

Patient survey

Thank you for participating in the patient survey.

Your feedback on your GP service will help us find out how GPs are performing across Brighton and Hove. Healthwatch will use this information to help improve the service.

Please answer the survey thinking about the service you received most recently or within the last 12 months.

Parents and carers can answer the survey on behalf of the child/adult they are responsible for.

You do NOT need to provide your name in the survey. Your feedback will be used alongside the feedback of other patients to assess performance of GP practices. Comments used in reports will be anonymised to ensure confidentiality.

Your surgery

Please select your surgery
Albion Street Surgery
Arch Healthcare
Ardingly Court Surgery
Beaconsfield Surgery
Benfield Valley
Brighton Health and Wellbeing
Brighton Station Health Centre
Broadway Surgery
Carden Surgery
Charter Medical Centre
Haven Practice
Hove Medical Centre
Hove Park Villas Surgery
Links Road Surgery
Matlock Road Surgery
Mile Oak Medical Centre
Montpelier Surgery
New Larchwood Surgery
North Laine Medical Centre
Park Crescent Health Centre
Pavillon Surgery
O Portslade Health Centre
Preston Park Surgery
Regency Surgery
Ridgeway Surgery
Saltdean and Rottingdean Medical Practice
School House Surgery
Seven Dials Medical Centre
Ship Street Surgery
St Luke's Surgery
St Peter's Medical Centre
Stanford Medical Centre
Trinity Medical Centre
The Avenue Surgery
University of Sussex Health Centre
Warmdene Surgery
Wish Park Surgery
Woodingdean Medical Centre
Other

Acc	essibility					
Q2	How long does it take to get to less than 15 minutes quarter to half an hour between half an hour and an ho more than an hour		rom your ho	me?		
Get	ting an appointment					
Q3	Generally, how easy/difficult ha	as it been for	you to do th	e following	j:	
		Very Difficult	t Difficult	Easy	Very Easy	Not Used Service
	Book an appointment in person	\circ	\circ	\circ	\bigcirc	\bigcirc
	Book an appointment by phone	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
	Book an appointment online	\circ	\circ	\bigcirc	\circ	\bigcirc
	Order repeat prescriptions online	0	0	\circ	\circ	\circ
	Get test results via phone	\circ	\circ	\circ	\circ	\circ
Q4	Have you received a telephone Yes No	e consultation	n for an appo	intment?		
Q5	Did telephone consultation med	et needs?				
	1. Not at all	2. P	artially		3. Fully	
	Please explain further					

	routine GP appointment routine nurse appointment	Same day	2-3 days	4-7 days	8-14 days	15-21 days	22-28 days	More than 28 days	Not Used	
	urgent appointment	0	0	0	0	0	0	0	0	
Q8	How satisfied were you	with th	e wait tim	es for the	ese app	ointmen	ts?			
	Please leave blank if yo	u have	not used	the spec	cific typ	e of appo	ointment			
		L	Very Insatisfied					Very	/ Satisfie	;
				Unsatisf	ied	OK	Satisfi	ed d		
	routine GP appointment		0	0		0	0		0	
	routine nurse appointment		\circ	\circ		\circ	0		\circ	
	urgent appointment		\bigcirc	\circ		\bigcirc	\circ		\bigcirc	
Q9	On time 5 - 10 minutes late 10 - 20 minutes late 20 - 45 minutes late more than 45 minutes l		pointmer	nt time ar	e you n	ormally s	een?			

How long do you usually wait between booking and attending the following types of appointment?

Q10	When you have a doctor's appo	ointment, do	you no	rmally see y	our owr	doctor?	
	O Yes O No						
Q11	How important is it that patient s	sees own do	octor				
	Not at all Important Not I	mportant	Q	uite Importan	t	Very Imp	oortant
	Please explain further						
Q12	Last time you saw/spoke to a G following?	P from your Very Poor	surgery	y, how were Neither	they at	doing the Very Good	e
			Poor	Good nor Poor	Good		Not Applicable
	Giving you enough time	\circ	\bigcirc	\circ	\bigcirc	\bigcirc	\circ
	Listening to you	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ
	Explaining tests and treatments	\circ	\bigcirc	\bigcirc	\bigcirc	\circ	\circ
	Involving you in decisions about your care	\circ	\bigcirc	\bigcirc	\bigcirc	\circ	\circ
	Treating you with care and concern	\circ	\circ	\circ	\bigcirc	\circ	\circ
	Having access to relevant medical information about you	\circ	\circ	\circ	\bigcirc	\circ	\circ
	Allowing you to talk about more than problem	1 0	\circ	\circ	\circ	\circ	\circ

Quality of care and service availability

Q13 Last time you saw/spoke to a nurse from your surgery, how were they at doing the following...?

