

St Lawrence - 2016 Practice Survey

This report was generated on 09/06/16, giving the results for 206 respondents. Mostly they were online responders.

The survey ran from Tue Apr 26 2016 to the 3rd June 2016

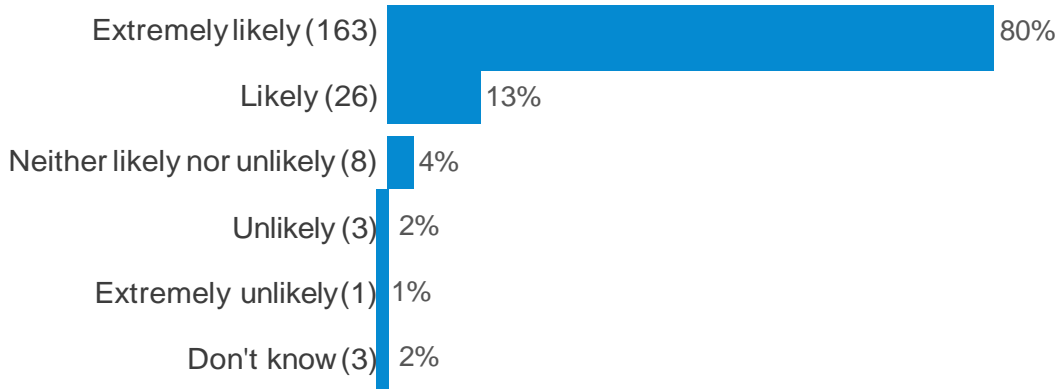
A copy of the questionnaire is attached

The work was undertaken by PatientDynamics

Analyst Andrew D Smith MSc
0780 2262160



We would like you to think about your experience in the practice during this visit. (How likely are you to recommend the St Lawrence Practice to friends and family if they needed similar care or treatment?)



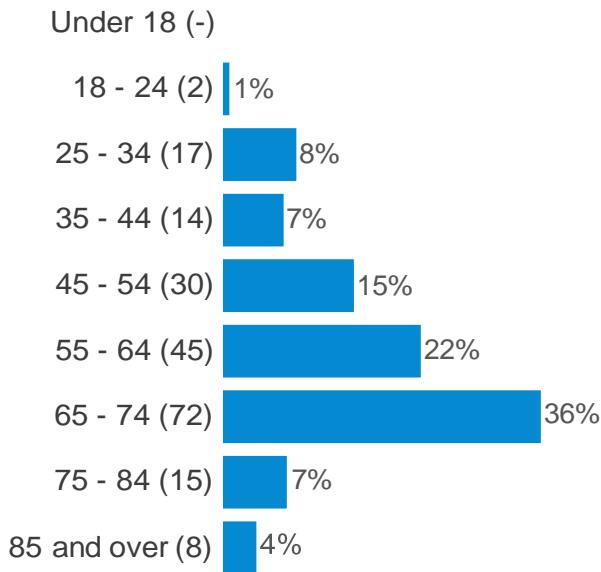
Family and Friends Test results in the score of 75

Answer	St Lawrence
Extremely likely	163
Likely	26
Neither / nor	8
Unlikely	3
Extremely	1
TOTAL	201
FFT Score	75

Patients' gender



How old are you? (Patients' age)



What best describes your ethnic group? (e.g. White British or Black African) (Ethnicity of the patient)

Counts	Base	% Responses
	206	100.0%
Missing		
No reply	44	21.4%
What best describes your ethnic group? (e.g. White Britis...		
White British	154	74.8%
Any other white background	3	1.5%
White & Black African	1	0.5%
C. Asian or Asia British African	2	1.0%
Chinese	1	0.5%
	1	0.5%

Do you consider yourself to have a disability? (Patients' disability)

