

**Kumar Medical Centre**  
**59 Grasmere Avenue, Slough Berkshire SL2 5JE**

“Improving our practice”  
Annual patient survey - (2016-2017)

**INTRODUCTION**

This questionnaire is designed for issue to patients to assess the service provided. It has been developed in consultation with our Patient Participation Group.

We would be grateful if you would complete this feedback questionnaire for your practice and also about your visit to the doctor or the nurse.

**Questionnaire:**

**1. Accessing your GP service:**

2. Preferred methods to book an appointment at your surgery.

In person  By phone  Online  No Preference

3. Do you get an appointment to see the doctor of your choice?

Yes  No

4. Are you able to speak to a doctor on the telephone when necessary?

Yes  No

**2. About the reception staff:**

1. How helpful are the reception staffs at the practice:

Very helpful  Fairly helpful  Not very helpful  Not at all helpful   
Don't know

2. The information provided by the reception staff:

Poor  Fair  Good  Very Good  Excellent

**3. About the Doctors or the Practice Nurse:**

Name of Doctor/Practice Nurse (if applicable):

.....

**Your most recent experience with the doctor/Nurse**

1. Making you feel at ease (being friendly and warm towards you, treating you with the respect).

Poor  Fair  Good  Very Good  Excellent

2. Showing Care and compassion.

Poor  Fair  Good  Very Good  Excellent

3. Understanding your concerns.

Poor  Fair  Good  Very Good  Excellent

4. Explaining things clearly.

Poor  Fair  Good  Very Good  Excellent

**4. Obtaining a repeat prescription**

1. Was your Repeat Prescription ready on time? The practice requires a minimum of 2 working days' notice for the prescription to be ready for collection.

Yes  No

2. Was your repeat prescription correctly issued?

Yes  No

3. If your repeat prescription had queries, how did the reception staff handle your query?

Very helpful  Fairly helpful  Not very helpful  Not at all helpful

Don't know

**5. Obtaining your Test results :**

1. Were you told when to contact the surgery for your test results?

Yes            No            Don't Know

2. Were the test results available when you contacted the surgery?

Yes     No

3. Were you satisfied with the amount of information provided about your test results?

Yes     No

**6And Finally**

1. Suitability of the practice premises

Poor     Fair     Good     Very Good     Excellent

2. Cleanliness of the practice premises

Poor     Fair     Good     Very Good     Excellent

3. My overall satisfaction with this practice

Poor     Fair     Good     Very Good     Excellent

**4. Are you aware that you can register for On- line services for booking an appointment and ordering repeat prescriptions?    YES/NO.  
IF No, please ask at the reception for more details how to register.**

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.

How old are you? .....

Are you male or female? .....

How many years have you been attending this practice? .....

Thank you very much for your time and assistance it is very much appreciated by all of us please place your completed questionnaires in the box on the Reception desk.