## Westbourne Medical Centre

## Patient Survey October 2013

As a GP Practice we are continually trying to improve our services to patients and we would appreciate your feedback. We would be very grateful if you would take the time to complete this short anonymous survey.

**Patient Details**

1. Age range:

16 – 25 25 – 35 35 – 45 45 – 55 55 – 65 65+

1. How long have you been a patient at the Practice?

0 – 5years 5 – 10 years 10 – 20 years 20 years+

**Accessibility**

1. How do you usually contact the Practice?

Telephone Reception

1. How would you describe your experience of accessing the Practice by the telephone?

|  |  |
| --- | --- |
| Easily accessible | Reasonably Accessible |
| Difficult | Very Difficult |

1. How would you describe your experience of accessing the Practice by the Reception Desk

|  |  |
| --- | --- |
| Easily Accessible | Reasonably Accessible |
| Difficult | Very Difficult |

1. How easy is it to get an appointment with the nurse / doctor of your choice?

|  |  |
| --- | --- |
| Very Easy | Reasonably Easy |
| Difficult | Very Difficult |

1. What are you preferences to appointment times throughout the day?

|  |  |  |
| --- | --- | --- |
| 8am – 10am | 10am – 12noon | 12noon – 2pm |
| 2pm – 4pm | 4pm – 6pm | 6pm+ |

1. How would you describe your experience of getting appointments at your preferred time?

|  |  |
| --- | --- |
| Every time | Most of the time |
| Some of the time | Unlikely |
| Very Unlikely |  |

1. Do you have any comments / suggestions on accessibility to the Practice?

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**Practice Staff**

1. In your experience how would you describe the reception staff? (please select all that are applicable)

|  |  |
| --- | --- |
| Friendly | Helpful |
| Approachable | Unhelp |
| Unapproachable | Other (please state) |

1. In your experience how would you describe the GP’s? (please select all that are applicable)

|  |  |
| --- | --- |
| Friendly | Helpful |
| Approachable | Unhelp |
| Unapproachable | Other (please state) |

1. In your experience how would you describe the Nursing Team? (please select all that are applicable)

|  |  |
| --- | --- |
| Friendly | Helpful |
| Approachable | Unhelp |
| Unapproachable | Other (please state) |

1. Do you have any comments / suggestions on the Practice Team?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall Summary**

1. Overall how would you rate the Practice?

|  |  |
| --- | --- |
| Excellent | Good |
| Satisfactory | Unsatisfactory |

1. Overall how would you rate the Practice Staff?

|  |  |
| --- | --- |
| Excellent | Good |
| Satisfactory | Unsatisfactory |

1. Overall how would you rate the service?

|  |  |
| --- | --- |
| Excellent | Good |
| Satisfactory | Unsatisfactory |

**Thank you for taking the time to complete the survey**