|  |  |
| --- | --- |
|  | COLBEA, Unit 27  1 George Williams Way  Colchester  Essex  CO1 2JS  www.gpprimarychoice.co.uk |

**How Are We Doing?**

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. Your answers will be kept confidential. Thank you for your participation.

**Which surgery have you attended?       ……………………………………………………**

**Which month have you attended this appointment? …….……………………….**

**General Patient Satisfaction**

1. How would you rate the number of appointments (or walk-in service) that are available at both your GP Surgery and at alternative nearby surgeries?

 Excellent       Good   Adequate     Poor       Very poor  n/a

1. If you are unable to get an appointment at your local GP Surgery, at a specific time or day of your choice what would you do?

 Go to Clacton Hospital        Go to Colchester Hospital  Go to the Urgent Treatment Centre

**Your Appointment**

1. How long ago did you make this appointment (excluding weekends and bank holidays)?

 Today   1 Day         2-7 days  (if you have ticked any these 3 boxes skip to question 6)

 N/A walk-in service so no appointment required (**skip to question 8**).

1. If your appointment was booked more than 7 days ago, were you offered an appointment within the next 5 working days but you choose to book in advance

 Yes, but I requested a different appointment for my convenience         No

1. How convenient were the time slots offered to you?

 Very convenient     Convenient      Adequate     Not convenient     Very inconvenient

1. Would you have preferred an alternative time for your appointment?      Yes             No

Please state a time if you would have preferred an alternative ……………………………………………………………….

1. Did you attend your timed appointment or walk in-service at your own surgery?

    Yes         No   If ‘No’ which surgery did you attend? ………………………………………………………………………

1. Was your blood test for a child under the age of 12?

    Yes         No

**Day of Your Appointment**

1. Who took your blood test for you today?

 Nurse/HCA  Phlebotomist  Doctor

1. Did the clinician wear protective gloves?

 Yes  No

1. How would you rate the courtesy of the reception staff?

 Very courteous     Courteous      Adequate     Rude    Very Rude

1. How would you rate your experience in having your blood test today?

 Excellent     Good      Adequate     Poor    Very Poor

1. How likely are you to recommend our service to friends and family if they needed similar care or treatment?

 Extremely likely  Likely  Neither likely nor unlikely  Unlikely

 Extremely unlikely  Don’t know

1. What would have made your visit better today? Please use the additional feedback below

**Additional Feedback**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Personal Information**

Providing the following information is optional.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Last Name | Gender | Age |
|  |  |  |  |
| Address | City/Town | County | Post Code |
|  |  |  |  |
| Email | Phone |  |  |

Thank you for taking the time to fill out our survey.