Wyndham House Surgery Patient Survey 2017

We would like your thoughts and opinions about your surgery. Please complete the following questionnaire.

The surgery in general

Please rate the following:		Excellent	Very Good	OK	Poor	Very Poor	Don't know
How do you find the surgery as a whole?							
What is your impression of:	a) Doctors						
	b) Nurses						
	c) Reception staff						
	d) Dispensary staff						

<u>Our services</u>						
Please rate the following:	Very Easy	Easy	ýo	Not at all easy	Difficult	Don't
How easy is it to see a doctor or nurse in an						
emergency (ie. for same day advice or treatment)?						
How easy is it to see your preferred doctor or nurse?						
How easy is it to get an appointment at the time you						
would like one?						
Have you ever booked an appointment online?	Yes		No			
How easy was it?						
Do you order repeat prescriptions online?	Yes		No			
How easy was it?						
Are you happy with our opening times (Mon-Thurs	Yes		No			
8.30-6; Fri 8.30-5)?						
If not, what are your suggestions for improvement?						
Have you had to wait when you arrived for an appointment?	Yes		No			
appointment						

Were you happy with the wait?			Yes		No		
How long was the wait?						l	
Our online presence							
Do you use the surgery website?			Yes		No		
www.wyndhamhousesurgery.co.uk							
Do you feel properly informed about ch	nanges in c	lata	Yes		No		
sharing within the NHS, eg. GP2GP, MIG	i, care.data	1?					
Do you use our Facebook page?			Yes		No		
Would you like extra help to use Systm	Online or	our	Yes		No		
website, eg. a "computer clinic"?							
Community services		I			ı	ı	
Do you know about our services for unp	oaid carers	?	Yes		No		
Please ask at reception for details of ou	ır services	for ca	rers		L		
Do you know about Bertie - our prescr	iption deli	very	Yes		No		
service for the housebound?							
Please ask any member of staff to find	out more	and le	t us kn	ow if	vou'c	l like to s	ign (
Please ask any member of staff to find the prescription delivery service	out more	and le	t us kn	ow if	you'c	l like to s	sign (
the prescription delivery service	out more a	and le	t us kn	ow if	you'c	l like to s	sign (
the prescription delivery service About you							_
the prescription delivery service	out more	and le			you'c	d like to s	
the prescription delivery service About you							
About you Please indicate your age range:							
About you Please indicate your age range: What is your ethnic origin? (optional)	0-18		9 30-4	19 5			
the prescription delivery service About you Please indicate your age range: What is your ethnic origin? (optional) Are you a parent?	0-18 Yes	19-29	9 30-4 No	19 5	0-65	66-79	_
About you Please indicate your age range: What is your ethnic origin? (optional) Are you a parent? If yes, how old are your children? Are you a carer?	0-18 Yes Under 2 Yes	19-29	9 30-4 No 5-10	19 5	0-65	66-79	_
the prescription delivery service About you Please indicate your age range: What is your ethnic origin? (optional) Are you a parent? If yes, how old are your children?	0-18 Yes Under 2 Yes	19-29	9 30-4 No 5-10	19 5	0-65	66-79	_
the prescription delivery service About you Please indicate your age range: What is your ethnic origin? (optional) Are you a parent? If yes, how old are your children? Are you a carer? Approximately how far away from the	0-18 Yes Under 2 Yes	19-29	9 30-4 No 5-10	19 5	0-65	66-79	_
the prescription delivery service About you Please indicate your age range: What is your ethnic origin? (optional) Are you a parent? If yes, how old are your children? Are you a carer? Approximately how far away from the surgery do you live (in miles/km)?	0-18 Yes Under 2 Yes	2-5	9 30-4 No 5-10 No	9 5	0-65	66-79	sign u
the prescription delivery service About you Please indicate your age range: What is your ethnic origin? (optional) Are you a parent? If yes, how old are your children? Are you a carer? Approximately how far away from the	0-18 Yes Under 2 Yes	2-5	9 30-4 No 5-10 No	9 5	0-65	66-79	