



Patient Experience Survey February 2018

You can print this form to complete and put in the collection box at the surgery or you can complete the online version.

Your responses will be collated by the patient group for analysis

Please tick the Surgery you normally use

East Leake Ruddington Sutton Bonington

- | | | | | |
|---|---|---------------------------------------|--|---|
| 1 | Generally, how easy is it to get through to someone at the surgery on the phone | Very Easy <input type="checkbox"/> | Fairly Easy <input type="checkbox"/> | Not very easy <input type="checkbox"/> |
| 2 | Last time you wanted to see or speak to <u>any</u> GP or Nurse (not a particular one) were you able to get an appointment to see or speak to someone? | Yes <input type="checkbox"/> | Yes but had to call back <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | How convenient was the last or current appointment you were given? | Very <input type="checkbox"/> | Fairly <input type="checkbox"/> | Not at all <input type="checkbox"/> |

What day & time was the appointment?

About the Reception staff

please tick one box on each line

- | | Very good
<input type="checkbox"/> | Good
<input type="checkbox"/> | Fair
<input type="checkbox"/> | Poor
<input type="checkbox"/> |
|---|---------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| (a) Warmth of greeting and making you feel at ease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Listening to you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Providing information or arranging your appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you describe your overall experience of the service at reception?

Any other comments or suggestions please?
