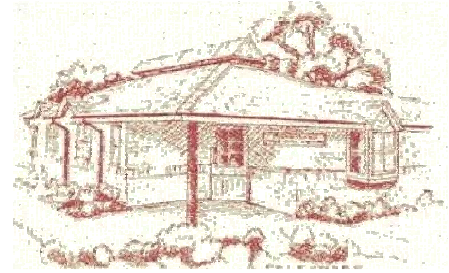


"Improving the Practice" Questionnaire

Questionnaire

By completing the questionnaire you can help the Practice to improve its service.

- The Doctors and staff welcome your feedback
- Please do not write your name on this survey



Clinics available at Richmond include:

Asthma & Respiratory; Heart; Diabetes; Kidney; Aquarius; Immunisations; Warfarin; Cardio Vascular; Antenatal Care; Psychological & Psychiatric Therapy; Well Person; Minor Operations; Cervical Smear.

For full details please ask for a Practice Booklet at reception or visit our website at www.richmondmc.co.uk

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

Access to a Doctor or Nurse				
1. How soon is the telephone usually answered by a member of staff?	less than 1 minute	less than 5 minutes	less than 10 minutes	10 minutes or more
2. How far in advance did you book your last appointment?	same day	1 or 2 days	1 week	more than 1 week
3. Was the time of day for your last appointment convenient?	Yes	No		
4. How long did you wait to check in at reception?	less than 1 minute	less than 3 minutes	less than 5 minutes	5 minutes or more
5. How long did you wait to see the Doctor or Nurse?	less than 5 minutes	less than 10 minutes	less than 20 minutes	20 minutes or more
6. Do you usually see the Doctor of your choice?	Yes	No	Sometimes	
7. How easy is speaking to a Doctor or Nurse on the telephone when necessary?	Very Easy	Fairly Easy	Not at all Easy	Haven't tried
8. How easy is it obtaining a home visit when necessary?	Very Easy	Fairly Easy	Not at all Easy	Haven't tried
9. How do you rate the out of hours service?	Poor	Good	Excellent	No Experience

Clinical Staff						
10. How good was the last Doctor you saw at each of the following? (if you haven't seen a doctor in the last 6 months go to Q11)			11. How good was the last Nurse you saw at each of the following? (if you haven't seen a nurse in the last 6 months go to Q12)			
10a. Giving you enough time?			11a. Giving you enough time?			
Poor	Good		Excellent	Poor	Good	Excellent
10b. At listening to you?			11b. At listening to you?			
Poor	Good		Excellent	Poor	Good	Excellent
10c. Involving you with decisions about care?			11c. Involving you with decisions about care?			
Poor	Good		Excellent	Poor	Good	Excellent
10d. At treating you with care and concern?			11d. At treating you with care and concern?			
Poor	Good		Excellent	Poor	Good	Excellent
10e. Did you have confidence and trust in the doctor you saw?			11e. Did you have confidence and trust in the nurse you saw?			
Yes	No	To some extent	Yes	No	To some extent	
Obtaining a repeat prescription						
12. Is your repeat prescription ready on time?	Always	Most Often	Often Not	No Experience		
13. Is your repeat prescription correctly issued?	Always	Most Often	Often Not	No Experience		
14. Are repeat prescriptions queries handled satisfactorily?	Always	Most Often	Often Not	No Experience		
15. How do you rate the performance of your pharmacy?	Poor	Good	Excellent	No Experience		

Obtaining test results				
16. Were you told when to contact us for your results?	Yes	No	No Experience	
17. Were the results available when you contacted us?	Yes	No	No Experience	
18. What is your level of satisfaction with the amount of information provided?	Poor	Good	Excellent	No Experience
19. What is your level of satisfaction with the manner in which the result was given?	Poor	Good	Excellent	No Experience

Communication

20. How do you rate the general information available in the surgery?	Poor	Good	Excellent	
21. How do you rate the general level of help with enquiries?	Poor	Good	Excellent	
22. How do you rate the practice website?	Poor	Good	Excellent	No Experience

Summary

23. Overall, how would you describe your experience of Richmond Medical Centre?	Poor	Good	Excellent
24. Would you recommend Richmond Medical Centre to someone who has just moved to your area?	Yes	No	Perhaps

Any further comments:

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.

Are you?	Male	Female		
Do you have a long-standing health condition?	Yes	No	Don't know / can't say	
How many years have you been a patient at Richmond Medical Centre?	less than 1 yr	1 to 3 yrs	4 to 10 yrs	more than 10 yrs
How old are you? (please circle)	Under 16 ; 16 to 44 ; 45 to 64 ; 65 to 74 ; 75 and over			
What is your ethnic group? (please circle)	White ; Black or Black British; Asian or Asian British ; Mixed ; Chinese ; Other ethnic group			

Thank you very much for your time and assistance

Please place your completed questionnaire in the box on the Reception desk

By Post to: Richmond Medical Centre, 179 Richmond Road, Solihull, B92 7SA