

# HOLBORN MEDICAL CENTRE

## General Practice Assessment Questionnaire

We would be grateful if you would complete this survey about your general practice. Your doctors want to provide the highest standard of care. Feedback from this survey will help them to identify areas that may need improvement. Your opinions are very valuable. Please answer ALL the questions that apply to you by clicking in one box, unless more than one answer is allowed. There are no right or wrong answers and your doctor will NOT be able to identify your individual answers. Thank you.

### ABOUT RECEPTIONISTS AND APPOINTMENTS

**Q1 How helpful do you find the receptionists at your GP practice?**

- 1 Very helpful
- 2 Fairly helpful
- 3 Not very helpful
- 4 Not at all helpful
- 5 Don't know

**Q2 How easy is it to get through to someone at your GP practice on the phone?**

- 1 Very easy
- 2 Fairly easy
- 3 Not very easy
- 4 Not at all easy
- 5 Don't know
- 6 Haven't tried

**Q3 How easy is it to speak to a doctor or nurse on the phone at your GP practice?**

- 1 Very easy
- 2 Fairly easy
- 3 Not very easy
- 4 Not at all easy
- 5 Don't know
- 6 Haven't tried

**Q4 If you need to see a GP urgently, can you normally get seen on the same day?**

- 1 Yes
- 2 No
- 3 Don't know / never needed to

**Q5 How important is it to you to be able to book appointments ahead of time in your practice?**

- 1 Important
- 2 Not important

**Q6 How easy is it to book ahead in your practice?**

- 1 Very easy
- 2 Fairly easy
- 3 Not very easy
- 4 Not at all easy
- 5 Don't know
- 6 Haven't tried

**Q7 How do you normally book your appointments at your practice? (please X all boxes that apply)**

- 1 In person
- 2 By phone
- 3 Online
- 4 Doesn't apply

**Q8 Which of the following methods would you prefer to use to book appointments at your practice? (please X all boxes that apply)**

- 1 In person
- 2 By phone
- 3 Online
- 4 Doesn't apply

**Thinking of times when you want to see a particular doctor:**

**Q9 How quickly do you usually get seen?**

- 1 Same day or next day
- 2 2-4 days
- 3 5 days or more
- 4 I don't usually need to be seen quickly
- 5 Don't know, never tried

**Q10 How do you rate this?**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- 7 Does not apply

**Thinking of times when you are willing to see any doctor:**

**Q11 How quickly do you usually get seen?**

- 1 Same day or next day
- 2 2-4 days
- 3 5 days or more
- 4 I don't usually need to be seen quickly
- 5 Don't know, never tried

**Q12 How do you rate this?**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- 7 Does not apply

**Thinking of your most recent consultation with a doctor or nurse:**

**Q13 How long did you wait for your consultation to start?**

- 1 Less than 5 minutes
- 2 5 – 10 minutes
- 3 11 – 20 minutes
- 4 21 – 30 minutes
- 5 More than 30 minutes
- 6 There was no set time for my consultation

**Q14 How do you rate this?**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- 7 Does not apply

**Q15 If there was a delay before your consultation started, were you informed of the delay by a member of the team?**

- 1 There was no delay
- 2 There was a delay and I was informed
- 3 There was a delay and I was not informed
- 4 I don't remember if there was a delay

**ABOUT YOUR MEDICATIONS**

**Q16 If your GP prescribes you repeat medication, how easy do you find it to request your prescription?**

- 1 Very easy
- 2 Easy
- 3 Fair
- 4 Difficult
- 5 Very Difficult

**ABOUT OPENING TIMES**

**Q17 Is your GP practice currently open at times that are convenient to you?**

- 1 Yes ..... Go to Q19
- 2 No
- 3 Don't know

**Q18 Which of the following additional opening hours would make it easier for you to see or speak to someone?**

**(Please X all boxes that apply)**

- 1 Before 8am
- 2 At lunchtime
- 3 After 6.30pm
- 4 On a Saturday
- 5 On a Sunday
- 6 None of these

**ABOUT SEEING THE DOCTOR OF YOUR CHOICE**

**Q19 Is there a particular GP you usually prefer to see or speak to?**

- 1 Yes
- 2 No ..... Go to Q21
- 3 There is usually only one GP in my surgery....Q21

