

# How well does this GP surgery meet your needs?

This questionnaire will take you just 10 minutes to complete



You can complete the questionnaire online if you prefer:  
<https://www.surveymonkey.com/s/GPsurgery>

For each question please tick the answer that best matches how you feel about the surgery.

There are no right or wrong answers. Please use the full range of options – it is important for the surgery to know your opinion even if it is very negative.

There is a space at the end of the questionnaire where you can write additional comments if you want to explain any of your answers in more detail, or have anything else you would like to say.

### Getting an appointment

**1 How easy is it for you to get in touch with the surgery to make an appointment?**

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

**2 How easy is it for you to get an urgent appointment on the same day?**

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

**3 How easy is it for you to book an appointment in advance, for a time that suits you?**

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

**4 How easy is it for you to get to see your preferred doctor?**

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

**5 How easy is it for you to get to see a doctor or nurse of your own sex, when you want to?**

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

**6 How easy is it for you to get to see a doctor or nurse who speaks your language, or to arrange for an interpreter?**

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know / not applicable .....

**7 How easy is it for you to get a home visit, when you want one?**

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

**8** How easy is it for you to get a telephone consultation, when you want one?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

**9** How easy is it for you to find out about the surgery's opening hours and services?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- Don't know .....

### How the reception staff treat you

**10** Are the reception staff friendly?

- Yes, very .....
- Yes, to some extent .....
- No, not very .....
- No, not at all .....
- No opinion .....

**11** Are the reception staff willing to try their best to help?

- Yes, very .....
- Yes, to some extent .....
- No, not very .....
- No, not at all .....
- No opinion .....

**12** Are the reception staff polite?

- Yes, very .....
- Yes, to some extent .....
- No, not very .....
- No, not at all .....
- No opinion .....

### Visiting the surgery

**13** How easy is it for you to travel to the surgery?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- No opinion .....

**14** How easy is it for you to get around the building?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- No opinion .....

**15** How easy is it for you to use the facilities at the surgery (e.g. the waiting area, toilets, baby changing room)?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- No opinion .....

**16** How easy is it for you to let staff know that you have arrived for your appointment?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- No opinion .....

**17** How easy is it for you to talk to receptionists without being overheard?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- No opinion .....

**18** How easy is it for you to know when it is your turn to be seen by the doctor or nurse?

- Very easy .....
- Quite easy .....
- Not very easy .....
- Not at all easy .....
- No opinion .....

**19** How good is this surgery at helping you to feel at ease while you are waiting?

- Very good .....
- Quite good .....
- Not very good .....
- Not at all good .....
- No opinion .....

**20** How good is this surgery at providing information in a form that you can understand (e.g. translated or Easy Read information leaflets)?

- Very good .....
- Quite good .....
- Not very good .....
- Not at all good .....
- No opinion / not applicable .....

### Helping you organise your ongoing care

**21** How good is this surgery at helping you keep up-to-date with your healthcare (e.g. sending you reminders about appointments, letting you know what you need to do next)?

- Very good .....
- Quite good .....
- Not very good .....
- Not at all good .....
- Don't know / not applicable .....

**22** How good is this surgery at making it easy for you to get repeat prescriptions?

- Very good .....
- Quite good .....
- Not very good .....
- Not at all good .....
- Don't know / not applicable .....

**23** How good is this surgery at helping to organise your healthcare with hospitals (e.g. letting you know test results, chasing hospital letters)?

- Very good .....
- Quite good .....
- Not very good .....
- Not at all good .....
- Don't know / not applicable .....

**24** How good is this surgery at helping you to get any other health or community services that you need (e.g. family planning, counselling, physiotherapy, social services, support for housing applications)?

- Very good .....
- Quite good .....
- Not very good .....
- Not at all good .....
- Don't know / not applicable .....

### Providing a service that suits you

**25** Thinking about your own needs and personal circumstances, do you feel that this surgery provides a service that suits you well?

- Yes, completely .....
- Yes, to some extent .....
- No, not really .....
- No, not at all .....
- No opinion .....



## Listening to patients

**26** How good is this surgery at encouraging patients to make suggestions about what the surgery could do better (e.g. a suggestion box, website feedback form)?

Very good .....

Quite good .....

Not very good.....

Not at all good .....

Don't know .....

**27** How good is this surgery at listening to patients' complaints?

Very good .....

Quite good .....

Not very good.....

Not at all good .....

Don't know .....

**28** How good is this surgery at acting on patients' suggestions and complaints?

Very good .....

Quite good .....

Not very good.....

