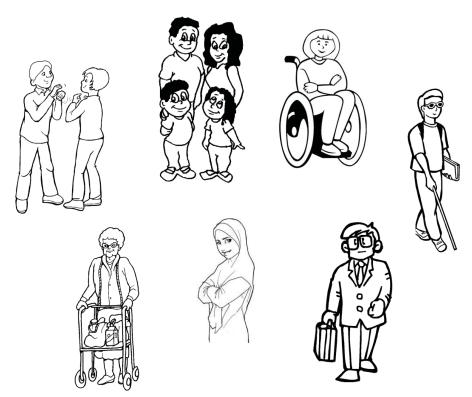
Questionnaire about how well this GP surgery meets the needs of its patients

Your views about this GP surgery are really important. It is vital that the GP surgery hears about your experiences so they can improve their service for everyone, including people like you. If you don't respond, the GP surgery can't make these improvements. This questionnaire is not being sent to everybody, so your response is extremely valuable.

When you answer the questions, please think about how well the GP surgery meets your needs, taking into account **your own circumstances**.

The questionnaire should take no longer than 10 minutes to complete.



If you would like to complete the questionnaire online, please go to:

[web address]

Abou	ut arranging an appointment				
Q1	The last time you used the GP surgery, how easy was it for you to get in touch with them to make the appointment?				
	Very easy \square Quite easy \square Not very easy \square Not at all easy \square No opinion \square				
Q2a	The last time you used the GP surgery, what type of appointment did you want? (please tick one only)				
	An appointment at the surgery				
	To speak to a doctor or nurse on the phone \square				
	A home visit				
	I didn't mind / wasn't sure what I wanted \square				
	Something not listed above (please specify) \square				
Q2b	Were you able to get the type of appointment you wanted?				
QZD	were you able to get the type of appointment you wanted:				
	Yes □ No □ No opinion □				
Q3a	The last time you used the GP surgery, did you have any preferences about when the appointment was?				
	Yes, I wanted it as soon as possible				
	Yes, I wanted to make an appointment for a particular day / time \Box				
	No, I didn't mind when it was				
Q3b	Were you able to get an appointment at a time that was right for you?				
	Yes □ No □ No opinion □				
Q4a	The last time you used the GP surgery, did you have any preferences about who the appointment was with?				
	Yes, I wanted a particular doctor				
	Yes, I wanted a particular nurse				
	Yes, there was a particular doctor / nurse I wanted to avoid \Box				
	Yes, I wanted someone of my own sex				
	No, I didn't mind who I saw				
Q4b	Were you able to get an appointment with the person you wanted? Yes \square No \square No opinion \square				

Q5	Overall, did the GP surgery make it easy for you to arrange an appointment that suited you?						
	Very easy ☐ Quite easy ☐ Not very easy ☐ Not at all easy ☐ No opinion ☐						
Q6	Did you have any of the following problems in arranging an appointment? (please tick any that apply)						
	It was difficult to get through on the phone						
	I had to keep phoning back to get an appointment						
	There were no appointments available on the day / at the time I wanted \Box						
	The wait for a non-urgent appointment was too long \Box						
	The wait for an appointment with my preferred GP or nurse was too long \Box						
	I wasn't able to book in advance for the time I wanted \Box						
	e tell us about any other problems you have had in arranging an appointment, and how surgery could make it easier for you to get an appointment that suits you:						
Abou	It how well reception staff treated you						
Q7	The last time you used the GP surgery, did you feel that the reception staff						
	Were friendly towards you?						
	Yes \square Yes, to some extent \square No \square No opinion \square						
	Treated you with respect?						
	Yes \square Yes, to some extent \square No \square No opinion \square						
	Tried their best to help you?						
	Yes \square Yes, to some extent \square No \square No opinion \square						
Q8	Overall, did you feel that the reception staff <u>treated you well</u> ?						
	Very well \square Quite well \square Not very well \square Not at all well \square No opinion \square						

