

PATIENT SERVICE IMPROVEMENT QUESTIONNAIRE RESULTS 2013

Please place a tick in the box that best relates to your answer.

All the information that you give is used to monitor and improve our services and will be held in confidence in accordance with the data protection act.

The questions relate only to Sullivan Way Doctors and the practice NOT to any trainee doctors or any locum doctors you may have seen.

Please answer as accurately and as honestly as possible.

You can complete the form via our website - www.sullivansurgery.co.uk

1. When did you last see a doctor at your GP surgery?

In the past 3 months	120
Between 3 and 6 months ago	30
More than 6 months ago	29

2. If you haven't seen a doctor in the past 6 months, why is that? Please tick all that apply.

I have not had need to see a doctor	37
I couldn't be seen at a convenient time	2
I couldn't get to my appointment easily	2
I didn't like or trust the doctor	0
Another reason	11

3. Which of the following methods would you prefer to use to book appointments at the surgery?

Please tick all the boxes that apply to you

In person at surgery	51	
Online	43	
By phone	137	
By fax machine	4	
No preference	4	
Are you aware that you can book via website	YES 91	NO 15

4. Which of the following methods would you prefer for ordering repeat prescriptions?

Please tick all the boxes that apply to you

In person at surgery	33
Online	78
By pharmacy	82
By fax machine	2
No preference	11

5. In the past 6 months how easy have you found the following?

Getting through on the phone	Very Easy 42	Not So Easy 53	Very Difficult 65
Obtaining test results by phone	Very Easy 42	Not So Easy 43	Very Difficult 20
Speaking to a Nurse by phone	Very Easy 25	Not So Easy 37	Very Difficult 21

6. In the past 6 months have you successfully tried

To see a Doctor fairly quickly?	Yes 101	No 55
To make an appointment more than two weeks in advance	Yes 35	No 83

If no to one or both of the above please give brief details

7. How easy or difficult do you find it to get into the building at the surgery?

Very Easy	117	Easy	51	Difficult	2	Very Difficult	2
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If you have answered difficult or very difficult please give a brief explanation.

Mobility scooter

8. How do you get TO Sullivan Way surgery?

Own car	120	lift from family/friend	15	Walk	30	Bus	7	Taxi	2
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9. In the reception area, can other patients overhear what you say to the receptionist?

Yes, but I don't mind	139
Yes, and I am not happy about it	36
No, other patients can't overhear	2
Don't know	5

10. How helpful do you find the receptionists at your GP surgery?

Very helpful	139
Fairly helpful	36
Not very helpful	3
Not at all helpful	1

11. How long after your appointment time do you normally wait to be seen?

I am normally seen at my appointment time	158
I am rarely seen at my appointment time	15
Do you wait?	
Less than 5 minutes	16
5 to 15 minutes	88
16 to 30 minutes	59
More than 30 minutes	10

If more than 30 minutes please say:- On regular basis 3 On an irregular basis 7

12. Is there a particular Doctor you prefer to see at the Surgery?

Yes	106	No	73	If Yes which Doctor?	Dr Smith 20, Dr Sutton 13, Dr MacMillan 34, DR Lewis 1, Dr Vernon 12.
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If Yes was this the doctor you saw last time you attended? Yes 76 No 15

Did you see your preferred Doctor today? If not who did you see?

Dr Smith 1 Dr Sutton 2 Dr MacMillan 6 Dr Lewis 2 Dr Vernon 4
(Please delete which do not apply)

Do you get to see your preferred doctor:- All the time 14 Most of the time 152 Occasionally 13

13. Last time you saw Doctor at your surgery how good was the doctor at each of the following?

	Very Good	Good	Poor	Very Poor
Giving you enough time	111	56	2	0
Asking about your symptoms	103	57	3	0
Listening to you	106	53	3	0
Explaining tests and treatments	90	58	5	0
Involving you in decisions about your care	97	57	5	0
Taking your problems seriously	101	53	4	0

Comments:.....
.....

14. Last time you saw a Practice Nurse at the Surgery, how good did you find the Practice Nurse at each of the following.