Not at all good .....

Don't know .....

Please tell us about anything this surgery does particularly well to meet your needs:

Please tell us how this surgery could be better at meeting your needs. You can also use this box to explain any of your other answers in more detail:

## About you

The following questions will help us to see how well the surgery meets the needs of different groups of people. This will help the surgery provide a better service for everyone.

The questionnaire is completely confidential, and the surgery will not be able to link your answers to you as an individual. **If there are any questions you would strongly prefer not to answer, please leave them blank.**

### 1 Would you describe yourself as:

Male .....

Female .....

### 2 How old are you?

Under 18 .....

18 to 24 .....

25 to 34 .....

35 to 44 .....

45 to 54 .....

55 to 64 .....

65 to 74 .....

75 to 84 .....

85 or over .....

### 3 Which of these groups do you belong to?

#### A White

English / Welsh / Scottish / Northern Irish / British .....

Irish .....

Gypsy or Irish Traveller .....

Any other White background .....

If other, please write in

.....

#### B Mixed / multiple ethnic groups

White and Black Caribbean .....

White and Black African .....

White and Asian .....

Any other mixed / multiple ethnic background .....

If other, please write in

.....

#### C Asian / Asian British

Indian .....

Bangladeshi .....

Pakistani .....

Chinese .....

Any other Asian background .....

If other, please write in

.....

#### D Black / African / Caribbean / Black British

African .....

Caribbean .....

Any other Black / African / Caribbean background .....

If other, please write in

.....

#### E Other ethnic group

Please write in

.....

**4 Do you have any of the following conditions (please tick any that apply)?**

Deafness or hearing impairment .....

Blindness or visual impairment .....

A condition that limits your ability to carry out basic activities, (e.g. walking, climbing stairs, lifting or carrying) .....

A learning disability .....

A long-standing mental health problem (e.g. depression, bipolar) .....

Any other long-standing illness (e.g. diabetes, epilepsy, cancer) .....

**5 Which of these describes what you are doing at present?**

Full-time paid work (30 hours or more each week) .....

Part-time paid work (under 30 hours each week) .....

Full-time education at school, college or university .....

Voluntary work or other commitments .....

Unemployed .....

Long-term sick or disabled .....

Fully retired from work .....

Looking after the home .....

Other .....

**6 Is it easy for you to take time away from your work or other commitments to visit the surgery?**

Yes .....

No .....

Not applicable .....

**7 Are you a parent or a legal guardian for any children aged under 16 living in your home?**

Yes .....

No .....

**8 Are you a carer for anyone with an ongoing health problem or disability?**

Yes .....

No .....

**9 Would you consider yourself to be:**

Heterosexual / straight .....

Gay / Lesbian .....

Bisexual .....

Other .....

I would prefer not to say .....

**10 Would you say that English is your first language (please tick any that apply)?**

Yes .....

No .....

Bilingual / multi-lingual .....

If no, what is your first language?

.....

**11 Are you a British Sign Language user?**

Yes .....

No .....

The questionnaire you have just completed is being tested by researchers at the University of Leicester to see how well it works. The researchers would like to compare it with other questionnaires being used in the NHS. The following questions will help them to do this. Thank you.

Please circle your response to each statement below:

	strongly disagree						strongly agree
	1	2	3	4	5	6	7
<b>A</b> This surgery tells you exactly when services will be performed	1	2	3	4	5	6	7
<b>B</b> Staff at this surgery give you prompt service	1	2	3	4	5	6	7
<b>C</b> Staff at this surgery are always willing to help you	1	2	3	4	5	6	7
<b>D</b> Staff at this surgery are never too busy to respond to your requests	1	2	3	4	5	6	7
<b>E</b> This surgery gives you individual attention	1	2	3	4	5	6	7
<b>F</b> Staff at this surgery give you personal attention	1	2	3	4	5	6	7
<b>G</b> Staff at this surgery know what your needs are	1	2	3	4	5	6	7
<b>H</b> This surgery has patients' best interests at heart	1	2	3	4	5	6	7
<b>I</b> This surgery has convenient opening hours	1	2	3	4	5	6	7

To help with the testing of the questionnaire, the researchers would like to send you another copy of the questionnaire in 2-4 weeks' time. Would you be willing to fill it in again? If so, please provide your contact details below.

Only the University of Leicester will have access to your contact details. Your GP surgery will not know who has filled in the questionnaire.

Name:.....

Postal address:.....

.....

Postcode: .....

Email address if you would prefer to complete the questionnaire online:.....

.....

Thank you very much for your help.