

# North Laine Medical Centre

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## Have Your Say Survey

The practice has collected patient's views on the way we deliver services and identified a number of issues you wish us to address. The following questions are based on the response to our questionnaire. It would be helpful if you answer ALL the questions. There are no right or wrong answers and we will NOT be able to identify your individual responses.

Please place one tick in each row if the question applies to you.

All patients may book-ahead an appointment up to 4 weeks in advance. (These appointments are ideal for patients who have non-urgent problems or who have been asked to return to see the doctor for review of an on-going problem.) Same day appointments are available for all patients whether they are urgent or routine. We have a number of appointment types, Routine, Reviews, Telephone and Urgent appointments.

**Q1. Before reading this questionnaire were you aware that you may book-ahead an appointment up to 4 weeks in advance?**

Yes

No

**Q2. In the past 6 months how easy have you found the following?**

	Very Easy	Easy	Neutral	Not very easy	Not at all easy
Getting through on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a Doctor on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking to a Nurse on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining test results by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3. The last time you phoned to make an appointment?**

How many times did you ring before getting through	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5+ <input type="checkbox"/>
How satisfied were you with process of making an appointment	Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Neutral <input type="checkbox"/>	Poor <input type="checkbox"/>	Very poor <input type="checkbox"/>
Are you able to book an appointment when you need one?	Always <input type="checkbox"/>	Most of time <input type="checkbox"/>	Usually <input type="checkbox"/>	Some times <input type="checkbox"/>	Never <input type="checkbox"/>

**Q4. Are you able to book an appointment when you need one?**

	Always <input type="checkbox"/>	Most of time <input type="checkbox"/>	Usually <input type="checkbox"/>	Some times <input type="checkbox"/>	Never <input type="checkbox"/>
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**Q5. Do you have any suggestions to improve our appointment system?**

Currently we release appointments for the day at 8.30am for a morning appointment and 11.30am for an afternoon appointment. You may book ahead any appointment during our normal opening hours this includes routine reviews with the doctor or nurse.

**Q6. How well would it suit your needs if all same day appointments were released at 8.30am?**

Very well <input type="checkbox"/>	Fairly well <input type="checkbox"/>	Neutral <input type="checkbox"/>	Not very well <input type="checkbox"/>	Not at all <input type="checkbox"/>
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**Q7. If we increased the number of book-ahead appointments would this suit your needs?**

Always <input type="checkbox"/>	Most of time <input type="checkbox"/>	usually <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
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**Q8. If we increased the number of telephone appointments would this suit your needs? For example you may wish to discuss your medication with your doctor in a telephone consultation.**

Always <input type="checkbox"/>	Most of time <input type="checkbox"/>	usually <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
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**Q9. If we had some appointments for patients with just one Urgent condition (not for complex issues or reviews) would this suit your needs?**

Always <input type="checkbox"/>	Most of time <input type="checkbox"/>	Usually <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>
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**Q10. Thinking about your experience at the practice how satisfied are you with the services we provide?**

	Excellent	Very Good	Good	Fair	Poor
The appointment system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your consultation with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your consultation with the nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephoning the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please let us have your comments on any areas you feel we could improve.**

All comments and suggestions are confidential and will be used by the practice to develop an action plan. Thank You.