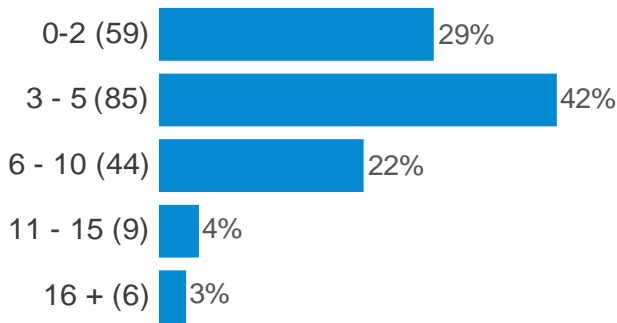


Counts Analysis % Responses	Base		
			Yes
Physical disability, such as using a wheelchair to get around	32	5	15.6%
Blind or Have A Serious Visual Impairment	32	2	6.3%
Deaf or Have A Serious Hearing Impairment	32	7	21.9%
Mental Health Condition Such As Depression or Schizophrenia	32	4	12.5%
Learning Disability or Cognitive Impairment	32	1	3.1%
Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	32	28	87.5%

Do you have difficulty moving around the surgery? (Difficulty moving around the surgery?)



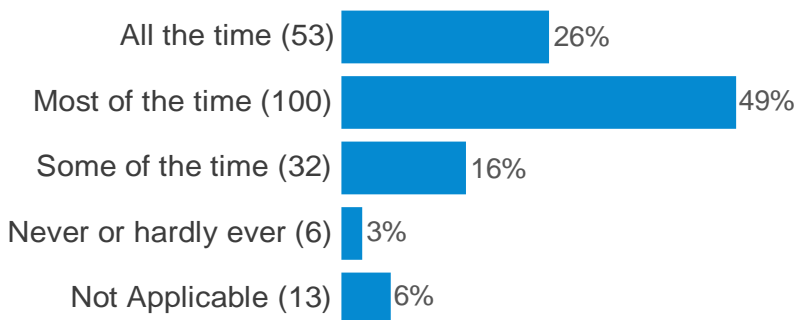
How many times in the last 12 months have you attended the surgery?



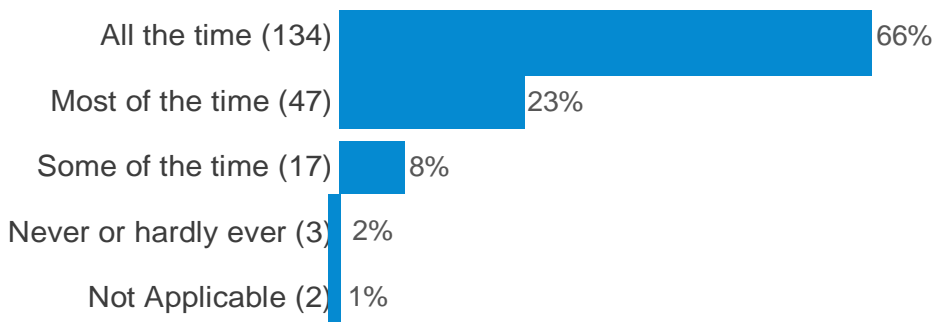
In the past 12 months, have you ever put off going to see a doctor because the surgery times at your practice are inconvenient for you?



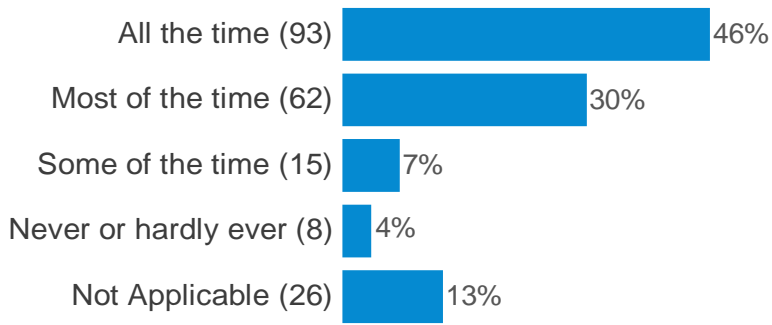
Practice matters (Can you get through via the telephone to your GP surgery within a satisfactory time?)



