

**RUDDINGTON MEDICAL CENTRE
PRACTICE AND PATIENT PARTICIPATION GROUP
PATIENT SURVEY 2015**

There are 11 questions below. Please answer the question by putting an X in ONE BOX for each question unless more than one answer is required (these questions are clearly marked).

1. Generally, how easy is it to contact the surgery?

Not very easy Fairly easy Very easy

2. Which of the following methods would you prefer to use to book appointments at the surgery? Please put a cross in all of the boxes that apply to you.

No preference Online By phone (direct to reception)
By phone (Automated system) In person
24 hours per day

3. In the reception area, other patients may overhear what you say to the receptionist.

Yes, and I am not happy about it Yes, but I don't mind

4. If you weren't able to get an appointment or the appointment offered wasn't convenient why was that?

No appointments on the day I wanted No appointments at the time I wanted
I couldn't see my preferred GP/Nurse Resolved by phone

5. In general how often are you able to see or speak to your preferred doctor?

Some of the time Most of the time Haven't tried

6. Would you be interested in accessing additional Health Services at the practice (eg. physiotherapy, ultrasound, counselling)

Yes No

7. How important is it to you to access your own medical records online?

Very important Fairly important No importance at all

8. If you have missed an appointment in the past, why did you not attend?

I felt better An emergency came up
I tried to cancel but was unable to contact the surgery I have never missed an appointment

9. Would you be interested in receiving text messages to confirm and remind you of appointments and regular medical reviews?

Yes No

10. How helpful do you find the urgent telephone call back system?

Very helpful Fairly helpful Not very helpful Never used

11. It would help us to understand what is important to you when needing to use the services of the Ruddington Medical Centre Practice. Please put in order of importance by numbering the choices from 1 to 4 where 1 is the most important and 4 is the least important to you.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Being able to make a same day or next day appointment |
| <input type="checkbox"/> | Being able to speak to a doctor or nurse over the phone |
| <input type="checkbox"/> | Being able to see a particular doctor/nurse of my choice |
| <input type="checkbox"/> | Being able to make an appointment at a time that suits me |

Finally it would help us to evaluate the answers given if you would tell us a little about yourself.

Are you Male Female Your age: 15-19 20-29 30-39
40-49 50-59 60-69 70-79 80+

Which best describes you?

Employed Not in employment Retired from paid work At school or full time education

Thank you for taking the time to complete this questionnaire.