



## PORTCULLIS PATIENT GROUP

"bringing together patients, health professionals and voluntary groups  
to improve the health and social support services of our community"

### Patient Satisfaction Survey FOR PATIENTS OF PORTCULLIS SURGERY

Portcullis Patient Group is working with Portcullis Surgery to be sure your needs are being met. Please complete this questionnaire. Once we have the results of this survey, they will be published for your information. The results will be used to improve the services you receive. We will keep all responses confidential and anonymous. This survey was developed by Portcullis Patient Group in partnership and with the agreement of Portcullis Surgery.  
Thank you for your time.

**Age Range:** Under 18    19-30    31-50    51- 65    65+  
**Sex**                    Male                    Female

How many years have you been a patient at this practice?

Please circle how well you think we are doing in the following areas:	Very Good	Good	Fair	Poor	Very Poor	N/a
<b>Ease of getting care:</b>						
Ease of getting appointment ( <i>Being able to see a doctor within 2 working days</i> ):	5	4	3	2	1	N/A
Ability to see your preferred doctor	5	4	3	2	1	N/A
Hours the Practice is open	5	4	3	2	1	N/A
Ability to speak to a doctor, or a nurse on the telephone	5	4	3	2	1	N/A
<b>Comments:</b>						
<b>Is the time you usually have to wait for an appointment acceptable to you?</b>						
To see GP	5	4	3	2	1	N/A
To see Nurse	5	4	3	2	1	N/A
For Blood Tests or other tests	5	4	3	2	1	N/A
<b>Comments:</b> (e.g. If unacceptable, how long have you had to wait?)						

<b>Please circle how well you think we are doing in the following areas:</b>	<b>Great 5</b>	<b>Good 4</b>	<b>Ok 3</b>	<b>Fair 2</b>	<b>Poor 1</b>	<b>N/A</b>
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<b>Receptionists (on desk):</b>						
Is there a receptionist, when you go to the desk?	<b>Yes</b>			<b>No</b>		
If no, how long did you have to wait?	30 sec	1 min	2min	3min	4min	More
Friendly and helpful to you	5	4	3	2	1	N/A

**Comments:**

<b>Receptionists (on phone):</b>						
Ease of getting through on phone	5	4	3	2	1	N/A
Friendly and helpful to you	5	4	3	2	1	N/A

**Comments:**

<b>Our building:</b>						
Getting to the building	5	4	3	2	1	N/A
Ease of entering the building	5	4	3	2	1	N/A
Ease of moving around the building	5	4	3	2	1	N/A
Ease of entering consulting rooms	5	4	3	2	1	N/A
Ease of getting on and off treatment couches	5	4	3	2	1	N/A
Ease of getting on and off chairs	5	4	3	2	1	N/A
Ease using toilets	5	4	3	2	1	N/A
Ease of finding where to go	5	4	3	2	1	N/A
The building is neat and clean	5	4	3	2	1	N/A
Comfort and safety whilst waiting	5	4	3	2	1	N/A
Privacy – in reception	5	4	3	2	1	N/A
Privacy – in consultation rooms	5	4	3	2	1	N/A

**Comments:**

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**What do you like best about our Medical Practice?**

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**What do you like least about our Medical Practice?**

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**Suggest improvements for our Medical Practice.**

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**How do you get your information about your health? (e.g. from the Medical Practice, Hospital, voluntary organisations, library or internet)**

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**What other services would you like us to provide? (e.g. pharmacy in the building, repeat prescriptions alerts service, review reminders)**

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**Are you aware you can request a telephone consultation with a Doctor or Nurse?.....YES.....NO**

**Are you aware that we have a room should you want to discuss something in confidence and not at the reception desk? .....YES .....NO**

**Are you aware we have a website ? .....YES .....NO**

**Are you aware we have an early morning surgery and a late evening surgery? .....YES.....NO**

**Are you aware that you can book an appointment on-line and order your prescription electronically ? .....YES.....NO**

**Have you had cause for concern when visiting the Practice ? .....YES.....NO**  
**If your answer is yes:-**

**How did you go about making a complaint and were you satisfied with the outcome?**

**PLEASE COMPLETE THIS SECTION AFTER YOUR CONSULTATION**

<b>Who was the Doctor or Nurse you saw today</b>	
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**How good was he/she at the following - Please tick the appropriate box**

**Giving you enough time**

Very Good Good Fair Poor Very Poor N/A

**Listening to you**

Very Good Good Fair Poor Very Poor N/A

**Explaining tests and treatments**

Very Good Good Fair Poor Very Poor N/A

**Involving you in decisions about your care**

Very Good Good Fair Poor Very Poor N/A

**Treating you with care and concern**

Very Good Good Fair Poor Very Poor N/A

**Did you have confidence and trust in the GP/Nurse you saw or spoke to?**

Very Good Good Fair Poor Very Poor N/A

**ANY ADDITIONAL COMMENTS ARE APPRECIATED**

**Thank you for completing our Survey!**

Please complete and hand to a member of our Portcullis Patient Group or hand in to reception.

All responses need to be in by the end of **February 2013**

The results will be displayed on a notice board in Reception of Portcullis Surgery and published on the [portcullis-surgery.co.uk](http://portcullis-surgery.co.uk) website.

*If you wish to know more about Portcullis Patient Group and / or you are considering joining our group, please pick up a leaflet in the Medical Centre or email: [portcullis.surgery@nhs.net](mailto:portcullis.surgery@nhs.net)*