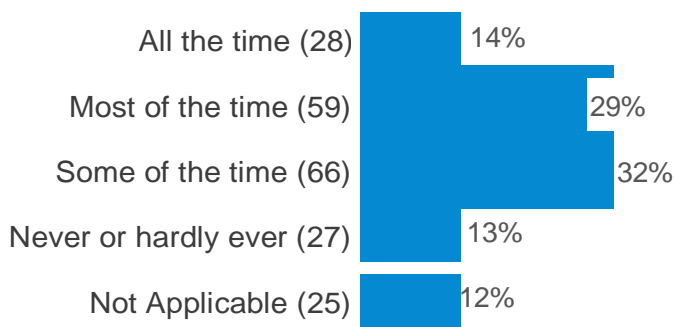
Practice matters (Are the Receptionists as helpful as you think they should be?)



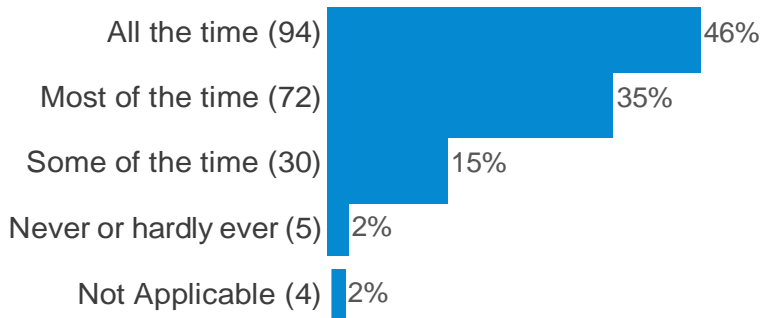
Practice matters (Are you able to book an urgent appointment or obtain telephone advice?)



Practice matters (Are you able to see a particular Doctor when you would like to?)

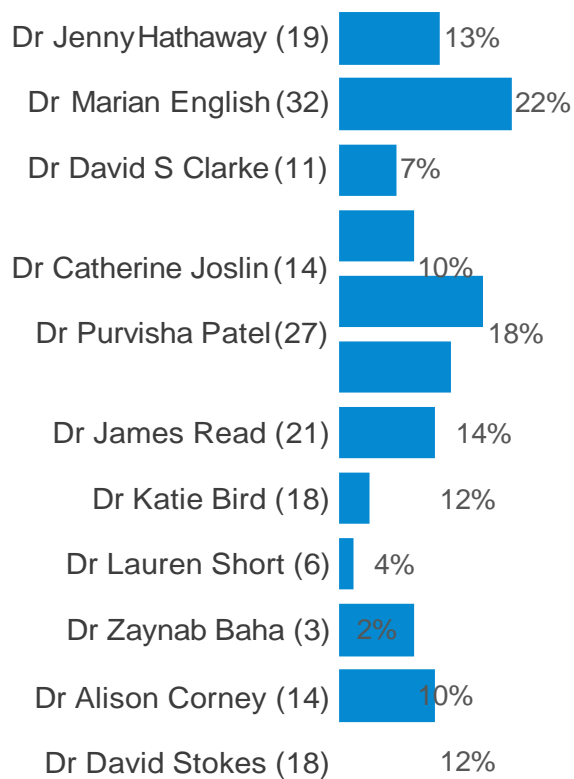


Practice matters (Do you feel that you have enough time during a consultation?)



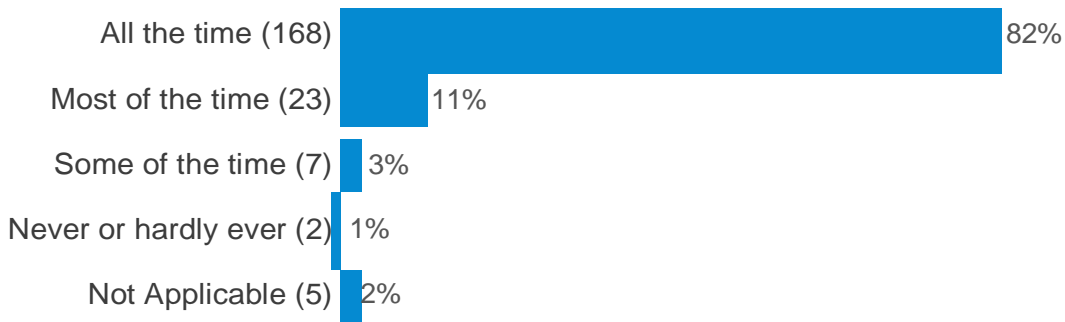
How far in advance would you like to be able to book an appointment?

