**Completing this survey will provide feedback to help us make decisions about future services.**

**If you need assistance completing this form, please ask at reception.**

Please answer the following questions where:

1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 6 = Very Poor

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **During your last visit to the surgery:** | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| How thoroughly did the doctor/nurse/pharmacist ask you about your symptoms and how you were feeling? |  |  |  |  |  |  |  |
| How well do you feel they listened to what you had to say? |  |  |  |  |  |  |  |
| How well did they put you at ease? |  |  |  |  |  |  |  |
| How well did they involve you in decisions about your care? |  |  |  |  |  |  |  |
| How well did they treat you, with care and concern? |  |  |  |  |  |  |  |
| How well did they explain any tests or treatments you required |  |  |  |  |  |  |  |
| How helpful were the receptionists at the surgery?  |  |  |  |  |  |  |  |

Please answer the following questions where:

1 = Completely Satisfied 2 = Very Satisfied 3 = Fairly Satisfied

4 = Neither Satisfied nor Dissatisfied 5 = Fairly Dissatisfied 6 = Dissatisfied

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How satisfied are you with the following**: | 1 | 2 | 3 | 4 | 5 | 6 | N/A |
| Your visit to the practice today? |  |  |  |  |  |  |  |
| The practice opening hours? |  |  |  |  |  |  |  |
| The ability to get through to the practice by telephone? |  |  |  |  |  |  |  |
| That you are able to see a doctor on the day? |  |  |  |  |  |  |  |
| The outcome of your appointment? |  |  |  |  |  |  |  |

Please answer the following questions where:

1 = Very Likely 2 = Likely 3 = Unsure

4 = Unlikely 5 = Very Unlikely 6 = Not at All

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Where would you access advice/ treatment when the surgery is closed or fully booked**: | 1 | 2 | 3 | 4 | 5 | 6 |
| My Healthcare Hub |  |  |  |  |  |  |
| NHS 111 |  |  |  |  |  |  |
| Out of Hours / Walk in Service |  |  |  |  |  |  |
| Hospital A & E |  |  |  |  |  |  |
| Community Pharmacist / over the counter medication |  |  |  |  |  |  |
| Wait to make an appointment when the surgery is open |  |  |  |  |  |  |
| Do nothing and hope the problem goes away |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **The Practice loses approximately 180 appointments a month through patients not attending appointments. If you have ever booked an appointment and then not attended without cancelling it, why was that?** | Yes | No |
| Always attended appointments (if yes please move to next section) |  |  |
| I went to the walk in centre/out of hours service instead |  |  |
| I no longer needed the appointment because the problem got better |  |  |
| I still needed the appointment but was unable to attend due to other commitments  |  |  |
| I forgot about my appointment |  |  |
| I tried to cancel my appointment but could not get through to the practice |  |  |
| I was late for my appointment and so the appointment was missed |  |  |

|  |
| --- |
| **Communication:** |
| **Text Message Reminders** | Yes | No |
| Are you aware that we offer text reminders for appointments? |  |  |
| If you would like to receive these, please speak to reception. |
| Are you aware that appointments can be booked, changed and cancelled online or can be cancelled by text message? |  |  |
| **Patient Participation Group** | Yes | No |
| Are you aware that we run a Patient Participation Group where patients can meet with members of our team to help the practice improve and work with our local community? |  |  |
| If you would like to get involved in this group, please speak to reception. |

|  |  |  |
| --- | --- | --- |
| **Prescriptions** | Yes | No |
| Are you aware that we offer an Electronic Prescribing System (EPS) where your prescriptions can be sent directly to a pharmacy of your choice, saving you time coming into the surgery to collect them? |  |  |
| If you would like to receive information about this service, please speak to reception. |

To ensure we achieve a representative sample of responses from our patient population, it would help us if you were able to complete the following equality and diversity information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate your gender** |

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |

 |
|  |  |
| **Please state your age group** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| -16 | 16-24 | 25-44 | 45-64 | 65-74 | 75-84 | 84+ |
|  |  |  |  |  |  |  |

 |
|  |  |
| **Please state your ethnicity** |

|  |  |  |  |
| --- | --- | --- | --- |
| White / British |  | Irish |  |
| Caribbean |  | African |  |
| White Asian |  | Indian |  |
| Pakistani |  | Bangladesh |  |
| Chinese |  | Polish |  |
| Somali |  | Other |  |

 |
|  |  |
| **Please describe your employment status** |

|  |  |  |  |
| --- | --- | --- | --- |
| Further education |  | Employed |  |
| Unemployed |  | Unable to work |  |
| Retired |  |  |

 |
|  |  |
| **How would you describe how often you visit the surgery?** |

|  |  |  |  |
| --- | --- | --- | --- |
| Weekly |  | Monthly |  |
| Six monthly |  | Annually |  |

 |
|  |  |

Thank you for your feedback.

**Please return this survey to the reception desk**

If you would like to find out more about Hawkesley Medical Practice and the services we offer please visit our website:

[**https://hawkesleymedical.gpsurgery.net/**](https://hawkesleymedical.gpsurgery.net/)

Detailed feedback can be given using the feedback tool on the website or on NHS Choices.