

Lavender Hill Group Practice

Patient Satisfaction Survey 2012/2013

Thank you to everyone who completed our 2011/12 survey. Here are some of the suggestions you made:

Improving our telephone system: We have changed our telephone number back to 0207... and removed the queuing system. We looked at our most busy times and have manned the phones more during these times.

Improving signage: We have put new signage in the main waiting area to show where the toilets are situated.

Photos of staff: This is currently being set up.

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)

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. How many times have you visited the surgery in the last three months?
1 to 3 4 to 6 7 to 10 More than 10 (tick one)

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

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

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

PTO

10. If you have used the out-of-hours/emergency service-how do you rate it?

Good Fair Poor Very Poor (tick one)

11. How do you usually contact the surgery?

By telephone by email by personal visit (tick one)

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

13. How could we improve this contact?

14. 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)

15. Are there any health care services currently unavailable at the surgery that you would like to see? *Please specify.*

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

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.