Counts	Analysis %	Responses
Base	300	100.0%
Missing		
No reply	46	15.3%
How long ahead would you like to book an appointment		
1 Day	30	10.0%
2 -5 Day	9	3.0%
1 Week	122	40.7%
2 Weeks	47	15.7%
3 Weeks	14	4.7%
5 Weeks	32	10.7%
6 Weeks	-	-
	-	-
	-	-
	-	-

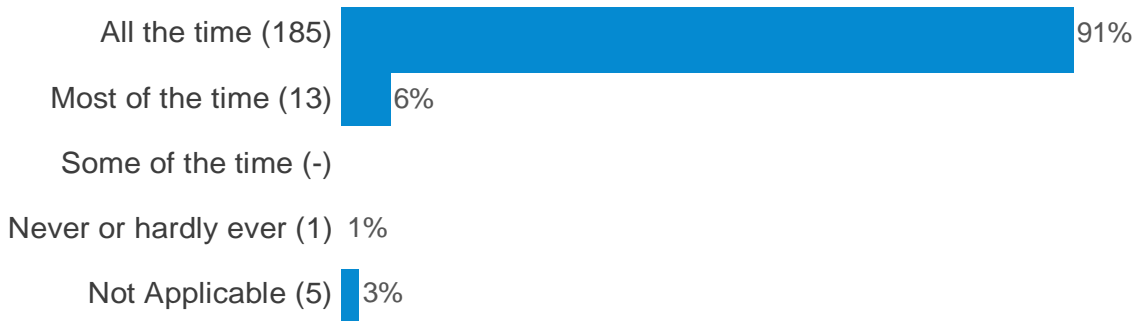
What is the name of the GP you see normally/ most often?

GP Experience from the patients' perspective

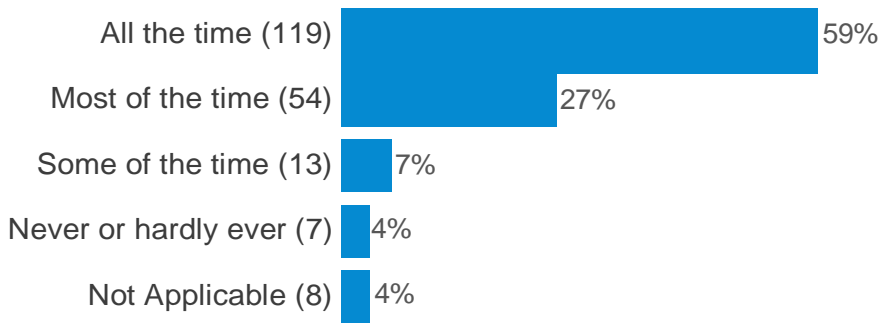
Does your GP listen to you no matter how busy he/she is?



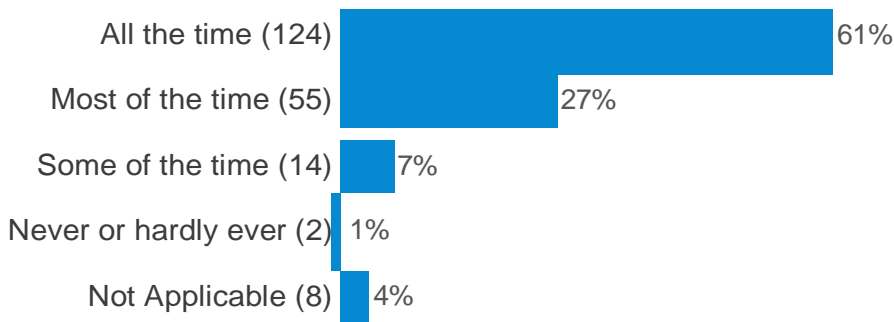
(Does your GP treat you with dignity and respect?)



