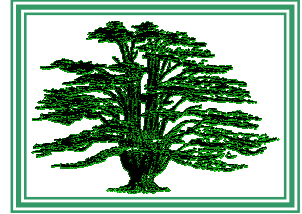


The Cedars Surgery



GP Practice Survey 2013 – Have your say.

Last year 136 patients completed the survey and this year we're hoping to hear from significantly more patients so we can make informed positive changes to the surgery. Examples of changes that have been made as a result of last year's survey are as follows:

1. We are in the process of setting up an online prescription and appointment system.
2. New double glazed windows have just been fitted throughout the building.

We invite you to take part in this year's survey. **Please complete the survey by Friday 8th March 2013.**

Alternatively you can complete the survey online: <https://www.surveymonkey.com/s/CedarsSurgerySurvey>

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 Please tell us whether you are aware of each of the following currently available services at The Cedars Surgery.

	Not aware	Aware but not used	Aware & Used
Availability of telephone consultations with a GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of prescription collection service by local pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The practice opening hours (8am to 6.30pm on weekdays with lunchtime closure on Mon and Tuesday from 12.30pm to 1.30pm).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That we have 2 Nurse Practitioners who have a prescribing qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of blood testing at the surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of minor surgery (e.g. carpal tunnel surgery and some skin cancer surgery) at the surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of long term contraception (e.g. implants and coils) at the surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 How would you rate this practice on each of the following?

If you feel you cannot provide an answer please select 'N/A'

	Excellent	Good	Fair	Poor	N/A
The cleanliness and appearance within the waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor	N/A
The cleanliness and appearance within the appointment rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality and care you have received from the doctors over the past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality and care you have received from the nurses over the past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you are treated by the receptionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of privacy at reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting through on the phone quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to see a doctor quickly if it is urgent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to book an appointment for a time that suits you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality and amount of information the practice provides specific to your health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 What improvements or changes would you like this practice to make?

Q5 What is already particularly good about this practice?

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

	Yes, I would find it useful	No - I would not find it useful
Being able to order repeat prescriptions online	<input type="checkbox"/>	<input type="checkbox"/>
Being able to book GP appointments online	<input type="checkbox"/>	<input type="checkbox"/>
Receiving text message reminders of appointments	<input type="checkbox"/>	<input type="checkbox"/>
Having health information and advice about minor ailments and long term conditions on the website	<input type="checkbox"/>	<input type="checkbox"/>
Having health information and advice about minor ailments and long term conditions in the surgery	<input type="checkbox"/>	<input type="checkbox"/>

	Yes, I would find it useful	No, I would not find it useful
Having information available in the surgery about local self-help groups	<input type="checkbox"/>	<input type="checkbox"/>
To receive correspondence and/or the practice newsletter via email	<input type="checkbox"/>	<input type="checkbox"/>

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 'prefer not to answer'.

Q7 Please indicate your gender below:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
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Q8 Which of the following age groups do you fall into?

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"/>

Q9 Do you have any children under 16 years old living at home?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
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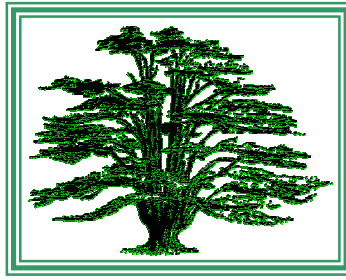
Q10 Do you or anyone else in your household have any long standing illness, disability or infirmity?

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

Q11 Please indicate your ethnic origin, are you:

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

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



The Cedars Surgery

Patient Participation Group

Many surgeries have a “Patient Participation Group” (PPG). The volunteer patients in such a group aim to improve the performance of local services dealing with health and care. In particular, the PPG seeks to assist in the improvement of the health and care service of their surgery.

The Cedars Surgery Patient Participation Group provides suggestions and practical support on how the practice can improve information and services to our patients. If you are interested in joining the group please complete and return this page with your details.

Alternatively, you can email the PPG directly to express an interest at: s.parker@nhs.net

PLEASE COMPLETE THE DETAILS BELOW IF YOU WISH TO JOIN THE PPG

Name:

Address:

.....

.....

Email address:.....

Home number (Optional):

Mobile number (Optional):

This information will be held and used in accordance with the Data Protection legislation. It will be held securely by the Practice and will not be revealed to third parties.