

**STEWART MEDICAL CENTRE
2019 PATIENT SATISFACTION QUESTIONNAIRE**

SMC Code / No.	
Questionnaire type	Internet

(11-Mar-19)

Please help us to improve the services the practice provides by completing this patient questionnaire. Please tick the boxes most appropriate to you and make comments where you think this will help. Your feedback is treated in strictest confidence. *Please return your completed form to reception, the distributor or, if you downloaded it and completed it with your word processor / Excel, E-mail it to smcvppg@gmail.com or nicola.larkam1@nhs.net*

About you

Q01 Are you? Female
 Male

Q02 What is your age?
 18 to 24
 25 to 44
 45 to 64
 65 to 74
 75 or over

Q03 Do you have a long standing medical condition?
 Don't know/Can't say
 Yes
 No

Your local GP services

Q04 How helpful are the receptionists at the surgery?
 Very helpful
 Fairly helpful
 Not very helpful
 Not at all helpful

Q05 Have you used any of the online services offered by the practice?
 Not used service
 Doctor's appointment
 Blood test
 Repeat prescription
 View medical record

Q06 How easy is it to use your GP practice's website to look for information or access services?
 Have not tried
 Very easy
 Fairly easy
 Not very easy
 Not at all easy

Q07 What changes to the website would you like?

Making an appointment

Q08 Before you made an appointment, did you do any of the following? (Tick more than one if applicable)
 Looked at online information
 Spoke to pharmacist
 Self-medicated
 Called NHS 111
 Attended or contacted another NHS service
 Ask for advice from friend or family
 Tried to get non-NHS advice
 Did not seek advice

Q09 Have you used any of the new evening or weekend services?
 Yes
 No

Q10 If you used the evening or weekend services, please indicate any problems you encountered:

Q11 What was the longest number of working days you have had to wait to see a doctor for a routine appointment?
 1 to 5
 6 to 10
 11 to 15
 16 or more

Please turn over for next question →

Please also complete the questions on the other side of the sheet

Q12 What was the longest number of working days you have had to wait to see a nurse for an appointment?

<input type="checkbox"/>	1 to 5
<input type="checkbox"/>	6 to 10
<input type="checkbox"/>	11 to 15
<input type="checkbox"/>	16 or more

Doctors and nurses

Q13 How often are you able to see your preferred GP?

<input type="checkbox"/>	No preferred GP
<input type="checkbox"/>	Almost always
<input type="checkbox"/>	A lot of the time
<input type="checkbox"/>	Some of the time
<input type="checkbox"/>	Almost never

Q14 Do you have confidence and trust in your GP?

<input type="checkbox"/>	Don't know/Can't say
<input type="checkbox"/>	Yes, very definitely
<input type="checkbox"/>	Yes, to some extent
<input type="checkbox"/>	No, not at all

Q15 Do you have confidence and trust in your nurse?

<input type="checkbox"/>	Don't know/Can't say
<input type="checkbox"/>	Yes, very definitely
<input type="checkbox"/>	Yes, to some extent
<input type="checkbox"/>	No, not at all

Q16 Please comment below if you wish to add anything about your doctor or nurse:

Patient support

Q17 A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. If you register with the practice, extra support can be given via care co-ordinators, changes in medication etc.

If you are a carer, are you registered with the Practice

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Q18 If you are a relative or friend caring for a loved one, please indicate if there is anything you think the practice can do to help:

Overall experience of the practice

Q19 What was your overall experience?

<input type="checkbox"/>	Very good
<input type="checkbox"/>	Fairly good
<input type="checkbox"/>	Neither good nor poor
<input type="checkbox"/>	Fairly poor
<input type="checkbox"/>	Very poor

Q20 Please indicate below what you like about the practice:

Q21 Please indicate below what you think could be improved at the practice:

The practice has a Patient Participation Group (PPG) which seeks out and listens to views of patients, carers and staff with the aim of helping to improve services. If you would like to participate by E-mail, post or attending meetings, please ask for a contact form.

Q22 Are you aware that the practice has a PPG?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Thank you for taking the time to complete our questionnaire