

NAME (OPTIONAL) _____

YOUR PATIENT PARTICIPATION GROUP REQUESTS YOUR ASSISTANCE IN COMPLETING THIS SURVEY. THE RESULT WILL BE ANALYSED BY THE GROUP AND DISCUSSED WITH THE PRACTICE MANAGER AND DOCTORS IN ORDER TO TRY TO IMPROVE THE SERVICE YOU RECEIVE.

PLEASE TICK THE RELEVANT BOX AND, WHERE APPROPRIATE, RECORD CONSTRUCTIVE COMMENT

Q 1: HOW EASY DO YOU FIND IT TO GET AN APPOINTMENT WHEN YOU NEED IT?

VERY EASY EASY OK DIFFICULT VERY DIFFICULT

IF LESS THAN OK, TRY AND SEEK CONCISE COMMENT:-

Q 2: DID YOU ASK TO SEE A SPECIFIC DOCTOR/NURSE? : -

YES NO

IF YOUR ANSWER IS YES, DID YOU SEE THAT PRACTITIONER? : - YES NO

IF NO, WHO DID YOU ASK TO SEE? RECORD NAME

Q 3: IF NOT A FOLLOW UP APPOINTMENT PLEASE STATE HOW LONG YOU HAD TO WAIT FOR YOUR APPOINTMENT TODAY

Q 4: DO YOU HAVE ANY PROBLEMS WHEN COMMUNICATING WITH THE STAFF OR DOCTORS/NURSES?

YES NO **IF YES, RECORD NATURE OF PROBLEM**

Q 5: ARE YOU SATISFIED WITH THE TREATMENT AND SERVICE YOU RECEIVE AT HASTINGS OLD TOWN SURGERY?

YES NO **IF NO, TRY AND ASCERTAIN THE REASON AND RECORD BELOW**

Q 6: DO YOU HAVE ANY ADDITIONAL NEEDS THAT REQUIRE SUPPORT?

(EXAMPLES: HEARING OR VISUAL IMPAIRMENT, LEARNING OR PHYSICAL DIFFICULTIES, ENGLISH AS A SECOND LANGUAGE)

YES NO

IF YES: ARE THEY MET? YES NO **IF NO AFTER DISCUSSION RECORD PROBLEM AND NAME**

Q 7: ARE YOU A CARER? EXAMPLES: - KEEP AN EYE ON A RELATIVE, KEEP AN EYE ON A NEIGHBOUR

YES

NO

IF YES:

I) IS THE PERSON CARED FOR A HASTINGS OLD TOWN SURGERY PATIENT?

II) IS THE PRACTICE AWARE THAT YOU ARE A CARER?

Q 8: AFTER DISCUSSION RECORD PERTINENT INFORMATION CONCISELY

A) WHAT DO YOU THINK COULD IMPROVE THE PATIENT EXPERIENCE AT HASTINGS OLD TOWN SURGERY?

B) WHAT WORKS WELL FOR YOU?

Q 9: WOULD YOU LIKE TO HAVE A VOICE IN THE ENHANCEMENT AND DEVELOPMENT OF THE SERVICES OF YOUR PRACTICE?

IF YES

1) ARE YOU HAPPY TO PARTICIPATE IN THE PPG? (DATES & TIMES TBA)

2) ARE YOU WILLING TO CONTRIBUTE BY ANSWERING SURVEYS AND OTHER ENQUIRIES BY E-MAIL?

PLEASE INDICATE WHICH WOULD SUIT YOU BEST AND GIVE YOUR NAME, ADDRESS, TELEPHONE AND EMAIL INFORMATION BELOW:

PLEASE PRINT

NAME _____

ADDRESS _____

TELEPHONE NO.- _____

E-MAIL:- _____