

BRIDGE MEDICAL CENTRE PATIENT SATISFACTION SURVEY 2015

Bridge Medical Centre would like your help to improve our services.
Please take a few minutes to complete this questionnaire.
It is anonymous and your comments are confidential.

Please tick

Box 1 for Poor **Box 2 for Satisfactory** **Box 3 for Good** or **Box 4 for Excellent**

Please also tick the Question number box if you feel the question is valuable

	No	QUESTION	1	2	3	4
Overall	1	Our Reception staff	4	11	56	55
	2	Our waiting room	1	12	71	41
	3	Patient parking	17	31	45	18
	4	Getting through on the phone	13	40	44	29
	5	Surgery opening hours		20	70	34
	6	Our Doctors		4	40	81
	7	Our Nurses		2	34	77
Thinking about booking your appointment	8	Being able to talk to a Doctor or Nurse on the same day	7	18	51	46
	9	Being able to make an appointment in advance	36	28	35	21
Ordering a prescription	10	Having your prescription ready in 2 working days		7	52	59
	11	Making sure your prescription is sent to a pharmacy		10	42	46
	12	Did you know that you could order your prescription on line?	YES 58		NO 40	
	No	QUESTION	1	2	3	4
Thinking about Your Doctor appointment	13	The Doctor listened to your problems and concerns	2	5	35	91
	14	The Doctor explained what was wrong and the treatment and the tests needed	2	5	24	88
	15	You were involved in the decisions about your care	1	11	31	77
	16	The amount of time you spent with the Doctor	3	16	39	76
	17	Your overall satisfaction	1	9	33	72

	No	QUESTION	1	2	3	4
Thinking about Your Doctor appointment	18	The time you had to wait in the waiting room between your appointment time and when you were seen	5	31	60	31
	19	You were treated with friendliness and dignity	2	2	32	100
	20	Took your problems seriously	1	3	37	73
Our triage service	21	Convenience	3	11	50	47
	22	Deals with your problem over the phone	4	17	48	36
	23	Gives you an appointment when you want one	18	35	45	27
	24	Uses time efficiently	2	12	53	36
	25	The information provided to prevent illness and stay healthy	4	15	46	44
Thinking about the services available at the surgery	26	How would you rate the range of services available at the surgery	1	10	57	54
	27	What suggestions would you make				
	28	Any other comments				

This additional information will help us make sure we try and speak to a true representative sample of our patients

Please delete as appropriate

About Yourself	29	Are you	Male		Female	
	30	How old are you	16 – 24 25 – 34	35 – 44 45 – 54	55 – 64 65 – 74	75 – 84 85+
	31	Ethnicity	White British	Black British	Asian British	Indian British
			White European	Caribbean	African	Asian
			Indian	Chinese		

We would like to contact patients regularly, for their views. If you would like to help us improve, please leave your contact details below

NAME.....

ADDRESS.....
.....
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TELEPHONE NO.....

EMAIL ADDRESS.....