



THE CENTRE PRACTICE
Healthcare at the heart of Fareham

The Health Centre
Osborn Road
Fareham
Hampshire PO16 7ER
Tel: 01329 823456
Fax: 01329 285772

The Centre Practice Patient Survey

Summer 2011

Dear Patient,

A joint BMA/NHS initiative requests all practices in England to implement the Patient Participation Directed Enhanced Service (PPDES). One of the key requirements of the PPDES is that the practice should conduct an annual patient survey. The purpose is to offer patients the opportunity to comment on their satisfaction with the practice, identify areas that need improvement, and to make suggestions that may improve the service offered to patients.

Time is short, as we were only notified in April that the first survey must be completed before the end of this year. This survey will therefore of necessity be brief, and concentrate on a few key issues.

We would be most grateful if you could complete the survey as accurately as you can. Please do not worry if you are unable to answer all the questions. If you do not know or do not have an opinion, simply leave the question unanswered.

Please be honest with your answers. The answers will be anonymised, and no one will be prejudiced in any way because of the nature of their answers.

At the end of the survey you will find some commonly asked questions and answers that may help clarify the process. We value the opinion of everyone in the practice, and hope you will take the time to complete these few questions.

Please note that we will not respond to any requests for medical information or questions.

On the next page we will now ask you some questions about yourself in order to help us see if we have sampled a representative sample of the local community. The information you supply will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.

When you have completed the survey, please leave it in the box in reception, or if you are completing this on line, please e mail the Word document as an attachment to hamp_pct.centrepracticePPG@nhs.net within two weeks, with Survey as the subject.

About yourself

Are you Male 58 Female 103

Age Group

Under 16 0
 17 to 24 7
 25 to 34 10
 35 to 44 15
 45 to 54 13
 55 to 64 33
 65 to 74 54
 75 to 84 39
 Over 84 3

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic backgrounds you would most closely identify with. (Please note that you do not have to disclose your ethnic group if you choose not to.)

White 175

British Group or Irish

Mixed 3

White & Black Caribbean White & Black African White & Asian

Asian or Asian British 0

Indian Pakistani Bangladeshi

Black or Black British 1

Caribbean African

Chinese or other ethnic Group 1

Chinese Any Other

How would you describe how often you come to the practice?

Regularly 65

Occasionally 71

Very rarely 21

The Questions

Please place a tick in the box that most accurately reflects your view.

About our premises

Q 1. The current building is adequate for my needs as a patient.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
33	122	25	5	2

Q 2. I have concerns about the privacy of the consultation areas when consulting a doctor or a nurse.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
7	22	31	95	27

Q 3. Access to the premises using public transport or other means is a problem for me.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
14	22	44	81	22

Appointments

Q 4. The arrangements for making appointments to see a doctor or nurse provide an adequate service.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
21	94	31	26	11

Q 5. I am satisfied with the time I have to wait for an appointment to see the doctor of my choice.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
13	59	33	48	32

Q 6. The system for making emergency appointments works well for me.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
26	96	37	15	18

Patient contact

Q 7. When I see a nurse or a doctor, I am treated with respect, honesty and compassion.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
69	111	12	3	0

Q 8. I feel I am given an adequate amount of time when I see the doctor or nurse.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
31	123	21	9	2

Q 9. The doctor or nurse listen and explain and I feel I participate in decisions.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
41	123	22	5	3

Q 10. I find it easy to obtain test results either personally or by telephone.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
27	94	55	9	4

Q 11. The reception staff are friendly and helpful.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
68	107	12	4	1

Q 12. The hours at which the Health Centre is open are satisfactory.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
46	122	19	4	2

Q 13. Overall I am satisfied with the service and care provided by my doctor and the staff at the practice.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
57	115	16	4	2

Out of Hours

(Only answer this question if you have used the out of hours service in the past two years.)

Q 14. I have found that the out of hours service works satisfactorily.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
7	35	14	4	2

Communications

Q 15. I would be happy to have more contact with the surgery using electronic means (e.g. emails, text messages).

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
19	56	51	36	9

Q 16. Would you be interested in joining our patient participation group?

Yes No:

Q 17. Would you be willing to be part of a group of patients that can be contacted by email or other means for the purpose of participating in future surveys (*If by email, please include your email address overleaf*).

Yes No:

Q 18. If you wish, you may use the space below to write, in no more than 100 words, any comments you may have about the practice, what we do well or not so well, or to make any suggestions about services or facilities you would like to see provided. You may also use this space to expand on your answer to ONE particular question.

Thank you for participating in this survey.

The results will be analysed and discussed by the doctors, nurses and the Patient Participation Group, and published in the practice newsletter and on the practice website.

Please give us the following information, if you wish. This is optional, but if you do provide it, it will be confidential but will help us contact you, especially if you have volunteered to be part of our contact group or wish to join the Patient Participation Group.

Name: _____

Registered doctor: _____

Address:

Postcode: _____

Telephone: _____

Email: _____

Common patient questions and answers

Q Why are you asking people for their contact details?

A We would like to be able to contact people occasionally to ask them questions about the surgery, to ask if you will take part in further surveys, and to see how well we are doing to identify areas for improvement.

Q Will my doctor see this information?

A This information is purely for the purposes of this survey, and to contact patients to ask them questions about the surgery, how well we are doing and ensure that changes made are patient focused.

Q Will the questions you ask me be medical or personal?

A We will only ask general questions about the practice, such as in this survey or short questionnaires.

Q Who else will be able to access my contact details?

A Your contact details will be kept safely and securely and will only be used for this purpose and will not be shared with anyone else.

Q How often will you contact me?

A Not very often, only once or twice a year at most.

Q What is a patient group/patient participation group?

A This is a group of volunteer patients who are involved in working with the doctors and staff to help ensure the surgery provides the services its patients need.

Q Do I have to leave my contact details?

A No, but if you change your mind, please let us know.

Q What if I no longer wish to be on the contact list or if I leave the surgery?

A We will ask you to let us know by email if you do not wish to receive further messages.