**NAME OF PPG**



**Patient Participation Group Survey**

**Gender:** M F

**Age Group:** Under 20 20-49 50-59 60-69 70-79 80-89 90-99 Over 100

**How long have you been a patient at the practice?** Under 1 year 1-5 years 5+ years

1. **Thinking about how you are treated by the Receptionists, Doctors, Nurses and Health Care Assistants which statement best describes how you feel?**
2. Always treated with respect
3. Sometimes treated with respect
4. Seldom treated with respect
5. Never treated with respect

*If you wish to elaborate on your answer, please provide details here:*

1. **When consulting Doctors, Nurses and other Health Care Professionals do you feel put at ease, treated compassionately and that you were fully involved in the consultation process?**
2. Always
3. Sometimes
4. Seldom
5. Never

*If you wish to elaborate on your answer, please provide details here:*

1. **When you have had to be examined and/or treated by a Dr/Health Care Professional do you feel your dignity was maintained and that you consented to such actions?**
2. Always
3. Sometimes
4. Seldom
5. Never
6. **Consent given** Yes No

*If you wish to elaborate on your answer, please provide details here:*

**4. Have you been generally satisfied with the outcome of your previous consultations?**  Yes/No

**5. Do you feel safe and cared for throughout your visit/s to the Surgery?** Yes/No

*If you wish to elaborate on your answer, please provide details here:*

**6. Now moving onto the Surgery itself would you say:**

1. The Surgery is always clean
2. The surgery is nearly always clean.
3. The surgery is sometimes clean.
4. The surgery needs cleaning more often.
5. The surgery is never clean

**7. How long after making contact with the Practice was it before you were able to see a Doctor?**

 a) Under 8 Hours \* Did you see a Doctor of your choice or were you allocated a Doctor? C/A

 b) Under 48 Hours \*Did you see a Doctor of your choice or were you allocated a Doctor? C/A

 c) More than 3 Days If you have waited more than 3 days was this your choice and did you see your preferred Doctor? By Choice/Preferred Doctor/Allocated

**8. When booking your appointment/s do you book:**

 On the telephone. On Line At the Reception Desk

 **9. How long after your appointment time were you waiting before you were seen by a Health Professional?**

10 minutes 15 minutes 20 minutes 25 minutes 30 minutes

 Were you advised of any delay that would take you past your appointment time? Yes /No

**10. Have you ever missed an appointment at the Surgery?**  Yes / No

*If the answer is yes - were you able to notify the Surgery that you would not be attending, giving the opportunity for another patient to take your appointment time: Yes No*

1. **Are you aware of the Complaints Procedure?**  Yes/No
2. **Over the past 12 months do you consider the service offered by the practice has:**

 Deteriorated Improved Remained the same

\*\* If you are on regular medication, are you aware of the various methods of obtaining your prescription?

 *Yes No*

 \*\* Are you a Carer? *Yes No*

***“Thank you for your time and participation in this survey.”***