**“Improving the Practice” Questionnaire**

**Barnoldswick Medical Centre**

**INTRODUCTION**

This questionnaire is designed for patients in order to assess the services we provide.

You can help the Practice to improve its services.

* The doctors and staff welcome your feedback
* Please do not write your name on this survey

Are aware of the following items .If so do you think they are helpful to you?

**Aware Useful**

Text messaging service Yes/No Yes/No

Practice website Yes/No Yes/No

Online booking for doctors’ appointments Yes/No Yes/No

Online ordering of repeat prescriptions Yes/No Yes/No

Longer appointments for over 75 year olds Yes/No Yes/No

Chemist prescription ordering & delivery Yes/No Yes/No

service

 Electronic Prescription Service Yes/No Yes/No

 (where your prescription is sent electronically to the

 Chemist saving you a visit to the surgery to collect it)

REGARDING YOUR RECENT APPOINTMENT, PLEASE RATE EACH OF THE FOLLOWING AREAS BY CIRCLING A NUMBER ON EACH LINE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Access to a doctor or nurse** | N/A | Poor | Fair | Good | Very Good | Excellent |
|  Speed at which the telephone was answered initially |  | 1 | 2 | 3 | 4 | 5 |
|  Length of time you had to wait for an appointment |  | 1 | 2 | 3 | 4 | 5 |
|  Convenience of day and time of your appointment |  | 1 | 2 | 3 | 4 | 5 |
|  Seeing the doctor of your choice |  | 1 | 2 | 3 | 4 | 5 |
|  Length of time waiting to see the doctor or nurse  |  | 1 | 2 | 3 | 4 | 5 |
|  Level of satisfaction with the after-hours service/out of hours service |  | 1 | 2 | 3 | 4 | 5 |
| **Telephone consultation/call – if applicable** |  | 1 | 2 | 3 | 4 | 5 |
| Opportunity of speaking to a doctor or nurse on the telephone |  | 1 | 2 | 3 | 4 | 5 |
| The time it took the clinician to call you back |  | 1 | 2 | 3 | 4 | 5 |
|  If you have used the telephone consultation system, how satisfied were you with the experience |  | 1 | 2 | 3 | 4 | 5 |
| **About the staff** |  |  |  |  |  |  |
| The helpfulness of the reception or clerical staff |  | 1 | 2 | 3 | 4 | 5 |
|  The information provided during your recent appointment  |  | 1 | 2 | 3 | 4 | 5 |
| Were you satisfied with the outcome of you appointment?  |  | 1 | 2 | 3 | 4 | 5 |
| **Obtaining test results** |  |  |  |  |  |  |
| Information available of when and how to obtain test results |  | 1 | 2 | 3 | 4 | 5 |
| How satisfied were you when obtaining your test results? |  | 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 |
|  How satisfied are you with our system for ordering repeat prescriptions? |  | 1 | 2 | 3 | 4 | 5 |
| Your overall satisfaction with Barnoldswick Medical Centre |  | 1 | 2 | 3 | 4 | 5 |

Any further comments?

**Thank you for your time and assistance. Please place your completed questionnaire in the box in reception.**