Rossendale Valley Medical Practice Patient Questionnaire

We would be grateful if you could complete this questionnaire about your Practice . Your opinions are valuable. Please answer all the question you can, there are no right or wrong answers. Your Doctor will not be able to identify your individual answers. (please circle your answer)

Please e rate the Doctor, Nurse and Reception staff

1	Making you fee	el at ease ?								
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				25%	40%	15%	20%			
2										
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
			•		60%	15%	25%			
3	Listening to yo	u ?								
-	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				35%	30%	15%	25%			
4	Fully understar									
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
			10%	15%	25%	35%	15%			
5	Giving you end	ough time ?								
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				30%	25%	25%	20%			
7	Assessing you	r medical condit	ion?							
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				40%	20%	15%	25%			
8	Showing care a	and compassior	ו?							
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				15%	10%	20%	55%			
9	Involving you ii	n decisions abo	ut your care?							
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
	. <u></u>		10%	25%	25%	25%	15%			
10	How helpful do	you find the gi	Reception							
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				40%	5%	30%	25%			
11	How easy is it	go get through a	on the phone?							
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
		5%	30%	55%	10%					
12	How easy is it	to get an appoir	ntment on the s	ame day ?	or telephone co	onsultation				
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
	10%		40%	40%	10%					
13	How easy is it	to pre-book an a	appointment							
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
			25%	40%	5%	10%	20%			
14	How satisfied a	are you with the	Surgery hours	?						
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				60%	15%	10%	15%			
15	Are we current	ly open at times	that are conve	nient to you?						
	Yes	No	Don't know							
	70%	5%	25%							
16	Overall, how would you describe your experience of your GP today ?									
	Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding			
				35%	15%	25%	25%			

17	Would you rec	ommend your C	GP surgery to s	someone who ha	as just moved t	o the area ?					
	Yes	No	Don't know								
	80%		20%	-		-					
18	Are you male o	or female?									
	Male	Female	Other								
	40%	60%		-		-					
19	How old are you ?										
	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	64 to 74				
	75 to 84	85 or over	10%	10%	20%	25%	10%				
	25%	<u> </u>									
20	What is your ethnic group ?										
	White 85% Mixed /Multuple Ethnic Group Asian / Asian British 20% Black/African/Caribbean.						obean/Black British				
		ininte d'Antancip									
<u> </u>											
Any f	urther comme	ents :									
1)	Would be use	eful when ma	king an appt ⁻	to have confir	med who it is	with, ie Docto	or or				
	Locum.										
2)	Outstanding Service during Covid										
3)	Thanks to all staff for a great service										
4)	-										
	Very happy with the Practice overall More Face to Face appointments needed										
5)			ments neede	eu							
6)	The Staff are										
7)	On the whole	e satisfied wit	h the service								
8)	Thank you to	the Doctor, N	lurse and all	staff for their	hard work						
9)	We would pr	efer to see th	e Doctor eve	ry time we ma	ke an appoin	tment					
	Poll Size	70	a a a tha a f C a								
	Poll Size	70 over two r	nonths of Se	ptember and (Jctober 2022						