

Stennack Surgery Questionnaire 2014

At the Stennack Surgery we are always looking to improve the patient experience. Your views matter. This Questionnaire has been compiled by our Patient Group to help gain a better understanding of your perspective when you contact the surgery. We would value the opinions of as many patients as possible and invite you to complete the brief survey below. Your answers will be held in strict confidence. Thank you for your time.

1. What was the purpose of your most recent contact with the surgery?

To make an appointment	
To attend an appointment	
To find out test results	
To order a prescription	
To obtain information (what type of information?)	
Other (please specify)	

2. How helpful did you find the administrative team?

a) FACE TO FACE	
Very good	
Good	
Poor	
Very poor	

b) TELEPHONE	
Very good	
Good	
Poor	
Very poor	

3. If you saw a Doctor or Nurse, how helpful did you find them?

c) FACE TO FACE	
Very good	
Good	
Poor	
Very poor	

d) TELEPHONE	
Very good	
Good	
Poor	
Very poor	

4. Based on your overall patient experience and level of care received over the last year would you recommend this surgery to your family or friends?

Extremely likely		Unlikely	
Likely		Extremely unlikely	

Please can you tell us the main reason for your score in Q4, including any constructive comments or observations which may help us improve your patient experience. (If you would like to discuss a specific personal concern, please add your name and contact number in the box below and a member of Surgery staff will contact you)

Please turn over

Thank You!

Please complete the following. This will help us ensure we capture feedback from a cross section of our patient population.

Which of these best describes what you are doing at present?

If more than one of these applies to you, please tick the main one ONLY

Male	
Female	

Under 18		55 – 64	
18 – 24		65 – 74	
25 – 34		75 – 84	
35 – 44		85 and over	
45 – 54			

Full-time paid work (30 hrs or more per week)	
Part-time paid work (under 30 hrs per week)	
Full-time education (school, college, university)	
Unemployed	
Permanently sick or disabled	
Fully retired from work	
Looking after the home	
Doing something else	

How would you describe your ethnic origin? (Choose one section from A to E below and then select the appropriate option to indicate your ethnic group)

A. White	
British	
Irish	
Cornish	
Any other white background	

B. Mixed	
White & Black Caribbean	
White & Black African	
White & Asian	
Any other Mixed background	

C. Asian/Asian British	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	

D. Black or Black British	
Caribbean	
African	
Any other Black background	

E. Chinese or other ethnic group	
Chinese	
Any other ethnic group	

Thank you for your help!

If you would like to become more actively involved, or would just like to keep up-to-date with Patient Group matters, please email your name and contact details to Stennackppg@cornwall.nhs.uk (please note any medical or other non-PPG related content sent to this address will not be answered).

Results from this survey will be published on the website and emailed to members in March 2014.

www.thestennacksurgery.co.uk

Thank You!