

Your feedback is important to us

We would be grateful if you would complete this short survey based on your experience at your GP Practice. Your feedback is important to us and will help us to provide a quality service which meets the needs of our patients. All questionnaires are completely anonymous.



Your Practice Survey – helping to improve services

This survey has been created by local patients in partnership with GP Practices, the Patient Reference Group and NHS Nottingham West Clinical Commissioning Group.

Please put a tick in the box of your chosen answer.

Getting an appointment

How do you usually book your appointment?

In person Telephone Online Other

Which method would you prefer to use to book your appointment?

In person Telephone Online Other

Opening times

Are you satisfied with the current surgery hours?

Yes No If no, what times would you prefer the surgery to be open?

.....
.....

At the surgery

How satisfied are you with the reception staff?

Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

How long do you have to wait after your appointment time?

I'm seen on time Less than 5 mins 6-15 mins 16-30 mins 31+ mins I can't remember

Is there a particular GP you usually prefer to see or speak to?

Yes No No opinion If yes, which GP?

If yes, do you usually get to see your practitioner of choice?

Yes No Not Applicable

How likely are you to recommend this GP Practice?

Extremely likely Likely Unlikely Extremely unlikely

Other services

If your GP Practice is closed, how would you obtain medical advice? (tick all that apply)

Self-Care Pharmacy A&E NHS 111 Walk-in Centre 999 Internet Out-of-hours GP

What is the best thing about your GP Practice?

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Please list any improvements you would like to see at your GP Practice.

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Are there any other health services you would like to be provided locally?

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About you

Gender

Male Female Prefer not to say

Age Group

16 or under 17-34 35-54 55-74 75 or over

Which best describes your ethnic group?

White Black/Black British Asian/Asian British Mixed Chinese Other Prefer not to say

Your employment situation?

Full-time work Part-time work In education Unemployed Sick or disabled Retired

Looking after family Other

Your GP Practice (GP Practice office to complete)

Abbey Medical, Beeston <input type="checkbox"/>	Linden, Stapleford <input type="checkbox"/>
Bramcote Surgery, Bramcote <input type="checkbox"/>	Linden, Wollaton <input type="checkbox"/>
Chilwell Meadows, Chilwell <input type="checkbox"/>	Saxon Cross, Stapleford <input type="checkbox"/>
Church Street, Eastwood <input type="checkbox"/>	The Manor, Beeston <input type="checkbox"/>
Church Walk, Eastwood <input type="checkbox"/>	The Oaks, Beeston <input type="checkbox"/>
Hama Medical, Kimberley <input type="checkbox"/>	Valley Surgery, Chilwell <input type="checkbox"/>
Hickings Lane, Stapleford <input type="checkbox"/>	West End Surgery, Beeston <input type="checkbox"/>

Thank you for your time and support. If you require this survey in a different format or language please contact us on **0115 8835224** or **nottingham.west@nottinghamwestccg.nhs.uk**

Please return completed forms to reception.