Cherry Tree Surgery, 132 Upper Commercial Street, Batley.

# “Improving the Practice” Questionnaire

**Questionnaire**

You can help the Practice to improve its service.Together with the PRG we want your views to improve the practice.

* 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

Are you seeing:

* + Doctor
	+ Practice Nurse
	+ Treatment Room
	+ Blood test nurse

 Please tick as appropriate

Name of Doctor/Practice Nurse (if applicable):

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PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | No experience | Poor | Fair | Good | VeryGood | Excellent |
| Access to a Doctor or Nurse |
| 1. Speed at which the telephone was answered initially
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Speed at which the telephone was answered if call transferred
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Length of time you had to wait for an appointment
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Convenience of day and time of your appointment
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Seeing the Doctor of your choice
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Length of time waiting to check in with Reception
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Length of time waiting to see the Doctor or Nurse
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Opportunity of obtaining a home visit when necessary
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Level of satisfaction with the after hours service
 |  | 1 | 2 | 3 | 4 | 5 |
| Obtaining a repeat prescription |
| Prescription ready on time |  | 1 | 2 | 3 | 4 | 5 |
| Prescription correctly issued |  | 1 | 2 | 3 | 4 | 5 |
| Handling of any queries |  | 1 | 2 | 3 | 4 | 5 |
| Obtaining test results |
| 1. Were you told when to contact us for your results?
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Results available when you contacted us
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Level of satisfaction with the amount of information provided
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. Level of satisfaction with the manner in which the result was given
 |  | 1 | 2 | 3 | 4 | 5 |
| **About the staff** |
| 1. The information provided by the Reception staff
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. The helpfulness of the Reception staff
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. The information provided by clinical staff i.e Dr’s/Nurses
 |  | 1 | 2 | 3 | 4 | 5 |
| 1. The helpfulness of other staff
 |  | 1 | 2 | 3 | 4 | 5 |
| **And finally** |
| My overall satisfaction with this Practice |  | 1 | 2 | 3 | 4 | 5 |

Any further comments:

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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? |  |

What is your ethnicity ?

*Thank you very much for your time and assistance*

*Please give your completed questionnaire to reception staff.*