	e tell us about an would make this		ave had with the way	reception staff tre	at you, and	
Abou	ut how easy it	was for you to	visit the GP surge	ry		
Q9	How easy was it for you to					
	Get around the	building?				
	Very easy □	Quite easy	Quite difficult $\ \square$	Very difficult \Box	No opinion \Box	
	Use the facilities	es at the surgery (e.g. toilets)?			
	Very easy □	Quite easy	Quite difficult $\ \square$	Very difficult \Box	No opinion \Box	
	Book in when y	ou arrived?				
	Very easy □	Quite easy	Quite difficult $\ \square$	Very difficult \Box	No opinion \Box	
	Talk to reception	onists without bei	ng overheard?			
	Very easy □	Quite easy	Quite difficult $\ \square$	Very difficult \Box	No opinion \Box	
	Know when it v	was your turn to b	e seen?			
	Very easy □	Quite easy	Quite difficult $\ \square$	Very difficult \Box	No opinion \Box	
Q10	Could you wait	in comfort?				
	Yes 🗆	Yes, to some exte	ent 🗆 No 🗆	No opinion \square		
Q11	Overall, how ea	asy was it for you	to <u>use the GP surger</u> y	y building and its fa	cilities?	
	Very easy □	Quite easy	Quite difficult $\ \square$	Very difficult \Box	No opinion \Box	
		y problems you hauld make this eas	ave had in using the Gier for you:	GP surgery building	and its	

About how good this GP surgery is at helping to co-ordinate your care ...

Q12	Is this GP surge	ry good at			
		•	your health care (e.g		ders about
	Very good □	Quite good \square	Not very good \square	Not at all good \Box	Not applicable
			hospitals (e.g. letting n letters go missing)?	•	est
	Very good □	Quite good \square	Not very good \square	Not at all good \Box	Not applicable □
		get other health a selling, social servi	nd community services)?	ces you need (e.g. far	nily
	Very good □	Quite good \square	Not very good □	Not at all good	Not applicable \square
Q13	Overall, how go	ood is this GP surg	ery at helping to <u>co-c</u>	ordinate your care?	
	Very good □	Quite good \square	Not very good □	Not at all good \Box	No opinion \Box
	e tell us about an d make this bette		ave had in the co-ord	ination of your care,	and what

patients... Q14 Is this GP surgery good at... Keeping you informed about their services? Very good □ Quite good \square Not very good □ Not at all good ☐ No opinion ☐ Listening to patients' complaints and suggestions? Very good □ Quite good \square Not very good □ Not at all good ☐ No opinion ☐ Please tell us how the GP surgery could be better at listening and communicating with patients: Overall, how do you feel about this GP practice? Q15 Thinking about your own lifestyle and personal circumstances, does this GP surgery provide a good service for people like you? Yes, completely \square Yes, to some extent \square No, not really \square No, not at all No opinion \square Q16 Do you feel comfortable using this GP surgery? Very Quite Not very Not at all comfortable \square comfortable \square comfortable \square comfortable \square No opinion \square Please tell us about anything this GP surgery does particularly well to meet your needs: Please tell us how the GP surgery could be better at meeting your needs:

About how good this GP surgery is at listening and communicating with

About you...

The following questions are important for finding out how well the GP surgery meets the needs of different groups of people. However, **if there are any questions you would strongly prefer not to answer**, please leave them blank.

What is your g	ender?	•						
male □ f	emale		transgen	der 🗆				
How old are yo	ou?							
under 18		55 to	64					
18 to 24		65 to	74					
25 to 34		75 to	84					
35 to 44		85 o	r over					
45 to 54								
What is your e	thnic g	roupî	?					
White British								
Black or Black B	British							
Asian or Asian	British							
Mixed British								
Chinese								
Gypsy or travel	ller							
Other ethnic gr	roup		(please	state)
Do you have a	ny of tl	ne foll	lowing co	onditions? (pl	ease tick	any that a	pply)	
deafness or sev	vere he	aring	impairme	ent				
blindness or se	vere vi	sual ir	mpairmer	nt				
a condition that substantially limits your ability to carry out basic activities, e.g. walking, climbing stairs, lifting or carrying								
a learning disal	bility							
a long-standing	g ment	al hea	Ith proble	em				
any other long	-standi	ng illn	ess (e.g.	asthma, diab	etes)			

full-time paid work (30 hours or more each week)
part-time paid work (under 30 hours each week) $\ \square$
full-time education at school, college or university \qed
not in paid work / retired
Is it easy for you to take time away from your work to see a doctor?
yes □ no □ not applicable □
Are you registered at this GP surgery?
yes □ no □
If no: please explain why you are visiting today
(e.g. you are away from home, you are a traveller, you have no fixed address)
Are you a parent or a legal guardian for any children aged under 16 living in your home?
yes □ no □
If yes: please give the ages of the children
Are you a carer for anyone with an ongoing health problem or disability?
yes □ no □
Which of the following best describes how you think of yourself?
heterosexual / straight
84,7,000.00.
bisexual
other
Would you say that English is your first language?
yes □ no □ bilingual / multi-lingual □
If English is not your first language, what is your first language?