

## Blackburn Road Medical Centre and Birkensahw Health Centre Patient Survey 2019

We would be grateful if you could take a few moments to answer our patient survey. We value all feedback negative or positive.

What gender are you?

--

Please tick your age group

Age	Tick as Appropriate
Under 18yrs	
19-35yrs	
36-55yrs	
56-75yrs	
Over 75yrs	

ACCESS – how easy was it to get through to book an appointment?	Tick as appropriate
Very easy	
Fairly easy	
Neither easy nor difficult	
Fairly Difficult	
Very difficult	
Don't know	

How easy was it to make an appointment with a doctor at the time you wanted?	Tick as appropriate
Very easy	
Fairly easy	
Neither easy nor difficult	
Fairly Difficult	
Very difficult	
Don't know	

Are you able to see the doctor you wanted?	Tick as appropriate
Always	
Sometimes	
Never	
Don't know/never tried	

If you were unable to have the doctor of your choice, did this cause you stress or concern?	Tick as appropriate
Yes	
No	

If you had a choice as to when you attend for an appointment when would it be?	Tick as appropriate
Early morning	
Morning	
Afternoon	
Early Evening	

<b>How long after your appointment time do you normally have to wait to be seen by the doctor /nurse?</b>	<b>Tick as appropriate</b>
5 minutes or less	
6-10 minutes	
11-20 minutes	
21-30 minutes	
More than 30 minutes	

<b>Were you informed that the doctor/nurse was running late?</b>	<b>Tick as appropriate</b>
Yes	
No	
n/a – on time	

<b>How do you feel about how long you normally have to wait?</b>	<b>Tick as appropriate</b>
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	

<b>If you were not able to get an appointment on the day you contacted the surgery, how long after that day were you given an appointment?</b>	<b>Tick as appropriate</b>
1 day	
2 days	
3 days	
4 days	
5 days	
Longer than a week	

<b>How many times have you needed to phone for an appointment before getting through to a receptionist?</b>	<b>Tick as appropriate</b>
Once	
2-3 times	
More than 4 times	

<b>RECEPTION: How helpful do you find our receptionists at the Surgery?</b>	<b>Tick as appropriate</b>
Very helpful	
Fairly helpful	
Not very Helpful	
Very unhelpful	
No opinion / doesn't apply	

<b>When you are in the reception area, can other patients hear what you say to the receptionist?</b>	<b>Tick as appropriate</b>
Yes	
No	

<b>If you answered yes, how do you feel about this?</b>	<b>Tick as appropriate</b>
It doesn't bother me	
It only happens sometimes, not really a problem	
I ask to speak privately	
I feel uncomfortable as I don't want anyone to hear	
I feel uncomfortable so I don't explain what I need properly	

<b>How can we address the problem?</b>
--

<b>PATIENT INFORMATION: How easy is it to find out about the opening hours and services offered by our surgery?</b>	<b>Tick as appropriate</b>
Very easy	
Fairly easy	
Not very easy	
Not at all easy	

<b>Are you aware of the surgery website and how to access it? (oultonmedicalcentre.co.uk)</b>	<b>Tick as appropriate</b>
Yes	
No	

<b>If you answered yes is there any other information that you would like to see included?</b>
--

<b>Would you access practice information from any other source if it was available, i.e.; chemists, newspapers etc.?</b>	<b>Tick as appropriate</b>
Yes	
No	

<b>Please enter suggestions of where you would like to access information from</b>
--

--

**APPOINTMENTS: Sometimes patients arrive late for their appointments, which is a problem because it has a knock on effect to other patients. How do you think the surgery should deal with this issue?**

--

<b>Missed appointments are a big problem for us as it wastes clinical time that could have been allocated to other patients. How would you like to see us tackle this problem?</b>	<b>Tick as appropriate</b>
--	----------------------------

Undertake a campaign to highlight how important it is to keep appointments	
--	--

Send appointment reminders via phone /text	
--	--

Write to inform them of the missed appointment and warn of the consequences i.e., removal from the practice list?	
---	--

<b>One of the ways we use to try to reduce the number of missed appointments is to remind patients about their routine appointments. How helpful do you/would you find this service</b>	<b>Tick as appropriate</b>
---	----------------------------

Very helpful	
--------------	--

Fairly helpful	
----------------	--

Not very helpful	
------------------	--

Not helpful at all	
--------------------	--

No opinion / doesn't apply	
----------------------------	--

<b>PRESCRIPTIONS, how satisfied are you with our current system for asking for repeat prescriptions?</b>	
--	--

Very satisfied	
----------------	--

Fairly satisfied	
------------------	--

Not satisfied	
---------------	--

Neither satisfied /dissatisfied	
---------------------------------	--

<b>Is there anything that stops you picking up repeat prescriptions from the surgery?</b>	<b>Tick as appropriate</b>
---	----------------------------

Yes	
-----	--

If yes – how can we help?	

No	
----	--

<b>PATIENT EXPERIENCE: Have you recently been in hospital and if so what was your experience in the following areas</b>		<b>Tick as appropriate</b>
<b>Referral for appointment</b>	I did not have to wait too long	
	I waited longer than expected	
<b>Did you understand what you were being referred for?</b>	Yes	
	No	
<b>If no what further information would have been useful?</b>		

<b>On discharge from hospital did you get appropriate follow-up from your doctor?</b>	<b>Tick as appropriate</b>
Yes	
No	
<b>If no, what would you have expected?</b>	

<b>What services not currently provide locally would you like to see?</b>

<b>Should the practice have closer links with other community services in the local area?</b>	<b>Tick as appropriate</b>
Yes	
No	

<b>How do you think that this could be achieved?</b>

<b>CLINICAL EXPERIENCE: Can you talk easily to the doctor/nurse?</b>	<b>Tick as appropriate</b>
Yes	
No	

<b>Do you feel you have adequate time to discuss your health issues?</b>	<b>Tick as appropriate</b>
Yes	
No	

<b>If no to the above, how long do you feel you would need with the clinician?</b>	<b>Tick as appropriate</b>
15 minutes	
20 minutes	
Other amount of time – please specify	

<b>On a scale of 1-10 (1 being high and 10 being low) how confident do you feel with the clinicians</b>	<b>Tick as appropriate</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Any other comments you would like to make please use the space below. We thank you for your time and co-operation in helping us to improve the service that we offer you**

**Thank you for taking time to complete our Patient Survey**