THE GP PATIENT SURVEY

**Appointments at your GP Surgery or Health Centre**

Q1. When did you last see a doctor at the GP surgery?

|  |  |
| --- | --- |
| In the past 3 months  |  |
| Between 3-6 months  |  |
| 6 months or over |  |
| Never been sent to the GP |  |

Q2**. If you haven’t see a doctor in the past 6 months, why?** *1 or more can be ticked*

|  |  |
| --- | --- |
| I haven’t needed to see the GP |  |
| I Couldn’t be seen at a convenient time  |  |
| I Couldn’t get an appointment |  |
| I Didn’t like to rush to the hospital |  |
| Another reason  |  |

If another reason, please state reason why here…….

Q3**. How do book your appointment to see the doctor or nurse at the surgery?** *1 or more can be ticked*

|  |  |
| --- | --- |
| In person |  |
| *By phone* |  |
| *Online* |  |
| *Doesn’t apply* |  |

Q4. **Which of the following methods would you prefer to use to book appointments at the surgery?** *Please tick all the circles that apply*

|  |  |
| --- | --- |
| In person |  |
| By phone |  |
| Online |  |
| No preference |  |

**Getting through on the phone**

Q5. **In the past 6 months how easy have you found the following*?*** *Please tick a bar on each row*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Haven’t tried* | *Very easy* | *Fairly easy* | *Not very easy* | *Not at all easy* | *Don’t know* |
| Getting through on the phone |  |  |  |  |  |  |
| *Speaking to a doctor on the phone* |  |  |  |  |  |  |
| *Speaking to a nurse on the phone* |  |  |  |  |  |  |
| *Obtaining test results on the phone* |  |  |  |  |  |  |

***Seeing doctor***

*Q6***. In the past 6 months, have you tried to see a doctor fairly quickly?** *By fairly quickly we mean on the same day or in the next two weekdays that the a GP or health centre was open.*

|  |  |
| --- | --- |
| *Yes* |  |
| *No*  |  |
| *Cant remember* |  |

*Q7.* Were you able to see a doctor on the same day or in the next two weekdays that the GP or health centre was open

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Cant remember |  |

Q8**. If you wasn’t able to be seen during the next 2 weekdays that the GP or health centre was open, why was that?** *Please tick all the options which apply*

|  |  |
| --- | --- |
| There weren’t any appointments |  |
| Times offered didn’t suit  |  |
| Appointment was with a Dr who I didn’t wasn’t to see |  |
| A nurse was free but I wanted to see a doctor |  |
| Another reason |  |
| Can’t remember |  |

Q9**. In the past 6 months, have you tried to book ahead for an appointment with Dr?** *by booking ahead we mean booking an appointment more than two weekdays in advanced.*

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Can’t remember |  |

Q10. **Last time you tried, were you able to get an appointment with a Dr more than 2 weekdays in advanced?**

|  |  |
| --- | --- |
| Yes |  |
| no |  |
| Can’t remember |  |

**Arriving for your appointment**

Q11. **How easy do you find getting into the building at the surgery?**

|  |  |
| --- | --- |
| Very easy |  |
| Fairly easy |  |
| Not very easy |  |
| Not at all easy |  |

Q12**. How clean is the GP surgery?**

|  |  |
| --- | --- |
| Very clean |  |
| Fairly clean |  |
| Not very clean |  |
| Not at all clean |  |
| Don’t know |  |

Q13. **In the reception area, can other patients over hear what you say to the receptionist?**

|  |  |
| --- | --- |
| Yes, but don’t mind |  |
| Yes and I’m not happy about it |  |
| No, other patients can’t hear me  |  |
| Don’t know |  |

Q14**. How helpful do you find the receptionists at the surgery?**

|  |  |
| --- | --- |
| Very |  |
| Fairly |  |
| Not very |  |
| Not at all |  |

