

Section 4 Premises, do you think the surgery buildings

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Are ideally located | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Need to be modernised | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have good access | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sufficient Parking | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provide adequate service | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The facilities are sufficient | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Thinking about the premises please tell us what we could improve. What do you want your GP buildings to provide and facilitate for the future that we don't already provide? Please use this box to tell us what you think.

Section 5 Administration

Please rate your satisfaction with the following

- | | | | |
|----------------------------|---|------------------------------------|--|
| General Communication | Very satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Not Satisfied <input type="checkbox"/> |
| Reception Staff | Very satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Not Satisfied <input type="checkbox"/> |
| Administration/Secretarial | Very satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Not Satisfied <input type="checkbox"/> |
| Nurses | Very satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Not Satisfied <input type="checkbox"/> |
| Doctors | Very satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Not Satisfied <input type="checkbox"/> |
| Efficiency & Helpfulness | Very satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Not Satisfied <input type="checkbox"/> |

We would like you to think about your recent experiences of our service. How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?

Extremely likely Likely Neither likely nor unlikely

Unlikely Extremely unlikely Don't know

Any further comments or suggestions, please use the box below.

Thank you for completing this Survey

Before you start

Thank you for taking the time to answer this survey. Your comments help us understand and make decisions about how the practice is run.



This is the annual patient survey and is **ONLY FOR REGISTERED PATIENTS** of Old School Medical Practice. These questions have been reviewed and agreed with the practice Patient Participation Group who will review the results of the survey and agree any actions.

Please complete this form before leaving the Surgery. Thank You.

Section 1 Statistical information. It would be helpful if you would answer the questions in this section.

1. AGE Range (Please tick)

- | | | | |
|----------------|--------------------------|----------------|--------------------------|
| 15 — 20 | <input type="checkbox"/> | 21 — 30 | <input type="checkbox"/> |
| 31 — 45 | <input type="checkbox"/> | 46 — 59 | <input type="checkbox"/> |
| 60 — 75 | <input type="checkbox"/> | Over 75 | <input type="checkbox"/> |

2. Gender

- | | |
|--------------------------|--------------------------|
| Female | <input type="checkbox"/> |
| Male | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

3. Residence

- | | |
|---------------------|--------------------------|
| Bishopthorpe | <input type="checkbox"/> |
| Copmanthorpe | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
- residency other

Section 2 — Your most recent visit to the practice

1. **Which Surgery did you visit**

- | | | | |
|--------------|--------------------------|--------------|--------------------------|
| Bishopthorpe | <input type="checkbox"/> | Copmanthorpe | <input type="checkbox"/> |
|--------------|--------------------------|--------------|--------------------------|

2. **How did you get to the surgery**

- | | | | | | |
|------------------|--------------------------|-------|--------------------------|---------|--------------------------|
| Walking | <input type="checkbox"/> | Car | <input type="checkbox"/> | Bicycle | <input type="checkbox"/> |
| Public Transport | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

3. How was your last appointment made

- Telephone
- Online
- In Person
- Someone booked it for you

4. Were you offered a telephone consultation, a call back.?

- Yes No

5A. Generally how satisfied are you with following

- Time of Appointment: Very satisfied Satisfied Not Satisfied
- Waiting Area: Very satisfied Satisfied Not Satisfied
- Punctuality of the Doctor: Very satisfied Satisfied Not Satisfied
- Courtesy of the Reception: Very satisfied Satisfied Not Satisfied
- The Consulting Rooms: Very satisfied Satisfied Not Satisfied
- Thoroughness of Consultation: Very satisfied Satisfied Not Satisfied
- Clarity of Diagnoses Very satisfied Satisfied Not Satisfied
- Information about Treatment Very satisfied Satisfied Not Satisfied

5B. Generally how satisfied are you with your prescription management and reordering service

- By the Surgery Very satisfied Satisfied Not Satisfied
- Bishopthorpe Pharmacy Very satisfied Satisfied Not Satisfied
- Copmanthorpe Pharmacy Very satisfied Satisfied Not Satisfied
- Not Applicable

6A. Are you aware of Patient Online Service

- Yes No

6B. Do you use Patient Online Service

- Yes No

If you do use Patient On Line Service what do you use it for

- Booking appointments Yes No
- Ordering repeat prescriptions Yes No
- Communication with the surgery Yes No
- Viewing your detail coded medical records Yes No
- Seeing test results Yes No
- Updating your personal details Yes No

Section 3.

1. How do you find out information about the practice

- Telephone
- Practice Website
- Friends, Family, Neighbour
- Practice Notice Boards
- Practice Leaflet
- Local News Letters and booklets
- NHS Choices Website

Thinking about the practice website or other methods of communication, What improvements (if any) would you suggest in order to make the practice Website or other methods of communication more useful to your needs or more user friendly? Please use the box below to tell us what you think.

If you don't use the internet or practice website for information or access to services, please tell us why not.

- Don't have a Computer
- I have difficulties using computers for such things
- Prefer personal contact
- Find the website too difficult to use
- Find Patient Online Service to difficult to use

Other reasons, please tell us what you think using the box below

3. Would you welcome appropriate computer user help from the practice, i.e. Teaching you how to use your computer to access Patient Online services.

- Yes Don't need Not interested in Online Services