



SLEAFORD MEDICAL GROUP
Patient Survey

Introduction

SMG is one of the largest practices in the area with a registered population of approximately 18,500 patients. We offer a diverse range of services from childhood immunisations to minor injury treatment. Our skilled team of Doctors, clinical support and administrative staff aim to provide a quality, customer focused service.

With your help, by completing this survey, we hope to maintain our current standards and improve where necessary. You do not need to write your name or give any personal information on this questionnaire, and all constructive comments and suggestions are welcome.

PLEASE RATE EACH OF THE FOLLOWING AREAS BY TICKING ONCE ON EACH LINE:

	No experience	Poor	Fair	Good	Very Good	Excellent
Access to a Doctor or Nurse						
1. Speed at which the telephone was answered initially						
2. Speed at which the telephone was answered if call transferred						
3. Were you able to obtain a consultation with a Doctor or appropriate healthcare professional within 2 working days?	Yes		No		Don't know	
4. Were you able to book an appointment with a Doctor more than 2 days ahead?	Yes		No		Don't know	
5. Convenience of day and time of your appointment						
6. Were you able to see the Doctor of your choice?	Yes		No		Don't know	
7. If the answer to Q.6 was No, were you offered an appointment with another Doctor?	Yes		No		Don't know	
8. If the answer to Q.7 was Yes did you find this satisfactory?	Yes		No		Don't know	

	No experience	Poor	Fair	Good	Very Good	Excellent
9. Length of time waiting to check in at Reception						
10. Do you usually use the automated self check-in facility?	Yes		No		Sometimes	
11. Length of time waiting to see the Doctor or Nurse						
12. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary						
13. Opportunity of obtaining a home visit when necessary						
14. Level of satisfaction with the Out of Hours service (evenings & weekends)						
Obtaining a repeat prescription						
15. Prescription ready on time						
16. Prescription correctly issued						
17. Handling of any queries						
Obtaining test results						
18. Were you told when to contact us for your results?						
19. Results available when you contacted us						
20. Level of satisfaction with the amount of information provided						
21. Level of satisfaction with the manner in which the result was given						
About the staff						
22. The information provided by the Reception staff						
23. The helpfulness of the Reception staff						
24. The information provided by other staff						
25. The helpfulness of other practice staff						



And finally						
	No experience	Poor	Fair	Good	Very Good	Excellent
26. My overall satisfaction with this Practice						

Any further comments:

.....

.....

.....

What is your preferred method of contact with the surgery?

- Letter
 Telephone
 Email
 Fax
 Text Message (SMS)

** Please all that apply*

The following questions provide us only with general information about the range of people who have responded to this survey. It will not be used to identify you, and will remain confidential.

How old are you?	
Are you male or female?	
What is your ethnic background?	

Thank you very much for your time and assistance

Please return your completed questionnaire to Sleaford Medical Group