



## THE GP PATIENT SURVEY

### A. Appointments at your GP Surgery

**Q1. Which of the following methods would you prefer to use to book an appointment at the Surgery?**

*Please tick all the circles that apply*

|               |                          |
|---------------|--------------------------|
| In person     | <input type="checkbox"/> |
| By phone      | <input type="checkbox"/> |
| Online        | <input type="checkbox"/> |
| No preference | <input type="checkbox"/> |

### B. Getting through on the phone

**Q2. In the past 6 months how easy have you found the following ?** *Please put a tick in one circle for each row*

|                                   | Haven't tried            | Very Easy                | Fairly easy              | Not very easy            | Not at all easy          | Don't know               |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speaking to a Doctor on the phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### C. Telephone opening times

| <b>Q3</b>                                      | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Are you happy with the telephone opening times | <input type="checkbox"/> | <input type="checkbox"/> |

If NO what additional time would you like the phone lines open

#### D. Seeing or speaking to the Doctor

**Q4. Think about the last time you tried to see or speak to a doctor fairly quickly. Were you able to see or speak to a doctor on the same day ?**

|                |                       |
|----------------|-----------------------|
| Yes            | <input type="radio"/> |
| No             | <input type="radio"/> |
| Can't remember | <input type="radio"/> |

**Q5. If you had to call back the following day as there were no appointments did you get an appointment or speak to the Doctor the following day?**

|                |                       |
|----------------|-----------------------|
| Yes            | <input type="radio"/> |
| No             | <input type="radio"/> |
| Can't remember | <input type="radio"/> |

**Q6. Last time you tried, were you able to get an appointment with a Dr more than 2 weekdays in advance ?**

|                               |                       |
|-------------------------------|-----------------------|
| Yes                           | <input type="radio"/> |
| No                            | <input type="radio"/> |
| No I was seen on the same day | <input type="radio"/> |
| Can't remember                | <input type="radio"/> |

#### E. Arriving for your appointment

**Q7. How clean is the GP surgery ?**

|                |                       |
|----------------|-----------------------|
| Very clean     | <input type="radio"/> |
| Fairly clean   | <input type="radio"/> |
| Not very clean | <input type="radio"/> |
| Don't know     | <input type="radio"/> |

**Q8. How helpful do you find the receptionists at the Surgery ?**

|            |                       |
|------------|-----------------------|
| Very       | <input type="radio"/> |
| Fairly     | <input type="radio"/> |
| Not very   | <input type="radio"/> |
| Not at all | <input type="radio"/> |

**Q9. How do you feel about how long you normally have to wait ?**

|                                       |                       |
|---------------------------------------|-----------------------|
| 1. I don't normally have to wait long | <input type="radio"/> |
| 2. I have to wait a bit too long      | <input type="radio"/> |
| 3. I have to wait far too long        | <input type="radio"/> |
| 4. No opinion/doesn't apply           | <input type="radio"/> |

Q10. If answer 2 or 3 did you get an explanation for your wait?

|                           |                          |
|---------------------------|--------------------------|
| Yes <input type="radio"/> | No <input type="radio"/> |
|---------------------------|--------------------------|

#### F. Seeing a specific Doctor

Q11. If you have felt the need to request a specific Doctor have you been able to?

|     |                       |
|-----|-----------------------|
| Yes | <input type="radio"/> |
| No  | <input type="radio"/> |

#### G. Opening Hours

Q12. How satisfied are you with the opening hours at the surgery ?

|                                    |                       |
|------------------------------------|-----------------------|
| Very                               | <input type="radio"/> |
| Fairly                             | <input type="radio"/> |
| Neither satisfied nor dissatisfied | <input type="radio"/> |
| Quite dissatisfied                 | <input type="radio"/> |
| Very dissatisfied                  | <input type="radio"/> |
| Don't know opening hours           | <input type="radio"/> |

Q13. Would you like the surgery open at additional times ?

|     |                       |
|-----|-----------------------|
| Yes | <input type="radio"/> |
| No  | <input type="radio"/> |

Q14. If Yes what times?

|  |
|--|
|  |
|--|

#### H. Your Overall Satisfaction

Q15. In general, how satisfied are you with the care you get at the Surgery ?

|                                    |                       |
|------------------------------------|-----------------------|
| Very                               | <input type="radio"/> |
| Fairly                             | <input type="radio"/> |
| Neither satisfied nor dissatisfied | <input type="radio"/> |
| Quite dissatisfied                 | <input type="radio"/> |
| Very dissatisfied                  | <input type="radio"/> |

Q16. Would you recommend the Surgery to someone who has just moved to your local area.?

|                |                       |
|----------------|-----------------------|
| Yes            | <input type="radio"/> |
| Not sure       | <input type="radio"/> |
| Definitely not | <input type="radio"/> |
| Don't know     | <input type="radio"/> |

## I. Some questions about you

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential

**Q17. Are you male or female ?**

|        |                       |
|--------|-----------------------|
| Male   | <input type="radio"/> |
| Female | <input type="radio"/> |

**Q18. How old are you ?**

|          |                       |             |                       |
|----------|-----------------------|-------------|-----------------------|
| Under 18 | <input type="radio"/> | 55 - 64     | <input type="radio"/> |
| 18 – 24  | <input type="radio"/> | 65 - 74     | <input type="radio"/> |
| 25 – 34  | <input type="radio"/> | 75 - 84     | <input type="radio"/> |
| 35 – 44  | <input type="radio"/> | 85 and over | <input type="radio"/> |
| 45 – 54  | <input type="radio"/> |             |                       |

**Q19. Which of these best describes what you are doing at present ?** *If more than one of these applies to you, please tick the main one ONLY*

|   |                       |
|---|-----------------------|
| Full-time paid work (30 hrs or more per week)     | <input type="radio"/> |
| Part-time paid work (under 30 hrs per week)       | <input type="radio"/> |
| Full-time education (school, college, university) | <input type="radio"/> |
| Unemployed  | <input type="radio"/> |
| Permanently sick or disabled                      | <input type="radio"/> |
| Fully retired from work                           | <input type="radio"/> |
| Looking after the home                            | <input type="radio"/> |

**Q20. If you need to see a doctor at your GP surgery or health centre during your typical working hours, can you take time away from your work to do this ?**

|     |                       |
|-----|-----------------------|
| Yes | <input type="radio"/> |
| No  | <input type="radio"/> |

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

**Q21. What is your ethnic group?**

**WHITE**

- 1 British
- 2 Irish
- 3 Any other white background

**BLACK OR BLACK BRITISH**

- 4 Caribbean
- 5 African
- 6 Any other black background

**OTHER ETHNIC GROUPS**

- 7 Chinese
- 8 Any other ethnic group

**MIXED**

- 9 White & Black Caribbean
- 10 White & Black African
- 11 White & Asian
- 12 Any other mixed

**ASIAN OR ASIAN BRITISH**

- 13 Indian
- 14 Pakistani
- 15 Bangladeshi

- 16 Any other Asian

Any other comments:

Join our online virtual patient participation group at [www.longlanesurgery.com](http://www.longlanesurgery.com)