



IMPROVING PATIENT EXPERIENCE IN PRIMARY CARE

A NATIONAL INSTITUTE OF HEALTH RESEARCH FUNDED RESEARCH PROGRAMME

**Project 6: Exploratory trial of a real-time feedback intervention  
to improve patient experience in general practice**

*This information will be used by the research team only for the purpose of the Improve Project. Please complete all the questions as accurately as possible.*

**1. PRACTICE CONTACT DETAILS**

**Practice ID:**

Telephone:

**Address:**

Email:

**Post code:**

**Alternative contact name:**

**Fax:**

Telephone:

Email:

**Clinical Commissioning Group/  
NHS Trust:**

**Contact name responsible for IT:**

Telephone:

Email:

## 2. LIST SIZE AND STAFFING

**Q1. What is your current practice list size?**

**Q2. Please indicate the numbers of staff currently employed within the practice:**

*(include all staff working mainly in the practice, whether employed by the practice or PCT)*

	<b>Full time</b>	<b>Part time</b>
GPs (principals or salaried)	<input type="text"/>	<input type="text"/>
Nurse practitioners	<input type="text"/>	<input type="text"/>
Practice nurses	<input type="text"/>	<input type="text"/>
Healthcare assistants	<input type="text"/>	<input type="text"/>
Physiotherapists	<input type="text"/>	<input type="text"/>
District nurses	<input type="text"/>	<input type="text"/>
Midwives	<input type="text"/>	<input type="text"/>
Practice counsellors / therapists	<input type="text"/>	<input type="text"/>
Practice managers	<input type="text"/>	<input type="text"/>
Other managers / deputy managers	<input type="text"/>	<input type="text"/>
Receptionists	<input type="text"/>	<input type="text"/>
Administrative / secretarial staff	<input type="text"/>	<input type="text"/>
Other <i>(please specify)</i> _____	<input type="text"/>	<input type="text"/>
Other <i>(please specify)</i> _____	<input type="text"/>	<input type="text"/>
Other <i>(please specify)</i> _____	<input type="text"/>	<input type="text"/>

### 3. PRACTICE CHARACTERISTICS

Please put a cross  in the relevant box to indicate your answers

**Q3. Would you classify your practice as:**

- Rural
- Urban
- (Inner) city

**Q4. Please can you confirm the number of registered patients you have in total and in each of the following age/gender groups?**

Total registered population: \_\_\_\_\_ patients

Made up as follows:

<b>Age group</b>	<b>Males</b>	<b>Females</b>
Under 18 years		
18-25 years		
26-45 years		
46-65 years		
Over 65 years		

## 4. CONSULTATIONS/ APPOINTMENTS

**Q5. What appointment system do you currently use?**

- Emis Web
- Emis LV
- Emis PCS
- Vision
- SystemOne
- Other (please specify) .....

**Q7. What proportion of consultations do you conduct on the telephone?**

- < 25%
- 26-50%
- 51-75%
- 76-100%
- Cannot estimate

## 5. STAFF DETAILS

**Q8. Please complete the table below:** *please attach additional sheet(s) if necessary*

Name of Staff member	Role	If GP No. of sessions per week*	Other members of staff: full-time/part- time	Age	Contact details (email address)

\*a session is defined as a four hour block of consultation time.

**Thank you for your time. Please return this questionnaire to the research team in the reply paid envelope provided**