Q15 **how long after your appointment time do you normally wait to be seen?**

|  |  |
| --- | --- |
| I don’t normally have a appts at a specific time  |  |
| I am normally seen on time |  |
| Less than 5 minutes |  |
| 5-15 minutes |  |
| 15-30 minutes |  |
| More than 30 minutes |  |
| Can’t remember |  |

Q16. **How do you feel about how long you normally have to wait?**

|  |  |
| --- | --- |
| I don’t normally have to wait long |  |
| I have to wait a bit too long |  |
| I have to wait far too long |  |
| No opinion/ doesn’t apply |  |

**Seeing the doctor you prefer**

Q17. **Is there a particular Dr you prefer to see at the GP surgery or health centre?**

|  |  |
| --- | --- |
| Yes  |  |
| no |  |

 Q18. **How often so you see the Dr you prefer?**

|  |  |
| --- | --- |
| Always or most of the time |  |
| A lot of the time  |  |
| Some of the time  |  |
| Never or almost never |  |
| Not tried at this GP surgery or health centre |  |

**Opening hours**

Q19**. How satisfied are you with the opening hours at the surgery?**

|  |  |
| --- | --- |
| Very |  |
| Fairly |  |
| Neither satisfied nor dissatisfied |  |
| Quite dissatisfied |  |
| Very dissatisfied |  |
| Don’t know opening hours |  |

Q20. **A far as you know is the surgery open..** *tick one for each row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | yes | no | sometimes | Don’t know |
| Before 8am? |  |  |  |  |
| At lunchtime? |  |  |  |  |
| After 6:30pm? |  |  |  |  |
| On Saturday? |  |  |  |  |
| On Sunday? |  |  |  |  |

 Q21. **Would you like the surgery open at additional times?**

|  |  |
| --- | --- |
| Yes |  |
| no |  |

**Seeing a doctor at the GP surgery or health centre**

Q22. **The last time you saw a Dr at the surgery how good was the Dr at each of the following?** *Please tick on in each row*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Giving you enough time  | *Very good* | *good* | *Neither good nor poor* | *poor* | *Very poor* | *Doesn’t apply* |
| Asking about your symptoms |  |  |  |  |  |  |
| Listening |  |  |  |  |  |  |
| Explain tests and treatments |  |  |  |  |  |  |
| Involving you in decisions |  |  |  |  |  |  |
| Treating you with care  |  |  |  |  |  |  |
| Treating you with concern |  |  |  |  |  |  |
| Taking you problem seriously |  |  |  |  |  |  |

*Q23.* **Did you have confidence and trust on the doctor you saw?**

|  |  |
| --- | --- |
| *Yes, definitely* |  |
| *Yes, to some extent* |  |
| *No, not at all* |  |
| *Don’t know, can’t say*  |  |

1. **Seeing a practice nurse at the surgery?**

Q24. **How easy is it for you to get an appointment with a practice nurse at the surgery?**

|  |  |
| --- | --- |
| Haven’t tired |  |
| Very |  |
| Fairly |  |
| Not very |  |
| Not at all |  |
| Don’t know |  |

Q25. **Last time you saw a practice nurse at the surgery, how good did you find the practice nurse at each of the following?** *Please put a tick in one box for each row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very good | good | Neither good nor poor | Very poor | Doesn’t apply |
| Asking about your symptoms |  |  |  |  |  |
| Listening |  |  |  |  |  |
| Explaining tests and treatments |  |  |  |  |  |
| Involving you in decisions about your care |  |  |  |  |  |
| Treating you with care |  |  |  |  |  |
| Taking your problems seriously |  |  |  |  |  |
| *Giving you time* |  |  |  |  |  |

**Your overall satisfaction?**

Q26**. In general, how satisfied are you with the care you get at the surgery?**

|  |  |
| --- | --- |
| Very |  |
| Fairly |  |
| Neither satisfied nor dissatisfied |  |
| Quite dissatisfied |  |
| Very dissatisfied |  |

Q27. **Would you recommend the surgery to someone who has just moved to your local area?**

|  |  |
| --- | --- |
| Yes |  |
| Might |  |
| Not sure |  |
| Probably |  |
| Definitely not  |  |
| Don’t know |  |

