

**EASTGATE MEDICAL GROUP  
(EASTGATE SURGERY AND HEALTH CENTRE, KNARESBOROUGH ROAD)**

**PRACTICE QUESTIONNAIRE**

Dear Patient

We would be very grateful if you could complete this survey about your general practice. The Partners at your practice want to provide the highest standard of care and feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer all the questions that apply to you, the questionnaire is anonymous and the Practice will NOT be able to identify your individual responses. In the survey the word Clinician is taken to refer to Doctor or Nurse.

If you wish to make additional comment there is space at the end of the questionnaire. Thank you.

**Clinical Care**

1. The last time I saw a Clinician they carefully listened to my needs

Strongly Agree     Agree     Disagree     Strongly Disagree

2. I feel I was sufficiently involved in decisions about my care

Strongly Agree     Agree     Disagree     Strongly Disagree

3. I was given a full explanation of my treatment and all my questions were answered to my satisfaction

Strongly Agree     Agree     Disagree     Strongly Disagree

4. I was treated with respect, dignity and had confidence and trust in the Clinician I saw

Strongly Agree     Agree     Disagree     Strongly Disagree

5. I was afforded sufficient time for my consultation and did not feel rushed or hurried

Strongly Agree     Agree     Disagree     Strongly Disagree

**The Practice**

6. How easy did you find it to get into the building at the Practice?

Very Easy     Fairly Easy     Not at all Easy

7. How clean and tidy was the Practice?

Very Clean     Fairly Clean     Not very Clean     Not at all Clean

8. How helpful do you find the Receptionists at the Practice?

Very Helpful       Fairly Helpful       Not Very Helpful       Not at all Helpful

9. In the Reception area do you feel that others could overhear what you were saying to the Receptionists?

Yes, but I do not mind       Yes and I am not happy about it   
No, privacy is adequate

10. Was the level of comfort in the waiting room sufficient?

Comfortable       Acceptable       Not very Comfortable

**Appointments/Prescriptions**

11. Have you ever made an appointment which for any reason you did not keep and did not advise the Practice in advance?

Yes       No

If yes, why was that the case? .....

12. How easy do you find it to get through to the Practice by telephone?

Very Easy       Fairly Easy       Not Very Easy       Not at all Easy

13. If you use the Practice website as an interface for Appointments/Prescriptions how practical is that interface?

Very Practical       Fairly Practical       Not Very Practical       Not at all Practical

14. If you recently needed to see a Doctor urgently, how easily were you able to see (or speak to) a Doctor on the same day?

Very Easy       Fairly Easy       Not Very Easy       Not at all Easy

15. If you have needed to see a Nurse recently, how easily were you able to obtain an appointment within an acceptable period?

Very Easy       Fairly Easy       Not Very Easy       Not at all Easy

16. If you have recently had an appointment with any Clinician was the appointment time met?

Yes       No

If No, were you informed about delays?

Yes       No

17. Are you aware that appointments can be made in advance for specific Doctors in non urgent situations?

Yes  No

18. If you use repeat prescriptions are you satisfied with the process used by the Practice?

Very Satisfied  Fairly Satisfied  Fairly Dissatisfied  Very Dissatisfied

19. Are you aware of surgery opening times?

Yes  No

Do they meet your requirements?

Yes  No

### **Other Services**

20. Are you aware of the broad range of additional support available from the Practice e.g. diet habits, stopping smoking, alcohol misuse?

Very Aware  Fairly Aware  Not very Aware  Not Aware

21. How interested would you be if the Practice or the Patient Body were to provide information on broader health issues?

Very Interested  Fairly Interested  Not Very Interested  Not Interested at all

22. Are you aware of the Patient Participation Group and what it does on behalf of patients in the Practice?

Fully Aware  Aware but no real knowledge  Not Aware

23. How do you normally contact the Practice now? Tick all boxes as applicable.

In Person  Telephone  Internet

In the future how could you interact with the Practice? Tick all boxes as applicable

In Person  Telephone  Internet  Email  SMS Texting

Would appointment reminders by text be valuable to you?

Yes  No

**Finally**

24. In general how do you rate the overall service you receive from the Practice?

Excellent       Very Good       Good       Fairly Good       Poor

Any comments about how this Practice could improve their service?

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Any comments about how the Clinicians could improve their clinical care?

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The following questions provide us with general information about the range of people who have responded to this survey. This information will not be used to identify you and will remain confidential.

How old are you, in years? .....      Are you Male or Female? .....

Which surgery do you normally visit?      Eastgate       Health Centre

When did you last see a Clinician? .....

THANK YOU FOR YOUR ASSISTANCE