

## Patient Survey

**Deadline for RETURNS: 27 March 17**

We want to find out how patients feel about the surgery to help us shape our services. The survey is anonymous. Please take five minutes to respond to the following questions:

**1. Our opening hours are Monday to Friday 8am to 6.45pm and we provide currently, an extended hour's surgery on Tuesdays 6.30pm to 8pm and Saturdays 8am to 11am? Are you satisfied with our opening hours?**

Yes

No

*If No, please let us know the reason* \_\_\_\_\_  
\_\_\_\_\_

**2. How do you usually try to book appointments with the surgery?**

By phone

In person

Online

When the surgery contacts me

Other comments: \_\_\_\_\_  
\_\_\_\_\_

**3. Overall, how satisfied or dissatisfied are you with the phone system used by the surgery?**

Very good

Fairly good

Neither good nor poor

Fairly poor

Very poor

*If poor, please give a reason* \_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_

**4. Are you registered to use the surgery's online system for ordering repeat prescriptions, making appointments and accessing your medical records?**

Yes

No

*If No, please let us know the reason* \_\_\_\_\_  
\_\_\_\_\_

**5. (If you are not registered but would like to, please ask for an enrolment form at reception)**

- Yes
- No

*If No, please let us know the reason* \_\_\_\_\_

**6. Overall, how would you rate the service you receive from the reception staff at the surgery?**

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

*If poor, please give a reason* \_\_\_\_\_

Other comments: \_\_\_\_\_

**7. Overall, how satisfied or dissatisfied are you with the service you (and your family) receive from the surgery?**

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

*If poor, please give a reason* \_\_\_\_\_

Other comments: \_\_\_\_\_

**8. If you wanted to give your opinion either to the manager or to your GP about services here, do you feel able to?**

- Yes I have given my opinion/I feel I would be able to give my opinion
- To some extent I feel I would be able to give my opinion
- I would be reluctant/am not sure how to give my opinion
- Don't know/ have no opinion

*If you feel unable to or reluctant, please state why* \_\_\_\_\_

Other Comments: \_\_\_\_\_

**9. Which topics are of most interest to you as a patient? (You may select more than one)**

- Clinical Services at the surgery, issues around my care
  - Improving the interface between GP, Hospital and Community Care
  - Health Education for patients (eg talks, leaflets, self help advice)
  - Surgery times, earlier or later opening, weekend opening.
  - Better services (eg booking appointments, prescriptions)
  - Commissioning of local services
  - Joining the Patient Group
  - Other – *please specify* \_\_\_\_\_
- Other Comments: \_\_\_\_\_
- 

**10. Would you be interested in helping us and other patients by joining the patient group?**

- Yes (If Yes, please download a signing up form of our website or pick one up from the surgery)
  - No
  - Unsure
- If unsure, please state why* \_\_\_\_\_
- Other Comments: \_\_\_\_\_
- 

**11. To ensure responses are representative of all our patients, please provide information about yourself (*tick all that apply*). I am:**

<input type="radio"/>	Male
<input type="radio"/>	Female
<input type="radio"/>	Under 30
<input type="radio"/>	Between 30 – 60
<input type="radio"/>	Over 60

<input type="radio"/>	Unemployed
<input type="radio"/>	In full time or part time work
<input type="radio"/>	In full time or part time education
<input type="radio"/>	Permanently sick or disabled
<input type="radio"/>	Retired or looking after the home

<input type="radio"/>	White
<input type="radio"/>	Mixed/multiple ethnic group
<input type="radio"/>	Asian/Asian British
<input type="radio"/>	Black/African/Caribbean/Black British
<input type="radio"/>	Other ethnic group

<input type="radio"/>	I am a carer for another person
<input type="radio"/>	I am deaf/ hard of hearing/ registered blind
<input type="radio"/>	I have a long-standing health condition
<input type="radio"/>	I am confident that I manage my own health
<input type="radio"/>	I have a written care plan

**How to return the completed Form.**

**By Post:** Park Lodge Medical Centre, 3 Old Park Road N13 4RG  
**Scan and Email:** [plmc.patients@nhs.net](mailto:plmc.patients@nhs.net) **Fax:** 020 8882 8884  
 A report on our findings will be made available at [www.parklodgemedicalcentre.co.uk](http://www.parklodgemedicalcentre.co.uk) and the surgery.

Thank you for taking time to complete the Survey.