At our Patient Participation Group Meeting on Friday 14th July 2017, it was proposed that we carry out a survey for our patients’ feedback on our services since the four GP practices (Brune, Forton, Stoke and Waterside) came together to form The Willow Group. Your feedback and opinions are very valuable to us.

1. **Are you aware that your GP practice has merged with 3 local GP practices to form The Willow Group? *(please circle answer)***

YES NO

1. **Are you happy to be seen by a GP at another GP Practice within The Willow Group if it means that you could be seen sooner?**

YES NO

1. **Are you happy to be seen by healthcare clinicians at another GP Practice within The Willow Group i.e. Nurses, Pharmacists, Phlebotomists (for blood tests)?**

YES NO

1. **Are you aware that you can have your prescription sent to a pharmacy of your choice (via our computer system)? *This means, you no longer have to collect a paper repeat prescription from your GP practice and instead you can go straight to the nominated pharmacy to pick up your medicines or medical appliances.*** *(*You do not need a computer to do this).

YES NO

1. **If you use a computer or i-phone - Are you aware that you can make appointments and request repeat medication online via “Patient Access”?**

YES NO

1. **Are you aware that you can go on our Website to eConsult? *eConsult is a set of online tools for patients to check which service is right for their symptoms, get immediate self-help advice, find out what other services can help them or send an online consultation. It may help manage certain conditions, without the need to attend the surgery in person***

YES NO

1. **Are you aware that you can self-refer to our Surgery Signposter?  *The Surgery Signposter will talk to you about what social support you may need and connect you with local community organisations and charities that can help.***

YES NO

1. **Would you recommend us to your family and friends?**

YES NO

**The following information will be used for monitoring purposes only and is optional.**

|  |
| --- |
| **What is your ethnic group? Choose one section from A to E below, then select the appropriate option to indicate your ethnic group with a tick (🗸)****A. White B. Mixed** British 🗆 White and Black Caribbean 🗆 Irish 🗆 White and Black African 🗆Any other White background 🗆 White and Asian 🗆 **Please write in:** Any other Mixed background 🗆 **Please write in:****C. Asian or Asian British D. Black or Black British**Indian 🗆 Caribbean 🗆 Pakistani 🗆 African 🗆 Bangladeshi 🗆 Any other Black background 🗆 Any other Asian background **Please write in:****Please write in:****E. Chinese or other ethnic group**Chinese 🗆Any other ethnic group 🗆 **Please write in** |
| **How old are you? (please tick (🗸)**If you are Under 18 (please state your age) ……….18 to 24 55 to 6425 to 34 65 to 7435 to 44 75 to 8445 to 54 85 or over  |
| **Do you have any of the following long-standing conditions?** **Please tick** **all the boxes that apply to you (🗸)**Deafness or severe hearing impairment 🗆Blindness or severe visual impairment 🗆A physical condition that limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying 🗆A learning difficulty 🗆A long-standing psychological or emotional condition 🗆Other, including any long-standing illness 🗆No, I do not have a long-standing condition Q42 🗆**Are you a deaf person who uses sign language?** Yes 🗆 No 🗆 |
| **What is your gender? (🗸)** Male 🗆 Female 🗆 Transgender 🗆 |