

## Your feedback is important to us

We would be grateful if you would complete this short survey based on your experience at your GP Practice. Your feedback is important to us and will help us to provide a quality service which meets the needs of our patients. All questionnaires are completely anonymous.



# Your Practice Survey – helping to improve services

This survey has been created by local patients in partnership with GP Practices, the Patient Reference Group and NHS Nottingham West Clinical Commissioning Group.

Please put a tick in the box of your chosen answer.

## Getting an appointment

**How do you usually book your appointment?**

In person  Telephone  Online  Other

**Which method would you prefer to use to book your appointment?**

In person  Telephone  Online  Other

## Opening times

**Are you satisfied with the current surgery hours?**

Yes  No  If no, what times would you prefer the surgery to be open?

.....  
.....

## At the surgery

**How satisfied are you with the reception staff?**

Very satisfied  Satisfied  Neutral  Dissatisfied  Very dissatisfied

**How long do you have to wait after your appointment time?**

I'm seen on time  Less than 5 mins  6-15 mins  16-30 mins  31+ mins  I can't remember

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

Yes  No  No opinion  If yes, which GP?

**If yes, do you usually get to see your practitioner of choice?**

Yes  No  Not Applicable

**How likely are you to recommend this GP Practice?**

Extremely likely  Likely  Unlikely  Extremely unlikely

