COLTISHALL MEDICAL PRACTICE – PATIENT SURVEY

Please tick or cross against the relevant answer. You may also respond online but clicking on the link from the surgery website www.coltishallsurgery.co.uk

A. Appointments and Repeat Prescriptions at Coltishall Medical Practice

Q1. When did you last see a Doctor at the GP Surgery?

In the past 3 months	
Between 3 and 6 months ago	
More than 6 months ago	
I have never been seen at my present GP Surgery	

Q2. Which of the following methods do you prefer to use to book an appointment at the Surgery?

In person	
By phone	
Online	
No preference	

Q3. Have you used the Online services to make an appointment or to order a repeat prescription?

Yes, for both appointments & repeat prescriptions	
Yes, for appointments only	
Yes, for repeat prescriptions only	
Not used this service	

Q4. If you have not used the Online services, why is this?

No access to the internet	
Did not know this service was available	
Prefer to speak to a person	
Found the computer system difficult to use	

Q5. If the practice were to arrange an introductory course on using the computer system to book appointments and order repeat prescriptions would you be interested in attending?

Yes	
No	

B. Seeing a Doctor

Q6. In the past 6 months have you tried to see a Doctor fairly quickly? *By fairly quickly we mean on the same day or in the next two weekdays that the GP Surgery was open.*

Yes	
No	

Q7. If you weren't able to be seen during the next 2 weekdays that the GP Surgery was open, why was that?

Times offered didn't suit	
Appointment was with a Dr whom I didn't want to see	
A nurse was free but I wanted to see a Dr	
Was offered an appointment at a difference branch of my surgery	
Another reason, please state:	

Q8. In the past 6 months, have you tried to book ahead for an appointment with a Dr? *By 'booking ahead' we mean booking an appointment more than two weekdays in advance.*

Yes	
No	

Q9. If you did, were you happy that the appointment time was appropriate?

Yes – my appointment was within ___ weeks	
No – please state why	
Can't remember	

C. Patient Participation Group

Q10. We are encouraging patients to give their views about how the practice is doing. We would like to be able to find out the opinions of as many patients as possible. Would you be willing to provide your email address so we can contact you by email every now and again to ask you a question or two.

Yes – my email address is	
I do not have an email address but would be happy to give my opinion by telephone. Name…….. Contact No ……..	
I am not able to be involved but would like the group to look at ways of improving the surgery in the following area(s): (Please give details and suggestions for improvement)	
I am not interested in this at the present time	

Once completed please return to the Patient Participation Group, Coltishall Medical Practice, St Johns Close, Rectory Road, Coltishall, Norwich NR12 7HA or post in the box in the waiting room at either Coltishall or Spixworth Surgeries. If you prefer you may complete on line http://www.surveymonkey.com/s/Y5DF56G **or click on link from the surgery website.**

Thank you for completing this survey. Details of the results and actions planned will be advised in the Patient Group Newsletter and the Surgery website in 2012.