

# Campingland Surgery Swaffham

## Patient Participation Group

### Patient Survey November 2011



#### **Purpose of this survey**

To obtain patients views on the surgery, the delivery of its services, its systems and infrastructure so that where practicable and possible these might be improved.

#### Confidentiality

- **The information you provide will remain anonymous and confidential**
  
- If you have any concerns about the questions in this survey please ask to speak to The Practice Manager.
  
- To answer the questions:-
  - a) Draw a circle around your choice, or...
  - b) Write your comment in the box relating to the question.

**Thank you** for taking the time to complete this survey.

All survey questionnaires must be returned by:-

PPG Group

14<sup>th</sup> November Ver.4 ~ JC

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**What is your gender?**                      **Male**                      **Female**  
**What is your age group?**              Under 20      20-35              35-50              50-65              65+  
**What is your ethnic group?** [              ] E.G (British, Indian, Pakistani, Irish, African)  
**If you have children, what are their age groups?** [Under 1] [1 -5] [5-11] [12+]

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**1) How do you get to the surgery?**

- a) Walk
- b) Drive
- c) Taxi
- d) Bus
- e) Community transport

**2) When did you last see a doctor at the surgery?**

- a) Within the last week
- b) Within the last month
- c) Within the last six months
- d) Longer than six months

**3) Do you feel that the doctor (or nurse) listens to you?**

- a) Yes
- b) No
- c) Sometimes

**4) Do they give you the time you feel you need?**

- a) Yes
- b) No
- c) Not always

**5) Do you feel that things are clearly explained to you?**

- a) Yes
- b) No
- c) Not always

**6) If you do not understand their explanation, do you feel that you are able to ask for clarification?**

- a) Yes
- b) No

**7) If a referral is suggested, do you feel confident that this will be done promptly?**

- a) Yes
- b) No

**8) In general how satisfied are you with care you receive from the surgery?**

- a) Very satisfied
- b) Satisfied
- c) Not satisfied

If you have chosen "C" please give a short answer as to why you are dissatisfied.

**9) Do you book your appointment yourself?**

- a) Yes
- b) No

**10) What method do you use?**

- a) Phone
- b) Call at the surgery
- c) Use the Internet

**11) If you consider it is an emergency, are you able to get an appointment on the day you need it?**

- a) Yes
- b) No

**12) If you cannot get an appointment for the day and time you request, are you offered an acceptable alternative?**

- a) Yes
- b) No

**13) In your experience how long do you have to wait to see a particular doctor?**

- a) Less than a week
- b) One to two weeks
- c) Longer than two weeks

**14) How easy do you find it to make an appointment to see a nurse?**

- a) Easy
- b) Not easy
- c) Difficult

**15) Do you use the on-site dispensary?**

- a) Yes
- b) No

16) How helpful do you find the on-site dispensary staff?

- a) Very approachable
- b) Approachable
- c) Not very Approachable

17) How helpful do you find the surgery receptionists?

- a) Very helpful
- b) Helpful
- c) Not very helpful

18) At the appointments desk and dispensary, has the **"One patient at a time"** policy helped you with confidentiality?

- a) Yes
- b) No

19) Are the current surgery opening times convenient for you?

- a) Yes
- b) No

If no, what changes would you like?

20) If you need to drive to the surgery, how easy do you find it to park?

- a) Easy
- b) Not very easy
- c) Difficult

21) What other support facilities would you like to see available at the surgery?

- a) Diet and weight control
- b) Healthy heart
- c) Breast feeding
- d) Asthma
- e) Dementia
- f) Other, please write your answer in this box

22) As a patient, are you aware of the Patient Participation Group, (PPG)?

- a) Yes
- b) No

**23) Do you know the aims and objectives of the PPG?**

- a) Yes
- b) No

**24) Have you seen the activities of the PPG advertised?**

- a) Yes
- b) No

**25) Would you be interested in becoming an "active member" of the PPG?**

- a) Yes [Please give your contact details to reception]
- b) No

**26) Is there adequate seating in patient waiting areas?**

- a) Yes
- b) No

**27) Is the seating comfortable?**

- a) Yes
- b) No

If you answered **No**, how would you like these areas to be improved?

**28) Do you find information within waiting areas is clearly displayed?**

- a) Yes
- b) No

If you answered **No**, how could it be improved?

**29) Would you recommend this surgery to somebody who has just moved here?**

- a) Yes
- b) No

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**END**

This survey was compiled by PPG members, in cooperation with the Practice Manager.  
November 14<sup>th</sup> 2011