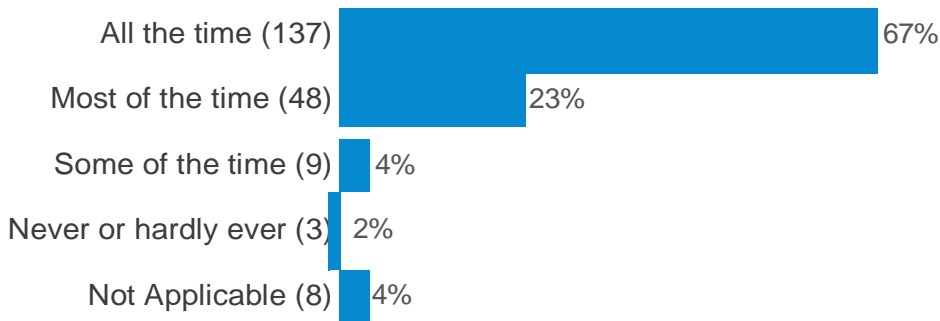
Does your GP know enough about your medical history?



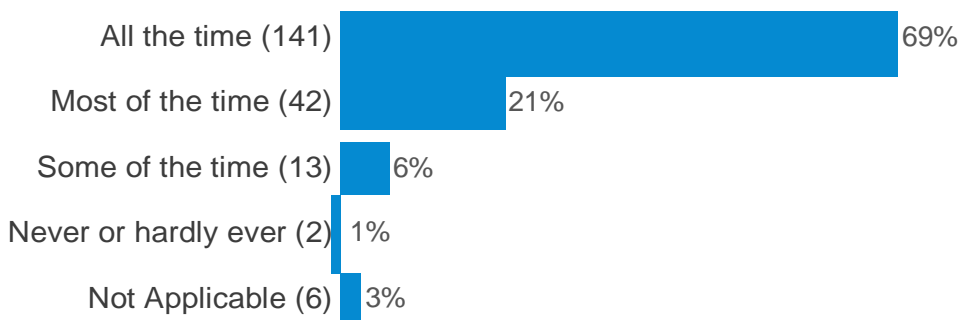
Do you feel that your GP knows what treatment is best for you?



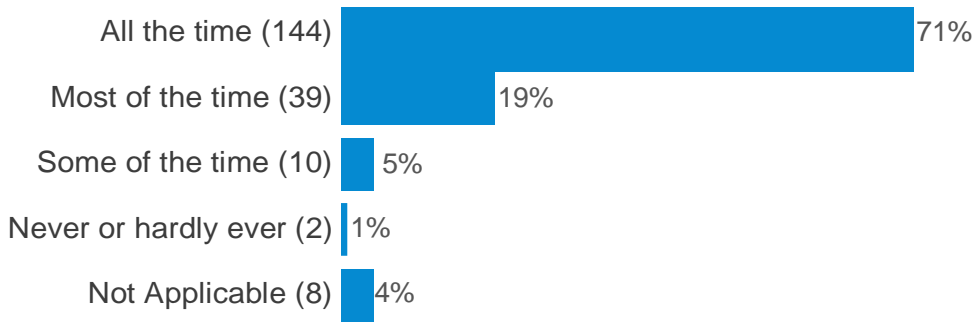
Does your GP give you enough information about your condition or treatment?



Do you feel able to ask as many questions as you would like?

