

CHARTER MEDICAL CENTRE PATIENT SURVEY 2012'13

Welcome

Thank you for taking the time to complete our survey. The questions should take a few minutes and your replies will be completely anonymous. Your feedback is important and will help us to improve our service. Please tell other patients about our survey too (also available online on our website www.chartermedicalcentre.co.uk). Themes marked # were suggested by members of our Patient Participation Group.

HOW TO USE THIS SURVEY

Questions 1 to 18 are about our services IN THE LAST 9 MONTHS. If you have not used or tried to use any of our services in the last 9 months or so please go straight to Question 19

CONTACTING THE SURGERY

In general in the last 9 months

1. If you tried to telephone the surgery how easy was it to get through to someone?

- very easy fairly easy not very easy not at all easy

2. If you tried to use an online account (Patient Access) were you able to log in?

- every time most of the time sometimes hardly ever never

Sign In has changed recently. See FAQ's on our website. and learn about online password help.

GETTING AN APPOINTMENT WITH A DOCTOR

If you booked or tried to book a doctor's appointment in the last 9 months tell us about the last time you tried

3. When did you WANT to see or speak to a doctor?

- the same day within 48 hours a week or so later
 the next day 3-5 days later within the next few weeks

4. How URGENT did you feel it was to see or speak to a doctor?

- very urgent fairly urgent not urgent routine / regular

5. How important was it for you to see or speak to a PARTICULAR doctor?

- very important quite important not very important I did not mind who I saw

If you are housebound please go to Question 8

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6. How **SUITABLE** were the doctor's appointments that were available?

- very suitable fairly suitable not very suitable not at all suitable

7. # If you had **DIFFICULTY** getting the doctor's appointment you wanted please tell us more. Tick any that apply.

- the appointment I wanted could only be released after a certain date
 all the appointments I wanted were fully booked
 I could not see the appointment I wanted online (Patient Access)
 the appointment diary had not been decided yet
 I had to try again the next day
 Don't know / can't remember exactly what the problem was

Other / comment

HOUSEBOUND PATIENTS

Housebound means unable to leave your home most of the time because of illness or disability

8. If you are housebound in which type of home do you live?

- nursing home residential home own home other

9. If you asked a doctor to visit you at home in the last 9 months, how satisfied were you with the response?

- very satisfied fairly satisfied not very satisfied not at all satisfied

Do you have any comment

RECEPTION

10. If you spoke to a receptionist in the last 9 months how welcoming were they?

- very welcoming fairly welcoming not very welcoming not at all welcoming

YOUR APPOINTMENT WITH A DOCTOR

11. In general, if you saw or spoke to a doctor in the last 9 months, how good were they at giving you enough time?

- very good not very good does not apply
 fairly good not at all good

REPEAT PRESCRIPTIONS

We aim to have REPEAT prescription orders received before 10am ready to collect from reception by 6pm on the next working day. Orders after 10am will take an EXTRA working day. Times do NOT include collection or dispensing by a pharmacy.

12. If you ordered a repeat prescription in the last 9 months how efficient were we at meeting our target?

- very efficient
 fairly efficient
 not very efficient
 not at all efficient
 don't know

13. If you ordered a repeat prescription in the last 9 months what method did you use?

- pre-printed order slip from previous prescription
 fax
 written request
 my pharmacy order for me
 online order (Patient Access)

FACILITIES

14. If doctors or nurses use the tannoy system how clearly can you hear your name and room number?

- very clearly
 fairly clearly
 not very clearly
 not at all clearly

15. In the last 9 months tell us your impression of the following areas. Tick any that apply

	clean and fresh	not clean and fresh	needs updating / decorating	did not notice / does not apply
public areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
doctor's room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nurse's room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
toilets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. In general what do you like to look at in the waiting room? Tick any that apply

- health information leaflets
 surgery TV screen
 my book / newspaper
 notice boards / displays
 fish / toys
 nothing / does not apply
 magazines
 my electronic device

What would make waiting a bit easier? Any comments / suggestions for improvements

ANNUAL REVIEWS WITH A NURSE

17. In the last 9 months, if you were invited to attend an annual review of your health condition with a nurse, how easy was it to get an appointment?

