

MOORE STREET SURGERY  
"IMPROVING THE PRACTICE" QUESTIONNAIRE

## Introduction

This questionnaire is designed for issue to patients, allowing them to assess the service provided.

## 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
- ☐ Treatment Room
- ☐ Blood test nurse

Name of Doctor/Practice Nurse (if applicable):

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Have you asked to specifically see this clinician?

.....

If so, why?

.....

Would you be happy to see an alternative clinician?

If so, why?

.....

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

	No experience	Poor	Fair	Good	Very Good	Excellent

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<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

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		1	2	3	4	5
17. Level of satisfaction with the manner in which the result was given						
<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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The following questions provide us only with general information about the range of people who have responded to this survey. It will not be used to identify you, and will remain confidential.

How old are you?	
Are you male or female?	
How many years have you been attending this Practice?	
Are you aware of the NHS Choices website?	
Are you aware you can comment on the practice on the NHS Choices website?	

*Thank you very much for your time and assistance*

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