

The Acorn Group Practice

Dear Patient,

We want to learn from your experience of using our services. What is working well for you? Where can we improve?

Our Patients Group have helped us put together this questionnaire. Please complete it before you leave the Surgery today and hand it in at Reception.

We shall publish the results for you to see at the end of March.

Question 1

Please tell us how much you agree with each of the following statements

Please put one tick in each line.

Agree

Disagree

	5	4	3	2	1
1. I find it easy to make an appointment.					
2. The Surgery's opening hours are convenient for me.					
3. The Reception staff are helpful and friendly.					
4. I do not have to wait too long before I am seen.					
5. The doctors and nurses give me enough time.					
6. The doctors and nurses give me enough information.					
7. The doctors and nurses understand my condition.					
8. The doctors show interest in my general health.					
9. The doctors involve me in decisions about my care.					
10. The follow-up to my consultation is good.					
11. The staff welcome and act on feedback from me.					
12. I would recommend the Acorn Practice to others.					

Question 2

If you have ticked the "1" or "2" box for any of the statements in Question 1, please tell us why. Please put the number of the statement you are referring to before your comment.

Now please turn over.

Question 3

Some people feel they would benefit from meeting others with the same condition as they have. This could be meeting them in person, or setting up a forum on the web. Would you be interested in joining such a group?

Very interested Interested Not at all interested

If so, what type of support group would be of interest to you?

Question 4

Would you be interested in booking/cancelling appointments on line?

yes no not sure

Question 5

Please tell us what method you prefer to use for requesting repeat prescriptions.

on line in person at pharmacist by post

Are you satisfied with the service for repeat prescriptions?

very satisfied satisfied not very satisfied

If you are not very satisfied, please tell us why and what method you used.

Question 6

What one thing would most improve the Acorn Practice for you?

Question 7

Do you have any other comments about the Practice you would like to add?

Question 8

May we ask you a few personal questions? This will tell us how representative our sample is of Acorn patients. It will also help us interpret your answers.

Please tell us -

1. Your sex: male female

2. Your age: up to 29 50-59
30-39 60-69
40-49 70 or over

3. Roughly how many appointments have you had at the Acorn Practice in the last six months?

none three
one four or five
two six or more

Thank you for your time and help. Please leave your completed questionnaire with Reception today.

Would you like to know more about our Patients Group? There's some information on our website, www.theacorngrouppractice.co.uk and you can pick up a leaflet in Reception. We'd be pleased to see you at one of our meetings. Visitors are welcome.