- very easy fairly easy not very easy not at all easy I did not try

REFERRALS

18. If your doctor or nurse referred you to a clinic or hospital, how well did you understand the referral process?

- very well fairly well not very well not at all well

EVENING APPOINTMENTS

19. We offer appointments after 6.30pm on Tuesday and Thursday evenings. Which of the following two additional evenings would be helpful to you?

- Monday either
 Wednesday neither would be helpful to me

MANAGING YOUR HEALTH

20. Which, if any, of the following medical conditions do you have? Tick all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Alzheimer's disease or dementia | <input type="checkbox"/> Cancer in the last 5 years | <input type="checkbox"/> Kidney or liver disease |
| <input type="checkbox"/> Angina or long-term heart problem | <input type="checkbox"/> Deafness or severe hearing impairment | <input type="checkbox"/> Learning difficulty |
| <input type="checkbox"/> Arthritis or long-term joint problem | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Long-term back problem |
| <input type="checkbox"/> Asthma or long-term chest problem | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Long-term mental health problem |
| <input type="checkbox"/> Blindness or severe visual impairment | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Long-term neurological problem |
| <input type="checkbox"/> Other (please specify) | | |

21. How confident are you that you can manage your own and your family's health?

- very confident fairly confident not very confident not at all confident

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22. Where do you get information to help you manage your own and your family's health?

- NHS Direct symptom checker (phone/ web/ app/ facebook)
- trusted websites like www.nhs.net www.patient.co.uk www.diabetes.co.uk
- friends and family
- local Pharmacist
- public health and care services and organisations
- support groups, voluntary organisations and charities
- GP Surgery
- Other
- Don't know / Does not apply

SURGERY NEWS AND HEALTH ALERTS

23. How would you prefer to get surgery news, information and health alerts? Tick all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> waiting room TV | <input type="checkbox"/> surgery website | <input type="checkbox"/> social networking site |
| <input type="checkbox"/> waiting room poster | <input type="checkbox"/> e-newsletter | <input type="checkbox"/> online forum |
| <input type="checkbox"/> waiting room newsletter | <input type="checkbox"/> text link | <input type="checkbox"/> does not apply |

ABOUT YOU

The following questions will help us to understand whether different groups of our patients have different needs.

24. How would you describe your gender?

- male female transgender

25. How old are you?

- | | | |
|--------------------------------|--------------------------------|----------------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 35 to 44 | <input type="radio"/> 65 to 74 |
| <input type="radio"/> 18 to 24 | <input type="radio"/> 45 to 54 | <input type="radio"/> 75 to 84 |
| <input type="radio"/> 25 to 34 | <input type="radio"/> 55 to 64 | <input type="radio"/> 85 or over |

26. Are you a carer for someone who needs help because of disability/ill health/ old age ? Do NOT include paid employment.

- yes a few hours per week yes part time yes full time no

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27. What is your state of health today? Please rate all of the following areas

	no problems	slight problems	moderate problems	severe problems	extreme problems
mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
self care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your usual activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pain and discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
anxiety and depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How would you describe your ethnic group?

- White British
- White Irish
- White Polish or other Central / Eastern European
- White Southern European
- White Northern European
- White other
- Mixed / multiple ethnic groups
- Asian British
- South Asian
- Chinese or other East Asian
- Other Asian
- Black British
- Black East African
- Any other Black / African / Caribbean background
- Arab
- Persian
- Other ethnic group

29. Are you a parent or a legal guardian for any children aged under 16 living in your home?

- Yes
- No

30. Which of the following best describes how you think of yourself?

- Heterosexual / straight
- Gay / Lesbian
- Bisexual
- Other
- I would prefer not to say

31. Which, if any, of the following best describes your religion?

- No religion
- Agnostic
- Buddhist
- Christian (including Catholic)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I would prefer not to say

THANK YOU FOR YOUR TIME

The results of this survey will be published on our web site www.chartermedicalcentre.co.uk and will be discussed with our Patient Participation Group