

PATIENT SURVEY

Brill, Long Crendon & Thame GP Surgeries

We are very keen to hear your views about our surgery opening hours to ensure we offer access when you need it, that suits you best.

We would be most grateful if you could kindly complete this short survey to give us your views.

We have discussed the survey with our new Patient Participation Group and will review the responses with them and publicise the results, along with actions taken. You can join this Group if you are interested (tell us in the survey).

This survey is anonymous, unless you wish to give us your details.

We would like to hear from as many patients as possible. Please ask for extra copies for any family members that would be willing to take part. Copies can also be downloaded from our website <http://www.trinity-health.co.uk>

Q1 Which GP surgery do you usually go to?

Brill.....

Long Crendon.....

Thame.....

Q2 Have you ever gone to one of the other surgeries to see your usual GP?

Yes.....

No.....

Q3 If you had to make this choice, would you prefer to see your usual GP at one of the other surgeries, or see any GP at your usual surgery?

Prefer to see my usual GP at one of the other surgeries.....

Prefer to see any GP at my usual surgery.....

Q4 When choosing a surgery appointment for non-urgent visits, do you have any preferences for days of the week and/or times of the day when you would prefer to get an appointment to see a GP?

Yes, some days of the week are better than others state your preferences below (Q5-6)

Yes, some times of the day are better than others. state your preferences below (Q5-6)

It doesn't matter..... Go to Q7

Q9 If more than one time / day, what one time of day and day of the week would suit you best to see a practice nurse? *Tick one answer only below*

	No preference for time	7-9am	9-12 noon	12 noon -3pm	3-5pm	5-7pm	7-9pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No preference for day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 How would you most like to be kept up to date about any changes to practice services? *Tick one answer only*

- Posters in the surgery
- Practice statement in a local paper (press release or ad)
- Note on prescriptions.....
- Email
- Text message to your mobile phone
- Notice on the practice website

Q11 Do you have any comments to make about any aspect of the Trinity Health GP Practice service? *Please write them in below*

We are running a new Patient Participation Group, which is a forum for discussion with the aim of improving our services to you.

Q12 Would you like to be involved in the Patient Participation Group?

- Yes FILL IN Q13-15 PLEASE
- No GO TO Q16

Q13 IF YES - please write in your name (in CAPITAL LETTERS) below

Q14 Please write in your telephone number below (incl STD code eg 01844)

Q15 and an email address to contact you at (if you have one)

To help us know the types of people who have responded to this survey, please answer the following questions

Q16 Your age last birthday

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or over

Q17 Your gender

- Male
- Female

Q18 Your working status

- Student in full time education
- Looking for work
- Working part-time
- Working full-time
- Full time parent / guardian
- Not working, but not retired
- Caring for someone
- Retired from work

Many thanks for helping.

Please return this survey to one of the surgeries by 14th February.