

Crosshouse Medical Practice

Health & Care Experience Survey

Your views are very important to us. This Survey asks questions about your experience with the practice. This helps us to monitor quality of care services and assess what needs to be improved.

Taking part is **voluntary** and your responses will be completely **confidential**. None of the health and social care professionals involved in your care will know whether or not you have filled in this survey. **You can skip any questions you do not want to answer.**

Please use blue or blank in and do not worry if you make a mistake, simply cross it out and tick the correct answer.



Please do not include any personal information.

Please do not use this form to discuss details which relate to matters of your health.

Contact

Q1 When did you **last** contact the practice?

- In the last 6 months
- In the last 12 months
- More than 12 months ago
- Can't remember / don't know

Q2 Roughly, how often have you contacted us in the last 12 months?

- Once
- 2 to 4 times
- 5 to 10 times
- More than 10 times

Q3 How easy is it for you to contact us in the way you want?

- Very easy
- Fairly easy
- Not easy

Q4 What do you think of the opening hours of the Practice?

- I am happy with the opening times
- It is too difficult for me to get time away during opening hours
- I am not happy with the opening hours for another reason
- I am not sure what the opening hours are

Contacting Us By Telephone

Q5 Did you contact us by telephone?

Yes

No

→ **Go to Q11**

Q6 How quickly did our team answer your call?

Extremely quickly

Somewhat quickly

Neutral

Somewhat not quickly

Extremely not quickly

Q7 Did you have to make more than one call to speak to our team initially?

Yes

No

Q8 Please rate the following statements

Please tick **one box on each line**.

If a statement is not applicable please leave the line blank

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My call was handled appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The purpose of my call was achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt listened to during my call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team member was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team member explained things to me clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to resolve my issue first time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 Please rate how you felt your call was handled out of 5

1

2

3

4

5

Q10 Do you have any comments about your call?

Contacting Us In Person

This section applies to visits to the practice where you **did not attend for an appointment**.

Q11 Did you contact our team in person?

Yes

No

→ **Go to Q17**

Q12 How quickly did you get seen at reception?

Extremely quickly

Somewhat quickly

Neutral

Somewhat not quickly

Extremely not quickly

Q13 Did you have to make more than one visit to be seen initially? (not including appointments)

Yes

No

Q14 Please rate the following statements

Please tick **one box on each line**.

If a statement is not applicable please leave the line blank

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My visit was handled appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The purpose of my visit was achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt listened to during my visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team member was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team member explained things to me clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to resolve my issue first time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 Please rate how you felt your visit was handled out of 5

1

2

3

4

5

Q16 Do you have any comments about your visit?

Appointments

Q17 Did you make or attend an appointment in the last 12 months?

Yes

No

→ **Go to Q26**

Q18 Have you been able to make an appointment with us 3 or more days in advance?

Yes

Most of the time

Some of the time

No

Don't know

Q19 The last time you needed an **appointment** with us, what kind of appointment did you get?

Face-to-Face at the Practice

Phone Call

Home Visit

A Video Call

Other consultation

I was not offered an appointment

→ **Go to Q21**

Q20 Were you offered a choice in the kind of appointment you received?

Yes

No

Not applicable

Q21 Were you satisfied with the appointment you were offered?

Yes, and I accepted an appointment

→ **Go to Q23**

No, but I still took an appointment

No, and I did not take the appointment

Q22 If you weren't satisfied with the appointment you were offered, why was that?

Please tick **all that apply**.

It was not at the time or on the day I wanted

It was not the type of appointment I wanted

The appointment wasn't soon enough

I couldn't book ahead at my General Practice

It wasn't with my preferred Healthcare Professional

Another reason

Q23 The *last time* you needed to see or speak to a doctor or nurse quite *urgently*, how long did you wait?

- I saw or spoke to a doctor or nurse on the same day
→ **Go to Q25**
- I saw or spoke to a doctor or nurse within 1 or 2 working days
→ **Go to Q25**
- I waited more than 2 working days to see or speak to a doctor or nurse
- I haven't needed to or cannot remember seeing or speaking to a doctor or a nurse urgently within the last 12 months
→ **Go to Q25**

Q24 What was the main reason you waited longer than 2 working days?

- The person I wanted to see was not available in the next 2 days
- The times available in the next 2 days were not convenient for me
- I was not offered a chance to see or speak to anyone within 2 days
- Another reason: (Space below for comments should you wish to leave any)

Q25 Overall, how would you rate each of the following?

Please tick **one box on each line**.

If a statement is not applicable please leave the line blank

	Excellent	Good	Fair	Poor	Very Poor
The quality of information provided by the receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrangements for getting to speak to a					
- Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Mental Health Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Another Healthcare Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment or Advice From Us

For this section, think about the **last time** you received treatment or advice at the Practice in the last 12 months.

Q26 What was it for? Please tick **all that apply**.

- An injury or accident
- Another physical health problem
- A mental health problem
- A routine appointment
- Something else
- No treatment / advice received

→ **Go to Q31**

Q27 Thinking about the consultation above, who did you receive most of your treatment or advice from?

- Doctor
- Nurse
- Pharmacist
- Physiotherapist
- Mental Health Professional
- Another Healthcare Professional

Q28 Thinking about that healthcare professional, how much do you agree or disagree with the following statements?

Please tick **one box on each line**.

If a statement is not applicable please leave the line blank

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I was given the opportunity to involve the people that matter to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was listened to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with compassion and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My treatment and care were well co-ordinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthcare professional knew my medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a chance to ask about the benefits and risks of the treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to ask questions if I wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the information I was given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The health professional checked I understood what I had been told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff helped me to feel in control of my treatment and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was involved in decisions about my treatment and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt able to make an informed choice about my treatment and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q29 How would you describe the effect of the treatment or advice from that appointment on the following?

Please tick **one box on each line**.

	Got better	Stayed the same	Got Worse	Too soon to say	Not applicable
The symptoms you were experiencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 Please provide any further comments you have on the above

Overall Satisfaction

The following questions relate to the practice team.

Our team consists of

- GP's
- Advanced Nurse Practitioners
- Practice Nurses
- Administration Assistants
- Health Care Assistants
- Pharmacists

and many more who help to provide care for our patients.

Q31 Please rate how helpful you find the team overall out of 5

1 2 3 4 5

Q32 Please rate how you feel the team give advice on the situation at the surgery overall out of 5

1 2 3 4 5

Q33 Do you have any comments about the team?

Thank you for taking part in the survey.

We appreciate your time and answers.

Responses to the survey will be collected and the results presented to our entire team with the aim to improve and monitor the quality of health and social care services we provide to you.

Results and outcomes will be published on our website and copies will be freely available from reception.