How helpful do you find the practice staff at the Surgery when they deal with you?

Please 'tick' the box which applies

Very helpful	<input type="radio"/>
Good and helpful	<input type="radio"/>
Fairly helpful	<input type="radio"/>
Not very helpful	<input type="radio"/>

SEEING A DOCTOR/NURSE

Q10. When did you last see a Doctor/Nurse at the GP Surgery?

Please 'tick' the box which applies.

Within the last 3 months	<input type="radio"/>
Between 3 and 12 months	<input type="radio"/>
More than 12 months	<input type="radio"/>

Q11. The last time you saw the Doctor or Nurse at the surgery how good were they at each of the following? Please put a tick in one box for each row

	Very Good	Good	About Right	Poor
Giving you enough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about your symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining tests and treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving you in decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating you with care and concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REFERRAL TO OTHER HEALTHCARE PROFESSIONALS

Q12. If you were referred by the doctor were you given all the details you required?

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know/can't remember	<input type="radio"/>

Q13. Was your referral booked through the Choose & Book system at the surgery?

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know/can't remember	<input type="radio"/>

LONG TERM CONDITIONS

Q14. Do you have a long term condition, disability or infirmity?

Please 'tick' the box which applies

Yes	<input type="radio"/>
No	<input type="radio"/>

Q15. Have you had a review in the past 12 months with a Doctor or Nurse concerning your long term condition? Please 'tick' the box which applies

Yes	<input type="radio"/>
No	<input type="radio"/>

If yes, please continue to Q16 otherwise go to Q18.

Q16. If YES to Q15, please 'tick' in one box for each row how your review went.

	Yes	No	Don't know	N/A
Did the doctor or nurse help you with your health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse give you information about the things you might do to deal with your health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you and the doctor or nurse agree how best to manage your health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse provide you with information about managing your health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you referred to another healthcare professional about your health problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17. In the past 6 months have you had support from local services or organisations to help you manage your long-term health condition(s)? Please think about all services and organisations, not just health services. Please 'tick' the box which applies

Yes	<input type="radio"/>
No	<input type="radio"/>
Yes partially	<input type="radio"/>
I have not needed such support	<input type="radio"/>

CARERS

Q18. Are you a carer for someone in your household with a long-standing health problem or disability? Please 'tick' the box which applies

Yes	<input type="radio"/>
No	<input type="radio"/>

If yes, have you informed the surgery?

Yes	<input type="radio"/>
No	<input type="radio"/>

If no, please notifying the surgery as soon as possible.

Q19. Have you informed the Hull Carers Centre, 37-42 Prospect Street, Hull that you are caring for someone?

Yes	<input type="radio"/>
No	<input type="radio"/>

If no, please consider notifying them.

GENERAL CARE

Q20. How satisfied are you with the healthcare provided by Surgery?

Please 'tick' the box which applies

Very Satisfied	<input type="radio"/>
Fairly Satisfied	<input type="radio"/>
Dissatisfied	<input type="radio"/>

Q21. Does the surgery in general meet your needs?

Yes	<input type="radio"/>
No	<input type="radio"/>

Q22. Do you have any specific needs, which are not met by the practice?

If yes, please state what this is?

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Q23. How would you rate the healthcare you received from the Surgery?

Please 'tick' the box which applies

Excellent	<input type="radio"/>
Very good	<input type="radio"/>
Good	<input type="radio"/>
Fair	<input type="radio"/>
Poor	<input type="radio"/>

Q24. Confidentiality of your patient information - Have you any concerns with the practice on this issue?

Please 'tick' the box which applies

Yes	<input type="radio"/>
No	<input type="radio"/>

If Yes, please state why.....

THE SURGERY BUILDING

Q25. How easy do you find getting into the building at the surgery?

Please 'tick' the box which applies

Very easy	<input type="radio"/>
Fairly easy	<input type="radio"/>
Not very easy	<input type="radio"/>
Not at all easy	<input type="radio"/>

Q26. How clean is the GP surgery?

Please 'tick' the box which applies

Very clean	<input type="radio"/>
Fairly clean	<input type="radio"/>
Not very clean	<input type="radio"/>

OTHER SERVICES

Q27. 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' which applies

- Going to A & E at a hospital (instead of your GP)
- NHS Direct (24 hr telephone helpline)
- NHS Walk-in Centre – Storey Street or other
- Private Dr (that is not through the NHS)
- Minor Injuries Units
- Minor Ailment Scheme at the Pharmacy
- Prescription Delivery by the Pharmacy
- Family Planning Clinic
- Counsellor
- Physiotherapist

Q28. COMMENTS

Do you have any suggestions that may improve the service you receive from the surgery?