

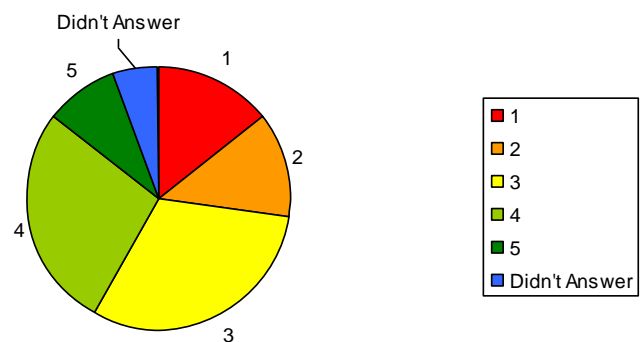
Orchid House Surgery Patient Survey 2012 Results

We would be very grateful if you would take the time to complete the questionnaire below by circling as appropriate, in order that we may improve the service we offer to our patients. Many thanks.

1) Telephone access to the Practice is sometimes raised as a problem by our patients. At busy times there can sometimes be a delay in telephone answering, despite us deploying the majority of staff to answering the telephone lines at busy times.

If you have contacted the Practice by telephone recently how would you rate your experience? (1 = very poor, 5 = excellent)

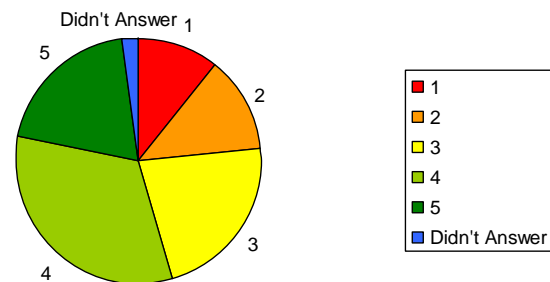
1	15%
2	13%
3	31%
4	27%
5	9%
Didn't Answer	5%



2) Access to Doctors is sometimes raised as a problem by our patients. We aim to provide timely appointments, based on clinical need, and offer a daily on call Doctor who will do telephone appointments for any problems which cannot wait until the next available appointment and, if required, book you in to come in and see them on the day.

How would you rate ease of getting to see the duty doctor? (1 = very poor, 5 = excellent)

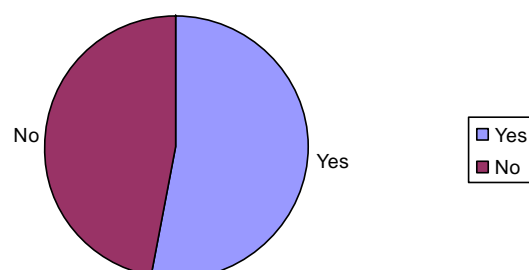
1	11%
2	13%
3	22%
4	32%
5	20%
Didn't Answer	2%



Have you used our on call Doctor system?

Y/N

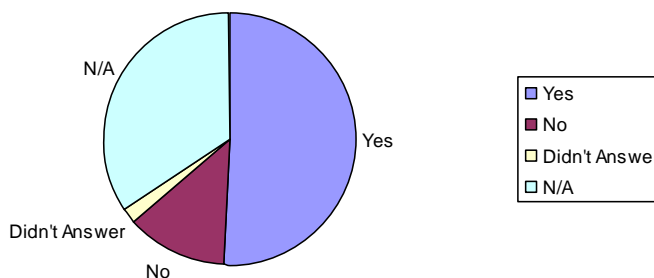
Yes	53%
No	47%



Did you find this beneficial?