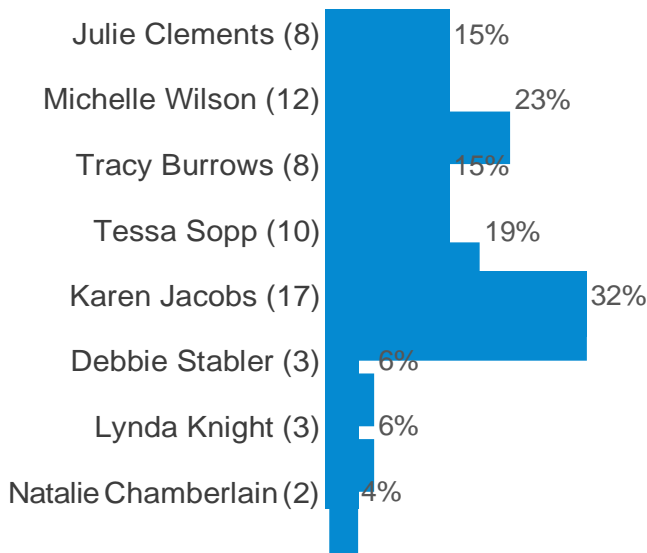


Do you feel that your GP explains about your condition/ treatment in a way that is easy to understand?

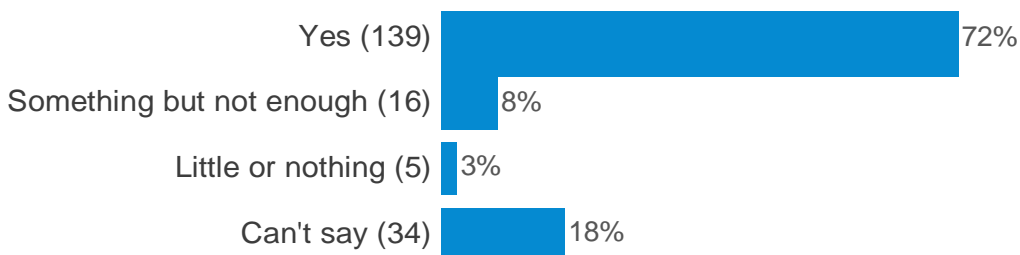


About the Nurses

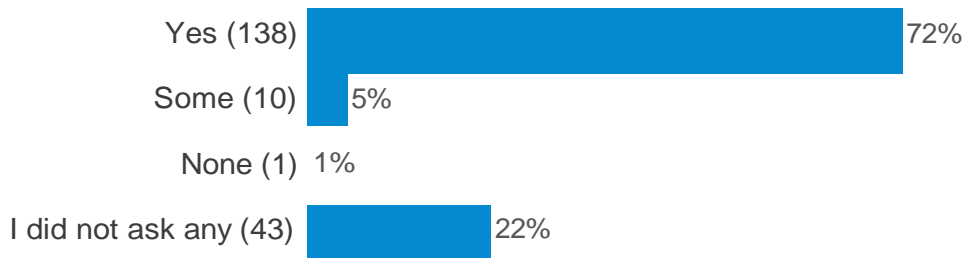
What is the name of the nurse you see normally/ most often?



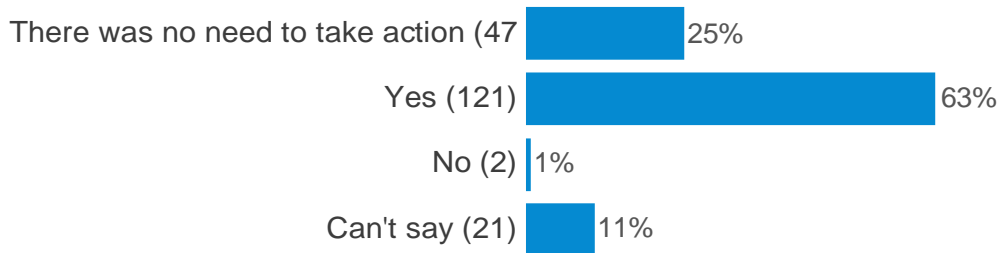
**Thinking about the last time you saw a nurse at your GP surgery
Did the nurse know enough about your condition or treatment?**