	Very Poor	Poor	Neither Good nor Poor	Good	Very Good	Not Applicable
Giving you enough time	\circ	\circ	\circ	\circ	\circ	\circ
Listening to you	\bigcirc	\bigcirc	\circ	\bigcirc	\circ	\circ
Explaining tests and treatments	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ
Involving you in decisions about your care	\bigcirc	\bigcirc	\circ	\circ	\circ	\circ
Treating you with care and concern	\circ	\bigcirc	\circ	\bigcirc	\bigcirc	\circ
Having access to relevant medical information about you	\bigcirc	\bigcirc	\circ	\bigcirc	\circ	\circ
Allowing you to talk about more than a problem	\circ	\bigcirc	\circ	\bigcirc	\circ	\circ

	Then, for each service you are aware	e of, select 'U	lsed/will use sh	ortly' as appropri	iate.
	NHS Health Checks for people aged 40-74	Aware	Unaware	Not Applicable	Used/will use shortly
	Bowel cancer screening				
	Cervical cancer screening				
	Breast cancer screening				
	Annual health checks for people with long term conditions				
	Quit smoking services				
	O Yes O No				
16	How convenient for you is the new	GP practice	e?		
	Very Inconvenient Inconvenient OK Convenient Very Convenient				
	Please explain				

Please indicate your *awareness* and *use* of the following services:

Please choose between 'Aware' and 'Unaware' for each service or select 'Not applicable' if the

	1 Very Dissatisfied	2 Dissatisfied	3 Neither Dissatisfied nor Satisified	4 Satisfied	5 Very Satisfied
Q18	Please explain you	ır answer			
Q19	Which of the follow speak to someone		pening times would ry?	make it easier fo	or you to see or
	Please tick all that	apply			
	Before 8am week Lunchtime week After 6.30pm wee Saturday am Saturday pm Sunday Other Please explain	days			

Q17 How satisfied are you with the hours that your GP surgery is open?

Over	all asses	sment	of GP	practice)					
Q20	Overall, h	ow would	you rat	e your GI	P practic	e on a 1-1	10 scale?			
	1 Extrem ely Poor	2	3	4	5	6	7	8	9	10 Excellent
Q21	Please ex	plain you	r answe	r						
Q22	Overall, h	ow satisfi	ed are y	ou with y	/our GP բ	oractice?				
	1 Very Diss	satisfied	2 Dissa	atisfied	Dissatis	either sfied nor sified	4 Sat	isfied		Satisfied
Q23	Please ex	plain you	r answe	r						
Q24	Would you area?	u RECON	MEND	your GP	practice	to someo	ne who h	nas just r	moved to y	our local
	Definitely	NOT C		Probably I	NOT	Pı	robably		Definitely	<u>••</u>
Q25	Please lis good serv		things w	hich you	think are	most imp	oortant to	a GP pr	actice pro	oviding a

Medical help when GP service is unavailable

Q30	Please indicate	how satisfie	d you were	with the	services	you used for	urgent r	medical help

	Very Unsatisfied				Very Satisfied
		Unsatisfied	OK	Satisfied	
Satisfaction with services used for medical help	urgent	\circ	\circ	\circ	\circ
walk in centre	\circ	\circ	\circ	\circ	\circ
website	\circ	\circ	\circ	\circ	0
111 service	\circ	\circ	\circ	0	0
999 service	0	0	0	0	0
A&E	0	\circ	0	0	0
{Q29a}	0	\circ	\circ	0	0
Please explain	further				

Refe	errals							
Q32	Have you been referred to a specialist or for tests at a hospital or clinic in the last year?							
	O Yes O No							
	What was the date of the referral?							
	dd/mm/yy							
	What speciality were you referred to?							
Q33	3 What was the time between date of referral and date of appointment at the hospital?							
	2 weeks or less 3-4 weeks 1 to 2 months 3-4 months 5-6 months more than 6 months							
Q34	How satisfied were you with this wait?							
	1 Very Unsatisfied 2 Unsatisfied 3 OK 4 Satisfied	sfied						
Q35	35 Did this wait have an impact on your health?							
	O Yes O No Please explain further							
	Tiease explain futurel							

Q36	If you experienced any changes to the hospital appointment, were you kept up to date?					
	No, not at allYes, to some extentYes, fully					

Other comments

These	e questions ask you about yourself. This information will be used for monitoring purposes only.
Q38	What is your age?
	18-24
	25-34
	35-44
	O 45-54
	O 55-64
	O 65-74
	75-84
	85 or over
Q39	What gender are you?
	○ Male
	Female
	Other
	Prefer not to say
Q40	Do you identify as the sex you were assigned at birth?
	For people who are transgender, the sex they were assigned at birth is <u>not</u> the same as their own sense of their sex.
	○ Yes
	○ No
	Prefer not to say

About Yourself

What is your ethnic origin?

Q41

Q48	Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
	Yes a little Yes a lot No Prefer not to say
Q49	Please state the type of impairment?
	Please tick all that apply
	Physical Impairment Sensory Impairment Learning Disability/Difficulty Long-standing illness Mental Health condition Autistic Specturm Other Development Condition Other

services in Brighton and Hove.

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name

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address			

Thank you for completing the survey.

Your responses will be combined with others to produce a report on the performance of GP practices across the city.

Healthwatch Brighton and Hove expect to publish a report in late 2017. Please find further details on the Healthwatch Brighton and Hove website.

Please click submit below.