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"Improving the Practice" Questionnaire

INTRODUCTION

This questionnaire is designed for issue to patients to assess the service provided.

Questionnaire

You can help the Practice to improve its service.

- The Doctors and staff welcome your feedback
- Please do not write your name on this survey
- Please read and complete this survey while waiting for your appointment

Are you seeing:

- Doctor
- Practice Nurse
- Health Care Assistant

Please tick as appropriate

Name of Doctor/Practice Nurse (if applicable):

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PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

	No experience	Poor	Fair	Good	Very Good	Excellent
Access to a Doctor or Nurse						
1. Speed at which the telephone was answered initially		1	2	3	4	5
2. Speed at which the telephone was answered if call transferred		1	2	3	4	5
3. Length of time you had to wait for an appointment		1	2	3	4	5
4. Convenience of day and time of your appointment		1	2	3	4	5
5. Seeing the Doctor of your choice		1	2	3	4	5
6. Length of time waiting to check in with Reception		1	2	3	4	5
7. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary		1	2	3	4	5

		1	2	3	4	5
8. Opportunity of obtaining a home visit when necessary		1	2	3	4	5
9. Level of satisfaction with the after hours service		1	2	3	4	5
Obtaining a repeat prescription						
10. Prescription ready on time		1	2	3	4	5
11. Prescription correctly issued		1	2	3	4	5
12. Handling of any queries		1	2	3	4	5
Obtaining test results						
13. Were you told when to contact us for your results?		1	2	3	4	5
14. Results available when you contacted us		1	2	3	4	5
15. Level of satisfaction with the amount of information provided		1	2	3	4	5
16. Level of satisfaction with the manner in which the result was given		1	2	3	4	5
About the staff						
17. The information provided by the Reception staff		1	2	3	4	5
18. The helpfulness of the Reception staff		1	2	3	4	5
19. The information provided by other staff		1	2	3	4	5
20. The helpfulness of other staff		1	2	3	4	5
About the Doctor/Nurse(whom you just/last saw)						
21. My overall satisfaction with this visit to the doctor/nurse		1	2	3	4	5
22. The warmth of the doctor's/nurse's greeting to me was		1	2	3	4	5
23. On this visit I would rate the doctor's/nurse's ability to really listen to me were		1	2	3	4	5
24. The doctor's/nurse's explanations of things to me were		1	2	3	4	5

25. The extent to which I felt reassured by this doctor/nurse was		1	2	3	4	5
26. My confidence in this doctor's/nurse's ability is		1	2	3	4	5
27. The opportunity the doctor gave me to express my concerns or fears was		1	2	3	4	5
28. The respect shown to me by this doctor was		1	2	3	4	5
29. The amount of time given to me for this visit was		1	2	3	4	5
And finally						
30. My overall satisfaction with this practice		1	2	3	4	5

Any further comments:

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The following questions provide us only with general information about the range of people who have responded to this survey. It will not be used to identify you, and will remain confidential.

How old are you?	
Are you male or female?	
How many years have you been attending this Practice?	

Thank you very much for your time and assistance

Please place your completed questionnaire in the box on the Reception desk