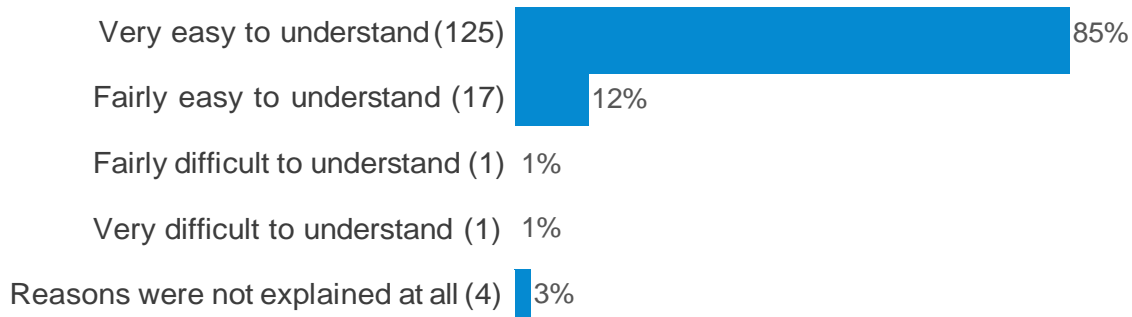
On that occasion did the nurse answer the questions that you asked?



Took appropriate action to deal with the reason(s) for your visit



Did they explain the reason for that action in a way that you found easy or difficult to understand?



Are you a teenager that would like to become more involved in the service that the practice provides to your age group, either face to face or by email?



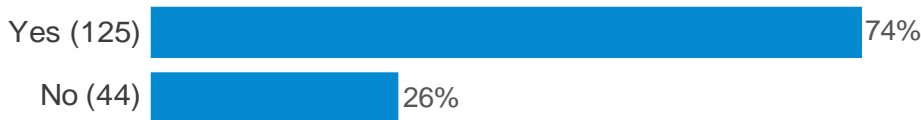
Have you seen our fact sheets by reception and on the website to help you manage common illnesses at home? (Our fact sheets by reception and on the website)



If so, did the leaflet help you manage your condition better?



Would you consider self-care or seeing a pharmacist rather than contacting your GP surgery after reading these leaflets?



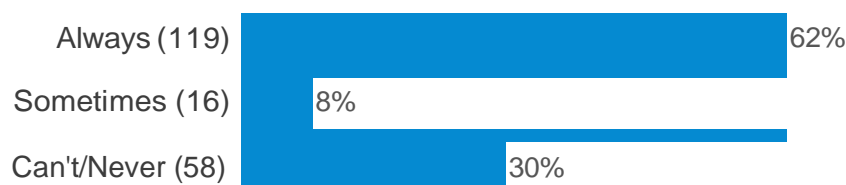
Do you have Internet ccess?



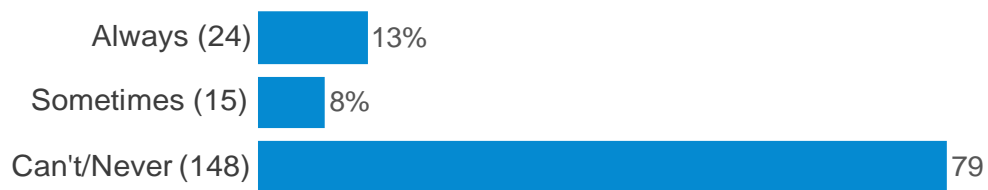
Do you access services on-line (Appointments)?



Do you access services on-line (Repeat Prescriptions)?



Do you access services on-line (Access to your medical records)?





Patient Survey

This patient survey is being conducted by the St Lawrence practice. The results of the survey will be used to plan patient specific services and assess our current performance. Completing the survey is entirely voluntary, anonymous and confidential

BACKGROUND INFORMATION (Please tick the following)

Q1 Are you male or female? Male Female

Q2 How old are you?
Under 18..... 55 - 64
18 - 24 65 - 74
25 - 34 75 - 84
35 - 44 85 and over.....
45 - 54

Q3 What best describes your ethnic group? (e.g. White British or Black African)

Q4 Do you consider yourself to have a disability? Yes No.....

