



## LEICESTER TERRACE HEALTH CARE CENTRE PATIENT SURVEY QUESTIONNAIRE – January 2015

Please help us to improve our service to you by answering the following questions.  
Please circle your answers.

### About Appointments:

1. How easy is it to speak to a doctor or nurse on the phone?

Poor	good	excellent	never tried
35	239	85	131

2. If you need to be seen urgently, are you seen on the same day?

YES / NO / Never tried  
371    34    67

3. How far ahead would you like to be able to book your appointment?

On the same day only	1 week	2 weeks	4 weeks
73	221	71	85

### Thinking of the times you want to see a particular doctor:

4. How quickly do you usually get seen?

1 -5 days	1-2weeks	2-3weeks	longer
96	159	143	63

5. And how do you rate this wait time?

Poor / Satisfactory / Good / Excellent  
104    190    97    31

### Thinking of the times you want to see any doctor:

6. How quickly do you usually get seen?

1 -5 days	1-2weeks	2-3weeks	longer
264	162	39	11

7. And how do you rate this wait time?

Poor / Satisfactory / Good / Excellent  
55    169    152    67

### Thinking of the times you want to see a member of the nursing team:

8. How quickly do you usually get seen?

1 -5 days	1-2weeks	2-3weeks	longer
267	124	23	11

9. And how do you rate this wait time?

Poor / Satisfactory / Good / Excellent  
36    145    179    79

### On-line services:

10. Do you know that you can book routine GP appointments on-line? YES/NO  
160 / 280

11. If you have repeat prescriptions do you know you can order them on-line? YES/NO  
233 / 229

If you use our on-line appointment booking or prescription ordering service and wish to comment more please write on the reverse.

12. If you have seen the duty team recently for an emergency, same-day, appointment:

How long had you had the illness, condition or symptoms before you contacted us:

Less than 1 day	1-2 days	2-3 days	3-4 days	4-7days	Longer
94	107	56	39	29	58

13. Had you tried a pharmacy, or calling 111, or another service before you contacted the surgery?

Pharmacy / 111 / other / none  
71    61    12    222

14. Was the last clinician you saw a: nurse / doctor

173 / 206

15. Did you feel that appointment was long enough? YES/NO  
417 / 45

16. Were you treated with care and concern? YES/NO  
434 / 23

17. Did you have confidence in the nurse or doctor? YES/NO

### About Reception

18. How helpful do you find receptionists at this practice?

Poor	satisfactory	good	excellent
14	83	227	150

19. How easy is it to get through to reception on the phone?

Poor	satisfactory	good	excellent
57	105	221	43

20. We are moving to a system of sending texts or emails to invite you to annual reviews or inform you of results, etc.

Are you able to receive: **TEXTS / EMAILS / NEITHER**  
445 / 301 / 76

### Hygiene

21. Do you have confidence that the clinicians observe hygienic practices, particularly regarding handwashing? YES/NO  
445 / 10

22. Do you consider the premises to be as clean as you would like them to be? YES/NO

If no, what is your concern? (Please write on the reverse)  
467 / 10

### Finally:

23. In the past year when visiting or contacting the surgery has there been anything you would like to tell us about that we could improve on or that you particularly liked?

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