**Q20 How often do you see or speak to the GP you prefer?**

- 1 Always or almost always
- 2 A lot of the time
- 3 Some of the time
- 4 Never or almost never
- 5 Not tried at this GP practice

**HOW GOOD WAS THE LAST GP YOU SAW AT EACH OF THE FOLLOWING?**

**If you haven't seen a GP in your practice in the last 6 months, please go to Q25.**

**Q21 Giving you enough time**

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor

**Q22 Listening to you**

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor

|  |  |
|--|--|
| <input type="checkbox"/> 5 Very poor   | <input type="checkbox"/> 5 Very poor   |
| <input type="checkbox"/> 6 Does not apply  | <input type="checkbox"/> 6 Does not apply                                      |
| <b>Q23 Explaining tests and treatments</b>   | <b>Q24 Involving you in decisions about your care</b>                          |
| <input type="checkbox"/> 1 Very good   | <input type="checkbox"/> 1 Very good   |
| <input type="checkbox"/> 2 Good  | <input type="checkbox"/> 2 Good  |
| <input type="checkbox"/> 3 Fair  | <input type="checkbox"/> 3 Fair  |
| <input type="checkbox"/> 4 Poor  | <input type="checkbox"/> 4 Poor  |
| <input type="checkbox"/> 5 Very poor   | <input type="checkbox"/> 5 Very poor   |
| <input type="checkbox"/> 6 Does not apply  | <input type="checkbox"/> 6 Does not apply                                      |
| <b>Q25 Treating you with care and concern</b>  | <b>Q26 Did you have confidence and trust in the GP you saw or spoke to?</b>    |
| <input type="checkbox"/> 1 Very good   | <input type="checkbox"/> 1 Yes, definitely                                     |
| <input type="checkbox"/> 2 Good  | <input type="checkbox"/> 2 Yes, to some extent                                 |
| <input type="checkbox"/> 3 Fair  | <input type="checkbox"/> 3 No, not at all                                      |
| <input type="checkbox"/> 4 Poor  | <input type="checkbox"/> 4 Don't know / can't say                              |
| <input type="checkbox"/> 5 Very poor   | <b>If you know the name of the GP you last saw, please write it here:</b>      |
| <input type="checkbox"/> 6 Does not apply  |  |
| <b>HOW GOOD WAS THE LAST NURSE YOU SAW AT EACH OF THE FOLLOWING?</b>   |  |
| If you haven't seen a GP in your practice in the last 6 months, please go to Q31.                                    |  |
| <b>Q27 Giving you enough time</b>  | <b>Q28 Listening to you</b>  |
| <input type="checkbox"/> 1 Very good   | <input type="checkbox"/> 1 Very good   |
| <input type="checkbox"/> 2 Good  | <input type="checkbox"/> 2 Good  |
| <input type="checkbox"/> 3 Fair  | <input type="checkbox"/> 3 Fair  |
| <input type="checkbox"/> 4 Poor  | <input type="checkbox"/> 4 Poor  |
| <input type="checkbox"/> 5 Very poor   | <input type="checkbox"/> 5 Very poor   |
| <input type="checkbox"/> 6 Does not apply  | <input type="checkbox"/> 6 Does not apply                                      |
| <b>Q29 Explaining tests and treatments</b>   | <b>Q30 Involving you in decisions about your care</b>                          |
| <input type="checkbox"/> 1 Very good   | <input type="checkbox"/> 1 Very good   |
| <input type="checkbox"/> 2 Good  | <input type="checkbox"/> 2 Good  |
| <input type="checkbox"/> 3 Fair  | <input type="checkbox"/> 3 Fair  |
| <input type="checkbox"/> 4 Poor  | <input type="checkbox"/> 4 Poor  |
| <input type="checkbox"/> 5 Very poor   | <input type="checkbox"/> 5 Very poor   |
| <input type="checkbox"/> 6 Does not apply  | <input type="checkbox"/> 6 Does not apply                                      |
| <b>Q31 Treating you with care and concern</b>  | <b>Q32 Did you have confidence and trust in the nurse you saw or spoke to?</b> |
| <input type="checkbox"/> 1 Very good   | <input type="checkbox"/> 1 Yes, definitely                                     |
| <input type="checkbox"/> 2 Good  | <input type="checkbox"/> 2 Yes, to some extent                                 |
| <input type="checkbox"/> 3 Fair  | <input type="checkbox"/> 3 No, not at all                                      |
| <input type="checkbox"/> 4 Poor  | <input type="checkbox"/> 4 Don't know / can't say                              |
| <input type="checkbox"/> 5 Very poor   | <b>If you know the name of the nurse you last saw, please write it here:</b>   |
| <input type="checkbox"/> 6 Does not apply  |  |
| <b>ABOUT CARE FROM YOUR DOCTORS AND NURSES</b>   |  |
| <b>Thinking about the care you get from your doctors and nurses overall, how well does the practice help you to:</b> |  |
| <b>Q33 Understand your health problems?</b>  | <b>Q34 Cope with your health problems</b>                                      |
| <input type="checkbox"/> 1 Very well   | <input type="checkbox"/> 1 Very well   |
| <input type="checkbox"/> 2 Unsure  | <input type="checkbox"/> 2 Unsure  |
| <input type="checkbox"/> 3 Not very well   | <input type="checkbox"/> 3 Not very well                                       |
| <input type="checkbox"/> 4 Does not apply  | <input type="checkbox"/> 4 Does not apply                                      |
| <b>Q35 Keep yourself healthy</b>   | <b>Q36 Overall, how would you describe your experience of your GP surgery?</b> |
| <input type="checkbox"/> 1 Very well   | <input type="checkbox"/> 1 Excellent   |
| <input type="checkbox"/> 2 Unsure  | <input type="checkbox"/> 2 Very good   |
| <input type="checkbox"/> 3 Not very well   | <input type="checkbox"/> 3 Good  |
| <input type="checkbox"/> 4 Does not apply  | <input type="checkbox"/> 4 Fair  |
|  | <input type="checkbox"/> 5 Poor  |
|  | <input type="checkbox"/> 6 Very poor   |