**Planning your care**

Q28. **Do you have any long-standing health problem, disability or infirmity? Please include anything that has troubled you over a period of time or that is likely to affect you over a period of time?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Don’t know /can’t say |  |

Q29**. Have your had discussions in the past 12 months with a doctor or nurse regarding how best to deal with your health problems?**

|  |  |
| --- | --- |
| Yes |  |
| no |  |

Q30. **In these discussions….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | yes | no | Don’t know  | N/A |
| Did the doctor or nurse take notice of your views about how to deal with your health problems? |  |  |  |  |
| Did the doctor or nurse give you information about the things you might do you deal with your health problems? |  |  |  |  |
| Did you and the doctor or nurse agree how best to manage your health problems? |  |  |  |  |
| Did the doctor or nurse give you a written document about managing your health problems? |  |  |  |  |
| Would you have liked a written plan summarising your discussion with the doctor or nurse? |  |  |  |  |
| Did the doctor or nurse ever mention that you had something called a care plan? |  |  |  |  |

Q31. **Do you think that having these discussions with your doctor or nurse helped improve how to manage your health problem?**

|  |  |
| --- | --- |
| Yes |  |
| To some extent  |  |
| No |  |
| Don’t know |  |

**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.**

**Q32. Are you male or female?**

|  |  |
| --- | --- |
| Female |  |
| Male |  |

**Q33. How old are you?**

|  |  |
| --- | --- |
| Under 18 |  |
| 18-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65-74 |  |
| 75+ |  |

**Q34. 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 work to do this?**

|  |  |
| --- | --- |
| Yes |  |
| no |  |

**Q35. In general, would you say your health is….**

|  |  |
| --- | --- |
| Excellent |  |
| Very good |  |
| Good |  |
| Fair |  |
| poor |  |

**Q34. Do you have any of the following conditions?** *Please include problems due to old age*

|  |  |
| --- | --- |
| Deafness or severe hearing impairments |  |
| Blindness or severe visual problems |  |
| Condition that substantially limits one or more basic physical activities, such as walking or standing. |  |
| A learning difficulty |  |
| A long-standing psychological or emotional condition |  |
| Other, including a long-standing illness |  |
| I don’t have a long-standing illness |  |

Q35. **Are you a deaf person who uses sign language?**

|  |  |
| --- | --- |
| Yes |  |
| no |  |

Q36. **Are you a parent or a legal guardian of any children under the age of 16 years living in your home?**

|  |  |
| --- | --- |
| Yes  |  |
| No |  |

Q37**. Do you have carer responsibilities for anyone in your household suffering with health problems or disability?**

|  |  |
| --- | --- |
| Yes |  |
| no |  |

 **Q38. What is your ethnic group?** The experiences vary between different group of the population. We will keep your answers completely confidential

 **following questions will help us to see how**

**A white**

|  |  |
| --- | --- |
| British |  |
| Irish |  |
| Other white background |  |

**B mixed**

|  |  |
| --- | --- |
| White & black Caribbean |  |
| White & black African |  |
| White & Asian |  |
| Any other mixed background |  |

**C Asian or Asia British**

|  |  |
| --- | --- |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Any other Asian background |  |

**D black or black British**

|  |  |
| --- | --- |
| Caribbean |  |
| African |  |
| Any other black background |  |

**E Chinese or ethic group**

|  |  |
| --- | --- |
| Chinese |  |
| Any other ethnic group |  |

**Q39 which of the following best describes how you think of yourself?**

|  |  |
| --- | --- |
| Heterosexual/straight |  |
| Gay/lesbian |  |
| Bisexual |  |
| Other |  |
| I would prefer to not say |  |

**Q40. Which of the following best describes your religion?**

|  |  |
| --- | --- |
| None |  |
| Buddhist |  |
| Christian, catholic or protestant, church of England or other |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| other |  |
| Prefer to not say |  |