	Very Good	Good	Poor	Very Poor
Giving you enough time	115	43	0	0
Asking about your symptoms	105	41	1	0
Listening to you	105	46	0	0
Explaining tests and treatments	97	44	3	0
Involving you in decisions about your care	98	41	4	0
Taking your problems seriously	103	40	1	0

15. Do you feel that you are always treated with care and concern?

By the receptionists	Yes	135	No	33
By the Doctors	Yes	145	No	9
By the Practice Nurses	Yes	143	No	1

Comments:

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16. Do you find the waiting room at you GP's surgery suitable for your needs?

Yes 167 No 7 (if no please say briefly why not)

Lay-out Furniture Cleanliness Posters / Information Play Area
Reception Area

Other please give a brief comment:

Need more air in waiting room

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17. Do you know the opening times of the surgery: Yes 156 No 20

18. Do you know what the Health Trainers do? Yes 58 No 110

19. Do you use the surgery web site? Yes 30 No 132

If Yes have you used it for the following?

Book appointments Yes 22 No 13

Order repeat prescriptions Yes 26 No 10

Just for information purposes Yes 17 No 8

Do you rate the site as Excellent 15 Good 26 Poor 2 Difficult to navigate 1

20. 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. (Please do not give us specific information)

Yes 123 No 45

21. Have you had discussions in the past 12 months with a doctor or nurse about how best to deal with your health problem?

Yes 111 No 58

22. If help and information were available to help you manage your long term condition would you be interested?

Yes 133 No 14

23. Are you aware of any of the following services being provided by your GP's surgery?

Asthma Management	60	Child Health Surveillance	33
Family planning Services	61	Sexual Health	47
Minor Surgery	39	Travel Immunisations	53
Ante Natal Services	49	Post Natal Services	43
Diabetes Management	67	Chronic Disease management	32
Cervical Smears	70	Healthy Lifestyle Advice	44
Immunisations/vaccinations	73	Well Man / Woman screening	49
Alcohol Awareness	37	Stop Smoking advice	61

53 not completed.

24. Have you been referred to a Consultant or Specialist Doctor in the last 12 months?

Yes 83 No 70

(a) If yes, were you given a choice of hospitals to attend?

Yes 55 No 34

(b) If yes, did you have enough information on which to base your choice?

Yes 50 No 19

(c) If no, what information would you need to make an informed choice?

.....
(d) How would you like to have received that information?

A comprehensive leaflet 7 More information from the Surgery 9 Directions to a web site 4 Other 1

If other please give brief detailsletter?.....

25. Have you had to used the Choose & Book System?

Yes 40 No 52

If yes have you. Booked on line 12 By telephone 28

Please say which you prefer Telephone 25 On line 15

26. Are you familiar with the complaints and compliments procedure at the surgery? Yes 16 No 75

Have you had reason to complain about our services? Yes 2 No 89

Any further comments or compliments would be appreciated and would be shared with doctors and staff.

See separate list for comments

THANK YOU FOR YOUR HELP.

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.

Are you male or female?

Male 65 Female 100

How old are you?

Under 18	1
18 to 24	4
25 to 34	16
35 to 44	22
45 to 54	32
55 to 64	29
65 to 74	32
75 to 84	30
85 and over	3

What is your ethnic group?

Choose one section from A to E below, then select the appropriate option to indicate your ethnic group.

A. White

- | | |
|----------------------------|--------------------------|
| British | 164 |
| Irish | 5 |
| Any other White background | <input type="checkbox"/> |

Please write in

B. Mixed

- | | |
|----------------------------|--------------------------|
| White and Black Caribbean | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> |
| Any other Mixed background | <input type="checkbox"/> |

Please write in

C. Asian or Asian British

- | | |
|----------------------------|--------------------------|
| Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> |
| Any other Asian background | <input type="checkbox"/> |

Please write in

D. Black or Black British

- | | |
|----------------------------|--------------------------|
| Caribbean | <input type="checkbox"/> |
| African | <input type="checkbox"/> |
| Any other Black background | <input type="checkbox"/> |

Please write in

E. Chinese or other ethnic group

- | | |
|------------------------|--------------------------|
| Chinese | <input type="checkbox"/> |
| Any other ethnic group | <input type="checkbox"/> |

Please write in