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| **HESWALL & PENSBY GROUP PRACTICE****‘HAVE YOUR SAY’****PATIENT PARTICIPATION GROUP PATIENT QUESTIONNAIRE 2018** |

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| This questionnaire has been produced to provide you the opportunity to tell us what we are doing well and what you think we could be doing better. |

**ABOUT YOU**

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| --- | --- | --- | --- | --- |
| Are you | Male |  | Female |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| How old are you | Under 18 |  | 18-24 |  | 25-34 |  | 35-44 |  | 45-59 |  | 60-80 |  | 80+ |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have a disability | yes |  | no |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Your ethnicity |  | Prefer not to say |  |

**Please describe your experience of a visit to the practice in the last 12 months**

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**How do you rate your experience of reception in the last 12 months?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reception | Poor |  | Fair |  | Good |  | Very Good |  | Excellent |  |

**What is your experience of being able to see a doctor or nurse of your choice in the last 12 months?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor | Poor |  | Fair |  | Good |  | Very Good |  | Excellent |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nurse | Poor |  | Fair |  | Good |  | Very Good |  | Excellent |  |

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| --- | --- | --- |
| Are you aware we have a Nurse Practitioner for book on the day appointments to treat minor ailments (eg chest, ear, urine infection or sore throats)? Age 16 and over and can also prescribe if necessary. | Yes | NO |
|  |  |

**If you have used the nurse practitioner in the last 12 months how would you rate your experience**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Poor |  | Fair |  | Good |  | Very Good |  | Excellent |  | Not applicable |  |

Please turn over ……

|  |  |  |
| --- | --- | --- |
| Are you aware we now offer a text message appointment reminder service – if you would like to use this service please ensure your mobile number is registered at the practice (numbers must be allocated to **one** individual only due to data protection)? | Yes | No |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you aware we have a practice website [www.hpgpwirral.nhs.net](http://www.hpgpwirral.nhs.net) ?(The practice now has free Wi-Fi in the waiting room for patients to use) | Yes |  | No |  |
| If yes do you find this easy to use? | Yes |  | No |  |
| Do you use the Patient Access on-line service for appointment booking, ordering prescriptions and viewing part of your medical records? | Yes |  | No |  |
| If yes do you find this easy to use? | Yes |  | No |  |
| **Comments:** |

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| If you are registered as a carer with the practice please rate the support and advice you receive and add any further comments. (**If you wish to be registered as a carer please complete the carers form available from reception**). |
| Poor |  | Fair |  | Good |  | Very Good |  | Excellent |  |
| **Comments:** |

**Please have your say on anything else you feel we should know about:**

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| Finally on your experience of the practice how likely are you to recommend our GP Practice to friends & family. |
| Extremely likely |  | Likely |  | Neither |  | Unlikely |  | Extremely unlikely |  | Don’t know |  |

***Please place the completed questionnaire in the box on reception.***

***All information will remain strictly confidential & there will be no attempt to identify individual respondents.***

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

**The Patient Participation Group and the practice analyse and discuss the results/comments at future meetings.**

**Feedback will be published on the website & at the surgery by the end of March 2018.**