

GOSFORD HILL MEDICAL CENTRE
PATIENT SATISFACTION QUESTIONNAIRE

We would love to hear what you think about us! Please take a few minutes to complete this form and tell us what we did well and what we need to do better. It will help us to continually improve our service to everyone we care for in the community.

Please circle the most appropriate answer

How easy do you find it to get through to the surgery on the telephone?

5	4	3	2	1
Very Easy	Easy	Satisfactory	Difficult	Very difficult

Comment: (some reflection on your own experience might be helpful)

How well do you think urgent problems are dealt with?

5	4	3	2	1
Very Easy	Easy	Satisfactory	Difficult	Very difficult

Comment: (some reflection on your own experience might be helpful)

How do you find our system of receiving a response if you have an urgent clinical problem?

5	4	3	2	1
Very Easy	Easy	Satisfactory	Difficult	Very difficult

Comment: (some reflection on your own experience might be helpful)

Are you satisfied with how long you have to wait for a non-urgent appointment?

4	3	2	1
Very satisfied	Satisfied	No opinion/not relevant	Not satisfied

Comment: (some reflection on your own experience might be helpful)

If you have seen a doctor, how satisfied are you with the care you received?

5	4	3	2	1
Extremely	Very	Satisfactory	Unsatisfactory	Not at all satisfied

Comment: (some reflection on your own experience might be helpful)

When you telephone or complete an online consultation to ask the doctor for advice, how do you rate the speed of their response?

5	4	3	2	1	0
Very Good	Good	Satisfactory	Poor	Very Poor	N/A

Comment:

How satisfied are you with our opening hours? (0800 – 1830)

4	3	2	1
Very satisfied	Satisfied	No opinion/not relevant	Not satisfied

Comment:

If you have attended an extended access appointment (Monday evening or Saturday morning) how satisfied are you with this service?

4	3	2	1
Very satisfied	Satisfied	No opinion/not relevant	Not satisfied

Comment:

How well do you feel the receptionists deal with you when you contact the surgery?

5	4	3	2	1
Very Good	Good	Satisfactory	Poor	Very poor

Comment:

How often are you seen by the Doctor or Nurse within 15minutes of your appointment time?

4	3	2	1
Always	Usually	Sometimes	Never

Comment:

If you have seen the nurse, how satisfied were you with the way your problem was dealt with?

4	3	2	1
Very satisfied	Satisfied	No	Not satisfied

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		opinion/not relevant	
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Comment:

When you last saw the doctor how satisfied were you with the way your problem was dealt with?

4	3	2	1
Very satisfied	Satisfied	No opinion/not relevant	Not satisfied

Comment:

Do you realise that when you book a routine appointment with your doctor the time allocated for your appointment is ten minutes for a phone call and fifteen minutes for a face to face appointment?

Yes No

Do you have any other comments to make about your experience as a patient at Gosford Hill Surgery?

Comment:

We would like to engage our younger patients more. Have you any ideas how we could achieve this?

Comment:

Please add any other comments or suggestions that you would like to make below:

Comment:

Please tick the box that applies to you

Male Female Transgender

Age range

If you are under 18 years old (please state your age).....

Under 20 years old

Under 40 years old

Under 65 years old

Over 65 years old

How long have you been registered with the practice?

Less than 1 year 1 – 4 years 5 – 9 years 10 years or more

Would you like to be involved with what is called our Virtual Patient Group? This does not involve any meetings. You would receive email from time to time asking your opinion or input into our services.

Yes

No

If you would be interested in either of the above please leave your contact details below

Name:
Address:
Telephone number/s:
Email address:

Thank you for your co-operation

Drs Wallace & Wallard