### OUT OF HOURS SERVICE

How good was the last contact you had with our Out of Hours service? If you haven't called them in the last 6 months please go to Q40

**Q37 Understand your health problems?**

- 1 Very well
- 2 Unsure
- 3 Not very well
- 4 Does not apply

**Q38 Cope with your health problems**

- 1 Very well
- 2 Unsure
- 3 Not very well
- 4 Does not apply

**Q39 Overall, how would you describe your experience of Out of Hours service?**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

**It will help us to understand your answers if you could tell us a little about yourself:**

**Q40 Are you ?**

- 1 Male
- 2 Female

**Q41 How old are you?**

- 1 Under 16
- 2 16 to 44
- 3 45 to 64
- 4 65 to 74
- 5 75 or over

**Q42 Do you have a long-standing health condition?**

- 1 Yes
- 2 No
- 3 Don't know / can't say

**Q43 What is your ethnic group?**

- 1 White
- 2 Black or Black British
- 3 Asian or Asian British
- 4 Mixed
- 5 Chinese
- 6 Other ethnic group

**Q44 Which of the following best describes you?**

- 1 Employed (full or part time, including self-employed)
- 2 Unemployed / looking for work
- 3 At school or in full time education
- 4 Unable to work due to long term sickness
- 5 Looking after your home/family
- 6 Retired from paid work
- 7 Other

**Q45 Would you recommend your GP surgery to someone who has just moved to your local area?**

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not
- 5 Don't know

**Q46 Did you know about the practice website**

[www.holbornmedicalcentre.com](http://www.holbornmedicalcentre.com)

- 1 Yes
- 2 No

**Q47 Did you know about the Patient Participation Group at the practice?**

- 1 Yes
- 2 No

**Q48 Finally, please add any other comments you would like to make about your GP practice:**

Once you have completed the survey, please either save this document and email back to the practice at: [mail@hmc.com](mailto:mail@hmc.com) , or print it off and either post it back to HMC GPAQ, 64-66 Lamb's Conduit Street, London WC1N 3NA, or you may prefer to drop it back to the surgery by hand.