Y/N

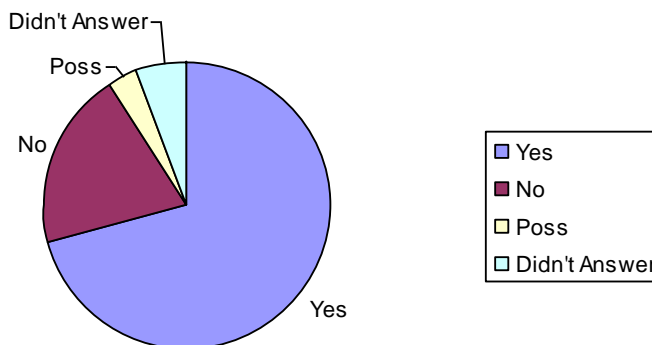
Yes 50%
No 13%
Didn't Answer 2%
N/A 35%



3) As part of our commitment to ensuring good access to medical care for our patients, the practice offers late evening and early morning surgeries, which are currently booked through the Doctor via the on call Doctor system.

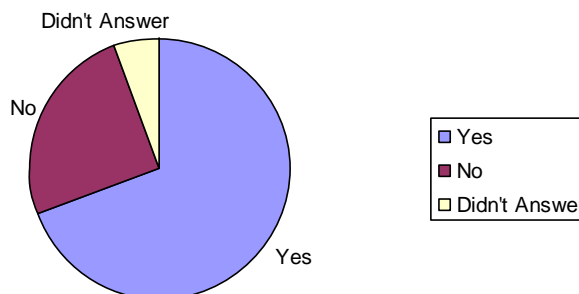
If nursing services were available during these times would you likely use them? Y/N

Yes 71%
No 20%
Possibly 4%
Didn't Answer 5%

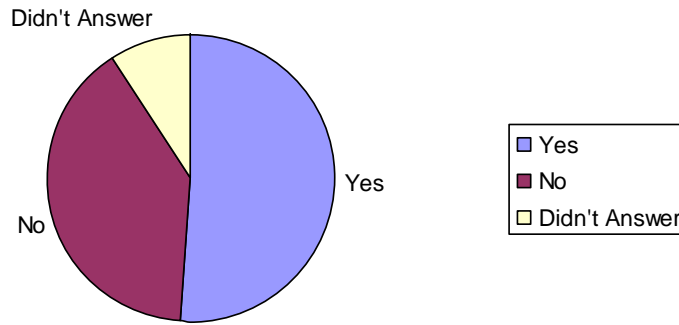


4) The Practice is always reviewing the services it offers and is keen to offer a comprehensive range of health services. The following are possible new service which the Practice may be able to offer, which our patients tell us they sometimes find it difficult to access. Please state whether or not you would be likely to use the following, if available on site:

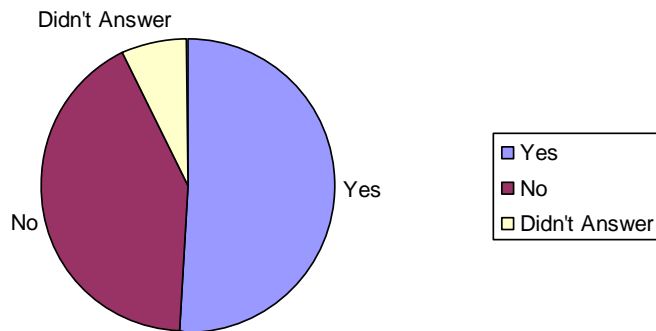
Pharmacy **Yes** 70% **No** 25% **Didn't Answer** 5%



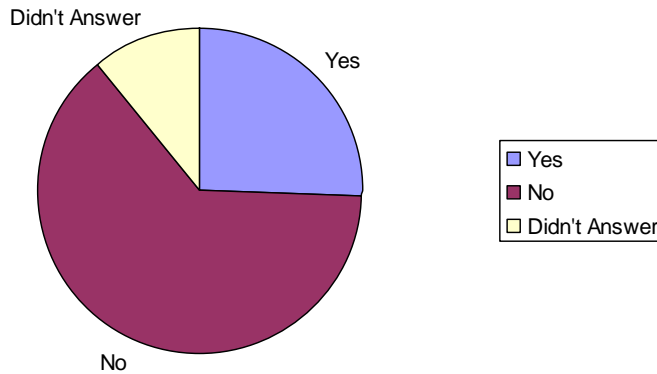
Optician **Yes 51%** **No 40%** **Didn't Answer 9%**



