

# “IMPROVING THE PRACTICE” QUESTIONNAIRE

## Questionnaire

You can help the Practice to improve its service.

- The doctors and staff welcome your feedback
- Please do not write your name on this survey
- Please read and complete this survey while waiting for your appointment, and complete when you have been seen.

Are you being seen by (please tick as appropriate):

- Doctor
- Practice Nurse  
Health Care Assistant

Name of Doctor/Practice Nurse (if applicable):

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Have you asked to specifically see this clinician?

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If so, why?

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Would you be happy to see an alternative clinician?

If so, why?

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PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

	No experience	Poor	Fair	Good	Very Good	Excellent
<b>Access to a Doctor or Nurse</b>						
1. Speed at which the telephone was answered initially		1	2	3	4	5
2. Speed at which the telephone was answered if call transferred		1	2	3	4	5

3. Length of time you had to wait for an appointment		1	2	3	4	5
4. Convenience of day and time of your appointment		1	2	3	4	5
5. Seeing the Doctor of your choice		1	2	3	4	5
6. Length of time waiting to check in with Reception		1	2	3	4	5
7. Length of time waiting to see the Doctor or Nurse		1	2	3	4	5
8. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary		1	2	3	4	5
9. Opportunity of obtaining a home visit when necessary		1	2	3	4	5
10. Level of satisfaction with the after hours service		1	2	3	4	5
<b>Obtaining a repeat prescription</b>						
11. Prescription ready on time		1	2	3	4	5
12. Prescription correctly issued		1	2	3	4	5
13. Handling of any queries		1	2	3	4	5
<b>Obtaining test results</b>						
14. Were you told when to contact us for your results?		1	2	3	4	5
15. Results available when you contacted us?		1	2	3	4	5
16. Level of satisfaction with the amount of information provided		1	2	3	4	5
17. Level of satisfaction with the manner in which the result was given		1	2	3	4	5
<b>About the staff</b>						

18. The information provided by the Reception staff		1	2	3	4	5
19. The helpfulness of the Reception staff		1	2	3	4	5
20. The information provided by other staff		1	2	3	4	5
21. The helpfulness of other staff		1	2	3	4	5
<b>And finally</b>						
22. My overall satisfaction with this Practice		1	2	3	4	5

Any further comments:

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*Thank you very much for your time and assistance*

*Please place your completed questionnaire in the box on the Reception desk*