Q5 If yes what type of disability do you have

	Yes
Physical disability, such as using a wheelchair to get around	<input type="checkbox"/>
Blind or Have A Serious Visual Impairment	<input type="checkbox"/>
Deaf or Have A Serious Hearing Impairment	<input type="checkbox"/>
Mental Health Condition Such As Depression or Schizophrenia	<input type="checkbox"/>
Learning Disability or Cognitive Impairment	<input type="checkbox"/>
Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	<input type="checkbox"/>

Q6 Do you have difficulty moving around the surgery? Yes
No
Not applicable

ACCESS TO YOUR SURGERY

Q7 How many times in the last 12 months have you attended the surgery?

0-2.....	<input type="checkbox"/>
3 - 5.....	<input type="checkbox"/>
6 - 10.....	<input type="checkbox"/>
11 - 15.....	<input type="checkbox"/>
16 +.....	<input type="checkbox"/>

Q8 In the past 12 months, have you ever put off going to see a doctor because the surgery times at your practice are inconvenient for you?
If Yes, please specify

Yes.....	<input type="checkbox"/>
No	<input type="checkbox"/>

Practice matters

Q9 Practice matters

	<i>All the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>Never or hardly ever</i>	<i>Not Applicable</i>
Can you get through via the telephone to your GP surgery within a satisfactory time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the Receptionists as helpful as you think they should be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to book an urgent appointment when you need one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to see a particular Doctor when you would like to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that you have enough time during a consultation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 How far in advance would you like to be able to book an appointment?

ABOUT YOUR DOCTOR

Q11 What is the name of the GP you see normally/ most often? (Please leave blank if you would rather not say.)

Dr Jenny Hathaway	Dr Katie Bird
Dr Marian English	Dr Lauren Wilson.....
Dr David S Clarke.....	Dr Zaynab Baha.....
Dr Catherine Joslin.....	Other (Please state name if known)
Dr Purvisha Patel.....
Dr James Read.....
Other Doctor

Q12 GP experience

	<i>All the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>Never or hardly ever</i>	<i>Not Applicable</i>
Does your GP listen to you no matter how busy he/she is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your GP treat you with dignity and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your GP know enough about your medical history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that your GP knows what treatment is best for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your GP give you enough information about your condition or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel able to ask as many questions as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that your GP explains about your condition/ treatment in a way that is easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT THE NURSES

Q13 What is the name of the nurse you see normally/ most often? (Please leave blank if you would rather not say.)

Julie Clements	Michelle Wilson.....
Tracy Burrows	Tessa Sopp.....
Karen Jacobs.....	Debbie Stabler.....
Natalie Chamberlain.....	
Other Nurse	

Q14 Thinking about the last time you saw a nurse at your GP surgery did the nurse know enough about your condition or treatment? (tick one only)

Yes.....	Little or nothing
Something but not enough	Can't say.....

Q15 On that occasion did the nurse answer the questions that you asked? (tick one only)

Yes.....	None
Some	I did not ask any

Q16 On that occasion do you feel that the nurse took appropriate action to deal with the reason(s) for your visit (that is, gave you the right medicine, treatment, tests, advice etc.)? (tick one only)

There was no need to take action No
Yes Can't say

Q17 If the nurse took action, did they explain the reason for that action in a way that you found easy or difficult to understand? (tick one only)

Very easy to understand..... Very difficult to understand
Fairly easy to understand Reasons were not explained at all
Fairly difficult to understand

PATIENT EDUCATION

Q18 Would you attend education/self help groups at the surgery? Yes No.....

Q19 If yes, which ones?

Q20 Have you seen our fact sheets by reception and on the website to help you manage common illnesses at home?
Yes..... No

Q21 Did you find they helped you to understand better how to manage these conditions?
Yes..... No

If so, which fact sheet did you find most helpful?

About IT / EMIS

Q22 Do you have Internet access

Do you have Internet access Yes No

Q23 Do you access services on-line

	Always	Sometimes	Never
Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this study for St Lawrence surgery, your opinions are very important to us.