Dentist **Yes 51%** **No 42%** **Didn't Answer 7%**

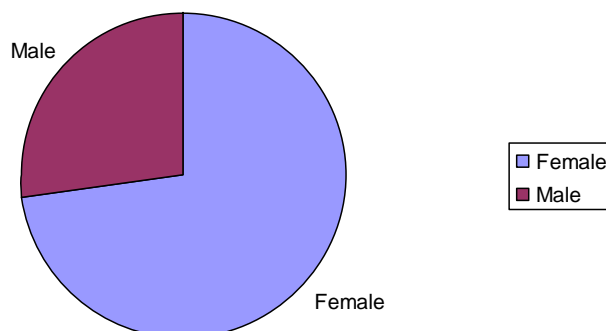


Weight Loss service **Yes 25%** **No 64%** **Didn't Answer 11%**



Thank you for completing this questionnaire. It would assist us if you would also provide the following (please circle what applies to you). Once completed, please place in the box provided. Thank you.

Your Gender: **Male 27%** **Female 73%**



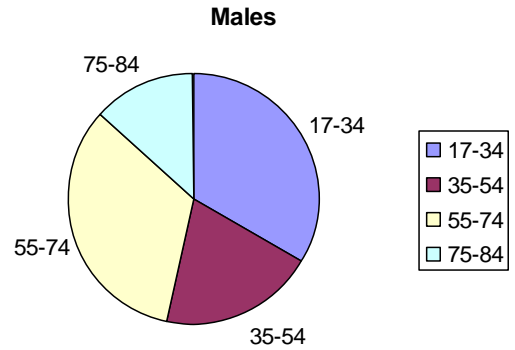
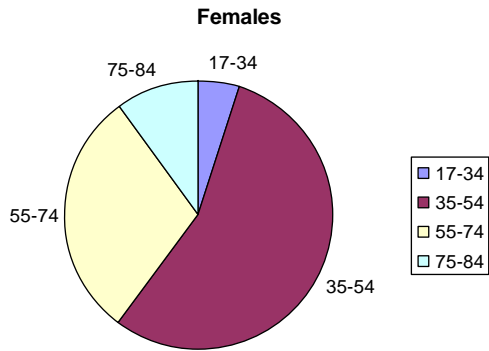
Your Age:

Females

17-34	5%
35-54	55%
55-74	30%
75-84	10%
Over 84	0%

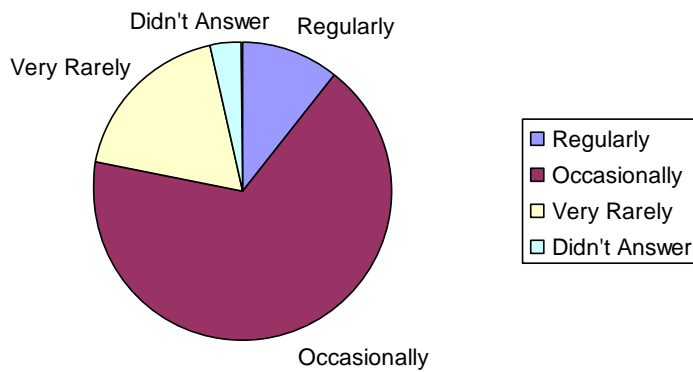
Males

17-34	34%
35-54	20%
55-74	33%
75-84	13%
Over 84	0%



How would you describe how often you come to the Practice?

Regularly - 11% Occasionally - 67% Very rarely - 18% Didn't Answer - 4%



Employment status:

Workers - 56% Unemployed - 4% Retired - 40% Didn't Answer - 0%

