

GP Practice Survey – Have your say.

We would be grateful if you could answer some questions about this surgery. This survey has been developed with the Patient Participation Group (PPG) for The Cedars Surgery. We want to provide the highest standard of care and your feedback via this short survey will help us identify areas that could be improved. The findings will be discussed by the Patient Participation Group and an action plan drawn up based on the feedback we receive. A summary of the findings will be published on the practice website and the Patient Participation Group Notice Board. **Please complete the survey and return to the GP surgery by Friday 16th March.**

If you prefer you can complete the survey online by going to www.surveymonkey.com/s/cedarssurgery

Please be assured that any information you provide will be kept confidential.

Q1 Thinking about The Cedars Surgery, how likely would you be to recommend this surgery to a friend, would you be:

Very Likely	Fairly likely	Not very likely	Not at all likely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 Why do you say that? Please share as many reasons for your likely level of recommendation as possible.

Q3 How would you rate this surgery on each of the following? Please give the surgery a score between 1 and 10 where 1 means that you think it is very poor and 10 that you think it is excellent. If you can't provide an answer please leave the box empty.

Score out of 10, where 1 is very poor and 10 is excellent

a. Being treated with respect	<input type="text"/>	<input type="text"/>
b. The physical environment within the surgery	<input type="text"/>	<input type="text"/>
c. The quality of care received from the doctors	<input type="text"/>	<input type="text"/>
d. The quality of care received from the nurses	<input type="text"/>	<input type="text"/>
e. The way you are treated by the receptionists	<input type="text"/>	<input type="text"/>
f. Getting through on the phone quickly	<input type="text"/>	<input type="text"/>
g. Being able to see a doctor quickly if it is urgent	<input type="text"/>	<input type="text"/>
h. Being able to book an appointment for a time that suits you	<input type="text"/>	<input type="text"/>
i. The additional services available within the practice, e.g. minor surgery	<input type="text"/>	<input type="text"/>

Q4 If there was one improvement that could be made at this surgery what would you like it to be?

Q5 What is already particularly good or what is it that you wouldn't want to change about this surgery?

Q6 Below are some ideas that other patients at this surgery have put forward as possible improvements. If they were to be offered at The Cedars would you find them useful?

	Yes, I would find it useful	No - I would not find it useful	Don't know
Online appointment system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online repeat prescription ordering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When telephoning the surgery, having the option to book a telephone appointment (instead of an in person appointment) offered to you by the recorded message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being reminded, when booking an appointment with a nurse or doctor, that the local pharmacist can give advice about minor ailments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving the waiting room, e.g. with plants and/ or a fish tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a half yearly newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Would you be interested in being part of the Patient Participation Group at The Cedars Surgery. This is a group of patients who help the surgery improve the service provided to patients:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

IF YES: Please provide contact details below: Name, address, telephone number, email and mobile number

About you

The next few questions help us to understand more about the local community and help us to respond to the needs of the community more effectively. Please be assured this information will remain confidential. If you would prefer not to answer then please tick the 'prefer not to answer' box.

Q8 Please indicate below, are you:

Male	Female	Prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 Please indicate your age group:

16-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35--44 <input type="checkbox"/>	45-54 <input type="checkbox"/>
55-64 <input type="checkbox"/>	65-74 <input type="checkbox"/>	75+ <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>

Q10 Do you, or anyone in your household, have a long standing medical illness, disability or infirmity (please tick all that apply):

Yes, I do	Yes, others in household do	No	Prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 Please indicate your ethnic origin, are you:

White – British or Irish <input type="checkbox"/>	White – other white background <input type="checkbox"/>	Black or Black British <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>
Mixed <input type="checkbox"/>	Chinese <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>

**Thank you for your time and feedback.
Please return your completed survey to the surgery.**