

Lavender Hill Group Practice

Patient Satisfaction Survey 2013/2014

Thank you to everyone who completed our 2012/2013 survey. Here are some of the suggestions you made:

Put back the staff photos on the wall in the waiting room: In the last year we have renewed the staff photos.

Change seating as current seating is uncomfortable: We are currently in the process of changing the seating in the waiting room – this will be done in early February 2014.

Improve wheelchair access at reception: This work will also be done in February 2014.

Please continue to give suggestions which are helpful to us to improve our premises and our services.

LHGP aims to provide you with the highest standard of care and to help us in this we would be grateful if you would complete this short survey as we value your opinions. Feedback from the survey will help us identify areas that may need to change or improve.

1. Are you happy with the general layout of the surgery? Yes No (tick one)
If no, please suggest ways in which this could be improved

2. Are you happy with the appointments system? Yes No (tick one)
If no, how would you like to see it improved?

3. How do you rate the way you are treated by receptionists at the practice?
Good Fair Poor Very Poor (tick one)
If you are not happy please comment on ways we can improve

4. How do you rate the hours that the practice is open for appointments?
Good fair Poor Very Poor (tick one)

5. What is your preferred time of day to see a doctor or nurse?
Morning Afternoon Evening (tick one)

6. Do you have any longstanding health condition? Yes No (tick one)
If yes, please specify

7. Who did you see the last time you visited the surgery? Doctor Nurse (tick one)

8. Were you happy with the length of time you waited to be seen?
Yes No (tick one) PTO

9. Have you ever used the out of hour's service? If yes how do you rate it.
Good Fair Poor Very Poor (tick one)

If poor please give examples

10. How do you usually contact the surgery?

By telephone by email by personal visit (tick one)

11. Do you find this satisfactory? Yes No (tick one)

12. How could we improve this contact?

13. The practice provides some extra services, for example, ECG, 24 hr blood pressure, anticoagulation monitoring, Spirometry, phlebotomy, minor operation, IUD and Nexplanon insertion. Are you aware of these services? Yes No Don't Know (tick one)

14. Are you aware of our on-line services for appointment, repeat prescriptions etc?
If yes do you use them? If no why not?

Would you like more information about this?

15. Are you aware you can get your repeat prescriptions sent electronically to the pharmacy?

16. If yes do you use this service?

MONITORING: (Answers to the following questions are essential for practice statistics)

1. What is your age?

Under 18 18-25 26-40 41-65 Over 65

2. Are you: Male Female

What is your ethnic group? (Please tick one)

White (British, Irish, European, other white background)

Mixed ethnicity (white & black Caribbean, white & black African, white and Asian, any other mixed/multiple ethnic background)

Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, any other background)

Black/African/Caribbean/ black British (African, Caribbean, any other black/African/Caribbean background)

Other (please specify).

Thank you for completing this questionnaire. Although this survey is designed to be anonymous, if you would be willing to be contacted please give your name, telephone number or email address below.